



Merced County Health Care Consortium

**Affordable Care Act Readiness Project
Thursday, June 27, 2013
Meeting Summary**

Attendees:

Representatives from Member Agencies: Alan McKay, Jan Wolf, Erin Huang, Pat O'Brien, and Jennifer Mockus, Central California Alliance for Health; Christine Bobbitt and Corrina Brown, Merced County Human Services Agency; April Brewer, Dignity Health; Christine Noguera, Mary-Michal Rawling, and Griselda Villa Golden Valley Health Centers; Lori Norman, Merced County Department of Child Support Services; Cur Willems, Merced County Mental Health Department; Alan Gilmore and Pedro Elias, Planned Parenthood; Brian Mimura, The California Endowment; Flip Hasset and Claudia Corchado, United Way; Isai Palma, Jordan Cowman, Michelle Xiong, and Tatiana Vizcaino-Stewart, Building Healthy Communities; Martha Hermosillo, First 5 Merced County; Leslie McGowan, Livingston Medical Group; Don Ramsey, Stacie Bradford, and Marilyn Mochel; Tim Livermore, Cindy Valencia, and Kathleen Grassi, Merced County Department of Public Health.

Guests: Mary Renner and Nichole Mosqueda, Central Valley Health Network

Consultants and Support Staff: Rafael Gomez, Pacific Health Consulting Group; Joel Diring, Diring and Associates; 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 Diring facilitated introductions.</p> <p>Kathleen Grassi provided an overview of the ACA Readiness Project.</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>Federal</u></p> <ul style="list-style-type: none"> The Department of Health and Human Services has an updated website www.healthcare.gov. The final regulations including individual mandate exemptions are published. The California Health Line www.californiahealthline.org has details. The Immigration Bill is being considered by Congress. The bill won't solve any health access or eligibility issues for at least 10 years. <p><u>State</u></p> <ul style="list-style-type: none"> The State Legislature's special session on health reform has passed trailer bills that will guide implementation of insurance regulation reform which include no pre-existing condition restrictions, no caps, and no rating or charging premiums based on health status. Geographic regions identified for setting rates. The trail bills outline how Medicaid expansion will take place in California including expansion to all legal residents under 138% of poverty level, if they don't have private insurance. No asset tests are required, 	<p>Materials Provided:</p> <p>Affordable Care Act Implementation Updates PowerPoint</p>



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	<p>except on long-term care services for the expansion population. Mental health and substance use disorder services will be available to individuals on Medi-Cal and for those purchasing insurance from the Exchange if offered by the selected plan.</p> <ul style="list-style-type: none"> Christine Noguera - it's important to know what individual providers and groups are doing around behavioral health services. Curt Willems - the County typically serves severely mentally ill (SMI); services for depression or anxiety are not typically provided by County Mental Health. Foster care coverage has been extended from age 18 to 26, regardless of income. Adult dental program will be partially restored in Medi-Cal. CalHEERS, the new electronic eligibility system, will gather information from other electronic sources, such as the IRS, homeland security, social security, and EDD, and reduce paperwork in the application process. Joel - The California Endowment (TCE) has offered funding to the state for outreach and enrollment services for Medi-Cal; the Exchange has provided funding for outreach and enrollment into the Exchange. The trailer bills allow for TCE funding to be matched with federal funds. If approved by the federal government, it is expected that the state and local social services agency will administer these funds. State legislative action did not rescind the 10% Medi-Cal provider rate cut. Alan McKay - the Alliance's governing board elected to subsidize the 10% Medi-Cal cut in the Merced County service area. 	
<p>CA Medicaid Expansion Update</p> <p>Kathleen Grassi, Merced County Public Health Department</p>	<p>Kathleen provided an update on Medi-Cal expansion for the medically indigent:</p> <ul style="list-style-type: none"> The medically indigent are single, childless adults, 18 to 64 years of age, who are not eligible for Medi-Cal or Medicare. The County has an obligation by statute to be the “provider of last resort” for this population. This obligation was established in an era when most counties had county hospitals and clinic systems. Today, most counties have disbanded the infrastructure to provide services, but the obligation remains. There are three groups of counties providing indigent care services. The first group is made up of the 12 larger “hospital” counties that still have county hospital systems. The second group is the small rural counties that administer their program through a single administrator called the County Medical Services Program (CMSP). Those small rural counties aren't directly involved in providing services or administering eligibility for the medically indigent. Merced County is in the third group of counties that do not have a county hospital system and are not part of CMSP system. Each of these 12 counties administers their indigent medical programs differently. Merced County has the Medical Assistance Program (MAP). MAP has a contract with Mercy Hospital to provide inpatient and outpatient services, the Public Health Department determines eligibility and authorizes specialty care services not provided by the hospital. Specialty care is provided on a fee-for-service basis at Medi-Cal rates from providers that are both in-county and out-of-county. 	<p>Materials Provided</p> <p>CHEAC Memorandum</p>



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	<ul style="list-style-type: none"> • The Governor's May revise proposed to transfer the medically indigent into state administrated Medi-Cal in January 2014. From a public health perspective it is a better model of care, because the County can only provide episodic care to meet immediate medical needs. Medi-Cal will provide prevention services and medical care. • Counties' statute obligation to be the "provider of last resort" will remain in place. That will look different for each county. Merced County is determining who will remain in MAP. Individuals with incomes 138% to 200% of FPL will qualify for subsidies under the Exchange. • With Medi-Cal expansion, the state believes that counties will realize a savings and proposes to retain that saving for other state program expansions including an increase to CALWorks grants. Starting in fiscal year 2013-14, state funding to counties for indigent health care will be reduced; \$300 million will be lost in the first year. Merced County Public Health will lose \$1.6 and \$2 million dollars. Starting in FY 2014-15 the amount of "savings" retained by the state will be determined by formula. • Alan McKay - counties may have a choice between a flat percentage and a percentage of savings. Kathleen - each of the three groups, mentioned previously, negotiated a slightly different formula with the Department of Finance and the Governor's office. Merced County's group agreed to two options. One option is a percentage split with 60% of funding previously supporting indigent care services going to the state and 40% retained by counties to serve any remaining medically indigent. The second option uses a formula that compares historical expenditures to future expenditures for health care services for the medically indigent with the state retaining the "savings" or difference between the two amounts. 	
<p>ACA Outreach and Enrollment</p> <p>Joel Diringer</p> <p>Representatives from: Central Valley Health Network</p> <p>Planned Parenthood Mar Monte</p> <p>United Way</p>	<p>Joel provided an update on ACA outreach and enrollment activities. He was followed by representatives from the Central Valley Health Network, Planned Parenthood Mar Monte and United Way. These organizations have received Covered California outreach and education grants and will be implementing in Merced County.</p> <p><u>Covered California</u></p> <ul style="list-style-type: none"> • Covered California has also re-launched their website and has staged media activities for the next few months. In September/October there will be link provided on the website to apply for health insurance. • The outreach grants for Covered California are out and the focus now turns to application counselors. The regulations that define who would assist someone in enrollment have not been finalized yet. • There will be a grant program for community based organizations (CBOs); an RFP will go out in early September. To become a certified enrollment entity there is an application form at the grants and assistors website. Nichole Mosqueda - it is important to identify yourself as an enrollment entity when you register as an assistor. This shows that you are capable, and have the capacity to enroll. • Tatiana Vizcaino-Stewart - should assistors and CBOs should be part of this ACA readiness group? Joel – yes, their collaboration would be helpful. 	



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	<ul style="list-style-type: none"> • One of the 10 essential health benefits that Congress designated was pediatric dental and vision benefits. Covered California announced the dental plans that will be available through the Exchange. The dental plans will be separate from the medical plans. The federal subsidies for low-income individuals will not apply to the purchase of dental plans. <p><u>Central Valley Health Network – Nichole Mosqueda</u></p> <ul style="list-style-type: none"> • Central Valley Health Network (CVHN) is a consortium of Federally Qualified Community Health Centers in the Central Valley; both Golden Valley Health Centers and Livingston Medical Group are CVHN members. • CVHN received \$750,000 to reach 100,000 contacts with outreach and enrollment services over the next 18 months from Covered California. About \$75,000 of these funds will be allotted for Merced County to reach about 13,000 to 15,000 individuals providing face-to-face interactions at health centers, educating business and community members at meetings, conferences, etc. and participating in community events. • Outreach and education trainings start as early as July 8th. The first series will be in Sacramento. There are trainings scheduled for Fresno and Kern counties as well. Trainings may be provided in the Merced/Stanslaus area at a later date. • The big push for outreach and education will be October through March of next year. This grant is strictly for outreach and education and it must be separate from HRSA funding. • Covered California is encouraging grantees to do on-site tutorials of the website at outreach events. Many grantees are concerned about a lack of internet access in rural areas. They are working on getting tablets and/or laptops for their health centers. • Jennifer Mockus – will Covered California be providing outreach materials that will be consistently used throughout the state? Nichole - yes, Covered California wants grantees to use their materials for outreach. English and Spanish materials will be launched first. Grantees will identify other languages needed. • Jennifer - Covered California is looking to get people aligned with the Exchange, but some around the table are looking to work with the population that is eligible for Medi-Cal. This group has discussed aligning messages so they are consistent to avoid confusion with the public. Jennifer - Santa Cruz County has developed a two-sided document that talks about the basics of ACA; she will share this with the group. <p><u>Planned Parenthood Mar Monte – Alan Gilmore, Director of Education</u></p> <ul style="list-style-type: none"> • Planned Parenthood Mar Monte is the largest Planned Parenthood affiliate in the United States spanning from Reno, Nevada to Bakersfield, California. Planned Parenthood was awarded funds to conduct education and outreach for Covered California in 16 counties. In the Central San Joaquin Valley, this includes Merced, Kern, Fresno, Madera, and Stanislaus counties. • The contracts have just been finalized. They have hired a program manager and are interviewing and 	
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	<p>selecting existing Planned Parenthood staff to work on this project. Their focus is 18-34 year olds. They will be using nonconventional means, such as alternative settings and evening and weekend outreach, to reach this population.</p> <p><u>United Way – Claudia Corchado</u></p> <ul style="list-style-type: none"> • United Way Merced County is a subcontractor for United Way of California. They have a small outreach grant of \$46,000. Their outreach and education will be at public events. They will also provide outreach to veterans, foster youth, and students at Merced College. An outreach and education staff person will be hired soon and will attend the Fresno training July 22nd and 23rd. • Brian Mimura – will there be a full time staff person in Merced? Claudia - this staff person will be part time. 	
<p>Primary Care Provider Capacity</p> <p>Mary Renner Chief Operations Officer, Central Valley Health Network</p>	<p>Mary Renner, CVHN provided an overview of their workforce development efforts in the Central Valley.</p> <ul style="list-style-type: none"> • CVHN’s mission is to advocate for member health care centers in their communities. Workforce development, specifically the shortage of a healthcare workforce in the Central Valley, has been a concern of their health centers for many years. • CVHN has engaged statewide, regional, and local groups and local workforce investment boards to support initiatives with health centers. CVHN has done pipeline work such as in Tulare County where for the last four years, they have held a high school youth conference. They recently got funding and collaboration from Livingston Medical Group and Golden Valley Health Centers to hold a high school conference this coming school year in Merced County. • CVHN participates in the California Health Workforce Alliance (CHWA), a virtual organization that focuses on looking at opportunities around current health workforce development and increasing diversity. CHWA received a Blue Shield of California Foundation grant to explore opportunities to increase primary care capacity in three needy areas in the state, including the Central Valley. CVHN volunteered to host a convening in Modesto and Visalia last spring where 75-80 diverse stakeholders discussed building provider capacity and the challenges to meeting local provide capacity needs. From these meetings four workgroups were created: regional collaboration, expanding residency programs, pipeline programs, and incentives. • The expanding residency programs group found that there are many entities that are working on workforce development. This workgroup will focus on getting a comprehensive inventory of the health workforce initiatives in the Central Valley and bring together collective resources and ideas. • This group also looks to combine efforts around medical residency programs and increase collaboration. They have discussed innovations around fast tracking medical residency programs such as conducting medical school and residency programs interviews simultaneously with the goal to retain medical students and residents in the Central Valley for a longer term. 	<p>Materials Provided:</p> <p>Building Primary Care Capacity in the Central Valley PowerPoint</p>



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	<ul style="list-style-type: none"> Alan McKay - the Alliance makes its best effort to improve Medi-Cal payments to health care providers where Medi-Cal is such a prevalent part of the population, particularly in Merced County. That could be a factor in a physician deciding to locate if they understand their earnings may be higher than they thought in serving Medi-Cal patients. The Alliance would be happy to partner with the CHWA and Jennifer Mockus would be her primary contact. <p>Mary included contact information for the work group leaders in her slides and invited anyone interested to join in their efforts</p>	
<p>Consortium Priorities</p> <p>Rafael Gomez, Pacific Health Consulting Group</p>	<p>Rafael Gomez facilitated a group activity to identify additional priorities across five categories: Medi-Cal expansion, Covered California outreach and enrollment, provider access and capacity, residual uninsured, and budget and financing that will help shape the Consortium’s discussion in the coming months.</p> <ul style="list-style-type: none"> The results identified the top two priorities as Medi-Cal expansion and Covered California to prepare for the Exchange’s open enrollment in the fall and Medi-Cal expansion in January. Specific issues identified were: aligning messages and communications, getting healthy people enrolled, keeping people in care, having language appropriate materials and services, having enrollment staff in clinic settings, maximizing enrollment by coordinating efforts, and coordination of outreach activities so efforts aren’t duplicated. Nichole - coordination of efforts and messages will be important. This group could facilitate those efforts. All those funded will be at the same events so there will be overlap. Covered California is strict about non-duplication of numbers so coordination could help to prevent this. Flip Hasset - the state was making obstacles immediately for people by requiring that Covered California and Medi-Cal be separated. When someone is seeking information their first contact should be able to provide it all information regardless of which program they qualify for. Nichole - Covered California only wants trained individuals to do outreach. CVHN is discussing how, in a healthcare setting, they will navigate through that. People shouldn’t be turned away because the worker they happen to interact with isn’t a certified trainer. Rafael - the first priority appears to be coordination, communication, and using limited resources across agencies in an effective way. The second level priority is around access and capacity. Provider capacity is difficult because it’s both immediate and long term. The residual uninsured and budget and financing topics are mainly a County concern including managing indigent health care programs given funding cuts, engaging the residual uninsured, and not knowing how many individuals will remain uninsured. 	<p>Materials Provided:</p> <p>Discussion Topic Options: Merced County ACA Readiness Project</p>
<p>Other Business</p>	<p><u>Next Meeting:</u> July 25, 2013</p>	



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