CPCA
California Primary
Care Association

Health Care Access for All

January 14, 2013

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

RE: Comments on Covered California's Strategy to Promote Continuity of Care & Affordability through Contracts with Medi-Cal Managed Care Plans

To Whom It May Concern,

The California Primary Care Association (CPCA) is pleased to respond to the above-cited request for comments regarding the potential for including Medi-Cal Bridge Plans in the California Health Benefit Exchange.

CPCA represents nearly 900 not-for-profit community clinics and health centers (CCHCs) in California that provide comprehensive quality health care services to low-income, uninsured, and underserved Californians. CCHCs are one of the few providers who open their doors to anyone regardless of their ability to pay. By design, CCHCs are located in medically underserved, low-income rural and urban communities and serve as the primary point of care for California's uninsured and Medi-Cal populations.

CPCA appreciates that Covered California is acknowledging and addressing the most pressing needs of California's Exchange-eligible population- affordability and continuity of care. **We support the goals of the Bridge Plan option and encourage the Board to adopt all three of the recommendations contained within the Bridge Plan Board option brief, with minor revision.**

In previously submitted comments on Covered California's "Alternative Strategies to Promote Affordability and Safety Net Continuity Through Contracting with Medi-Cal Managed Care Plans" Board option brief, CPCA and our member health centers have shared concerns regarding a few key items which are contained in this new Bridge Plan proposal. We recommend those previously submitted comments to you to gain a better understanding of our position on this recommendation. We are specifically concerned about the proposal contained within Recommendation Three to deem Medi-Cal Managed Care plans to have satisfied the Essential Community Provider network requirements by virtue of the composition of their typical networks. As noted in our previous comments, one of the primary goals of adopting a Medi-Cal Bridge plan is to encourage community safety-net provider participation and continuity of care for those CCHC patients who are gaining insurance coverage for the first time. Including the ECP network requirements is the only way to ensure that Medi-Cal plans include an adequate number of traditional safety-net providers in their networks and further the safety-net continuity goals of Covered California.

We would also like to note one substantive change contained within this second iteration of the "Affordability and Continuity of Care" proposal. In this proposal, Covered California proposes to allow 90 days for individuals transitioning out of Medi-Cal coverage to enroll into their corresponding Medi-Cal Bridge Plan. CPCA

understands that the 90 day limitation is consistent with the federal mandate, and we encourage Covered California to work with DHCS to ensure that every individual transitioning out of Medi-Cal coverage is given information and assistance in signing up for their corresponding Medi-Cal Bridge plan.

CPCA believes that the 90-day limit on transitioning into Covered California's Med-Cal Bridge program should not apply to those individuals whose Medi-Cal coverage is terminated before Covered California becomes available on January 1, 2014. Individuals who transition out of Medi-Cal coverage in 2013 or before will experience the same affordability and continuity of care concerns as those who transition out of Medi-Cal coverage on or after 2014. To ensure equal opportunity for coverage to all who transition out of Medi-Cal,

CPCA recommends that Covered California offer the Medi-Cal Bridge Plan option on January 1, 2014 to all individuals eligible for Covered California for whom Medi-Cal was their most recent health care coverage, or at least to those who have had Medi-Cal coverage within the past year. Allowing all individuals who transition out of Medi-Cal the opportunity to participate in the Covered California Medi-Cal Bridge Plan furthers the goals of affordability, enrollment, and equity espoused by the Covered California Board.

CPCA supports Covered California's proposal to adopt a Medi-Cal Bridge plan and encourages Covered California to pursue all three of the Recommendations contained within the Board options brief. We look forward to working with Covered California to develop the policies to implement the Bridge Plan. Please do not hesitate to contact Meaghan McCamman by telephone at (916) 440-8170 or mmccamman@cpca.org if you have any questions or comments, or if you require any clarification on these comments.