Merced County Health Care Consortium

Affordable Care Act Readiness Project
Thursday, October 24, 2013
Meeting Summary

Attendees:

Representatives from Member Agencies: Jennifer Mockus, Maria Vasquez, Gabina Villanueva, Central California Alliance for Health; Christine Bobbitt, Merced County Human Services Agency; Sharon Robinson and Tabitha Weeda, Merced County Mental Health Department; Sharon Wardale-Trejo, Merced County Department of Child Support Services; Brian Mimura, The California Endowment; Nellie McGarry, Office of Senator Anthony Canella; Stacy Andersen, Blue Shield of California; April Brewer, Dignity Health; Elsa Alvarez, Mary-Michal Rawling, Marc Smith, Golden Valley Health Centers; Teresa Guerrero, Parent Institute for Quality Education; Erika Gomez, Jacqueline Medina, and Griselda Vazquez, Livingston Medical Group; Lupe Delgado, United Way of Merced County; Octavio Valencia, Alliance for Community Research and Development; Rachelle Abril and Daniel Abril, Distinguished Outreach Services; Lisa Maples, Merced County Probation; Don Ramsey, Community Member; Marilyn Mochel and Palee Moua, Building Healthy Communities Health Equity Project; Manuel Jimenez, Central Region Workforce Education and Training Partnership; Lucy Allen, Faith in Community; Candice Adam-Medefind, Healthy House; Stephanie Dietz, Merced County Executive Office; Michael Johnson, Jane MacLean, Dr. Timothy Livermore and Kathleen Grassi, Merced County Department of Public Health.

Guest Speaker: Kathy Neal, Central California Alliance for Health

Consultants and Project Staff: Joel Diringer, Diringer and Associates; Cindy Valencia, Karl Stahlhut, and Sarah Baker, Department of Public Health.

Agenda Items	Discussion Summary	Resources / Action Items
Welcome and Introductions Joel Diringer Diringer and Associates	Joel Diringer facilitated introductions. • Stacy Andersen announced the Total Health Expo, which will be held November 2nd -3rd at the Fresno Convention Center. More information can be found at www.totalhealthexpo.net. • Rachelle Abril announced that Distinguished Outreach Services is having its annual Thanksgiving event at the Sunnyside and Sunny View apartments on V Street. They want to show support to that part of the community and invited anyone to come out and to bring information about their services.	
ACA Updates Joel Diringer Kathleen Grassi Merced County Department of Public Health Cindy Valencia Merced County Department of Public Health	**Covered California Launch** Joel asked attendees to share their experiences with open enrollment so far. • Tabitha Weeda - Alcohol and Drug Services began enrolling October 21st. They have a computer set up that clients can use to enroll as well as a program assistant that will help clients go through the phone interview if they need the help. They have enrolled eight individuals into Medi-Cal so far. • Candice Adam-Medefind - Healthy House has ten counselors serving people in eight different languages throughout the County. They are still in the certification process but should be up and running by mid-November. There is a lot of need for outreach in the Hmong community. They are very interested once they are aware of their options. Covered CA is slow in getting some materials on the website but Healthy House is working with a great representative in Fresno now so they have some support. • Marc Smith - Golden Valley has eight people designated as certified enrollment counselors, but they	

haven't completed the certification process, which has been slow. They are finding that people who are eligible for Medi-Cal generally want to enroll. Though, when they help someone find out what their monthly premium would be under Covered California, they are less willing to sign up. Consumers would rather pay $30 per medical visit rather than a monthly premium for $100. He believes it will be a challenge to get some people to enroll in the Exchange.

- April Brewer - Family Care sees Medical Assistance Program (MAP) patients and some are not aware of, or not trusting of, the new programs. Some are just happier using the sliding fee scale for visits; some qualify for no cost. She assumes they will continue to offer the sliding fee scale as a non-profit and because they care for a lot of undocumented.
- Karl Stahlhut – for the medically indigent who are applying for MAP, the MAP application is still being used because CALHEERS, the system for entering people into Medi-Cal, isn't fully functioning yet. MAP applicants are being informed that their MAP application will also sign them up for Medi-Cal for January enrollment. Fact sheets on how to get help with Medi-Cal is also provided.
- Chris Bobbitt - Human Services Agency is operating a call center for nine counties in their region with about 400 phone calls for the month so far. Covered California had stressed a warm handoff for calls, but HSA hasn't had that experience so far and the interpreters have not remained on the call on transfer calls to HSA either.
- Sharon Robinson - In the past, they've been able to get pharmaceuticals either free or at a very low cost, however that's changing. The increase in cost of these pharmaceuticals may be a motivator to get people enrolled.
- Stacy Andersen - Blue Shield has a call center up and running. She outreaches and pre-screens people then forwards their information to the call center, who then calls the client. Blue Shield tells the client what they qualify for and gives the person the option to choose their plan. They would like to collaborate with this group in their efforts. Griselda Vasquez - if they were only enrolling for Blue Shield coverage. Stacy - they will enroll individuals into any plan available to them.

Funding Announcement

Kathleen Grassi provided information about available funding to support Medi-Cal outreach and enrollment.

- The California Endowment has committed $12 million for outreach and education for the Medi-Cal population. These funds are being administered through the Department of Health Care Services (DHCS) which has the capacity to draw down another approximately $12 million in Federal funding.
- Last week, DHCS released information about this funding. Only counties will be able to apply; only one application per county. Community based partnerships are strongly encouraged.
- A survey is due by October 31st and more detailed documents are due in mid-November. The funding announcements are supposed to be available January or February of 2014. The funding will be available through June of 2016.

	• The funding is very specifically targeted towards certain identified groups, including people with mental health or alcohol and drug diagnosis, individuals who have been recently released from jail and on probation, individuals from communities with cultural barriers, and Men and Boys of Color. • Public Health has taken the lead on the application for Merced County, working with Mental Health, HSA, and the Probation Department. **Outreach and Education Subcommittee Activities** Cindy Valencia provided an update from the Outreach and Education Subcommittee • The Outreach and Education subcommittee (O&E) has met monthly with a goal to foster coordination, collaboration and the exchange of strategies between members. • The O&E has set up a Google calendar on the Public Health Department's webpage where members can update which events they are attending to conduct outreach and/or enrollment activities. A common calendar allows organizations to see what activities are happening in the community so that they can avoid duplicate effort and ensure outreach and education coverage across the community. • O&E's next steps include meeting with Steve Gomes with the Merced County Office of Education, tentatively scheduled for November 12th. Catholic Charities is taking the lead to establish a meeting with the faith-based community as well. • O&E is working on consistent messaging and materials to distribute in the community. A list of agencies that have certified enrollment counselors has been compiled to identify where folks can go for assistance. Also developed is a fact sheet available in English, Spanish, and Hmong. A sample wallet card is being developed with Covered CA contact information, as well. • Joel – the Public Health Department's webpage has an ACA link where all the materials from the Consortium meetings are posted. The O&E calendar of events is a link on this page.	**Materials Provided:** Wallet Card Sample
Immigrants and the ACA Joel Diringer	Joel referenced the National Immigration Law Center's document *Major Benefit Programs Available to Immigrants in California*. • An important term in the Affordable Care Act for immigrants is "lawfully present" meaning they are a Legal Permanent Resident, have permission to stay indefinitely in U.S. without pathway to citizenship (e.g. Temporary Protected Status including PRUCOL and DACA "Dreamers") or have permission to stay temporarily (e.g. visa holders). If they are not "lawfully present" then they are undocumented. • Lawfully present immigrants can: 1) buy health insurance on the Exchange with own funds; 2) qualify for a premium and co-pay subsidies in Exchange (up to 400% if <5 years; 138-400% if >5 years); 3) receive full-scope Medi-Cal if in the U.S. for 5+ years. They are subject to individual mandate. But DACA are treated as undocumented for federal health coverage benefits but receive State benefits.	**Materials Provided:** 1. Immigrants and Health Care Reform Power Point 2. *Major Benefit Programs*

	• Newly eligible qualified immigrants who have not been in the U.S. for five years will get Medi-Cal benefits until the Exchange wraparound benefits are available. • Mixed-status immigrant families, US Citizen or Legal Permanent Resident children/spouses are eligible for Medi-Cal or are eligible to buy insurance and get subsidies on Exchange via "child-only" plans. • Undocumented immigrants cannot buy insurance on the Exchange, even at full cost. They are ineligible for Medi-Cal, except for emergency Medi-Cal, which provides coverage for pregnancy, breast cancer and cervical cancer treatment, FamPACT, and AIM. They are excluded from the mandate. They can, however, be covered by an employer, including the SHOP option for small businesses in the Exchange. • Citizenship or "lawful presence" will be verified to enroll in the Exchange, to get subsidies, or to enroll in Medicaid. Their status will be electronically verified by social security number or tax ID number and will also be checked through the US Citizenship and Immigration Services database. • A social security number is required for those that are applying for benefits. Undocumented parents of citizen children do not have to provide a social security number. However, that or the taxpayer ID would help to determine income eligibility because they can connect that to the IRS. Information about immigration status is only used for determining eligibility. • There is no citizenship or immigration verification for individuals getting insurance through the employer or SHOP side of the Exchange. • Senate Immigration Bill 744, which has not passed, provides a registered provisional immigrant (RPI) status. After registration, it is 10 years to become a legal permanent resident and then another five years for most coverage options. Those that came here as young children, the Dreamers, would have five years to legal permanent resident. Farm workers have an accelerated status, but it would still take five years to become a resident with an additional five years to get any "means tested" programs. • In Merced County the estimates are 17,500 uninsured non-citizens and about half are "lawfully present". Of these, between 3,120 and 4,680 would qualify for Medi-Cal; between 3,160 and 4,740 would qualify for subsidies through the Exchange, and between 720 and 1,080 may qualify for the Exchange, but without subsidy assistance.	*Available to Immigrants in California* National Immigration Law Center.
ACA and Behavioral Health Services Kathy Neal Central California Alliance for Health	Kathy Neal, Chief Health Services Officer with the Central California Alliance for Health, discussed the new behavioral health mandate. • The Affordable Care Act (ACA) has 3 main approaches. The first is the Triple Aim, which includes reduced cost, increased quality and improved outcomes. If both mental and physical health is addressed at the same time, there are better health outcomes. The second is the Essential Health Benefits that were mandated by ACA, which mimics the Kaiser small business plan. The third is parity with both mental health and behavioral health services offered. • For purposes of this discussion, mental health is regarded as the severely mental ill population that the	**Materials provided:** *Managed Medi-Cal Behavioral Health Benefits Power Point*

	County serves and behavioral health is the screening, brief intervention, psychotherapy, and group therapy that will be available through health plans. • Integrated care is the combination of medical and behavioral health services to address the whole person. For example, depression is extremely common among people with diabetes. If depression is untreated, it can escalate and cause other behaviors and stress on the body. If both are addressed together, there are better outcomes. Not only is it better for the quality of life for the patient; it is more effective for health care cost management. • Primary care is the first line of care for most patients. People may not want to seek behavioral health services because of the stigma. Primary care is another way for patients to get the treatment or therapy they need, without the stigma. • Primary care providers may be able to intervene earlier. For example, postpartum depression is screened for by OB/GYNs, but the obstetrician's last visit with the patient is usually around six weeks postpartum. If the condition exists after six weeks, who is screening for it? Right now, primary care providers are not screening for postpartum depression. Research has shown that a postpartum diagnoses that is identified early can prevent the psychoses that can co-occur happens. • The California Department of Health Care Services (DHCS) has not yet defined clearly what behavioral health benefits will be. It makes it very hard for health plans to plan for administration of these benefits. • The rates for providing the services have also not been determined. The state Medi-Cal rate for fee for service is extremely low. Plans are concerned that these low rates will prevent members from having access to services. Psychiatrists under the Medi-Cal rate get $36 an hour, which is why there are not a lot of Psychiatrists serving County Mental Health or Medi-Cal, because the rates are too low. Most Psychiatrists won't see patients even for the Medicare rate. They have to figure out how they will reimburse these providers so patients can have access. It is important to making this work. • The Alliance will also have to determine how to define who has financial responsibility for patients in the scope of their care, from mild, to moderate, to severe. It's based on functionality of the patient. Those that function in the severe category would go to the County and those that function in the mild to moderate range would go to the managed health care plan. There will be members that go back and forth between the County and managed health care plan systems so they also have to work out how they will communicate and share information. • Each mental health plan and every county will have to work out a contract with the state. The Alliance would have to amend their current contract with the state. That process typically takes months to complete, so they expect to have that settled after the implementation on January 1st. • The Alliance has to begin to have discussions with providers and find out if they have capacity and what would it take to build more capacity. Federally Qualified Health Centers (FQHCs) have some mental health services but what is their capacity to serve this newly funded resource? • The provider network also has to be identified. Initially there will not be a standard of time and distance.	

	• The Alliance wants members in Merced County to get care here, but there may not be sufficient mental health or behavioral health services in Merced County right now. • The process of creating contracts and credentialing providers takes about 60 days. Right now they don't even have the rates to show the providers what they will get if they are credentialed. So for now, they will have to be creative by doing letters of intent and agreements with providers while they do some provisional credentialing while they get providers on board. • The Alliance is going through a core system conversion because they've outgrown their current system. Without this conversion they wouldn't be able to add any more services, meaning they couldn't pay the claims for additional services.	
ACA and Alcohol and Drug Services Tabitha Weeda, Merced County Mental Health Department	Tabitha Weeda, Merced County Alcohol and Drug (AOD) Program provided information on AOD benefits. • Merced County Mental Health Department's Alcohol & Drug Services provides narcotic treatment, an outpatient drug free program, day rehabilitation, and perinatal residential services. With the expansion benefits, the outpatient drug free services will include individual sessions. In addition, residential services will include structured treatment services at non-medical residential facilities. AOD is very excited about that because it's something this community has needed. • AOD is gearing up by looking at their staffing patterns and changing their program structures so that people get in quickly and are linked with outpatient and/or residential treatment services and community support services. • There is a lot of work to do between the Mental Health Department, the Alliance, and community partners. Merced County is expecting about 22 new intakes a month. They will have dedicated intake days so individuals can get in quickly to all their services. • Jennifer Mockus - in addition to residential treatment will there also be transitional housing for those who need it? Tabitha - transitional residential recovery services include treatment and non-medical transitional recovery settings that provide counseling and support services. Those facilities will have to be certified and/or licensed through the Department of Health Care Services. • Jennifer – what is the average length of time to get a facility licensed? Tabitha - the state has been backlogged with new applications so a survey went out asking the counties what they would need to step into that role. State licensing and certification will most likely be handed down to the counties. Counties have now begun the process of screening applications before they go to the state, which should help them transition to that role when it does happen. She suspects that it will take about 60 days to get a facility licensed. • Dr. Livermore - Does the Alliance have enough mental health specialists in Merced County? Kathy Neal - it's too early to tell, but she suspects Merced County will be short. She believes that they will have to look at training current resources and possibly redistributing work so patients can be seen and cared for.	

	• Reverend Ramsey - Will AOD be able to handle the estimated 22 additional patients a month. Tabitha - yes, they have the staff and the capacity to handle that increase. Reverend Ramsey -what would happen if that number increases. Tabitha - she'd advocate for more staff. • Marc Smith - Golden Valley has handled behavioral health services by having patients first establish a relationship with a primary care physician. Primary care providers do not make direct referrals to a Psychiatrist. Instead they refer patients to a Licensed Clinical Social Worker (LCSW) or Associate Clinical Social Worker (ASW) for evaluation, who then can make the referral to the Psychiatrist, if needed. Psychiatry is impacted. Golden Valley has two full time contracted Psychiatrists between Merced and Stanislaus Counties and they serve a large number of patients. There is a huge shortage of Psychiatrists as well as bilingual LCSWs. • Sharon Robinson - Merced County Mental Health is working on contracting with additional Psychiatrists and they've just hired some new clinicians.	
Other Business	**<u>Next Meeting</u>** Next meeting will be November 21, 2013 at the Public Health Department. There will be no meeting in December	