



**Merced County Health Care Consortium**

**Affordable Care Act Readiness Project  
Thursday, November 21, 2013  
Meeting Summary**

**Attendees:**

Representatives from Member Agencies: Alan McKay and Jennifer Mockus, Central California Alliance for Health; Corrina Brown and Rebekah Capron, Merced County Human Services Agency; Curt Willems, Merced County Mental Health Department; Lori Norman, Merced County Department of Child Support Services; Louise Farley, Office of Senator Anthony Canella; Stacy Andersen, Blue Shield of California; Martha Hermosillo, First 5 Merced County; Mary-Michal Rawling, Golden Valley Health Centers; Teresa Guerrero, Parent Institute for Quality Education; Griselda Vazquez and Deepi Sahota, Livingston Medical Group; Lupe Delgado, United Way of Merced County; Isai Palma, Building Healthy Communities; Octavio Valencia, Alliance for Community Research and Development; Daniel Abril, Distinguished Outreach Services; Lisa Maples, Merced County Probation; Palee Moua, Building Healthy Communities, Health Equity Project; Candice Adam-Medefind, Healthy House; Chrisy Muchow, Merced Mariposa Medical Society; Crissy Gallardo, Merced Organizing Project; John Asendo, Community Member; Stephanie Dietz, Merced County Executive Office; Michael Johnson, Jane MacLean, Dr. Timothy Livermore and Kathleen Grassi, Merced County Department of Public Health.

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

Agenda Items	Discussion Summary	Resources / Action Items
<p><b>Welcome and Introductions</b></p> <p>Joel Diring Diring and Associates</p>	<p>Joel Diring welcomed all and facilitated introductions.</p>	
<p><b>ACA Updates</b></p> <p>Joel Diring</p> <p>Cindy Valencia Merced County Department of Public Health</p>	<p><b>Outreach and Education Subcommittee Activities</b></p> <p>Cindy Valencia, Griselda Vazquez, Candice Adam-Medefind, and Isai Palma provided an update from the Outreach and Education Subcommittee (O&amp;E):</p> <ul style="list-style-type: none"> <li>• The O&amp;E meeting minutes and materials are available at <a href="http://www.co.merced.ca.us">www.co.merced.ca.us</a>, click on the Department of Public Health, look for the ACA link and then the O&amp;E link.</li> <li>• Wallet cards, developed by the O&amp;E and featuring Covered California contact information are completed and ready for distribution.</li> <li>• Livingston Medical Group has been working with faith based organizations and schools.</li> <li>• The O&amp;E held a conference call with Covered California to discuss the %Cover Your Congregation+and %Cover Your City+campaigns. Covered California has developed toolkits for each.</li> <li>• Covered California sent letters out to city Mayors regarding the Cover Your City campaign. The O&amp;E plans to meet with Mayor Stan Thurston to discuss this campaign.</li> <li>• Livingston Medical Group and United Way are collaborating to work with the leaders of the City of Livingston.</li> </ul>	<p><b>Materials Provided:</b></p> <ul style="list-style-type: none"> <li>• Wallet Cards</li> <li>• List of Local Certified Enrollment Counselors</li> </ul> <p>Handouts:</p> <ul style="list-style-type: none"> <li>• Key Enrollment Messages</li> <li>• Common Excuses for not Obtaining Insurance</li> </ul>



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	<ul style="list-style-type: none"> <li>• Griselda Vazquez is working with Catholic churches in Atwater, Livingston and Hilmar. She has had a positive response in Atwater but mixed responses in the other areas.</li> <li>• Planned Parenthood, United Way, the Central CA Alliance for Health, and Healthy House will provide information and outreach on the west side.</li> <li>• The O&amp;E discussed the ALL IN Campaign which provides tools to schools to inform families of their health care options. There will be a 45 minute webinar on December 3rd about the ALL IN campaign.</li> <li>• Stacy Andersen participated in Sacramento's Enrollment Day+, sponsored by the Mayor. There were four different locations for enrollment around the city at the same time which limited success because Blue Shield's resources were spread out between the four locations. She suggests that if Merced County were to have such an event, to space them so that resources could be focused on one location at a time.</li> </ul> <p><b>Local and Statewide Updates</b></p> <ul style="list-style-type: none"> <li>• Kathleen Grassi shared copies of the California Healthcare Foundation's "On the Path to Enrollment: Getting Californians Covered under the ACA+."</li> <li>• Bobbie Wunsch - the Department of Health Care Services announced that in addition to the 700,000 people that will automatically be enrolled in Medi-Cal January 1st through the Low Income Health Program, another 600,000 Cal Fresh recipients will be eligible for Medi-Cal.</li> <li>• Bobbie - Covered California announced that last week there were 476,000 unique visits to their website; this is an increase of about 60,000 from the week before. Covered California also announced that they have already certified 1,700 Certified Enrollment Counselors and another 5,000 are expected to be certified by the end of the year. In addition, there are several thousand insurance agents/brokers around the state that have gone through training.</li> <li>• Michael Johnson - the media has focused on individuals that are losing their health insurance. Are there any updates on that issue? Joel - insurance companies have chosen to cancel some plans that didn't comply with the new requirements, so those plan holders received cancellation notices and have to get new insurance. Politically this is an issue, because the President assured everyone that if they liked their insurance they could keep it. The President has given states the option to allow these plans to continue, but California is likely not to allow continuation of these cancelled plans.</li> <li>• Tim Livermore - the system won't work unless they get younger, healthy people enrolled. What outreach strategies are being implemented to reach this population? Joel - Cal State University has a contract with Covered California to do outreach for this population. Locally, Planned Parenthood Mar Monte is also focused on outreaching to young adults. Bobbie - there is a national organization called Young Invincibles who are headquartered in Los Angeles. She suggested inviting Tamika Butler who runs the California operation to one of these meetings to share what they've learned about working with young people. Stacy Anderson - this population is receptive to getting insurance if they don't have it.</li> </ul>	
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	<ul style="list-style-type: none"> <li>Alan McKay- the Alliance works on the medical delivery side and they are attuned towards strengthening the health care delivery system in Merced County. The Alliance board sets aside millions of dollars in provider incentives for best practices. He recommended a movie he saw recently called "Escape Fire: A Plan to Rescue the American Healthcare System". He thinks it challenges us to look at the way American health care is delivered.</li> </ul>	
<p><b>ACA and Jail Inmates</b></p> <p>Cindy Valencia</p> <p>Corrina Brown, Merced County Human Services Agency</p>	<ul style="list-style-type: none"> <li>Cindy Valencia . The California Forensic Medical Group (CFMG), which provides jail medical services for many California counties, held a informational workshop in Sacramento in September. Staff from Public Health, Mental Health, the Sheriff's Department and the Human Services Agency attended. The workshop covered Medi-Cal expansion, Covered California, the implications for the correctional facility responsibilities, and a framework for collaborations.</li> <li>The ACA provides opportunities to reassess the existing jail health programs, to promote enrollment for inmates, and to establish linkages for health and mental health services as the inmates are released into the community.</li> <li>Corrina Brown . AB 720 passed in September. Inmates who have Medi-Cal before incarceration will have Medi-Cal benefits suspended while in jail. However, if they are transferred out of the jail to a hospital, Medi-Cal benefits will be activated for the period the inmate is in the hospital. Those inmates who do not have Medi-Cal prior to being in jail will receive assistance to get Medi-Cal at the time of release.</li> <li>Juveniles in custody already have a similar program in place. If a juvenile goes into custody with Medi-Cal, their benefits are suspended. If they need services off-site or are released within 12 months, Medi-Cal benefits are re-activated.</li> <li>Cindy - Medi-Cal expansion includes Medi-Cal benefit expansion. Medi-Cal benefits effective January 1st will include non-specialty mental health services. County Mental Health will provide specialty mental health services and expanded substance abuse disorders including outpatient and residential treatment and detoxification.</li> <li>Corrina - the first step will be to get persons enrolled in Medi-Cal. They would then work to develop suspension of the Medi-Cal aid code for those already enrolled who are incarcerated.</li> <li>Kathleen - expanded benefits related to the Affordable Care Act would be applied through jail medical services. Jail services as they are administered today, which includes some mental health services, will either be provided by their contractor, CFMG, or the Mental Health Department. If an inmate is sent off-site for services, those services would be available for a County to seek Medi-Cal reimbursement. Stephanie Dietz - it's the inmates physical location that establishes the eligibility for services.</li> <li>Corrina - benefits can only be suspended for 12 months. If the individual is in custody for more than 12 months, Medi-Cal benefits expire and the individual will have to reapply when released.</li> <li>Cindy - the California Department of Health Care Services has reached out to Medi-Cal administrators throughout the state and is developing an AB 720 workgroup to map out the eligibility components.</li> </ul>	



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<p><b>ACA and County Jail Post Release and Probationers</b></p> <p>Lisa Maples, Adult Services, Merced County Probation Department</p>	<ul style="list-style-type: none"> <li>• Lisa Maples - the Sheriff's Department will work with other agencies so enrollment can start in custody.</li> <li>• Probation already has partnerships with other County agencies through the work at the Trident Center where representatives from the Sheriff, Mental Health, Alcohol &amp; Drug Services, and the Human Services Agency are providing services.</li> <li>• The Probation Department's role will primarily be outreach. They will not be enrolling anyone, but can assist their partner agencies in getting these folks enrolled.</li> <li>• The process of having Medi-Cal suspended is already happening for the juvenile offenders, so they'll hopefully be able to make that fit for adult offenders.</li> </ul>	
<p><b>ACA Health Care Network Gap Analysis</b></p> <p>Bobbie Wunsch Pacific Health Consulting Group</p> <p>Rafael Gomez, Pacific Health Consulting Group</p>	<p>Rafael Gomez introduced the Health Care Network Gap Analysis:</p> <ul style="list-style-type: none"> <li>• Blue Shield of California Foundation provided funding for a gap analysis to describe the uninsured population in Merced County as well as understand the ACA's impact on health care provider capacity and access to care.</li> <li>• Pacific Health Consulting Group gathered data from various sources, including the U.S. Census Bureau, the California Health Interview Survey (CHIS), OSHPD 2012, and by completing several stakeholder interviews.</li> </ul> <p><u>The Uninsured in Merced County</u></p> <ul style="list-style-type: none"> <li>• There are an estimated 52,000 uninsured Merced County residents. Almost 1/2 of these are under the 138% federal poverty level (FPL) and about 1/3 are non-citizens.</li> <li>• Looking at the regional distribution, about 50-60% of the uninsured live in the Merced metropolitan area. About 20% are in the communities northwest of the metropolitan area and over 20% live in west Merced County. The characteristics of the population, ethnicity and income distribution, are similar across the county.</li> </ul> <p><u>Major Safety-Net Providers</u></p> <ul style="list-style-type: none"> <li>• There are four major safety-net providers- Golden Valley Health Centers, Castle Family Health Centers, Mercy Medical Center and its Family Care Clinic, and Livingston Medical Group. Collectively, these providers had over 300,000 encounters in 2012. They serve a significant percentage of the low income population in Merced County.</li> <li>• About 1/3 of the patients these four safety-net providers serve are uninsured. The vast majority of patients have incomes below 100% FPL. In all but one facility, Latinos represent 2/3 or more of the patient population. Mercy Medical Center has a little different demographic and is the only facility that serves those in the County's Medical Assistance Program (MAP). Medi-Cal is the largest payer of the services provided, 40% or more. Livingston Medical Group and Golden Valley Health Centers serve a large number of agricultural workers.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Safety-net providers provide comprehensive primary care for all ages. Dental services are only offered by Golden Valley at four sites around the County. Behavioral health services are offered by each of the providers, but are limited.</li> <li>• Three safety-net providers offer limited on-site specialty services for their patients. Castle is the only facility that offers a higher number of specialty services. Low income Medi-Cal patients are dependent on an outside network of specialists. There is a limited network of specialists concentrated in Merced and there are some out-of-county providers. The Central California Alliance for Health, the Medi-Cal Managed Care Plan, has been very successful at getting specialists to contract with Medi-Cal managed care but the network is small.</li> <li>• There are generally three levels of service for behavioral health services. The first level is low severity counseling and therapy services. The second is medication management or psychiatric consultation for patients on psychotropic medications. The third level would include patients suffering from severe mental health issues and crisis and need residential treatment or intensive support.</li> <li>• Effective 2014, the Alliance will be taking on responsibility for low-severity mental health services. The County will retain services for severe mental health issues and alcohol and drug treatment.</li> <li>• Over the last few years, the health centers have been able to put together stronger counseling and therapy services. Each of the facilities has LCSW and/or psychologist support staff. Two facilities are able to provide some medication management.</li> </ul> <p><u>Access and Barriers to Care</u></p> <ul style="list-style-type: none"> <li>• Barriers to care include lack of accessible public transportation, travel out-of-area for specialist care, additional travel challenges for rural/west county Merced residents, unknown/high cost and excessive wait times for specialty care for uninsured patients, the lack of patient awareness about what resources and services are available in the County and appropriate utilization of services.</li> <li>• The number of practicing primary care physicians (PCPs) is low compared to the statewide average and compared to surrounding counties. However, Merced stakeholders report that there is fairly reasonable access to primary care services. The Alliance has been able to contract with 80% of PCPs and the wait time for the 3<sup>rd</sup> next available non-urgent appointment with the safety-net providers is reasonable.</li> <li>• Access to specialty care is below average in Merced County, only 33% of the overall California average. Medi-Cal patients have challenges with travelling to specialists and uninsured have little or no access.</li> <li>• Safety-net providers report that the top five specialists that are most difficult to access for uninsured and Medi-Cal patients are Orthopedics, Dermatology, ENT, Endocrinology and Neurology. The Alliance reported that the most difficult specialties to contract with are ENT, Neurology, Dermatology, Hematology/Oncology, and Physical Medicine/Rehab.</li> <li>• The local specialist shortage and lack of willing local providers to take those without insurance contributes</li> </ul>	
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	<p>to extremely limited access for uninsured patients. The wait time for appointments for the most impacted specialties can be 12-18 months.</p> <ul style="list-style-type: none"> <li>• Safety-net providers have been able to develop some capacity in terms of behavioral health counseling and therapy and are developing more with medication management. There are some concerns about accessing residential treatment and other intensive support for severely mentally ill patients.</li> </ul> <p><u>Eligibility for Coverage under the ACA</u></p> <ul style="list-style-type: none"> <li>• With the ACA transition, there will be an estimated 19,000 new Medi-Cal eligibles, 19,000 subsidy eligibles, and up to 10,000 uninsured residents that will remain ineligible.</li> </ul> <p><u>Impact of Coverage Expansion on Patient Demand and Access</u></p> <ul style="list-style-type: none"> <li>• Demand for health care services will depend on how many people enroll, who they are, and will come from both existing patients and new patients.</li> <li>• It is too early to speculate how many will enroll, but there are several factors that will influence enrollment, including awareness/perception of coverage options, affordability, ease and efficiency of enrollment, and linguistic and cultural access. Providers, outreach workers, and social service agencies have the power to impact these factors.</li> <li>• Uptake rates were modeled at 25%, 50% and 75%. If 25% of individuals who are eligible for some form of coverage enrolled, there would be 10,500 newly insured and 40,000 remaining uninsured. If 50% enrolled, there would be about 21,000 newly insured and 31,000 remaining uninsured.</li> <li>• Many of the uninsured are receiving some form of care. The data suggests that somewhere around 6 in 10 uninsured residents are accessing some level of care already.</li> <li>• Since uninsured specialty access is limited, it is expected that specialty demand will increase significantly for all newly insured. There is an assumption that if only 25% of eligibles enroll, they will be patients that will have higher specialty care utilization.</li> <li>• It is expected that primary care utilization will increase modestly, between 5 - 15% because many will already be in the system.</li> <li>• Safety-net providers expect the increase in patients to be gradual. Three out of five providers interviewed said they were re-purposing administrative space to expand exam rooms. The majority of providers were also working on workflow efficiency improvements. Most providers are actively recruiting physicians. No providers are planning on adding new facilities; but will wait and see what the demand will be.</li> <li>• The safety-net providers share provider recruitment challenges, such as unfilled positions that stay open for 12 months or more. There is no residency pipeline for some clinics. This doesn't seem to be a challenge for either of the hospital systems because they have developed some relationships. They have found similar challenges finding physician assistants.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Jane MacLean - clinics are talking about expanding exam rooms without being able to practically expand the number of physicians. This indicates that the physicians here now will have to see that many more patients which may or may not be a possibility, if they don't consider bringing nurse practitioners onboard.</li> <li>• Bobbie Wunsch - best practices for providers say that they should have three exam rooms so they can see patients between. Most facilities have one or two exam rooms for providers, so one way to build productivity and see more patients is to expand exam rooms.</li> <li>• Rafael - four of the five organizations were looking at physician improvement and one group was looking at mid-level improvement. Jennifer Mockus - there are limitations on the number of mid-levels that can be assigned under a physician, so it is very possible that they have already reached that number.</li> <li>• Bobbie . the information in this PowerPoint will become a written narrative report by the end of the year. She asked if they have any thoughts about the three questions at the end of the PowerPoint or any ideas of things they think should be included in the capacity analysis to please let Rafael know or contact Kathleen.</li> </ul> <p><b>Questions for Consideration:</b></p> <ol style="list-style-type: none"> <li>1. Based upon your experiences in the community, do these findings resonate with your experiences and the experiences of your clients?</li> <li>2. Do you have ideas about other ways to measure access?</li> <li>3. What data/information could this group track to monitor outcomes and impacts?</li> </ol>	
<p><b>Other Business</b></p>	<p><b>Announcements:</b></p> <ul style="list-style-type: none"> <li>• Kathleen . a Health in all Policies Workshop will be held on November 22<sup>nd</sup> from 8:30 to 3:30 in the Public Health Department's Auditorium. Dr. Linda Rudolph will explore how various policies across agencies of all types in a community impact the health of the community and its residents. The Workshop is free, lunch will be provided and there is room for additional participants.</li> </ul> <p><b>Next Meeting:</b></p> <p>Next meeting will be January 23, 2014 at the Public Health Department. There will be no meeting in December</p>	



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