CPCA
California Primary
Care Association

Health Care Access for All

November 30, 2012

Covered California
560 J Street, Suite 290
Sacramento, CA 95814

To Whom it May Concern,

The California Primary Care Association (CPCA) represents a membership of nearly 900 nonprofit community clinics and health centers (CCHCs) which serve more than 4.8 million patients a year. Many current CCHC patients will be purchasing insurance through Covered California in 2014, and CCHCs anticipate playing an active role in assisting patients and community members with Covered California enrollment using the California Eligibility, Enrollment, and Retention System (CalHEERS).

CPCA appreciates the opportunity to provide feedback on the CalHEERS requirements. In particular, CPCA would like to reiterate a particular concern regarding CalHEERS' role in Medi-Cal enrollment. CCHCs have a long history of assisting with Medi-Cal applications. Although there are varying outcomes in each county, we consistently receive reports from our community clinics and health centers that delays and barriers to enrollment in Medi-Cal persist under the current eligibility determination system. As a result, we believe that a single, streamlined, and real-time eligibility determination and enrollment process for MAGI Medi-Cal is the solution to these delays in Medi-Cal determination. This is a top priority for CCHCs and the patients we serve.

In addition to the significant concern noted above, CPCA joins in the recommendations submitted by the Consumers Union about other consumer protections within the CalHEERS business requirements. We hope that you will consider the attached comments in addition to those submitted by Consumers Union.

Please contact me with any questions,

Sincerely,

Carmela Castellano-Garcia
President and CEO
California Primary Care Association

COVERED CALIFORNIA: Stakeholder Questions
CalHEERS Requirements

COVERED CALIFORNIA welcomes your comments on the CalHEERS requirements that will be used to develop the system. Please use the table below to provide your input. Please submit your comments to the Exchange at info@hbex.ca.gov by close of business Friday, November 30, 2012. The principles and options are laid out in a Board options paper available on the Exchange website. Please use the table below to provide your input . Please submit your comments to the Exchange at info@hbex.ca.gov by close of business Friday, November 30, 2012.

Name	Organization	Email	Phone
Meaghan McCamman	**California Primary Care Association**	**mmccamman@cpca.org**	**(916) 440-8170**

Requirement Number	Comment
General	CPCA strongly believes that streamlined, real-time eligibility determination and enrollment for MAGI Medi-Cal eligible individuals must be an integrated part of the CalHEERS system. The creation of a divided, two-tiered system in which consumers experience significant differences in the timeliness and ease of Medi-Cal versus Exchange enrollment will undermine use of the system, especially among mixed-coverage families. CPCA strongly recommends that CalHEERS integrate seamlessly with the SAWS systems in order that Medi-Cal and Exchange enrollment be identical and consumer-friendly.
BR 99	CPCA appreciates the inclusion of a provider directory for each qualified health plan offering coverage through the Exchange. In an effort to bolster the participation of safety-net providers and ensure the availability of high-quality, comprehensive care to enrollees, CPCA recommends that in-network Essential Community Providers be listed first within each QHP's provider directory. This model is similar to the Healthy Families Community Provider Plan, which incentivizes the selection of the health plan with the greatest number of safety-net providers by listing the Community Provider first and in bold lettering within the application form. CPCA recommends that CalHEERS adopt this model and bring low-income underserved populations into care through the inclusion of the providers they know and trust by listing Essential Community Provider first within the provider directory.

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BR 99	CPCA appreciates the inclusion of functionality within the provider directory that allows applicants to search for a specific doctor or facility. Community clinics and health centers cultivate relationships with patients on both a facility and individual-provider level. CPCA recommends that both facilities and individual providers employed by a facility be listed within the provider directory so that applicants can search by both provider name and facility name.
BR 101	CPCA supports the functionality of a centralized provider directory database that contains consumer-centric information on providers. We recommend that the centralized Provider Directory database include and present information on Essential Community Provider and Federally Qualified Health Center (FQHC) status of providers.
BR 174	This system should provide written notice to qualified health plans that they are responsible for notifying an individual enrollee's assigned PCP when the individual has entered month 2 and 3 of the grace period. According to federal rules, QHPs are not required to pay claims associated with services provided to enrollees during month 2 and 3 of the grace period, leaving the financial liability on the provider. It is imperative that providers be notified when a patient enters month 2 of the grace period and claims for services rendered may no longer be paid.
BR 175	CPCA agrees with Consumers Union that the CalHEERS system should grant continued enrollment to enrollees when the enrollee disputes disenrollment by a specified deadline. However, the grace period should revert to month one functionality during continued enrollment time, ensuring that QHPs are responsible for the cost of services provided during the continued grace period.