

# UNIVERSAL HEALTHCARE COUNCIL 2013

## OCTOBER 10, 2013 MEETING MINUTES

October 10, 2013 | 10-12 PM | 25 Van Ness Avenue, Room 610

### 1. Co-Chair Remarks and Agenda Review

Ms. Garcia provided an overview of topics for the coming weeks and reviewed the agenda for the day. Dr. Hernandez notified the council that proxies may observe as members of the public.

### 2. Discussion of Draft Principles

The Co-Chairs reviewed the draft guiding principles including a newly added sixth principle. The six draft principles:

1. Support the Affordable Care Act
2. Maximize Enrollment into Health Insurance
3. Leverage State and Federal Funding
4. Maintain Healthy San Francisco
5. Maximize Affordability
6. Shared Responsibility

UHC members requested that the specific sectors involved in Shared Responsibility be named.

### 3. Presentation on ACA Shared Responsibility Provision in Depth

Colleen Chawla, Deputy Director of Health and Director of Policy & Planning at the San Francisco Department of Public Health presented on details of the Affordable Care Act as they pertain to employees and employers.

Major discussion themes during the presentation are outlined below and centered on nuances of eligibility and enrollment, identifying those who remain uninsured, and how the ACA reforms might affect businesses and individuals.

- Medi-Cal eligibility and enrollment
- Minimum value calculation
- Minimum Essential Coverage
- SHOP plans for small business on Covered CA
- Census data reflecting the San Francisco workforce
- Health Care Security Ordinance
- Health Reimbursement Accounts (HRA) and their treatment under the ACA
- Indemnity/skinny plans
- Modeling on out-of-pocket costs and take up rates in Covered California
- Utilization data for Healthy San Francisco enrollees and those who do not re-enroll
- Status of subsidy eligibility for spouses, and other specialized scenarios
- How the federal government will verify compliance with the ACA

Members requested further information on some of the items listed above. Some

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questions were answered via a follow-up email, sent October 17<sup>th</sup> and attached to these minutes, and others will be covered in upcoming Council meetings.

A question was raised regarding how to respond to media inquiries on the Universal Healthcare Council. Co-Chair Garcia responded that she hopes that UHC members will take the UHC's inclusiveness and data-driven approach into account when discussing the Council's work.

**4. Public Comment**

A member from the public noted that the eligibility and enrollment process is cumbersome, particularly for people who already qualify for coverage but have difficulty maintaining that status. How is the city going to help?

UHC member Trent Rhorer explained the "no wrong door" approach to enrollment under the ACA, noting that people have the opportunity to enroll via phone, internet, mail, and walk-in. He also explained that community organizations across the city are also available for outreach and enrollment assistance.

**5. Closing Comments and Next Steps**

Upcoming Council Meeting Dates:

DATE	TIME	LOCATION
October 24, 2013	10AM-12PM	25 Van Ness Ave, Room 610
November 7, 2013	10AM-12PM	25 Van Ness Ave, Room 610
November 14, 2013	10AM-12PM	25 Van Ness Ave, Room 610

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**Members Present:**

- Rob Black
- Anni Chung
- Steve Fields
- Gordon Fung
- Estela Garcia
- Barbara Garcia
- John Gressman
- Keven Grumbach
- Scott Hauge
- Steve Heilig
- Sandra Hernandez
- Ken Jacobs
- Jim Lazarus
- Ian Lewis
- Sonia Melara
- Bob Muscat
- Fred Naranjo
- Trent Rhorer
- Wade Rose
- Ben Rosenfield
- Amor Santiago
- Ron Smith
- John Stead-Mendez
- Brenda Storey
- Laurie Thomas
- Richard Thomason
- Ana Valdes
- Chris Wright
- Jim Wunderman
- Brenda Yee
- David Miller (Observing for Rebecca Miller)
- Emily Webb (Observing for Warren Browner)
- Jim Illig (Observing for Christine Robisch)
- Tina Jagtiani (Observing for Eddie Chan)

**Materials Distributed:**

- Meeting Agenda
- September 26, 2013 Meeting Minutes
- Revised "Mission, Goals, Principles, and Structure"
- "ACA Shared Responsibility Provisions In-Depth"

**Follow-up information requested at 10.10.13 Universal Healthcare Council meeting**

**Sent via email on October 17, 2013**

- **US Dept of Labor FAQ and technical release on health reimbursement accounts (HRAs)**

These guidelines will be discussed in more detail at the next UHC meeting.

- DOL FAQs, Q2: <http://www.dol.gov/ebsa/faqs/faq-aca11.html>
- DOL Technical Release, 2013-03: <http://www.dol.gov/ebsa/newsroom/tr13-03.html>

- **Medi-Cal eligibility and enrollment**

There are three ways for individuals to enroll in health coverage:

- **Online:** [www.coveredca.com](http://www.coveredca.com)
- **Call:** 1-800-300-1506; Monday through Friday, 8:00am - 8:00pm and Saturday 8:00am - 6:00pm
- **Visit:** SF BenefitsNet, 1440 Harrison Street, San Francisco, CA; Monday through Friday, 8:00am - 5:00pm

More information enrollment options are available on the City's website [here](#) and a flyer that can be provided to City residents can be found [here](#).

- **133% of FPL vs. 138% of FPL clarification**

Both 133% and 138% of federal poverty level (FPL) are correct when used to describe Medicaid eligibility under the ACA. The law's text extends Medicaid to those earning up to 133% of FPL, but the method by which the ACA determines income eligibility (modified adjusted gross income, or "MAGI") uses a 5% income disregard. This means that a persons earning up to 138% of FPL is eligible, as 5% of their income is not counted. For 2014, the Medi-Cal income eligibility guidelines, at 138% of FPL, are as follows: \$ 15,856 for an individual, \$ 26,951 for a family of three.

- **Minimum value calculator**

The Center for Medicaid and Medicare (CMS) has issued guidance and a downloadable calculator to help employers verify whether the health insurance they offer meets minimum value guidelines. To provide minimum value, a plan must cover at least 60% of the beneficiary's health related costs.

- Guidance: <http://www.gpo.gov/fdsys/pkg/FR-2013-02-25/pdf/2013-04084.pdf>
- Webinar Presentation: <http://www.cms.gov/CCIIO/Resources/Training-Resources/Downloads/mv-calculator-webinar-5-13-2013.pdf>
- Download Calculators (Excel file, Scroll to February 20, 2013 Guidance, under Plan Management): <http://www.cms.gov/cciio/resources/regulations-and-guidance/index.html>

- **Covered CA plans**

The following plans are available to San Franciscans on [Covered CA](#).

- **Individual:** Anthem, Blue Shield of California, Chinese Community Health Plan, Health Net, Kaiser Permanente
- **Small Business Health Options Program (SHOP)** (as of August 2013): Blue Shield of California, Health Net, Chinese Community Health Plan, Kaiser Permanente

The Covered CA search tool to enable individuals to determine whether certain doctors and hospitals are participating in these plans was taken offline on October 9th after significant errors were discovered. Covered CA reports that the tool may be restored within the next week.

- **ACA Compliance Verification**

The U.S. Department of Treasury and the Internal Revenue Service (IRS) released proposed regulations on health coverage reporting by employers and those who offer minimum essential coverage. The proposed regulations are open for public comment until early November, and once finalized, will be voluntary in 2014 and mandatory starting in 2015.

- Insurers, self-insured employers, and other entities that provide minimum essential coverage (MEC) will report information to the IRS, which will be used to verify whether individuals are complying with the Individual Mandate. [IRS proposed regulations](#)
- Large employer (50+ FTE) will also report information to the IRS, which will be used to verify compliance with the Employer Mandate, and also to verify that individuals seeking subsidies on the Exchange do not have an offer of affordable coverage. [IRS proposed regulations](#)
- Additionally, the ACA requires certain employers to report the cost of employer sponsored group health coverage on employee's W-2. This is for the employee's reference and does not affect tax liability. [IRS information on W-2 reporting](#)

- **Full-Time Employment Definition in American Community Survey (ACS) data**

A person is considered employed full-time/full-year if he or she worked 35 hours or more per week for 50-52 weeks in the past 12 months.

**Additional information requested, which will be covered in upcoming meetings:**

**ACA Market reforms** (to be covered at the 10/24/13 meeting)

- Minimum Essential Coverage (MEC)
- Health Reimbursement Accounts (HRAs)
- Minimum Value (MV)

**HCSO** (to be covered at the 10/24/13 meeting)

- HSF and City Option utilization
- Market reforms relevant to HCSO (HRA provisions)

**Affordability**(to be covered at the 11/7/13 meeting)

- Dependent Coverage:
  - Interaction with ACA, in particular for small businesses?
  - Spouses and children in the ACA/Exchange?
  - Subsidy eligibility for spouses (w/ and w/out offer of employer sponsored coverage)
- Modeling on out-of-pocket costs and take up rates in Covered CA

**Identification of populations that may have coverage gaps** (to be covered at the 10/24/13 and 11/7/13 meetings)

- Hard to Reach Populations

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- Reasons why Eligible But Not Enrolled population does not enroll

**Census data reflecting SF workforce (where you work rather than where you live)**

Due to the federal government shutdown, U.S. Census data was unavailable.