



Affordable Care Act Readiness Project
Thursday, September 26, 2013
Meeting Summary

Merced County Health Care Consortium

Attendees:

Representatives from Member Agencies: April Brewer, Dignity Health; Christy Casey and Leslie McGown, Livingston Medical Group; Christine Bobbitt and Rebekah Capron, Merced County Human Services Agency; Donya Avila, Merced College; Lupe Delgado, United Way of Merced County; Don Ramsey, Community Member; Gerarrd Herrera, Network for a Healthy California; Elsa Alvarez and Marc Smith, Golden Valley Health Centers; Isai Palma, Building Healthy Communities; Timothy Livermore and Michael Johnson, Merced County Department of Public Health; Alan McKay, Erin Huang and Jennifer Mockus, Central California Alliance for Health; Stephanie Dietz, Merced County Executive Office; Steve Roussos, UC Merced; Scott Ball, Merced County Probation; Chrisy Muchow, Merced Mariposa Medical Society; Martha Armas-Kelly and Gabriel Orozco, Catholic Charities; Jeanine Aguilar, Planned Parenthood; Salvador Vasquez, Merced County Office of Education; Lori Ferriera, Merced Medical Supply; Marilyn Mochel and Palee Moua, Building Healthy Communities Health Equity Project; Sandra Lopez, Healthy House.

Guest: Drew Kyler, Covered California.

Consultants and Project Staff: Bobbie Wunsch, Pacific Health Consulting Group; Joel Diring, Diring and Associates; Cindy Valencia, Karl Stahlhut, Kathleen Grassi, 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>Bobbie Wunsch announced that a paper on how to segment and target the uninsured population for enrollment was about to be released; anyone interested in receiving a copy can contact her.</p> <p>Cindy Valencia announced that RSVPs were still being accepted for the Health Care Reform for Health Care Providers training being held on September 27th at the Public Health Department.</p>	
<p>Covered California Updates</p> <p>Drew Kyler, Covered California</p>	<p>Mr. Kyler provided an overview of Covered California:</p> <p><u>Health Benefit Exchange</u></p> <ul style="list-style-type: none"> • The Affordable Care Act provides for guaranteed coverage, no denial based on pre-existing conditions, rates that are not based on health status, a requirement for large employers to cover their employees, and health insurance plans that must offer the 10 essential health benefits. • California's Health Benefits Exchange, known as Covered California, was created by the California Legislature and is governed by a five member board. Two of the board members are appointed by the Speaker of the Assembly, two by the Senate Rules Committee, and one by the Governor. • Covered California is expected to reach about 5.3 million Californians. About 2.6 million of those will be eligible for subsidies under the Exchange and 2.7 million will not be eligible for subsidies but can still enroll and benefit from the negotiated health insurance rates. 	<p>Materials Provided:</p> <p><i>Covered California Power Point Presentation</i></p>



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	<ul style="list-style-type: none"> • There are 1.4 million Californians that will be eligible for Medi-Cal. About 850,000 of those have always been eligible but have not enrolled for a variety of reasons. • Legal California residents are eligible. At this time, undocumented immigrants and currently incarcerated individuals are not eligible for subsidies under the Exchange. However, these groups are not subject to the personal mandate and won't be penalized for not having health insurance. • Covered California is offering the Small Business Health Options Program (SHOP) for employers with up to 50 full time employees. For the first two years, small businesses will be eligible for a tax credit. • Starting on October 1st, Californians have the ability to pre-enroll for affordable, guaranteed health coverage. January 1st, coverage becomes effective as long as it was purchased prior to December 15th. The first open enrollment period is six months and runs through March 15, 2014. <p><u>Health Plans</u></p> <ul style="list-style-type: none"> • There are 12 health plans in the Covered California network. The plans differ depending on the region. Five pediatric dental plans have also been added. Adult dental plans will be available in 2015. Pediatric dental and vision are part of the 10 essential health benefits. • Insurance cost is determined by a sliding scale based on income. The sliding scale is based on Federal Poverty Level (FPL). A single individual can qualify for premium assistance if their income is between about \$16,000 - \$45,000 annually. A family of four would qualify for premium assistance if the household income falls between about \$32,000 - \$94,000. • The plans will be sold in a metal tier value. A bronze or silver plan will have less expensive monthly premiums, but will have higher out-of pocket costs. The gold and platinum plans have higher monthly premiums but lower out-of-pocket costs for services received. • Covered California has also standardized benefits between plans. If you purchase a silver plan, no matter which plan you purchase, you will always know your primary care visit co-pay cost will be \$45, for example. • The maximum out of pocket costs per year are \$6,350. This is a lot of money; however, it is a reasonable cap. Health related bankruptcy is #1 in this Country. Someone could have insurance and still end up bankrupt. With these plans however, if it cost \$100,000 for a 5-night stay in the hospital, you could only be held responsible for a maximum of \$6350. • Rates are determined by age, zip code, household size and income, and the health plan and benefit level chosen. 	
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	<p><u>Outreach and Enrollment</u></p> <ul style="list-style-type: none"> • Outreach is important so people understand what they are eligible for. Covered California wants to provide one-stop-shops so the public can get help and information easily. • Covered California has created a community outreach network. If anyone is interested in partnering with Covered California to get training or collateral, they can go to www.coveredca.com. • Merced has been part of a test market for TV advertising for Covered California. Starting October 1st, commercials will go live across the state. They have chosen channels and avenues based on where their demographic will be watching TV. • Consumers can go to the Covered California site to preview the plans and enroll. It is anticipated that consumers will need help, so three call centers have been established across the state, including one in Fresno, by calling 800-300-1506 for assistance. The call center staff will be able to walk people through the application in over 300 languages. People can also submit paper applications by mail or fax. Some 15,000 certified insurance agents are available across the state to sell Exchange insurance plans. Enrollment counselors are also being certified to assist the public. County Social Service offices will also be enrolling. • To enroll, consumers will need their social security number, income information (recent paystub, W-2), and recent income tax filing which provides information on family size. • Subsequent enrollment periods will run from October through December each year, though life changing events will allow people to enroll or make changes to their plan during non-enrollment periods. Medi-Cal applications will still be accepted year round. <p><u>Questions/Answers</u></p> <ul style="list-style-type: none"> • Alan McKay - what would be the effective dates of the insurance based on when people enroll? Drew - if you apply between October 1st and December 15th, your coverage would be the 1st of January. If you apply in any month subsequent, your insurance would take effect the next 1st of the month. For instance, if someone applies January 4th, their coverage would start February 1st. Joel - “apply” means that the person enrolling must complete the application and pay their 1st premium in order to have coverage begin the following month. • Dr. Livermore - what is Covered California doing to outreach to pastors and their congregations? Drew - in addition to the community outreach network and their media efforts, they awarded \$43 million in grant funding to organizations across the state to do a more grassroots outreach and marketing effort. These grantees will be the ones reaching out to the community. Kathleen Grassi - that the ACA Readiness Project, which sponsors this Consortium meeting, has an outreach and education subcommittee that has 	
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	<p>been meeting to identify what organizations are conducting outreach. Catholic Charities plans on meeting with faith-based organizations to provide information. Don Ramsey – when will this meeting take place?. Martha Armas-Kelly, Catholic Charities - they are looking for a date around the last part of October. Sandra Leon-Alfaro, the Director of Catholic Charities, agreed to host the meeting.</p> <ul style="list-style-type: none"> • Dr. Livermore - if people don't sign up, they will get either an amount withheld from their taxes or some other monetary penalty. Some might choose to pay the penalty rather than the insurance and remain uninsured. Drew - the penalty will be graduated; it will be \$95 or 1% of income, whichever is greater, this year. In 2017, it will be \$295 or 3% of income, whichever is greater. The reason people don't have insurance is not because they don't want it; it's because they can't get it or it's not affordable. There will be remaining uninsured in California, but they want to give everyone the opportunity to have the same for coverage as those who work for a large employer. • Martha Armas-Kelly – will Medi-Cal recipients receiving the same 10 essential benefits as those enrolled in Covered California? Alan McKay - Medi-Cal benefit package is actually quite rich; it just pays the provider poorly, so people have trouble with access to care. Medi-Cal plans are working to make Medi-Cal pay health care providers better so that more will serve the Medi-Cal population. When the Alliance considered the percent of specialists in Merced County that are contracted with them it is 100%. The issue is the undersupply of specialists in the county. The Alliance is always looking to draw in and attract new providers into the network. They are also looking at new ways to deliver care to make it more efficient. • Drew - in California, adult dental is coming back to Medi-Cal in May 2014 but adult dental within Covered California won't begin until 2015. • Joel - mental health and substance abuse disorder benefits are in the 10 essential benefits in Covered California and were added to Medi-Cal in the past legislative session. There is an expansion of Medi-Cal benefits in part because of the 10 essential benefits offered through the Exchange. • Lori Ferriera – what about tax credits for small business; will she have to participate in the Exchange to get the credit? Drew - the credit began after the law was signed so tax credits are currently available to businesses offering coverage. Joel - beginning next year small business will have to use the Exchange in order to get the credit. Businesses will have to meet certain requirements, like have a low wage work force and pay for a certain amount of insurance. • Reverend Ramsey – is vision care included in the 10 essentials? Drew - it is not. Reverend Ramsey – when will it would be included? Joel - it was up to the Federal government to add coverage for vision. Drew - Covered California is working very hard to add it as supplemental coverage. • Marc Smith - the penalty will not be an incentive for people to get insurance. It may not be obvious on their tax returns that a penalty was assessed. Drew – don't know how the penalty would be applied, or if that 	
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	<p>has been decided yet by the IRS.</p> <ul style="list-style-type: none"> • Steve Roussos – he is seeing advertisements now that are in Spanish and targeting the Latino community and it may be unclear to the undocumented whether they can enroll. Drew - that even if they call and find out they aren't eligible due to the lack of documentation, they may have children that are; this could bring them in the door. They wouldn't want to discourage people because of their lack of documentation. Kathleen – statewide advocacy groups, such as Health Access, are currently convening the discussion around the undocumented and locally, it is part of the work Public Health and community partners are doing through the Blue Shield grant. • Drew - the Covered California slides will be made available and he encouraged everyone to join their community outreach network. 	
<p>Blue Shield Grant Gap Analysis</p> <p>Bobbie Wunsch Pacific Health Consulting Group</p>	<p>Bobbie Wunsch presented on the Blue Shield of California Foundation Gap Analysis:</p> <ul style="list-style-type: none"> • Merced County Public Health Department has received two grants. One is the California Endowment grant that has been supporting the ACA Readiness Project which hosts this monthly Consortium meeting and presentations. The second is a grant from the Blue Shield of California Foundation to look at issues related to uninsured care, capacity in the community to serve the uninsured, particularly the medically indigent, and identify who is the uninsured, etc. Pacific Health Consulting Group (PHCG), a consultant to this project, is working on a policy brief that will be completed by the end of the year that will address this topic. As a part of this work, PHCG will conduct gap analysis and will interview the safety net provider community. • The gap analysis will describe the uninsured in Merced County, talk about the safety net delivery system that serves the uninsured, show the estimates of uninsured residents, Medi-Cal and Covered California eligible, and what the challenges are in moving them to coverage. PHCG will also look at access to care and suggest steps that this group can take to monitor progress and overcome challenges of the coverage expansion. <p><u>Merced County Population Data</u></p> <ul style="list-style-type: none"> • There are 256,000 residents in Merced County of which 54% are Latino, 32% are White, 7% are Asian, 3.5% are Black, and the remaining 3.5% fall in the "Other" category. • Of Merced residents, 84% are citizens. Most children in this community (96%) are documented residents. • 38% of all residents and 48% of children have income below 150% of FPL. • Only 40% of Merced residents have private insurance by individually purchasing a policy or employer paid. <p><u>Merced County Uninsured Data (<65 years)</u></p> <ul style="list-style-type: none"> • 51,700 Merced residents are uninsured and 9 out of 10 of these are adults. 	<p>Materials Provided:</p> <p><i>Delivery System Gap Analysis Merced County Power Point Presentation</i></p>



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- About 17,000 of the uninsured are non-citizens but not all of those will be ineligible for coverage. If they have been a legal resident for more than 5 years, they'll be eligible for Covered California.
 - 3 out of 4 uninsured residents are Latino.
 - The majority of uninsured residents are concentrated in the Merced metro area. 21% live in southern Merced. Almost 7,000 live in the Livingston, Delhi, and Hilmar areas.
- Eligibility of Uninsured after Coverage Expansion**
- About 30,000 of the uninsured should be eligible for Medi-Cal or subsidies under Covered California. 7,000-10,000 of the non-citizens will be eligible for Medi-Cal or Covered California because they are legal residents over the 5-year requirement. The data from the Hispanic Center estimates that 40-60% of the uninsured non-citizen population is actually legal immigrants who are eligible.
 - Overall, about 14,800 currently uninsured will be eligible for Medi-Cal, 14,900 will be eligible for subsidies in Covered California, and 3,500 to be eligible for the Exchange without subsidies.
 - There will be about 17,500 remaining uninsured non-citizens. Between 40-60% of those are legal residents that would be eligible for Medi-Cal or Covered California, so there will be between 7,500 and 10,500 residual uninsured.
- Discussion**
- Kathleen Grassi- Karl Stahlhut did some research and made a formal request with the Immigration & Naturalization Service (INS). Karl - the INS sent him a spreadsheet with figures of all the newly legal residents sorted by zip code. Michael Johnson - there will be emergency Medi-Cal provisions for the residual uninsured.
 - Alan McKay – does the 14,800 number includes those that are eligible today but just haven't signed up yet. Bobbie - it does. There are people who are eligible for Medi-Cal under today's rules who, for whatever reason, haven't signed up. There is also a large group who will become eligible on January 1st because the rules are changing; the income level is going up and many requirements are going away.
 - Reverend Ramsey - some people who are on Medi-Cal that are not going to get services. Bobbie - agreed and said that the Central California Alliance for Health would know who those folks are. Alan – on September 25th, the Alliance board looked at the difference in care in Merced County before and after the Alliance came into operations in 2009. What they found was that more people were using the emergency department but using it fewer times. There has been a 38% drop in emergency department visits since the Alliance started in Merced County. The Alliance believes it is because their members are finding a medical home. They may go to the emergency department for their first encounter but they are being referred back

	<p>to their medical home. They have seen over a 40% increase in physician visits for Merced County Medi-Cal recipients since the Alliance began in Merced County. That means that members are using the emergency department less and the physician’s office more for their medical needs, which is really good result to see in the data.</p> <ul style="list-style-type: none"> • Bobbie - what percent of Alliance members are enrolled in Medi-Cal but don’t use any services during the year? Alan - they see use, primary care or other services, at the 80% range so it’s quite common for their members to have a physician encounter during a calendar year period. Those that don’t, the Alliance outreaches to through the member newsletter and other mechanisms to try to get those members to go into regular, routine care because the Alliance promotes prevention. • Reverend Ramsey - this area was once a retirement community made up of those who retired from military service. Many folks don’t go outside Tricare and Veterans Administration (VA) programs, even though they may be offered Medi-Cal. Alan - if they were enrolled in Medi-Cal, the Alliance would know about it. They get enrollment information from the state that tells them who their members are. The Alliance does have interface and dialogue with the VA system. Veterans often receive excellent care at the VA and sometimes it is the member’s preference to use that system. • Stephanie Dietz – will presumptive eligibility for Medi-Cal change after the expansion? Since it is a complicated topic, Joel and Bobbie suggested making it an agenda item for a future meeting. • Bobbie - the data in the presentation was based on the American Community Survey which is based on Census Bureau data. 	
<p>County Medical Assistance Program Transition</p> <p>Kathleen Grassi Merced County Department of Public Health</p>	<p>Kathleen provided an update on the MAP transition status:</p> <ul style="list-style-type: none"> • The Medical Assistance Program (MAP) is the County’s program for the medically indigent. Those that currently qualify for MAP will be eligible for Medi-Cal in 2014. MAP members are adults without children who are 21-64 years of age, who have no other means for health coverage, are US citizens, have incomes at or below 100% of FPL, and have an immediate medical need. • Public Health is transitioning these folks now so they become Medi-Cal eligible in January. In August, the Board of Supervisors approved the transition process. One of the elements of the transition is to begin working with the County’s Human Services Agency, the Medi-Cal administrator, to get the MAP population signed up for Medi-Cal. • As of October 1st, Public Health will no longer be using the MAP application for new or renewing MAP clients. Instead they will use the Medi-Cal application so the clients will already be in the Medi-Cal system. This will provide an easier transition to Medi-Cal services come January. They will still get MAP services through December 2013. 	



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	<ul style="list-style-type: none"> • Another element of the MAP transition is working with county and public health associations and the state to determine how to calculate base funding for the MAP program. The state has determined that the counties will have savings because some of the cost of the medically indigent will now be absorbed by state Medi-Cal. • The state will retain these savings and two options have been presented that counties can choose to determine indigent care costs and how much “savings” will be realized. Merced County is working to determine which option will protect Public Health funding and leave some funds at the county level to provide services for the “residual” population. The County believes that they may need to serve individuals who have been legal residents for less than five years who will not be eligible for Medi-Cal but who may have Covered California as an option in the future. 	
<p>ACA Outreach and Enrollment</p> <p>Kathleen Grassi</p> <p>Cindy Valencia Merced County Department of Public Health</p>	<p><u>Outreach and Education Subcommittee</u></p> <ul style="list-style-type: none"> • Kathleen – A number of organizations have joined the Outreach and Enrollment Subcommittee and have met in August and September to look at the outreach and enrollment mapping conducted at the Consortium meeting in July and to further identify and coordinate these activities across Merced County. • Based on that information, the subcommittee has been working on identifying some of the gaps, in particular sub-populations that haven’t been identified for outreach, and how to cover them. • Cindy - Catholic Charities is planning to work with faith-based organizations so they can begin to inform their congregations. Catholic Charities will also be working with the schools to try to reach and educate parents. They also plan to reach out to college students. These were gaps identified in July that the subcommittee will work together with Catholic Charities to reach. • Kathleen - Building Healthy Communities (BHC) sites across the state have involved youth in developing YouTube videos to inform their peers about getting health insurance. The YouTube video prepared by Merced youth “Get Covered” was shown as was a YouTube video prepared by youth from Long Beach. • The YouTube videos can be found at: http://www.youtube.com/watch?v=VqE11YkRf1Y&list=PLLwLn83VLbvzXBmeCej7KB_9OJqgrVUsX http://www.youtube.com/watch?v=ZDTuYc_8ctg&list=PLLwLn83VLbvzXBmeCej7KB_9OJqgrVUsX <p><u>Consumer Materials</u></p> <ul style="list-style-type: none"> • The English and Spanish consumer fliers that were developed by the Alliance were provided as well as a sample wallet card, prepared by the Public Health Department. The card is in draft form and will be available next month. Feedback from Consortium members on the card is welcome. • The links to the PDF versions of these flyers can be found on the Public Health Department's webpage that 	<p>Materials Provided:</p> <p><i>Consumer Information Flyer on English and Spanish</i></p> <p><i>Sample Wallet Card</i></p> <p><i>“Health Care Reform: What every Healthcare organization and interested community partner needs to know!” Training Announcement</i></p>



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	<p>was developed for the ACA Readiness Project http://www.co.merced.ca.us/index.aspx?nid=2000. Kathleen - all the meeting materials from past meetings can be found there as well.</p> <p>Upcoming Trainings</p> <ul style="list-style-type: none"> Golden Valley Health Centers and the Public Health Department are hosting a training, “<i>Health Care Reform: What every Healthcare organization and interested community partner needs to know!</i>” on Friday, September 27, 2013 from 8:30 to 10:30 at the Public Health Department. Joel Diringer will be presenting. 	
<p>Central California Alliance for Health’s Outreach and Education Efforts</p> <p>Jennifer Mockus Central California Alliance for Health</p>	<p>Jennifer Mockus shared the Alliance’s efforts around outreach and enrollment preparation and other work related to the Affordable Care Act.</p> <p>Outreach and Education Goals</p> <ul style="list-style-type: none"> The Alliance put together a team in the spring to look at what they could do to maximize people’s understanding of the Affordable Care Act. They developed three goals: <ul style="list-style-type: none"> Maximize Medi-Cal enrollment of eligible individuals within Alliance’s service area. Inform everyone in their Alliance region about the Affordable Care Act – such as decreasing prescription drug costs for Medicare recipients, getting kids on their parents’ insurance until they are 26, and informing people that they will not be denied coverage because of pre-existing health conditions. Collaborate with other organizations to complement efforts, reduce confusion, avoid conflicting messages, and ensure efforts are being spread throughout the county. The Alliance is listening to Covered California webinars, reviewing Covered California materials, and is in touch with the California Endowment and the BHC efforts and strategies. The Alliance wants to focus on areas of greatest impact. They will build upon their existing opportunities and reach new a demographic. They also know that if their providers aren’t happy, then their members aren’t going to get care, so it’s important to the Alliance to also reach their providers. <p>Outreach and Enrollment Strategies</p> <ul style="list-style-type: none"> Six strategies have been identified for their outreach and education efforts: attending events, promotional grocery bags, creating publications and radio ads and public service announcements, creating a speaker’s bureau, and making updates to their website. <ul style="list-style-type: none"> <i>Events</i> – coordination of events and distribution of information materials. The Alliance will participate in at least 10 events. <i>Grocery Bags</i> - reusable grocery bags with messaging in multiple languages for distribution at events. 	<p>Materials Provided:</p> <p>“<i>Outreach & Enrollment (O&E) Strategies: Preparation for ACA/Medi-Cal Expansion</i>” Power Point Presentation</p>



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	<ul style="list-style-type: none"> ○ Publications - ACA flyers are available for members, and an ACA article has been included in the September member newsletter and will be included in the December newsletter for providers. The Alliance is also considering posters for provider offices and businesses like coffee shops and laundry mats. The Alliance will work with local organizations to get more local stories in the newspaper. ○ <i>Radio Ad/PSA</i> - TCE and Covered California will be flooding the market in all forms of media probably just past the enrollment period. The Alliance plans to find out at that time what messages may still be confusing for people and address those points in their own ads. They would focus on radio stations that their members listen to. ○ <i>Speaker's Bureau</i> – the Alliance will provide “train the trainer” training for internal staff and community members and provide presentation materials and any technical support needed. The goal is to reach 500 people in their three-county region. ○ <i>Website</i> - dedicated ACA webpage on the Alliance website <p><u>Other Issues</u></p> <ul style="list-style-type: none"> ● The Alliance is trying to keep providers interested in opening the doors for Medi-Cal members. They offer cost based incentives to reward primary care physician (PCP) best practices. The Alliance was one of the first health plans in the state to implement the new ACA Medicare rates. They have a referral acceptance incentive reward for specialists. They have worked with a group, Coleman and Associates, to go to local clinics to help build efficiency. Both the providers and members have been happy with the results. The Alliance also subsidized the recent State 10% cut so providers didn't have to worry about the reduction. ● The Alliance will be providing new essential health benefits so they are in high gear trying to figure out what those are and how to develop the network so that those services are available for their members. ● The Alliance, and all health plans, must do a good job outreaching to the young and healthy who because they are generally healthy and do not use expenses health care services will balance the costs for those who have high cost health care needs. They are looking at new ways to meet the needs of their members, including group appointments, peer to peer, and social factors to reduce health care issues. 	
<p>Other Business</p>	<p><u>Next Meeting</u></p> <p>Next meeting will be October 24, 2013 at the Public Health Department.</p>	



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