

ACA Care Coordination Group – Meeting Notes July 16, 2013

Reasons for attending sub workgroup:

1. Concern that specialty network in SLO has capacity to meet needs of new patients
2. Need to better coordinate care, including better ways for healthcare providers to communicate across care settings
3. General willingness to contribute towards ACA planning activities and champion health reform
4. Concern for specific patient populations (including patients with complex co-morbidities, those requiring mental health and addiction services)

Notes:

Specialty Access:

CHCCC Update

- *Dermatology*: CHCCC is developing a telemedicine program in collaboration with dermatologists in Bakersfield to increase access to dermatology services with five CHCCC sites; Nipomo, Templeton; San Luis Obispo; Lompoc and Santa Maria.
- *Endocrinology*: CHCCC is partnering with UC Irvine to provide endocrinology services via telemedicine.
- *Gastroenterology*: CHCCC recently hired Rahim Raoufi, M.D. to render gastroenterology and Hepatitis C related services two Saturdays a month, at their CHCCC Nipomo clinic.
- *Optometry & Optician Services*: CHCCC recently hired Frank Giardana, O.D. to increase access to vision services and he will also be offering optician services.

ACA/PCP Bump:

A brief update was provided on the ACA primary care provider (PCP) Medicaid pay raise that is intended to be retroactive to 1/1/2013.

Centers for Medicare & Medicaid Services (CMS) has approved every state but Alaska and California. Under the law, Medicaid fees for primary care would be increased for two years (effective 2013-2014) to the same amount paid under Medicare.

The two states not included in the federal approvals are Alaska and California. Alaska already paid the higher rates before the law was implemented. The Obama administration is still reviewing California's application. California Medicaid officials say they hope to begin paying the higher amounts in September. The pay raise would be significant in California because its Medicaid reimbursements are among the lowest in the country.

The two-year pay raise is intended to entice more doctors to treat the millions of residents expected to enroll in Medicaid in 2014 when the federal health law expands eligibility.

CMS said when states do implement the provision, doctors will be able to get the higher fees retroactively to Jan. 1, 2013 if they self-attest. To date there has been no deadline set to self-attest in California. CenCal Health has been encouraging physicians to go on to the DHCS website and self-attest. They have also been developing provider notifications and analyses for providers. Once a deadline is set to self-attest, those eligible physicians that do not self-attest prior to the deadline, will only receive the pay raise going forward.

Residency Programs:

Dignity Healthcare reported it will be starting a family practice residency program with plans for six slots per class per year for a total of eighteen Family Practice slots. Dignity Healthcare plans to have their resident's cycle thru Marian Medical Center and Arroyo Grande Community Hospital. The proposed effective date for the residency program is July 1, 2015, and will include obstetric residents under the direction of Elaine Yin, M.D.

ACA Care Coordination Group – Meeting Notes July 16, 2013

Care Coordination – Best Practices:

Karen Baylor from County Behavioral Health recommended San Mateo County “Drop in Center” for Best Practices on integration of medical and behavioral health leading to reductions in ER utilization and improved outcomes. Dr. Penny Borenstein reported that she is researching possible models in Santa Cruz County as well.

Health Information Exchange (HIE):

Dr. Steve Hansen gave an update on the recent HIE meeting he attended (see attached document). He also indicated that the United States spends approximately \$30 billion on HIE.

Other Discussion:

Exchange Network:

SLO County physicians indicated they had concerns for the Exchange provider network, as the Anthem Blue Cross and Blue Shield exchange contracts reimbursements were extremely low percentages of Medicare at 60/70/80. There is concern as to whether the exchange contracts are “tied” to the large or small group contracts providers currently hold. If they are not tied, it could possibly present the Exchange network in SLO County with challenges. CMA is currently advocating on behalf of physicians regarding this issue.