



Blue Shield of California Foundation is an Independent Licensee of the Blue Shield Association

Local Solutions for Serving the Remaining Uninsured: Benefits and Financing

Presenters:

Bob Brownstein, Working Partnerships USA

Cynthia Carmona, Community Clinic Association of Los Angeles County

David Pomaville, Fresno County Department of Public Health

Norma Forbes, Fresno Healthy Communities Access Partners (HCAP)

blueshieldcafoundation.org

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today's speakers



Bob Brownstein
Working Partnerships USA



Cynthia Carmona
Community Clinic
Association of Los Angeles
County



David Pomaville
Fresno County Department
of Public Health



Norma Forbes
Fresno Healthy Communities
Access Partners (HCAP)

Bob Brownstein, Working Partnerships USA

WORKING PARTNERSHIPS USA

Santa Clara County

- **Long standing commitment** to provide universal health coverage in Santa Clara County
- Extraordinary **history of collaboration**
 - Community Health Partnership (community clinics and health centers)
 - Santa Clara Valley Health & Hospital System
 - Community advocacy groups, such as Working Partnerships USA
- History of **health policy innovations** towards expansion of coverage
 - Children's Health Initiative (2001)
 - Healthy Workers (2010)
 - Affordable Care Act Implementation (2010) and Enrollment (2013)
 - Coverage Initiative Program (approved November 2015)
- **Coverage Initiative:** Health coverage for low-income, undocumented uninsured residents
 - Increase **access to quality, whole person care** for those who have only received acute episodic care
 - **Improve health care outcomes and reduce chronic illness** in the long term

structure of Primary Care Access Program (PCAP)

- **Health Coverage, NOT insurance**
 - Not portable to other county jurisdictions
 - Focus on access to primary care
 - No monthly premiums
- **Network**
 - Community health centers and clinics (primary care services)
 - Valley Medical Center (emergency and inpatient care)
 - County Clinics
- **Eligibility**
 - Uninsured, undocumented Santa Clara County residents
 - Between ages 19 and 64
 - Do not qualify for Medi-Cal, Covered CA, or have private insurance through an employer
 - Low-income
- **Management**
 - Valley Health Plan is the program administrator

services – primary care

Clinics and Health Centers provide:

- Primary/Preventive Care Services (check-up, health screenings)
- Laboratory Services (blood work, urine tests)
- Radiology Services (basic radiology (x-ray) services, mammograms, chest x-rays, and other medically necessary tests)
- Chronic disease management
- OB/GYN services
- Basic Dental Services
- Optometry

services – specialty care

Valley Medical Center and County Specialty Services provide:

- Emergency Medical Services
- Inpatient Services
- Orthopedic, gastrointestinal, dermatology, OB/GYN, ophthalmology
- Diagnostic Radiology – e.g. CT scan, MRI
- Alcohol & Substance Abuse Counseling
- Complex cardiac procedures
- Organ transplants
- Mental Health Services

pharmaceuticals and uncovered services

Pharmacy Services provided by both clinics and Valley Medical Center, through varying programs and requirements

Uncovered Services

- Alcohol & Substance Abuse Residential Detox
- Chiropractic
- Cosmetic Surgery
- Acupuncture
- Genetic Testing & Counseling
- Infertility
- Long-term Care
- Non-Emergency Transportation
- Travel Immunizations
- Weight Loss Surgeries

financing of PCAP

The **PCAP/ADP Linkage**: The full scope of primary and specialty care services available to PCAP enrollees are through the new program (PCAP) and an existing program for the unsponsored, known as the **Ability-to-Pay-Determination Program** (ADP).

- **PCAP** provides **primary care** services
- **ADP** provides **specialty, hospital, and emergency services**
- Everyone who qualifies for PCAP automatically qualifies for ADP services

Target Goal:

- Enroll 5,000 in Year 1

Clinics

- A monthly grant of **\$28 per enrollee/per month**

Total cost in Year 1: **\$ 1.7M**

Sources of Revenue

- Tobacco Tax
- Measure A
- County General Fund subsidies
- State Programs
- Patient Fees (very minimal)

PCAP enrollment, outreach and feedback

Enrollment

- Conducted by community clinics and health centers through **in-reach**
 - Screening at Clinic
 - Approval by Patient Access
 - Administration by VHP

Opportunity for Augmentation

- PCAP Policy Group
- Evaluation of utilization and types of services used

Feedback

- Establish a comprehensive feedback loop through focus groups and surveys
- Information gathered on quality of care and patient experience
- Adjust the program as needed to ensure it satisfies their needs

Cynthia Carmona, Community Clinic Association of Los Angeles County



My Health LA (MHLA)

- Created in the **Fall of 2014**
- **\$61M Investment** by LA County Board of Supervisors
- **Built upon longstanding program (1994)** that provided limited funding for visits.
- **First foray into “enrollment”** and **capitated payments.**



400,000+ Undocumented



covered services

- **Primary and Preventative Health Care**
 - Labs and radiology
 - Durable medical equipment
- Medications
- DHS Specialty Care
- Emergency & Urgent Care at DHS facilities
- Dental is a separate program called **“MHLA Dental”**
- **Substance Abuse services coming July 1, 2016**

concerns regarding covered services

- **Labs and radiology**
- **Durable medical equipment**
- **Confusion over Dental Services**
 - Marketing
 - Funding Allocations
- **MHLA Launch of Pharmacy Phase II**
 - Requires Dispensaries to report data daily
 - Creates hybrid dispensary/clinic pharmacy/retail pharmacy network
 - **Launch delayed indefinitely**

financing

- Began with **\$54M investment** from 2013.
- Negotiations included **desired size of program**, **eligibility requirements**, **clinic Monthly Grant Funding (MGF) rate** (aka capitation).
- Hired DC-based attorneys to provide legal opinions on **FQHC payment** and **340B program**.
- Spent months with many meetings, including with Board of Supervisors, to reach agreement.

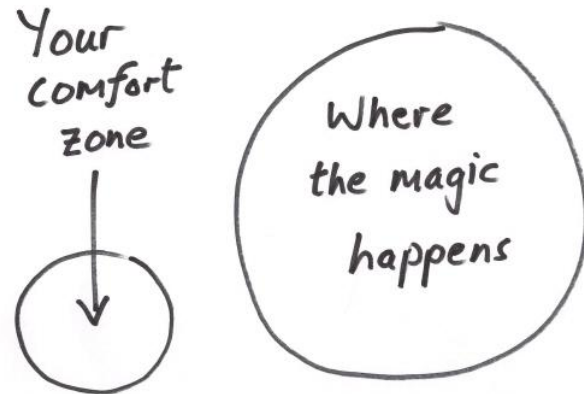
final rate agreement

- **Increased investment to \$61M** for 146,000 people
- **\$28 MGF (PMPM)**
- **\$4 Pharmacy MGF**
 - Changes in Phase II
- **Phase in MGF** After 6 Month Enrollment Period
- Initial Per Visit Payment Increased from \$94 to \$105
- COLA in Years When Awarded to County Employees



what's next?

- CCALAC conducting **Analysis of Financial Impact** on LA clinics
- Discussions with LA County on **Substance Abuse Services Implementation**
- **Phase II Implementation Meetings**
- Some **Underspending** – considering additional Program Enhancements



David Pomaville, Fresno County
Department of Public Health
&
Norma Forbes, Fresno HCAP



Fresno County system of care before the Affordable Care Act

- Fresno County **owned and operated a hospital** until 1996.
- **Fresno County and Community Medical Center merge** and CMC assumed management responsibility for Valley Medical Center.
- **Fixed cost capitated 30 year agreement** requiring CMC to be the MISP provider including outpatient and hospital services for jail inmates.
- **1991 Health Realignment** funded the contract.
- Included language from a 1984 injunction prohibiting denial of services based on residency.

county response to changing fiscal conditions

- Redirection of 1991 Health Realignment (AB 85 and SB90) required **modification or termination of 1996 CMC Contract**.
- Began meeting with partners, Federally Qualified Health Centers, Hospitals, Health Plans, and County leadership.
- FY 2013/14 and 2014/15 Public Health reduced staff and the County Board of Supervisors allowed **Mental Health Realignment Transfer** in support of the CMC contract for the first 12 months of the ACA.

the balancing act of policy change

- Required everyone in the room – **open discussion**.
- Education of local elected officials from multiple voices.
- Focused on **what can be done**.
- Recognized we were in a **politically charged environment** with strong opposing opinions.
- **Local media and editorials** offered many opinions.
- **Patient needs became the priority**.

current situation – non resident specialty care

- From January – December of 2014 the MISP program remained in place.
- Most of the **19,000 patients in MISP enrolled in Medi-Cal.**
- **\$5.5 million was set aside** to provide medical services to individuals who can not qualify for Medi-Cal.
 - Patient must exhaust all options
 - Must enroll in Medi-Cal and be granted “Restricted Scope Medi-Cal”
 - Seek primary care services at a Federally Qualified Health Care Center
 - Simple affidavit to determine medical necessity and residency

current situation – getting providers paid

- County has an **Agreement with medical billing company** (Advantek).
- The **patient front door is the FQHC or hospital.**
- **Enrollment in Medi-Cal is required** – DSS is a key partner.
- Covered specialty services beyond the scope of FQHC are referred to Community Regional Medical Center for treatment.
- Services are provided and claims are processed with the Non-Resident Specialty Care as payer.
- **Providers are paid at the Medi-Cal fee for service rate.**

current situation

- Program is in place and referrals are being made.
- Screen through Medi-Cal is both a path and a hurdle.
- Need a more permanent solution.

lessons learned

Successes

- Forward movement on uninsured
- Some Access to Specialists
- Broad stakeholders involved
- Education and training is occurring
- Identified barriers

Challenges

- Change is slow
- 1 step toward specialist access
- Improvement is needed
- Money is only 1 issue
- Data is always a challenge
- There are many icebergs

Where are we going?

- Analyzing **Specialty Care Reimbursement Fund**
- **Convening stakeholder group monthly** – to share information, review data and policy progress, develop options for expansion
- **Assessing current services, funding and gaps** with recommendations for improvement
- Present a **report to Fresno County Board of Supervisors** on data driven policy and practice: to improve care, coverage, enrollment, funding and utilization

Q&A

remaining uninsured learning series

Upcoming webinars:

- **Eligibility and Enrollment, May 17, 1:00-2:15 pm**
- **Measuring Quality for Program Improvement, June 15, 2:30-3:45 pm**

today's webinar was recorded and will be available online in the coming weeks.

Thank you!

For more information, visit:

www.BlueShieldCAFoundation.org