



**Merced County Health Care Consortium**

**Affordable Care Act Readiness Project  
Thursday, January 23, 2014  
Meeting Summary**

**Attendees:**

Representatives from Member Agencies: Jennifer Mockus & Melissa Kelly-Ortega, Central California Alliance for Health; Sharon Robinson & Tabatha Haywood, Merced County Mental Health Department; Louise Farley, Office of Senator Anthony Canella; Mary-Michal Rawling, Marc Smith & Elsa Alvarez, Golden Valley Health Centers; Teresa Guerrero, Parent Institute for Quality Education; Griselda Vazquez, Livingston Medical Group; Claudia Corchado and Lupe Delgado, United Way of Merced County; Isai Palma, Building Healthy Communities; Donya Avila & Jill Vierra, Merced College; Bud Kaicher & Lucy Allen, Faith in Community; Rachele Abril, Distinguished Outreach Services; Tracy Yoder & Mike Polinko, Merced County Community Action Agency; May Ly, Covered California; Don Ramsey, Ben Davidson & Karen Nicholson, Community Members; Lisa Maples, Merced County Probation; Crissy Gallardo, Merced Organizing Project; Salvador Vazquez, Merced County Office of Education Migrant Ed; Candice Adam-Medefind & Kian Kolahi, Healthy House; Stephanie Dietz & Scott De Moss, Merced County Executive Office; Michael Johnson, Timothy Livermore and Kathleen Grassi, Merced County Department of Public Health.

Consultants and Project Staff: Joel Diring, Diring and Associates; 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>Isai Palma Building Healthy Communities, Merced</p>	<p><b>Enrollment Updates - Medi-Cal and Covered California</b></p> <p>Joel provided the following updates:</p> <ul style="list-style-type: none"> <li>• The payment deadline for those who signed up for Anthem Blue Cross was extended to January 31. Those that signed up for Blue Shield had their payment deadline extended to January 15<sup>th</sup>. These deadlines are for coverage that begins January 1<sup>st</sup>.</li> <li>• Open enrollment for Covered California closes March 31<sup>st</sup> for coverage in 2014. The next enrollment period will begin in October. There is an exception for life events.</li> <li>• Covered California has released statewide enrollment data. As of January 15<sup>th</sup>, 625,000 Californians are estimated to have enrolled through Covered California. There is no local data available at this time.</li> <li>• An additional 584,000 applicants were determined likely eligible for Medi-Cal and 630,000 LIHP enrollees were transitioned to Medi-Cal statewide.</li> <li>• About 85% of the 625,000 Covered California enrollees qualify for subsidies, 17% are under age 25, 52% are over age 45, 19% are Latino, and 6% are Spanish speakers. There is a lot of concern that not enough young people will enroll to spread risk across a large pool. There are a low number of Latino and Spanish speakers signed up; is estimated least 50% of people eligible for subsidies in California are Latino.</li> </ul>	<p><b>Materials Provided:</b></p> <p><i>ACA Implementation Updates Power Point</i></p> <p><i>Covering Planada and Merced Power Point</i></p>



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	<p>Griselda Vazquez - the questions on the application are optional, so not everyone chooses to disclose that information; the numbers are probably higher.</p> <ul style="list-style-type: none"> <li>• Kathleen – what about the streamlined application process for those on CalFresh? Jennifer Mockus - the state is estimating about 500,000-600,000 people will be eligible through CalFresh. CalFresh recipients will receive a letter in early February with a unique identifier that can be used to enroll. Presumptive eligibility will be available for 12 months. The Merced County Human Services Agency will then have to go through those applications to make sure they have the appropriate aid code. The County level data should be available in the next week or two.</li> </ul> <p><b>Local Enrollment</b></p> <ul style="list-style-type: none"> <li>• As of the beginning of January, there were 2210 new approved Medi-Cal applications and 1948 pending applications in Merced County.</li> <li>• Even though 2210 Medi-Cal applications have been approved, only 896 have reached the Central California Alliance for Health, the local Medi-Cal Managed Care organization. The remaining are on Medi-Cal fee-for-service until the Alliance receives the approved individuals. The transition has been much better in counties with County-operated single health systems, like the Alliance, than in the two-plan health care systems, no newly eligible Medi-Cal beneficiaries have been assigned to managed care providers yet.</li> <li>• Out of 1665 MAP clients, 704 have been enrolled in Medi-Cal, 412 have pending eligibility determination for Medi-Cal, and 17 were eligible for Covered California subsidies.</li> </ul> <p><b>Outreach and Education Subcommittee Activities</b></p> <ul style="list-style-type: none"> <li>• Cindy Valencia thanked the Outreach and Education Subcommittee members for being engaged and committed in the Subcommittee’s monthly discussions.</li> <li>• Enroll America, sponsored by the California Endowment, has a webinar and in-person training available as well as a database with uninsured individuals’ address and phone number information. The Subcommittee is discussing how to use this information for their “boots on the ground” outreach activities.</li> <li>• A draft letter has been developed for the faith-based community to promote outreach and enrollment.</li> <li>• The Subcommittee has a link on the ACA page on the Department’s website where all materials from past meetings are posted.</li> </ul> <p><b>Enrollment Event</b></p> <ul style="list-style-type: none"> <li>• Isai Palma - outreach and enrollment events are planned in the communities of Planada and Merced.</li> <li>• Planada’s event will be held on Saturday, February 22<sup>nd</sup> at Caesar Chavez middle school from 10:00am-3:00pm. The Merced event will be held on Saturday, March 8<sup>th</sup> at the Senior Center from 10:00am-3:00pm.</li> <li>• Volunteers are needed for these events including Certified Enrollment Counselors and organizations with health program information. Event outreach to community residents is also needed. Supervisor Pedrozo is supporting and promoting the event.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• The Superintendent for Planada Elementary School District is being asked to provide robocalls to the students' families.</li> <li>• Robocalls for the City of Merced will be used the day before to promote the event.</li> <li>• The outreach events will also offer information on other programs and services offered in Merced County, such as those related to heart health, stress, healthy eating, sexually transmitted diseases, mental illness and depression, preventative health screenings, food and nutrition, employment, financial assistance, etc.</li> <li>• The Subcommittee is putting together a flyer for the event. They need help translating it into Spanish and Hmong.</li> <li>• A sign up list for participation in these events was circulated; these events aren't possible without the collaboration of the organizations serving the community.</li> <li>• The County and City hold town hall meetings; screenings could be held at these events as well as information for the public on how to enroll into Covered California or Medi-Cal.</li> <li>• For more information contact Isai Palma can be reached at 209-777-9898 or <a href="mailto:isai@unitedwaymerced.org">isai@unitedwaymerced.org</a></li> </ul>	
<p><b>ACA Health Care Network Gap Analysis: "Meeting the Challenge of the Uninsured"</b></p> <p>Rafael Gomez Pacific Health Consulting Group</p>	<p>Rafael Gomez presented an overview of the final report on the health care gap analysis:</p> <ul style="list-style-type: none"> <li>• <i>Meeting the Challenge of the Uninsured Report</i> is now completed and available.</li> <li>• This report is one of three that will be made available through The California Endowment and Blue Shield of California Foundation grants on topics of relevance to the Affordable Care Act and opportunities and challenges for Merced County.</li> <li>• There are an estimated 50,700 uninsured residents in Merced County; 43% of the uninsured have incomes below 138% of the Federal Poverty Level (FPL) and are therefore eligible for expanded Medi-Cal and 90% have income below 400% of FPL and are therefore eligible for subsidies from Covered California or Medi-Cal.</li> <li>• 70% of the uninsured Merced residents are Latino, despite representing only about 55% of the population.</li> <li>• Insurance "take-up rates" were modeled in the report using three models - 25%, 50%, and 75% uptake rates.</li> <li>• Merced County has a strong safety net, including Federally Qualified Health Centers (FQHCs), rural health clinics, and community hospitals which provide a strong foundation of services for uninsured residents. There is a wide range of primary care services and some of these clinics are have or are developing low to moderate behavioral health services.</li> <li>• Comparing primary care provider availability to population it appears that there is an overall shortage of primary care providers in the community; however, the safety net providers interviewed for the report felt that there is reasonable access to care and that wait times for non-urgent primary care services are reasonable.</li> </ul>	<p><b>Materials Provided:</b></p> <p><i>"Meeting the Challenge of the Uninsured" Report</i></p> <p><i>Delivery System Gap Analysis, Merced County Power Point</i></p>



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	<ul style="list-style-type: none"> <li>• Specialty care access was quite different. There are significant challenges to specialty care access and long wait times (12-18 months) for difficult to access specialties. There are challenges to obtaining local specialty services for the Medi-Cal population. The data shows there is significant shortage of specialists in the County, about 33% of the state average.</li> <li>• Providers also shared concerns about being able to access mental health services for severely mentally ill patients, including residential treatment and crisis evaluation. It's a long-standing challenge for the community.</li> <li>• Other barriers to care include transportation, the cost of specialty care for uninsured patients, long waits for specialty care, and lack of patient awareness of available resources.</li> <li>• Not all uninsured patients will be new to the local health care system, so demand on the system is expected to be incremental. Specialty care has been very limited to this population; significant increases in demand for specialty services are expected.</li> <li>• The safety net providers are taking steps to expand including converting existing space to clinical space, extending hours, adding providers, and improving clinical efficiency. None of the safety net providers are building additional facilities, which is the right approach based on the data.</li> <li>• The safety net providers shared challenges with professional recruitment. There is no physician residency pipeline and the environment for professionals is competitive. Nurse Practitioner and Physician Assistant recruitment has similar challenges.</li> </ul> <p><b>Conclusions and Recommendations</b></p> <ul style="list-style-type: none"> <li>• 70% of the uninsured population is Latino, so engaging the Latino population is central to reducing the number of uninsured.</li> <li>• The coverage expansion will significantly increase the demands on specialty care. Providers, advocates, and the managed care plan should come together to collaborate and create strategies to address this shortage.</li> <li>• There are concerns around providing mental health services, especially for the severely mentally ill. A detailed evaluation of access to mental health services should be undertaken.</li> <li>• Building physician residency pipelines for community health centers and other safety net providers should be undertaken to fill future demand.</li> <li>• There is a consistent need to invest in community education around what health services are available, what health insurance coverage is available.</li> </ul> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>• Bud Kaicher - what will be possible for the residually uninsured? Rafael - communities all over the state are having that conversation and this will depend on the county's indigent program, the resources available in the community, and the existing infrastructure. Bud - in Fresno County, they provide specialty care under their Medically Indigent Services Program (MISP) and there are real issues about where the dollars will</li> </ul>	
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	<p>come from to continue that program.</p> <ul style="list-style-type: none"> <li>• Lupe Delgado - a lot of the consumers hesitate on choosing between private pay and coverage, especially with mixed immigration families. Joel – for a family under 250% FPL, the parents would get subsidies under the Exchange, but the children would go into Medi-Cal.</li> <li>• Jennifer Mockus - the primary care provider networks of the plans in the Exchange and Medi-Cal are very similar, so even if they have different plans, the family could have the same provider. If families are making the decision to not get covered because they struggle with having one child covered and another not, enrollers could direct them to the FQHCs and safety net providers who will see everyone. Lupe - she has found the usual response is asking if they can just pay privately. Families have choices now.</li> <li>• Marc Smith - is it a reasonable assumption that more access to health coverage will have little impact on bringing more specialists here; more referral sources (primary care providers) would bring more specialists.</li> <li>• Tim Livermore - specialists would want to work with a referral source; Children’s Hospital sends pediatric specialists to offices in Merced and Modesto. If that model can be used for adults, it would provide some relief to lack of specialists here.</li> <li>• Jennifer Mockus - there is a shortage of specialists throughout the nation and here in the Central Valley; other models like using tele-health, having specialists brought in one day a week, etc. will need to be considered.</li> <li>• Joel – do the FQHCs use tele-health? Marc Smith - Golden Valley Health Centers haven’t, but they have established other ways to meet the demand, including walk-in clinics and extended hours.</li> <li>• Cindy Valencia – tele-health exists in the health plans, so perhaps they can look into how they support innovative strategies. Jennifer Mockus - there are very few procedure codes the state will reimburse for. The state has trouble figuring out how to pay the health care provider and the specialist from the same consult at a meaningful rate.</li> <li>• Kathleen Grassi - is it a matter of pushing state Medi-Cal to include these reimbursements in the state plan to the Federal government. Jennifer - it’s a Medicaid issue, but she thinks it’s worth investing some time informing our legislators of how beneficial it would be if they had better linkages to innovative tele-health solutions. There has been some legislation a few years ago to expand tele-health services and safety measures in place for personal health information.</li> <li>• Scott De Moss - mental health programs throughout the state are using tele-medicine and billing Medi-Cal, though the billing is a little more complicated, because mental health programs have problems finding psychiatrists. Jennifer - the state prison system has been using it all along. Joel - the technology is there; the problem lies in the reimbursement process.</li> <li>• Joel - one of the recommendations was to engage Latinos, what more needs to be done? Griselda Vazquez - the Spanish Covered California ads are everywhere; almost every patient that calls or comes into the clinic say they have heard about it in the media. Others have found out through word of mouth.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Rafael Gomez - some clinics have experienced a backlog of those wanting to enroll; are there problems getting people enrolled in a timely manner? Griselda - Livingston Medical Group has two sites and has been able to accommodate enrollees. Livingston has a lot of Spanish speaking clients so those appointments are scheduling about a month out.</li> <li>• Melissa Kelly-Ortega - how much outreach was taking place at the schools and the college? Cindy Valencia – the Subcommittee met with Superintendent Gomes and shared the All-In campaign which he promised to share with all of the schools. He also expressed interest in co-hosting an event. Some community organizations are working directly with schools. Griselda Vazquez - they have had mixed reception; some schools were willing to offer support and some were not.</li> <li>• Joel - any ideas about the recommendation about benchmarking and who could collect that data? Rafael - start with data already collected such as health plans and the Human Services Agency’s data on enrollments. This can be gathered on a regular basis and then look at reflection points, perhaps at the end of open enrollment.</li> <li>• Kathleen - is there a reporting requirement for those funded by Covered California? Griselda - the outreach and education grants have reporting requirements, but not for enrollment. Covered California collects this information through the applications received.</li> </ul>	
<p><b>Other Business</b></p>	<p><b>Announcements:</b></p> <ul style="list-style-type: none"> <li>• Golden Valley Health Centers is hosting a general informational forum on the ACA at Tenaya Middle School on January 23<sup>rd</sup> from 6pm-8pm. Certified Enrollment Counselors will be available as well as interpreters and child care.</li> <li>• Candice Adam-Medefind announced that Healthy House is taking walk-ins and appointments for enrollment every day and they have interpreters in eight languages.</li> <li>• Kathleen - Funding has been made available from The California Endowment to the Department of Health Care Services who has, through AB82, accepted the funds and will draw down Federal dollars to match. This funding is for outreach, education and enrollment activities for the Medi-Cal population. The Public Health, Probation, and Mental Health Departments and the Human Services Agency worked together to submit an application. The County’s application specifically identified the Building Healthy Communities network as a partner for this grant. Specific partners will be identified within the network to ensure reach across the selected populations identified in the funding announcement.</li> <li>• May Ly - Covered California has received some fraud alerts. She wanted the group to share with the community that true enrollment counselors or agents would not be asking for documentation or financial information. They have had reports of people posing as counselors going door-to-door asking for voided checks, etc.</li> </ul> <p>Next meeting: February 27, 2014 at the Public Health Department.</p>	



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