

# ACA Planning Group

## MEETING NOTES

Tuesday, January 29, 2013  
3:30 PM to 5:00 PM



**Public Health**  
Prevent. Promote. Protect.

San Luis Obispo County



In Attendance:

Larry	Bacus	CHC	Abby	Lassen	CA Rural Legal Association
Robert	Black	Hospitals- SV	Cathy	Lewis	Homeless Patient Advocate
Gill	Blonsley	Health Commission	Mark	Lisa	Hospitals- TC
Marsha	Bollinger	Consumer Rep	Rick	London	United Way
Penny	Borenstein	Health Agency- PH	Bob	Lotwala	CHC
Kena	Burke	CHC	Grace	McIntosh	CAPSLO
Ron	Castle	CHC	Theresa	Merkle	CenCal Health
Rachel	Cementina	United Way	Marina	Owen	CenCal Health
Lee	Collins	DSS	Rollie	Pirkl	Hospitals- SV, CFO
Joel	Diringer	Diringer & Associates	Jean	Raymond	Health Commission/Adult Svcs Cncl
Pam	Dudley	Health Agency- PH	Juan	Reynoso	ER Physician- AG
Raye	Fleming	CAPSLO	Tracy	Schiro	DSS
Lisa	Fraser	Partnership for Excellence in Fam Spprt	Jennifer	Shay	Health Agency- PH
Pati	Garcia	DSS	Scott	Smith-Cooke	Health Commission
Lowel	Gordon	CenCal Health	Natalie	Stets	The LINK
Tom	Hale	ER Physician- TC	Mike	Taylor	Health Agency- PH
Linda	Hogoboom	Lucia Mar USD	Betsy	Umhofer	Congresswoman Capps
Susan	Hughes	First Five	Natalie	Walter	DSS
Diane	Jay	Health Agency- PH	Kayla	Wilburn	CAPSLO
Nora	Kelly	Health Agency- PH	Carsten	Zieger	ER Physician- AG, FR
David	Kilburn	AIDS Support Network			

AGENDA		
3:30 – 3:35	Welcome & Introductions	Dr. Penny Borenstein
3:35 – 3:40	Governor's Budget Surprise	Dr. Penny Borenstein
3:40 – 3:55	What are the objectives of the ACA Planning Group?	Dr. Penny Borenstein
3:55 – 4:20	Updates from DSS, CenCal, CHC, & Health Agency: <ul style="list-style-type: none"> <li>○ How will the ACA impact your clients and organization?</li> <li>○ What about Medi-Cal rates and provider capacity?</li> <li>○ How are you preparing for the changes?</li> <li>○ What keeps you up at night?</li> </ul>	
4:20 – 4:40	Grant Opportunities	Dr. Penny Borenstein
4:40– 4:55	Open Discussion	Group Discussion
4:55 – 5:00	Next Steps	Dr. Penny Borenstein

Dr. Penny Borenstein, County Health Officer, welcomed the stakeholder representatives to the second meeting of the ACA Planning Group and began the meeting with the following slide show.

## Gov's Budget Surprise

State is now deciding between **TWO** different options to expand Medi-Cal

<p><b>#1 Expand Existing State Program</b></p> <ul style="list-style-type: none"> <li>❑ Build on existing Medi-Cal program</li> <li>❑ Standardized statewide benefit pkg</li> <li>❑ State funds expansion w/ 1991 realignment \$</li> <li>❑ County savings from MIA programs would then fund other programs previously funded by state</li> </ul>	<p><b>#2 Expand Via New County Programs</b></p> <ul style="list-style-type: none"> <li>❑ Counties responsible for expansion</li> <li>❑ Each county to build on existing LIHP or new <i>Medi-Cal-like</i> program</li> <li>❑ Counties develop provider network, set rates, process claims</li> <li>❑ Counties may choose to add to statewide min benefits package</li> <li>❑ Requires fed approval</li> </ul>
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Dr. Borenstein explained that these objectives are only suggestions and would like to hear what other members would like to get out of the meetings. In general, members said they wanted a unified command to coordinate the health care community during this transition. The group wants to meet regularly to stay informed and work on the above objectives, possibly through special sub groups.

Representatives from CAP SLO and the Family Resource Network said their organizations would like to be involved in coordinating outreach and education

## Objectives of the Group



Coordination  
Collaboration  
Integration

- ❑ Develop & Support Provider Network
- ❑ Coordinate Outreach, Education & Enrollment
- ❑ Support Enrollment Retention
- ❑ Improve System Utilization

Medi-Cal expansion will target those with incomes at or below 138% of the Federal Poverty Level (FPL), and the uninsured with incomes above 138% will be referred to plans available on the Health Benefits Exchange (Covered California).

### Gross Yearly Income as % of FPL

Family Size	100%	138%	200%	250%	400%
1	\$11,490	\$15,856	\$22,980	\$28,725	\$45,960
2	\$15,510	\$21,404	\$31,020	\$38,775	\$62,040
3	\$19,530	\$26,951	\$39,060	\$48,825	\$78,120
4	\$23,550	\$32,499	\$47,100	\$58,875	\$94,200
5	\$27,570	\$38,047	\$55,140	\$68,925	\$110,280
6	\$31,590	\$43,594	\$63,180	\$78,975	\$126,360
7	\$35,610	\$49,142	\$71,220	\$89,025	\$142,440
8	\$39,630	\$54,689	\$79,260	\$99,075	\$158,520
>8 + \$4,020/person					

The estimates for number of people eligible for the Exchange are likely to increase since several small businesses currently providing insurance for their employees have indicated they plan to drop health insurance benefits. Dr. Borenstein said it is important to have the business community involved in these planning efforts and mentioned that she invited representatives from the SLO County Chamber of Commerce and the Economic Vitality Corporation to join the group.

### SLO County Uninsured

	Estimate
Total Uninsured	43,329
Eligible for Coverage	42,312
< 18 years	5,931
18-64 years	36,681
Income	42,691
<138% FPL <sup>a</sup>	18,609
138-199% FPL <sup>b</sup>	6,284
> 200% FPL	17,798
Household income >\$75k	9,420
Max est. 200-400% FPL <sup>c</sup>	8,378
Citizenship	43,329
Yes	36,254
No	7,075
Ethnicity	
Not Hispanic or Latino	27,368
Hispanic or Latino	13,694
a - eligible for Medi-Cal (18,609)	
b + c - eligible for Exchange subsidy (6,284 + 8,378 = 14,662)	
b - eligible for Basic Health Plan	

## Updates: CenCal Health – CHC – DSS – Health Agency

- How will the ACA impact your clients & organization?
- What about Medi-Cal rates & provider capacity?
- How are you preparing for the changes?
- What keeps you up at night?

### CenCal Health

In preparation for ACA implementation, CenCal recently completed a strategic plan and is examining their internal capacity and the existing provider capacity. CenCal currently has about 30,000 members in SLO County and expects to add another 19,000 through the Healthy Families transition and Medi-Cal expansion. They are currently working with CHC to examine the baseline capacity and are finding that many of the uninsured may already be CHC patients who pay a sliding scale fee. While this may mean that CHC providers will not see a large influx of new patients, these patients will, however, be using more services once they are insured. CenCal said they are confident that CHC will meet the challenge of providing primary care, but their big concern is over specialty care coverage. Noting that the specialty care network is already very fragile, CenCal predicts that all patients may have to wait up to a year for an appointment for certain specialists. They are currently performing an appointment availability survey of specialty care services.

CenCal is exploring the idea of participating in the Exchange, which would be a huge change for the organization. CenCal is not an insurance plan, and joining the Exchange as a plan brings many complexities. They are determining if there is a need for their organization to provide these services.

### Community Health Centers (CHC) of the Central Coast

CHC is expanding with plans for two super clinics, one in North County and the other in South County. Much of the estimated newly insured low-income population is believed to be already in the CHC system receiving sporadic care but will likely seek more services once insured. CHC is required to implement electronic health records (EHR), at a cost of two million dollars per site, to comply with primary care medical home criteria. CHC is not compensated for these new requirements and the costs are not built into the payment rates at this time. Approximately 16% of the patients are sliding fee or self-pay.

Dr. Borenstein asked Ms. Owen if the temporary increase in payment rates for primary care physicians has gotten interest from other providers to participate in the Medi-Cal network. Ms. Owen indicated that physicians have expressed skepticism over the rate increase, especially due to the delay in implementation of the enhanced payment rate to Medicare rates and due to ongoing concerns about payment rates in general.

Tom Hale, ER physician, stated that other physicians are telling him they no longer desire taking on additional Medicare patients, let alone Medi-Cal. Some physicians are considering changing their practices into boutique or concierge practices because they are so worried about the upcoming changes.

### Department of Social Services (DSS)

The ongoing conversion of Healthy Families into Medi-Cal is a dry run of sorts for DSS and, unfortunately, the state did not coordinate it well. Furthermore, the Governor has thrown a monkey wrench into the mix by proposing the county-based option for Medi-Cal expansion. DSS is now waiting for the state's decision.

### Health Agency

The ACA implementation issues specific to the Health Agency's Mental Health and Drug and Alcohol Services will be discussed at a later time. Public Health, however, is concerned about how to plan for the county's medically indigent population, including the newly insured and the residually uninsured. The future role of CMSP is unclear until the state releases a definitive plan for Medi-Cal expansion. Under any scenario for Medi-Cal expansion, the Health Agency anticipates that it will look to DSS for the enrollment function and CenCal for utilization review, network capacity, and provider payment.

## Grant Opportunities

Agency	Program	Funding Available	Who Can Apply?	Purpose	Deadline
CMS	Connecting Kids to Coverage	\$32M Nationwide 2 yrs	State/local gov; NPO; CBO	Outreach & enrollment of children in Medicaid & CHIP	2/21/13
Covered California (Exchange)	Outreach & Education	\$250-\$300K SLO County 19 months	Single entity or collaborative	Outreach & education (not enrollment) >138% FPL	3/4/13 LOI- 2/7/13
Blue Shield of CA Foundation	County Enrollment Assistance	\$150,000	Counties	Maximize transition from County programs to Medi-Cal/Exchange	3/15/13
The California Endowment	No RFP yet	\$225M Statewide 4 yrs	?	Outreach/enrollment Primary care Health care costs Undocs	?

# Coordinate Outreach & Education

- Identify Partners 
- Identify Lead Coordinator
- Form Work Group
  - Meet this Fri or Mon!
- Covered Calif. Grant
  - Collaborative project
  - LOI due next week, 2/7!

COCs & EVC	United Way/2-1-1
CHC & HCH	Farm Bureau
CapSLO	First 5
GenCal	HANs
FBOs	Schools/Colleges
Food Bank	Public Health
LGBT orgs	Mental Health
ASN	Drug & Alcohol Svcs
Hospitals	Latino Outreach Council
ED docs	Family Resource Centers
Providers	Insurance Agencies
CRLA	Promotores

Dr. Borenstein said the Covered California Outreach and Education grant needs to be a collaborative effort if we are going to reach all local population sectors and asked if other organizations should be added to this list (abbr: COC = Chambers of Commerce and EVC = Economic Vitality Corporation). The Public Health Department is interested in applying as the lead agency for the Covered California grant and will look to a broad range of partners to achieve a successful unified County application.

# Open Discussion

LET THE GAMES BEGIN...

HEALTH CARE REFORM

POLITICAL HURDLE

UMM... OUR CRISIS IS SHOWING...

HOSPITALS

UNINSURED

INSURED

If you can't afford a doctor, go to the airport - you'll get a free x-ray and, if you mention Al Qaeda, you'll also get a free colonoscopy.

MAKE SURE YOU COORDINATE WITH THE BRAND MANAGER AND THE CATEGORY MANAGER.

AND ALSO THE CLIENTS, THE ACCOUNT EXECs, THE PROJECT LEADERS, STRATEGIC PLANNING, FACILITIES MANAGEMENT, PRODUCT MANAGERS, MARKETING, AND I.T.

ALL I HEARD WAS "GIVE UP."

LET'S MEET AGAIN IN A YEAR.

# Next Steps

- Form Sub Groups?
  - ▣ Outreach & Education- ASAP
  
- Schedule Next Big Group Meeting
  - ▣ Meeting Objective?



Ron Castle stated that a lot of education and enrollment can be done at the clinic level since the patients are already there and maybe not as much effort is needed for external outreach.

ER Physicians would like to improve care coordination and establish a more efficient a way to communicate with Primary Care Physicians

CenCal would like to work with others to address the shortage of specialty care in the area.

The group discussed the need to have a unifying champion to lead the broader effort.

The following sub groups were formed to work on targeted issues:

Care Coordination Work Group		Specialist Services Work Group		Outreach & Ed Work Group	
Carsten Zieger	FH/AG ER Physician	Tom Hale	TCCH ER Physician	Linda Hogoboom	Lucia Mar USD
Juan Reynoso	AG ER Physician	Carsten Zieger	FH/AG ER Physician	Lisa Fraser	Prtshp for Exc in Fam Spprt
Theresa Merkle	CenCal	Juan Reynoso	AG ER Physician	Susan Hughes	First 5 SLO
Lowell Gordon	CenCal Medical Dir.	Theresa Merkle	CenCal	Pam Dudley	Public Health
Nora Kelly	SLO PHD-CMSP	Marina Owen	CenCal	Kena Burke	CHC
		David Kilburn	AIDS Support Ntwrk	Grace McIntosh	CAPSLO
				Donna Slimak	CenCal Health
				Joel Diring	Diring & Associates
				Penny Borenstein	Public Health

The meeting concluded with no date set for the next ACA Planning Group meeting.

The following page includes a list of resources.

# Resources

- Affordable Care Act : <http://www.healthcare.gov/>
- California Health Benefit Exchange: <http://www.healthexchange.ca.gov>
- Blue Shield of California Foundation County Enrollment Assistance 2013 Grant:  
[http://www.blueshieldcafoundation.org/sites/default/files/u14/BSCF\\_County%20Assistance%20%202013%20RFA\\_FINAL.pdf](http://www.blueshieldcafoundation.org/sites/default/files/u14/BSCF_County%20Assistance%20%202013%20RFA_FINAL.pdf)
- Covered California Outreach & Education Grant:  
[http://www.healthexchange.ca.gov/StakeHolders/Documents/Outreach\\_and\\_Education\\_Grant\\_Program.pdf](http://www.healthexchange.ca.gov/StakeHolders/Documents/Outreach_and_Education_Grant_Program.pdf)
- Connecting Kids to Coverage Grant:  
[http://www.insurekidsnow.gov/professionals/new\\_funding\\_opportunity\\_connecting\\_kids\\_to\\_coverage\\_outreach\\_and\\_enrollment\\_grants.pdf](http://www.insurekidsnow.gov/professionals/new_funding_opportunity_connecting_kids_to_coverage_outreach_and_enrollment_grants.pdf)
- California Endowment's Outreach & Education Grant Announcement:  
<http://tcenews.calendow.org/blog/new:-statement-from-the-california-endowment-board-of-directors>
- California's Proposed Budget Summary on Health Care Reform:  
<http://www.ebudget.ca.gov/pdf/BudgetSummary/HealthCareReform.pdf>