



May 14, 2013

**Los Angeles County
Board of Supervisors**

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TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **STEPS REQUIRED TO SUCCESSFULLY ADAPT THE
DEPARTMENT OF HEALTH SERVICES AND LOS
ANGELES COUNTY FOR THE AFFORDABLE CARE ACT
(ITEM #77, MAY 14, 2013)**

UPDATE

Working closely with our community and labor partners as well as the broader County family, the Department of Health Services (DHS) continues to make good progress in transforming our system of care ahead of the Affordable Care Act (ACA). In addition to optimizing the services we deliver, DHS must achieve and maintain a robust enrollment of uninsured individuals into Healthy Way LA (HWLA) before the implementation of Medicaid expansion under the ACA. Eligible uninsured individuals who enroll in HWLA will benefit from a no-cost coverage benefit program for health care services and would have a greater likelihood of maintaining continuity of care when Medicaid expansion coverage begins. A large HWLA membership would also contribute to a stronger and more secure safety-net in L.A. County going into the ACA.

In this update, I will focus on our ongoing progress with HWLA enrollment, and highlight important steps DHS is taking with the Department of Public Social Services (DPSS) and our community and labor partners.

HWLA UPDATE

DHS has set an ambitious, but achievable 300,000 enrollment goal for the HWLA program by January 1, 2014. The latest April 2013 UC-Berkeley CalSim report estimated that there are 390,000 potentially Medicaid Expansion-eligible individuals in L.A. County. Should DHS meet its 300,000 goal, we will have enrolled approximately 85% of total eligible for the program, a significant feat for coverage of uninsured populations in this County.

As of May 1, 2013, we have successfully enrolled 257,009 individuals into HWLA, approximately 65% of whom are assigned to DHS clinics.

There are several, simultaneous strategies that DHS is undertaking to meet the 300,000 goal, which largely fall under three categories: partnering with DPSS, community based enrollments, and retaining enrollment by processing redetermination.

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



Partnering with DPSS

DPSS leadership and staff continue to play a critical role with the HWLA enrollment process. For the past year, DPSS has invested significant resources to help DHS enroll as many HWLA eligible individuals as possible. DHS' initial partnership with DPSS focused on auto-enrolling General Relief (GR) participants into HWLA and helping DHS transition to the use of DPSS enrollment system (Your Benefits Now/LEADER) for HWLA patients. This partnership has since been expanded to implement the HWLA Redetermination Mail-In Unit and assist DHS with working through the HWLA application backlog and co-managing HWLA application processing going forward.

DHS and DPSS are pleased to inform the Board that there is no longer a backlog in applications to process and DPSS staff is no longer working overtime and on Saturdays to clear the backlog. As of December 2012, there were approximately 61,000 backlogged cases to clear; that number is now down to zero. DPSS and DHS continue to process new applications currently being submitted by both Community Partners and DHS facilities.

DHS appreciates the invaluable support from DPSS and is working on a mechanism to ensure that DPSS is reimbursed for its administrative, enrollment, and application processing support for increasing HWLA coverage expansion for eligible uninsured Los Angeles County residents. However, in order to meet the 300,000 enrollment goal, there is still much work for DHS and DPSS to do together in the coming months. DHS needs DPSS assistance to: 1) continue utilizing DPSS eligibility workers (EWs) to help DHS stay current on processing applications; 2) continue to utilize DPSS EWs to process redeterminations, including GR auto-redeterminations; 3) process MEDS Alert corrections from state database in advance of the Low Income Health Program (LIHP) transition; and 4) target denied Medi-Cal apps for potential HWLA enrollment.

Community-Based Enrollment Events

Another important strategy is developing opportunities for potential HWLA enrollees to apply for HWLA within their communities, instead of at a DHS or Community Partner clinic setting, as has been the established practice. As we have previously reported, on January 15, 2013, DHS/CEO created the "Everyone on Board!" campaign, an innovative partnership with Neighborhood Legal Services (NLS), Maternal and Child Health Access (MCHA), four County Departments and approximately 25 advocacy and community-based groups, Community Partner clinics, and labor unions (including SEIU 721 and SEIU-UHW-West) to help increase enrollment. Funded by the Blue Shield Foundation of California, the "Everyone on Board!" campaign is building upon recent innovative partnerships with community-based organizations such as One LA and We Care Enough to Act to do HWLA enrollments outside of the traditional clinical setting by reaching individuals within their own homes and in local churches and parishes. Building upon this model, the Blue Shield funding will help train approximately 200 additional DPH Children's Health Outreach Initiative (CHOI) Certified Application Assistants (CAAs) to be deployed to take HWLA applications in clinic and non-clinic settings throughout Los Angeles. DHS believes that adding new enrollment sites and access points throughout the County will help increase opportunities for eligible individuals to learn about HWLA and enroll. Finally, in addition to these efforts, the "Everyone on Board!" Campaign is also working with the California Endowment to develop targeted messages to hard-to-reach communities about their coverage options under the ACA.

Retaining Enrollment by Processing Redeterminations

Another important strategy for achieving the 300,000 member goal is retaining the patients that are currently enrolled, but are coming up on their annual renewal. Between now and October 2013 (when the LIHP transition packets will be mailed out), we will need to re-enroll or redetermine, about 140,000 HWLA members.

The HWLA Redetermination Mail-in Unit has been operational for just over three months, but already has had tremendous success increasing our redeterminations rate. The rate has more than doubled from the previous redetermination average of 20% to 50% for the month of March. DHS and DPSS are closely monitoring the progress of this unit to improve the redetermination rate and prepare to manage the large workload of upcoming redeterminations.

In addition, on April 16, 2013, DHS began a proactive phone-banking outreach campaign to DHS patients whose eligibility is set to end unless they renew their coverage. This effort is supported by funds provided by Blue Shield of California Foundation and is being used to pay Groundworks Campaigns to contact patients who are due to redetermine in the key months of May, June, July, and August to assist them in the redetermination process and if possible even by doing the redetermination right at that moment over the phone. As of May 2, 2013, Groundworks staff had already spent hundreds of hours talking to over 7,000 DHS patients about HWLA coverage and assisting them with the redetermination process. In addition to increasing the number of successful redeterminations, these conversations and the information obtained by DHS patients has been invaluable to the Department in terms of validating phone numbers and addresses, as well as making personal one-on-one connections with our own patients and establishing a clear connection between DHS and their health care needs.

CONCLUSION

I am pleased to share this information about our collaborative efforts on HWLA enrollment. We are grateful to DPSS and our community and labor partners for their extraordinary support. DHS and our partners understand we have more work on HWLA enrollment ahead of us and we continue to proactively devise and fine-tune our approaches. We have also begun our LIHP transition planning; the details of which I look forward to describing in the next monthly ACA report.

If you have any questions or need additional information, please contact me or Anish Mahajan, Director of System Planning at (213) 240-8416.

MHK:jp

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
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