



Merced County Health Care Consortium

**Affordable Care Act Readiness Project
Thursday, April 25, 2013
Meeting Summary**

Attendees:

Representatives from Member Agencies: Alan McKay, Jan Wolf, and Jennifer Mockus, Central California Alliance for Health; Christine Bobbitt, Merced County Human Services Agency; April Brewer, Dignity Health; Christy Casey, Livingston Medical Group; Peter Mojarras, Castle Family Health; Sharon Robinson, Merced County Mental Health Department; Steve Roussos, University of California, Merced; Tim Livermore, Jane MacLean, Kathleen Grassi, Merced County Department of Public Health.

Guests: Brian Mimura, The California Endowment.

Consultants and Support Staff: Rafael Gomez, Pacific Health Consulting Group; Joel Diring, Diring and Associates; Cindy Valencia, Karl Stahlhut and Sarah Baker, Merced County Department of Public Health.

Agenda Items	Discussion Summary	Resources / Action Items
<p>Welcome and Introductions</p> <p>Joel Diring Diring and Associates</p>	<p>Joel facilitated introductions.</p>	
<p>Policy Updates on ACA and Local Implementation Activities</p> <p>Joel Diring</p>	<p>Joel provided the following ACA updates:</p> <p><u>Covered California</u></p> <ul style="list-style-type: none"> • Covered California, also referred to as the Exchange, will open three call centers in Fresno, Contra Costa and Sacramento counties and new state employees will be hired to field calls on enrollment options in the Exchange and to make referrals to Medi-Cal. • Actuaries retained for a premiums study published last month found that those who are covered through the Exchange, 138% to 400% FPL, will qualify for subsidies and will see a drastic reduction in monthly premiums. Those above 400% FPL will most likely see their rates increase, but they will have better coverage and won't be subjected to pre-existing condition limitations and lifetime caps. <p><u>California Healthcare Eligibility, Enrollment, and Retention System</u></p> <ul style="list-style-type: none"> • CalHEERS will be launched in October 2013 to handle enrollment for the Exchange and Medi-Cal; the Health-e-App website now in use will be re-routed to the CalHEERS system. CALHEERS site messaging will be developed at the 6th grade literacy level in English. System users will be agents, assisters, individuals and families. Medi-Cal applications completed on the CALHEERS system will be transferred to the appropriate county Social Services Department. <p><u>Outreach and Education Grants – Covered California</u></p> <ul style="list-style-type: none"> • A \$43 million RFP was issued for outreach and education activities. No Merced County-only applications were submitted but some statewide / regional organizations did include Merced County. 177 applications 	<p>Materials Provided:</p> <p><i>PowerPoint- Affordable Care Act Implementation Updates</i></p>



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valued at \$116 million were received; three times the amount available. Awards will be made to ensure that every county is covered sufficiently. Award announcements deferred until mid-May. A second round of grants for outreach and education activities will be released; the process for that will be determined in May at the Exchange board meeting.

Application Assistance

- There will be a separate Covered California RFP for application assistance. The assister program will have in-person assisters from community clinics, Social Service Departments and other entities. Hospitals, insurance agents, and Public Health Departments that provide direct care can also participate, but will not be reimbursed. The assister program is federally funded fee-for-service with \$58 paid for each successful application and \$25 for each successful renewal. Training for application assisters will be held in August.
- The navigator program, available to non-profits, will start in December 2013 and will be funded by health plan contributions to the Exchange. Applications are expected to be available in August, grants awarded in October, with enrollment assisting beginning in late Fall.
- There will also be a range of agents that will help both small business and individuals get insurance. Not compensated by the Exchange, the agents can be compensated by commission from the participating health insurance companies.

Medi-Cal Expansion

- The Federal government is expanding eligibility of Medicaid to 138% FPL and assuming all of the costs for the first three years. It is not clear yet how California plans on implementing expansion. The Governor's January draft budget proposed two options for expansion: 1) through the existing state administered Medi-Cal program; or 2) through county-based expansion of indigent care programs. The State legislature's current special session discussion is not addressing it; but is deferring it as a budget rather than a legislative issue.
- Kathleen Grassi said that the California State Association of Counties discussions indicate that the state is now leaning towards the state option rather than the county option. The Governor's finance office believes that counties will realize a significant savings and proposes to retain local funding to support the Medi-Cal expansion which will also receive federal funding at 100% of the cost for the first three years of expansion starting in 2014.
- Counties will still have indigent health care programs for those who do not qualify for the expansion. County health systems are now trying to calculate how much funding they can live without and what they think the remaining population will cost. There is an unanswered question about individuals that are eligible for the Exchange. If they miss open enrollment or choose not to purchase from the Exchange will counties be required to provide coverage? The Governor's May Revise Budget may provide more information.



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	<ul style="list-style-type: none"> Joel added that there is a proposal to shift some 700 million to cover the residually uninsured and do that through the counties. The state administration has no position on this proposal, but it is supported by statewide advocacy groups and the California Endowment. Dr. Livermore asked if the exclusions to Medicaid expansion (i.e. legal resident for less than five years, undocumented) were set by the federal or the state government. Joel answered that it is the federal government that says legal permanent residents who are here less than five years are not eligible for Medicaid reimbursement. 	
<p>ACA Outreach and Enrollment</p> <p>Christine Bobbitt Merced County Human Services Agency</p>	<p>Christine Bobbitt provided an overview of current Human Services Agency activities:</p> <p><u>Healthy Families Program Transition</u></p> <ul style="list-style-type: none"> Since January 1, 2013, new Healthy Families applications are being sent directly to the Human Services Agency (HSA) to be screened and processed for Medi-Cal. The benefit of applicants applying through Healthy Families first is that they receive temporary Medi-Cal immediately while the application is screened for eligibility. The beneficiary transition is the process of moving current Healthy Families recipients in phases into Medi-Cal. There are 5 phases. The first phase started in January with San Bernardino, San Diego, and Riverside counties. Merced is in phase 5, which begins August 1, 2013. 90-day notices to current Merced County Healthy Families recipients will be sent out starting May 1st with information about the transition into Medi-Cal. HSA currently averages 226 applications a month from Healthy Families. The official number of children expected to transition on August 1st is 7,965. Jennifer Mockus said that the Central California Alliance for Health, the Medi-Cal Managed Care provider, doesn't have specific information about the children who will transition into Medi-Cal in August. They don't know who they are currently linked with for care, what their utilization has been, if they have a need for behavioral health services or have dental services in place. April Brewer said that the Alliance will try to align clients with a provider close to their home address but if that's not where they choose to go it can be problematic. Jan Wolf added that if the Alliance doesn't have information before the transition about who the beneficiary's primary care provider is, they will allow them to see any of their network providers for their first month, and that would give them time to let the Alliance know who they want. April said her clients don't read their benefits card so they are unaware. Jan said they will also make calls to try to reach them by phone. April suggested using text messaging to contact members. Jan said they don't currently have the capability and they don't have cell phone numbers unless that is what they were given as a contact number. Alan asked how April was able to get her client's cell phone numbers. April said that for most of their clients, the cell number is their main number. 	<p>Materials provided:</p> <p><i>Medi-Cal and Health Care Transitions PowerPoint</i></p>



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	<ul style="list-style-type: none"> Christine has a member of her staff working exclusively on the transition and participating on statewide calls as other counties are implementing the transition from Healthy Families to Medi-Cal. HSA staff will be a resource to address these types of transition issues. There are several different groups working together for the Healthy Families transition. The County Welfare Directors Association has at least one weekly conference call to share information. Healthy Families Transition to Medi-Cal Community Partners is a monthly conference call between Alliance and its county partners to discuss the transition for families and provider enrollment. HSA and the Alliance also have regular open communication. <p><u>County Call Centers</u></p> <ul style="list-style-type: none"> County Social Services Departments across the state use three different information systems to process Medi-Cal applications; C4 is used by 39 counties, including Merced County; Los Angeles County uses LEADER, and the rest of the counties use CalWIN. Covered California and the counties will need to be able to communicate electronically on Medi-Cal referrals. Covered California will have three call centers that will take calls and route them to county systems. Merced County will serve as a regional “host” call center for eight other “subscriber” counties, including Alpine, Amador, Calaveras, Inyo, Madera, Mariposa, Mono, and Tuolumne. When the Exchange receives calls from any of these counties, the calls will be routed to Merced’s call center. Merced’s host call center will receive calls that are pre-screened by the Exchange and determined as eligible for Medi-Cal under current rules. The Exchange will “quick sort” callers by asking a few questions such as residency, age, and if they have an existing case through a county system. If they determine that they are Medi-Cal eligible, they will send it to the host call center. If not Medi-Cal eligible, the Exchange will provide information about the subsidized health plans offered through the Exchange. Merced’s host call center will be staffed six days a week, during open enrollment (October through March in FY 13-14 and October through December thereafter), from 7am to 8pm. The remainder of the year it will be staffed six days a week, but from 7am to 5pm on weekdays and 7am to 4pm on Saturdays. HSA will have three shifts working the call center which is expected to be operational on October 1st. There are benchmarks in place for the host call center. The calls must be answered within 30 seconds, 80% of the time. Callers will be given a warm hand-off meaning that call center staff will provide an introduction and describe what the caller needs. Kathleen asked if outreach and education activities will direct consumers to the local call center or to the Covered California call center(s). Christine said that she understands that only the Exchange will send calls to the local call center. Consumers can still call HSA or apply in person. 	
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	<ul style="list-style-type: none"> • Dr. Livermore asked how many languages will be represented in the call center. There will be English and Spanish-speaking call center staff and there will be access to other languages if needed. Joel said that the Exchange call centers will have 10-12 languages. April contracts with a translation service. Christine said that they will primarily use staff for translation but do have a contract with a translation service as well. • Details such as how much of the enrollment process a host call center worker can complete for a subscriber county are being worked out. • Merced's enrollment systems are not going to be able to talk with CalHEERS before January 1st so their workers will have to manually input information during pre-enrollment in October and then they will have to find a way to transfer that information at some point. <p><u>Outreach Activities</u></p> <ul style="list-style-type: none"> • HSA will conduct outreach to interact with the community, including through programs such as SNAP-Ed (CalFresh) and All Dads Matter and at health fairs. • HSA is also developing a process to enroll "known eligibles" such as those who are currently receiving food stamps. • Christine said they are working on creating uniform messages and mobile enrollment strategies. She envisions having eligibility workers take a laptop and complete applications for clients in the field. Many of their clients get started but they don't return to finish the application process. If they can access the information they need and complete the process in one visit they have a better chance at enrollment. • HSA has considered going to the shelter, food banks, and back to school nights. Dr. Livermore asked if they had thought of doing outreach at the jail. Christine said that she sent information to the undersheriff about how Medi-Cal is expanding for inmates. They could make arrangements if the jail is open to it. 	
<p>Group Discussion</p> <p>Joel Diringer</p>	<p>Joel asked clinics to share what they are doing for outreach and enrollment.</p> <ul style="list-style-type: none"> • April Brewer said they don't do much for outreach other than providing information to clients at the clinic such as where to apply for services. She said they'd be willing to host anyone who would like to provide outreach. • Kathleen asked April if the hospital does any prescreening for Medi-Cal eligibility. April said no, but before the move to the new hospital, eligibility workers for MAP and Medi-Cal were co-located there. They have found that it is hard to get clients to follow through with applying for services. • Kathleen asked Christine if they have the capability of remotely connecting eligibility workers to clients electronically. Christine said they do not, but they do have C4Yourself kiosks that people can use to enroll. • Dr. Livermore asked if HSA should send eligibility workers to the local clinics. Christine said that was a past 	



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arrangement but they don't have enough eligibility workers currently.

- Sharon Robinson said that Mental Health has staff who meet with clients not currently on Medi-Cal to go through the C4Yourself screens and then they hand them over to HSA. They built it as a bridge to get more clients covered by Medi-Cal. Their clients can sometimes get retroactive coverage to pay for their hospitalization stay. Jennifer Mockus asked Sharon about how long it takes her staff members to assist their clients with enrollment. Sharon said that it can take an hour or longer. It depends on the information/documentation the client brings with them.
- Christine said that having access to a federal hub will simplify their process. If they can verify eligibility through child support, DMV, or Veterans, they won't have to do a separate verification.
- Peter Mojarras said that Castle Family Health Centers has made small efforts to educate the community. They have plans to attend back to school nights in the fall, they have a mobile unit to go out into the community. They are partnering with California School Health Association on a grant for outreach activities. They have kiosks onsite and they hope that the utilization will increase. They have had concerns that it has been underutilized in the past, maybe because people are intimidated by it. They would also like to have eligibility workers on site. A few years ago, they had eligibility workers stationed in their facility and it was a really effective way to enroll people.

Medical Assistance Program (MAP) Transition

- Kathleen said their first step is moving the MAP clients into Medi-Cal. There will also be outreach efforts to identify others that aren't currently in MAP but would qualify for Medi-Cal expansion. Christine said that the pre-enrollment process for current MAP clients can start in October so their coverage would be effective in January. Kathleen has three MAP eligibility workers and asked what training they would they need to be able to help their clients enroll in Medi-Cal. Christine said that they could attend the assisters training. Joel said that the assister training is in August. The navigator training is in October or November. Jennifer asked if that training was specific to Covered California or Medi-Cal. Joel said that the assisters and navigators would have to know both. Christine said that the Medi-Cal assister training would be closer to the role Public Health's eligibility workers will have.
- Alan asked about food bank and rescue mission locations for outreach and enrollment. He said that the people who go to those locations would be likely to qualify for insurance under the new ACA rules. Kathleen said that she is reassigning two community health specialists in June to take on that role. Their job will be to work with Mental Health, the rescue mission, food bank and other organizations to inform and assist consumers to connect with Medi-Cal. Kathleen has a Blue Shield grant application in to help fund and expand that work. Kathleen asked Christine about her plans to send folks to those locations. Christine said that sending people offsite was being discussed. They have a couple of laptops that are C4 accessible. If they have a confidential space, they could do applications and/or screenings for people. Kathleen said that perhaps they could partner in these efforts.



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	<ul style="list-style-type: none"> • April Brewer said that there will be 1,300 MAP clients that need to start applying in October. She said Public Health only has three workers and said that it will be problematic for everyone to get in. Her clinic's part-time financial counselor or the full-time financial counselor at the hospital might also be trained. She thinks that they should work together to augment enrollment or they may have hundreds of MAP clients that won't get through the process. • Kathleen said that in regards to the October date, MAP clients, because they are Medi-Cal eligible, can apply any time of the year after January 2014. Kathleen said that she thinks April's idea is good. It would be helpful to identify staff at Public Health and at the clinics that could assist at some level. They could work with HSA to get folks trained. • Joel suggested that the outreach and enrollment discussion continue at the next meeting. One of the biggest issues is how to transition people. Provider capacity is another potential topic. Central Valley Health Network is doing a project on it so they may be able to discuss it. • Steve Roussos said that there are 2,000 U.C. Merced students actively looking for work and they are an ongoing stream of bright people that could be utilized. • Dr. Livermore suggested that they get more healthcare providers involved, particularly Christine Muchow of the Medical Society. • Alan asked if there was a simulation available to mimic what the application experience will look like. Joel said that on the Covered California website, there are slides from a webinar on CalHEERS that have screen shots of what the application will look like. Alan said he is interested in finding out what someone would experience using the site. Joel said that maybe they could try to get someone from the Exchange to do a presentation at a future meeting. 	
<p>Other Consortium Business</p> <p>Joel Diringer</p>	<p><u>Other business items</u></p> <ul style="list-style-type: none"> • Kathleen asked everyone if they were comfortable with the 11:30 start time of the meeting. Everyone agreed. • Kathleen said that the Endowment is holding a meeting on May 13th in Fresno on the ACA efforts they've been supporting. Brian Mimura said he could accommodate eight people from Merced, so she thinks they should coordinate. Jennifer Mockus said she gave Brian a list which included large clinics, Christine Bobbitt, and the Chamber. <p><u>Next meeting May 23rd at the Alliance Office</u></p> <p>Kathleen said that at the next meeting, they will be looking at offering an overview on provider capacity information, continuing the discussion on coordinating efforts with outreach and enrollment, and give a policy update.</p>	



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