

**Merced County Health Care Consortium
Remaining Uninsured Subcommittee
August 30, 2016
8:00 am to 10:00 am
Merced County Public Health Department
260 E. 15th St., Merced, CA 95341**

MINUTES

Purpose:

Obtain data and review and develop options for care and coverage of the remaining uninsured in Merced County

1. Welcome and introductions
 - a. Attendees: Marilyn Mochel, (BHC Health Equity Project); Lupe Delgado (PIQE – on phone); Kathleen Grassi, Karl Stahlhut (Merced County Department of Public Health); Isai Palma (BHC); Crissy Gallardo (MOP); LaVerne Davis (Healthy House); Stacie Bradford (BHC consultant), Isaac Medina (Castle Family Health Centers); Rodrigo Espinoza (Mayor of Livingston and District 1-Elect County Board of Supervisors), Robert McLaughlin, Mercy Medical Center; Jennifer Mockus, CCAH; Joel Diringer, facilitator.
 - b. Reviewed packet of material.
 - c. Reviewed and accepted minutes of July 7 and August 19. One correction was noted to the minutes – Item #3 b. Lupe ~~Quintero~~ Delgado.
2. Reviewed items requested at meeting of August 19
 - a. Estimates of undocumented/uninsured in other counties - UCB/UCLA CalSIM 2.10 estimates
 - b. Sliding fee policies for local FQHCs – not available; Bob McLaughlin at Mercy said he had copies and would provide them
 - c. Information on prescription drug access from nonprofit programs – not yet available.
 - d. Fresno County program – flyer on program provided;
 - e. Discussion about posting agenda, minutes and material on Consortium webpage. Public Health said it can do it.
3. Discussion of Merced County MAP program – coverage, eligibility, costs, opportunities. Presentation by Kurt Stahlhut is attached.
 - a. MAP provided coverage for Merced County indigent persons who were legally resident and had a medical need. Services were provided primarily through Mercy Medical Center with outside services subject to prior authorization. All former MAP clients were made eligible for Medi-Cal with the ACA expansion in 2014.

The program was funded through State realignment funds. These funds paid for both MAP and core Public Health Services. The program paid Mercy 22% of these realignment funds (approx. \$3 - \$3.5 million/yr.) with the County paying for those services not provided by Mercy. There is a debt to outside providers of approximately \$1.2 million dating back to 2012. And a debt of 1 million to the state Department of Finance, which allowed Merced County to retain this amount in FY 14-15 in order to pay

down a portion of the, at that time, \$2.1 million dollar debt to providers for MAP services.

Under the re-structuring of realignment program with the implementation of the ACA and the Medi-Cal expansions, the State changed the formulae from the formulae under which it previously paid to counties for indigent care. Merced County chose the option which provides that the State will provide it with 20% of the amount that it paid in FY 2009/10. However, none of those funds will be paid until FY 2017/18. In addition, \$1 million is owed the State for a deferral of the realignment restructuring in 2015 (as noted above). Essentially, according to Public Health, no realignment funds are currently available for indigent care.

4. Mercy Hospital

- a. Lupe Delgado asked Mercy Medical about spending on uninsured/undocumented. Bob McLaughlin told the group that the hospital does not seek or know anyone's immigration status, but they do track uncompensated care. Roughly 1.5% of the 70,000 ER visits annually are uncompensated, causing a \$4-5 million loss to the hospital annually.
- b. The hospital is attempting to increase access to providers. It has a family practice residency program, but last year only one out of eight residents remained in the County.
- c. Bob provided information about a potential funding source. Legacy Health Endowment (LHE) is a newly-formed California nonprofit public benefit corporation in Turlock, CA. This Health Conversion Foundation is a direct result of the sale of Emanuel Medical Center (EMC) to Tenant Healthcare Corporation. The Endowment is required to fund program in specified zip codes in southern Stanislaus and northern Merced Counties. Jeffrey Lewis is the contact person.

5. Additional questions:

- a. The group was interested to know more about the volume served by clinics, e.g. number of patients, number of visits, number of Medi-Cal, uninsured, other insurance, top conditions for which uninsured individuals are treated. Crissy said that the Outreach/Enrollment committee might have that information.

6. Discussion of elements to consider in looking at options for care/coverage.

- a. Joel Dinger shared his thoughts from his research on what counties have been doing on expanding programs to undocumented uninsured residents. The main elements to consider include:
 - i. Target population
 - ii. Scope of services
 - iii. Funding sources through partnerships
 - iv. Provider networks
 - v. Administration

7. Next meetings

- a. Friday, September 16 from 10 – Noon
- b. Additional meeting?
- c. Proposed presentation to Health Care Consortium on October 27.



MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH

MEDICAL ASSISTANCE PROGRAM (MAP) OVERVIEW

- ❖ 1983 State Law transferred responsibility to provide health care for Medically Indigent Adults (MIA) to the county of residence
- ❖ Counties with population less than 300,000 had 2 options:
 - 1) Contracting with the DHCS to administer services for MIAs under the County Medical Services Program (CMSP)
 - 2) Independent Medically Indigent Services Program (MISP) with 70% funding from the State

MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH

MEDICAL ASSISTANCE PROGRAM (MAP) OVERVIEW

- ❖ Merced County opted to accept the MISP funding and implemented the Medical Assistance Program
- ❖ Health Care Realignment enacted in FY 1991/92 changed the funding sources for locally administered health care programs
 - MISP funds were no longer allocated to the county from the State's general fund
- ❖ Counties now receive sales tax and vehicle license fees as a dedicated source of funding for health care programs

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MAP ELIGIBILITY CRITERIA

- ❖ Individuals ages 21 through 64, who are not:
 - Pregnant, blind or disabled and,
 - Eligible for any other coverage
- ❖ Must legally reside in Merced County
- ❖ Provide proof of FPL at 100% or below
- ❖ Undocumented aliens not eligible
- ❖ No minor children that would link the family to State Medi-Cal
- ❖ Eligibility Granted on "Medical Need Basis"
- ❖ Must have current/on-going need for medical services, as documented by Physician
- ❖ Granted eligibility for period of 7 days to 6 months
- ❖ Eligibility guidelines similar to Medi-Cal used

MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH

SCOPE OF BENEFITS

- ❖ Merced County contracted with Mercy Medical Center Merced (MMCM) to provide “Core” medical services to MAP members. Core Services include:
 - General Acute Care
 - Ob/Gyn, Intensive Care
 - Coronary Care, Clinical Laboratory
 - Radiology, Basic Emergency, Pharmacy
- ❖ MAP Members must use MMCM General Medicine & Family Care Clinic for primary care or specialty care services

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SCOPE OF BENEFITS

- ❖ No prior authorization is required for visits to primary care or specialty care providers in either the MMCM General Medicine or Family Care Clinics
- ❖ Authorization required for referrals for:
 - Non-emergency hospital admissions and surgery,
 - Home Health services,
 - Durable Medical Equipment,
 - Prescriptions not on the MMCM Formulary,
 - Vision Care, and
 - All Specialty Care and other services performed outside MMCM

MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH

MAP PROGRAM FINANCING

- ❖ MMCM Healthcare Operating Agreement - 22% of HR monthly allocation
- ❖ 43% of remaining HR allocated to fund MAP Program:
 - Staff & operating expenses
 - Specialty Provider services & other medical services outside of Healthcare Operating Agreement

MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH

MAP PROGRAM DEBT

- ❖ Large portion of MAP costs from Specialty Care Provider Services not covered/provided by MMCM
- ❖ Prior authorization required for specialty care services
- ❖ Medical claims paid at Medi-Cal rates
- ❖ Leading up the Affordable Care Act in California MMCM contract, specialty care costs, increased enrollment, & decreased funding during recession main factors that contributed to growing MAP Debt
- ❖ Current Debt \$1.2 million for Specialty Care Services dating back to November 2012