



San Luis Obispo County Public Health Department

MEETING MINUTES

Coverage Initiative Planning Project (CIPP)

Stakeholder Work Group

Meeting #3 – Tuesday, November 23, 2010, 3:30 p.m. – 5:00 p.m.

The meeting convened at 3:40 p.m.

Attendance

Stakeholder representatives in attendance: Pati Garcia, Dept. of Social Services (DSS); Jean Raymond, Health Commission; Abby Lassen, California Rural Legal Assistance; Theresa Merkle, CenCal Health; Marina Gordon, CenCal Health; Richard Phillips, Sierra Vista Regional Medical Center; Tom Hale, Twin Cities Community Hospital, Central Coast Emergency Physicians; Tracy Buckingham, DSS; Amy Gilman, Office of Supervisor Jim Patterson; J. Khan, Community Health Centers (CHC); Bob Lotwala, CHC; Ron Castle, CHC; Larry Bacus, CHC; Clint Slaughter, French and Arroyo Grande Hospital ED Physician.

Others in attendance: Joel Dinger, Dinger & Associates; Jennifer Shay, SLO Co Public Health Dept.; Penny Borenstein, SLO Co Public Health Dept.; Marsha Bollinger, SLO Co Public Health Dept.; Pam Dudley, Public Health; Lynn McCrudden, Public Health; Mike Stevens, SLO Co Health Agency.

Handouts provided: Agenda; ITUP Draft Summary of California's Section 1115 Waiver; ITUP County Health and Federal Reform--What's Next?; Presentation from Joel Dinger: State/Federal Policy Update and MIA Patient Utilization Data; CHC Clinic Policies for Patient Fee Discounts; and CHC Encounters, July 2009-June 2010.

Welcome and Introductions

Joel Dinger, of Dinger & Associates, welcomed the stakeholder representatives and began introductions followed by a review of the meeting Agenda and handouts.

State/Federal Policy Update

Joel Dinger announced that the state received federal approval on November 2nd for its 1115 Medi-Cal Waiver Demonstration along with 116 pages of Special Terms and Conditions. He presented a summary of the salient issues in the following categories: Terms and Conditions; Federal Low Income Health Program; County Organized Health Systems; Eligibility and Enrollment Process; Program Benefits; and Other Provisions (handout provided).

The overall state program is called California's Bridge to Reform Section 1115(a) Medicaid Demonstration, and what the state formerly called the Health Care Coverage Initiative (HCCI) is

now named the Coverage Expansion and Enrollment Demonstration or (CEED). California's CEED falls under the federal Low Income Health Program (LIHP), which includes two parts: the Medicaid Coverage Expansion (MCE) for adults (ages 19-64) up to 133% of the federal poverty level; and the HCCI for adults above 133% and below 200% of the federal poverty level. The federal LIHP runs through 12/31/13 when it will transition to Medicaid.

The federal program will match as much funds as the county spends; however, the county must maintain current levels of spending to care for the medically indigent—known as maintenance of effort. County organized health systems, such as CenCal, must meet several standards and reporting requirements. The program allows counties to set income and eligibility requirements as long as they fit within program standards. Enrollment caps, based on prior projections and updates, are allowed as well as waiting lists with outreach provided to those waiting. It is not yet clear if patients with pending Medi-Cal applications will be eligible. Standard program benefits do not include dental and vision care, and higher-income HCCI patients (133%-200% FPL) receive fewer standard benefits. Mental health benefits and current utilization will be discussed at our CIPP meeting on January 18th. Joel Diringer concluded this portion of his presentation with a brief summary of the other provisions of the waiver, which include state required assessments and program evaluations as outlined in the federal Affordable Care Act Transition Plan, California Children's Services (CCS) pilot projects, and outreach and communication strategies for seniors and persons with disabilities (SPDs).

Marsha Bollinger, of the SLO County Public Health Dept., noted that previous models of pilot programs included vision and dental benefits. Joel Diringer responded that unlike those pilots, the state wants a common program and it is not yet clear if counties will be allowed to offer expanded programs but to fewer people.

Tom Hale, ED physician from Twin Cities Community Hospital, asked how our process compares to Santa Barbara County. Joel Diringer responded that Santa Barbara is going through a similar process and CenCal, which operates in that county as well, is also actively participating in Santa Barbara's planning process.

Ron Castle, of CHC, referenced the local uninsured data that was discussed at the previous meeting and noted that the CEED program will cover only a small portion of the total uninsured in the state. He also relayed some concerns raised at a recent California Primary Care Association meeting that while federal funds for this waiver expansion are secured, the 2014 Health Care Reform funds are not secured. The group then engaged in a brief discussion of the information reviewed at the previous meeting and some expressed concerns about the capacity of our current health care system to meet the anticipated increase in demand for services. Penny Borenstein, SLO Co. Health Officer, calculated a projection of needing as many as 12 additional primary care providers to serve the newly insured under the waiver plan, using the highest estimate of the uninsured and if they all availed themselves of average health care utilization.

Who provides care to the medically indigent in SLO County?

Joel Diringier asked the CHC representatives to give their presentation on primary care for the medically indigent. Ron Castle began with an overview of CHC and its services. CHC expanded in this county in 2004 when it took over the county-operated primary care clinics and pharmaceutical services. CHC currently has 14 clinics throughout SLO County and 5 in Northern Santa Barbara County. Services include primary care, pediatric, OB/GYN, and support services at some larger site locations. CHC has 40 primary care physicians and their own pharmacy. Larry Bacus gave a presentation showing CHC service areas and provided handouts of CHC policies regarding patient fee discounts and table of patient encounters by payer source. The patient encounters table indicated 9,815 encounters from CMSP patients, from July 2009 to June 2010.

Joel Diringier then asked Clint Slaughter, ED physician from Arroyo Grande and French Hospitals, to present his information on hospital care for the medically indigent. Clint Slaughter presented a table of claims data from Arroyo Grande and French Hospitals from July 2009 to June 2010 including patients between the ages 18 to 64. The number of claims and dollar amounts were broken down by payer sources AB75 (also known as California Healthcare for Indigent Program-since terminated), Self pay, Medi-Cal, and CMSP. Of the two hospital's \$3.4 million in total charges for all payers, approximately 73% were reported as adjustments and unpaid amounts.

Joel Diringier concluded with a brief presentation of hospital patient utilization data and reproductive health care data (included in presentation handout). He commented that reproductive health care will probably not change since the Family PACT program is not included in the state's proposed waiver plan.

Discussion

Ron Castle noted that CHC needs to plan for capacity well in advance and asked, what are the chances of the county choosing to participate in a health care coverage initiative? Penny Borenstein responded that, now that we have seen the state's proposal package, it is likely the county will move ahead, although, the mental health aspect remains a concern. She added that the timeframe for all this is still unknown and will depend on what the state decides is the deadline for participation. Joel Diringier added that enrollees depend on county CPEs (certified public expenditures) and we have a finite number of CPEs. The remaining enrollees may have to be placed on a wait list.

The group then engaged in a general discussion of the potential impacts of federal health reform during this transition period and in 2014, and several affirmed the importance of a well-designed program model.

The next meeting is in two weeks, Tuesday, December 7th, 3:30-5:00 p.m. It will be held at the same location: SLO County Dept. of Agriculture Extension Auditorium: 2156 Sierra Way, SLO 93401 (off Bishop Street, behind the Public Health Dept.).

The meeting was adjourned at 5:15 p.m.