

# Health & Human Services Agency

## The Patient Protection and Affordable Care Act

Overview – The Consumer Perspective

Outreach, Eligibility and Enrollment

Health Care and Public Health Perspectives

August 26, 2013 Board of Supervisors Presentation



# Affordable Care Act

## Overview – The Consumer Perspective



# Affordable Care Act

- **The Basics**
- **Timelines**
- **Quantity:** How many more people in El Dorado County?
- **Quality:** Regulations and choices
- **Cost:** How much will it cost me?

# Affordable Care Act

## The Basics

Filling the need for trusted information on health issues... Trending on KFF DUAL ELIGIBLE MARKETPLACES DEFICIT REDUCTION

THE HENRY J. KAISER FAMILY FOUNDATION Search KFF.org

TOPICS OUR WORK PERSPECTIVES NEWSROOM ABOUT US

Health Reform Search Graphics & Interactives Polls

Home Health Reform

### Watch the YouToons Get Ready for Obamacare

Watch New Video



ing In: Interactive How The Increase

changes in Medicaid local level

Zoom In

#### CURRENT ISSUES

With open enrollment for the state health insurance marketplaces, also known as exchanges, set to begin Oct. 1, educating consumers about their insurance coverage options becomes a major focus of implementation. These resources look at what women should do to prepare for the new exchanges, the public's knowledge about them, and consumer assistance programs.

- › April 2013 Poll: Many Americans Remain Unaware of, Or Confused About, ACA
- › Consumer Assistance in Health Reform
- › Ensuring the Health Care Needs of Women: A Checklist for Health Exchanges

#### PERSPECTIVES

June 2013 | Drew Altman

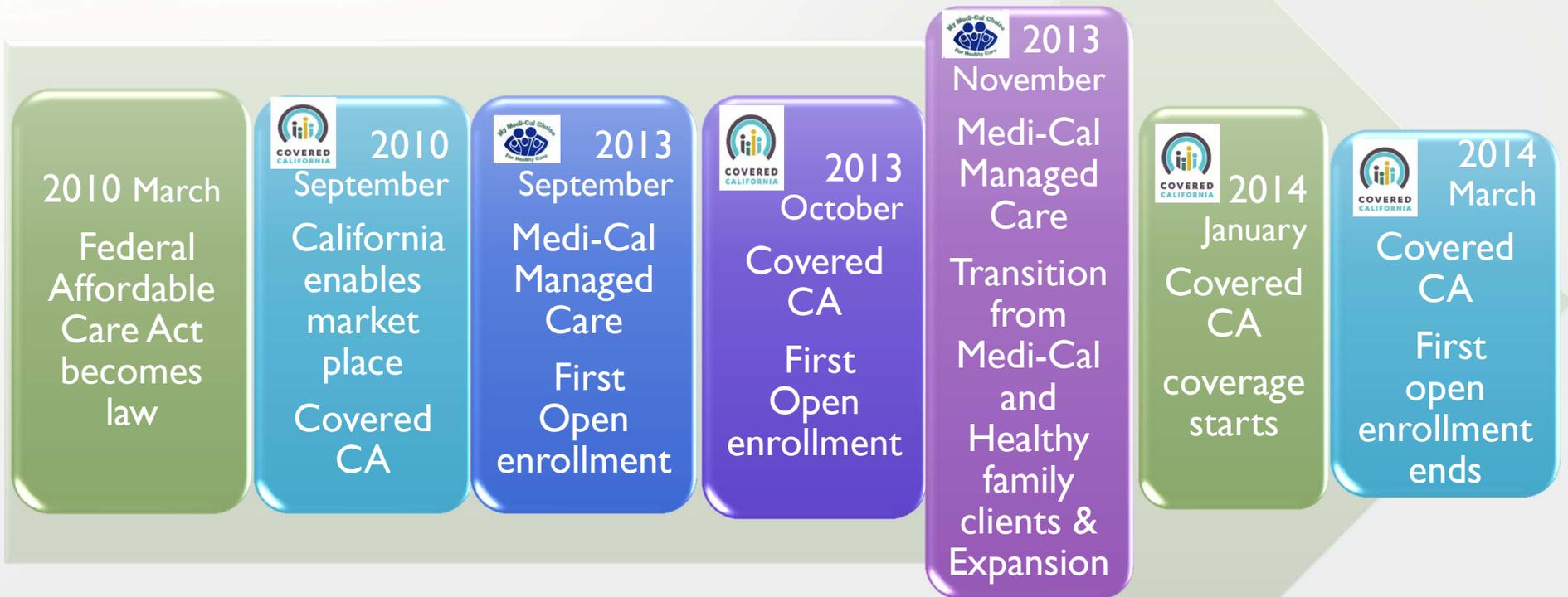
### Pre-X Redux

Drew Altman reveals how much people with pre-existing medical conditions know and don't know about the guaranteed issue provision in Obamacare that will protect them from medical underwriting beginning in January 2014.

#### THE ESSENTIALS

<http://kff.org/health-reform/video/youtoons-obamacare-video/>

# Affordable Care Act Timeline



# Affordable Care Act

## *More People with Coverage*



### *Medi-Cal Managed Care Health Care Options - our Medicaid*

- More People Eligible
  - Childless, non-disabled, non-elderly adults
  - Increase eligibility to 138% of the Federal Poverty Level
- Maximus contracted with State to assist Medi-Cal clients select a health plan
- Board of Supervisors approved contract with Maximus on July 30, 2013
- Maximus will be on-site at Human Services offices

# Affordable Care Act

## *More People with Coverage*

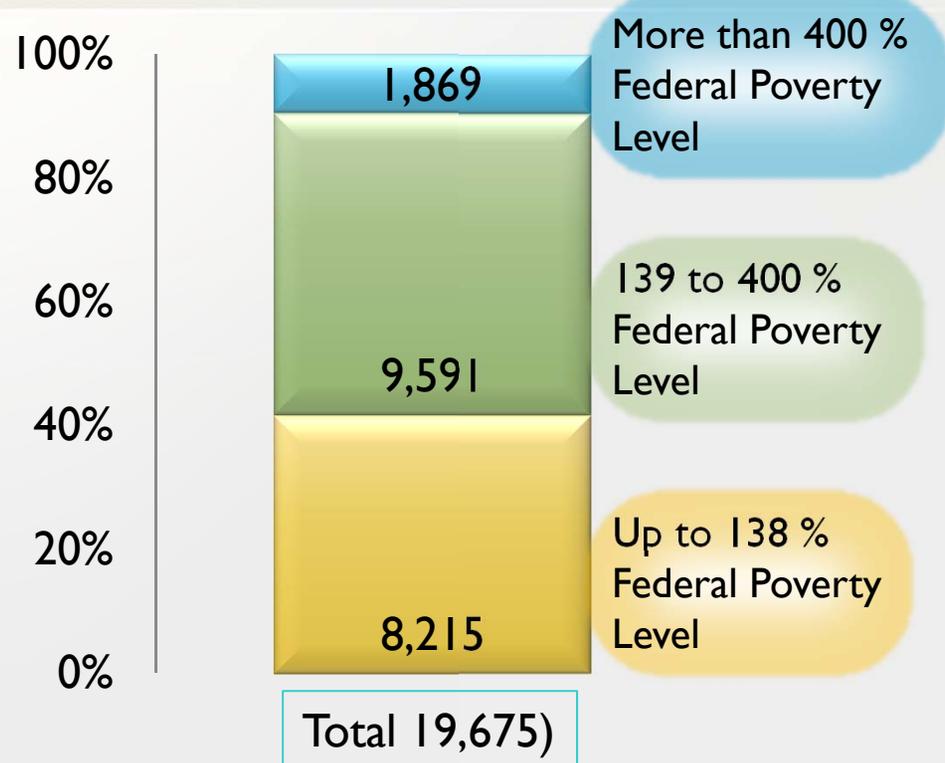


*Covered California™ (Covered CA™)– our exchange market place*

- Simplify choices
- Plan choice for individuals and families
- For individuals and families
  - Financial help available to offset cost of buying insurance up to 400% of the Federal Poverty Level
- For small business – 1 to 50 employees
  - Provide control to employer
  - More affordable: sharing administrative cost, small business tax credits

# Affordable Care Act Coverage

## How Many More Eligible in El Dorado County?



Sources: (1) Census Bureau's 2011 American Community Survey (ACS) estimates adjusted for eligibility due to immigration status <http://www.enrollamerica.org/maps>

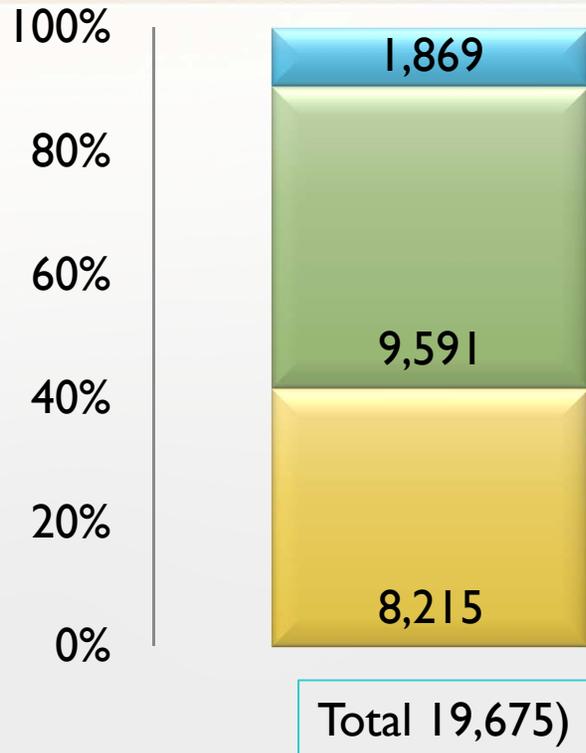
(2) Applied the proportion of those getting Medi-Cal and Insurance through Covered CA based on UC Berkeley / UCLA CalSIM version 1.8

(3) Applied the absolute numbers of those getting insurance based on MCIC Chicago, 2012 presented in a Market Analysis by the Sacramento Regional Health Care Partnership, 2012

[http://www.sierrahealth.org/assets/SRHCP\\_El\\_Dorado\\_County\\_Presentation\\_040312\\_Final.pdf](http://www.sierrahealth.org/assets/SRHCP_El_Dorado_County_Presentation_040312_Final.pdf)

# Affordable Care Act Coverage

## How Many More Enrolled in El Dorado County?



- The ACA will affect the number of residents with insurance
- Estimates of enrollment have a wide range
- About 4,500<sup>(2)</sup> to 8,500<sup>(3)</sup> may enroll through Covered CA™
- About 1,500<sup>(2)</sup> to 7,000<sup>(3)</sup> may enroll in expanded Medi-Cal
- Resulting in about 5,000<sup>(2)</sup> to 15,500<sup>(3)</sup> newly insured residents

Sources: (1) Census Bureau's 2011 American Community Survey (ACS) estimates adjusted for eligibility due to immigration status <http://www.enrollamerica.org/maps>

(2) Applied the proportion of those getting Medi-Cal and Insurance through Covered CA based on UC Berkeley / UCLA CalSIM version 1.8

(3) Applied the absolute numbers of those getting insurance based on MCIC Chicago, 2012 presented in a Market Analysis by the Sacramento Regional Health Care Partnership, 2012

[http://www.sierrahealth.org/assets/SRHCP\\_El\\_Dorado\\_County\\_Presentation\\_040312\\_Final.pdf](http://www.sierrahealth.org/assets/SRHCP_El_Dorado_County_Presentation_040312_Final.pdf)

# Affordable Care Act

## *Regulations and Choices*

- Guaranteed coverage
- Standard benefits
- No annual limits, no denial for preexisting conditions
- Rates not based on health status or gender
- Plan choice and tier choice

# Affordable Care Act

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# Affordable Care Act

## Regulations: *Essential Services*

Hospitalization	Rehabilitative & Habilitative Services and Devices*	Ambulatory Patient Services**
Mental Health and Substance Abuse Services	Maternity and Newborn Care	Prescription Drugs
Preventative and Wellness Services & Chronic Disease Management	Pediatric Services, Including Dental and Vision Care	Emergency Services
Laboratory Services		

\*These services included for those with developmental disabilities and encompass relearning lost skills or gaining new ones

\*\*Care you receive at a doctor's office or other medical facility, without a need for being admitted to a hospital or other health facility.

# Affordable Care Act

## *Regulations and Choices: Medicare*

- Free preventive services
- Prescription drugs/Medicare Part D
  - Discounts
  - Donut hole closes in 2020
- Medicare coverage is protected
  - Basic benefits and eligibility are the same
  - Able to choose a doctor
- Medicare program is protected for years to come

Source: A HealthCare.gov FactSheet. Seniors  
<http://www.healthcare.gov/news/brochures/seniors-top5.pdf>

# Affordable Care Act

## Choices for Medi-Cal & Covered CA™

Health Plans	Medi-Cal (1) 	Covered CA Individuals (2) 	Covered CA Small Business (3) 
California Health and Wellness	Managed Care		
Anthem Blue Cross	Managed Care	PPO , HMO	
Blue Shield of California		PPO	PPO HMO
Kaiser Permanente		HMO	HMO
Western Health Advantage		HMO	HMO
Health Net			PPO

Source: (1) California Department of Health Care Services

<http://www.dhcs.ca.gov/provgovpart/Documents/MMCDExpansion/Rural/28-FINAL-PLANS-MAPPING-51413.pdf>

(2) Covered California Health Insurance Companies and Plan Rates for 2014

[http://www.coveredca.com/news/PDFs/CC\\_Health\\_Plans\\_Booklet-8-6-13.pdf](http://www.coveredca.com/news/PDFs/CC_Health_Plans_Booklet-8-6-13.pdf)

(3) Small business Health Option Program, August 2013 <http://www.coveredca.com/news/PDFs/Covered-California-SHOP-booklet.pdf>

# Affordable Care Act Website: Covered CA™

www.coveredca.com

COVERED CALIFORNIA

HOME ABOUT US COVERAGE RESOURCES NEWS AGENTS LANGUAGE: ENGLISH

## COVERING CALIFORNIA FAMILIES

Starting in January 2014, individuals and families will have many new options for health insurance through Covered California. For families that qualify, financial assistance will help make insurance more affordable. [Read More >](#)

**140 DAYS 13 HRS 52 MINS**  
UNTIL NEW COVERAGE BEGINS FOR MILLIONS OF CALIFORNIANS

Health care coverage begins January 1, 2014

Languages

**REQUEST ENROLLMENT ASSISTANCE**

Enrollment Begins in October.

REQUEST ASSISTANCE

**COST-ESTIMATE CALCULATOR**

Starting in 2014, most people will be required to have health insurance.

ESTIMATE YOUR COST

**NEED HELP NOW?**

If you need coverage before 2014, click below.

COVERAGE NOW

Apply  
On line  
Call-centers  
In-person  
By Mail

**CALL US ► 888-975-1142**

Cost calculator

# Affordable Care Act

## *Your Costs, Covered CA™*



- Plan costs/monthly premiums vary based on age, geography, income, family size, type of coverage wanted
- Four tiers with different actuarial values
  - Platinum: 90%
  - Gold: 80%
  - Silver: 70%
  - Bronze: 60%
- Catastrophic insurance: only young

# Affordable Care Act Covered CA<sub>TM</sub> Choices and Costs Metals and Plan, 25 year old, Region 3, single



**COST-ESTIMATE CALCULATOR**

Starting in 2014, most people will be required to have health insurance.

**ESTIMATE YOUR COST**

25-YEAR-OLD					
Plan	Minimum	Bronze	Silver	Gold	Platinum
Anthem HMO	—	—	\$374	\$472	\$540
Anthem PPO	\$169	\$197	\$261	\$316	\$367
Blue Shield PPO	\$208	\$218*	\$262	\$311	\$357
Kaiser Permanente HMO	\$203	\$205	\$272	\$334	\$360
Western Health Advantage HMO	\$181	\$222	\$319	\$375	\$407

Source: Covered California Health Insurance Companies and Plan Rates for 2014: Making the Individual Market in California Affordable

[http://www.coveredca.com/news/PDFs/CC\\_Health\\_Plans\\_Booklet.pdf](http://www.coveredca.com/news/PDFs/CC_Health_Plans_Booklet.pdf)

# Affordable Care Act Covered CA™ Choices and Costs Metals and Plans, 40 year old, Region 3, single



**COST-ESTIMATE CALCULATOR**

Starting in 2014, most people will be required to have health insurance.

**ESTIMATE YOUR COST**

40-YEAR-OLD				
Plan	Bronze	Silver	Gold	Platinum
Anthem HMO	—	\$476	\$601	\$687
Anthem PPO	\$250	\$332	\$403	\$467
Blue Shield PPO	\$278	\$333*	\$396	\$454
Kaiser Permanente HMO	\$261	\$347	\$426	\$458
Western Health Advantage HMO	\$282	\$406	\$477	\$518

Source: Covered California Health Insurance Companies and Plan Rates for 2014: Making the Individual Market in California Affordable

[http://www.coveredca.com/news/PDFs/CC\\_Health\\_Plans\\_Booklet.pdf](http://www.coveredca.com/news/PDFs/CC_Health_Plans_Booklet.pdf)

# Affordable Care Act

## Covered CA<sup>TM</sup> Choices and Costs

### By Income, 40 year old, Region 3, Single, Silver plan



**COST-ESTIMATE CALCULATOR**

Starting in 2014, most people will be required to have health insurance.

**ESTIMATE YOUR COST**

RATES AND PREMIUM ASSISTANCE: 40-YEAR-OLD INDIVIDUAL					
Plan	Share	up to \$17,235	\$17,236 to \$22,980	\$22,981 to \$28,725	\$28,726 to \$45,960
Anthem HMO	Individual	\$200	\$263	\$335	\$476
	Federal Govt.	\$276	\$213	\$140	\$0
Anthem PPO	Individual	\$56	\$119	\$191	\$332
	Federal Govt.	\$276	\$213	\$140	\$0
Blue Shield PPO	Individual	\$57	\$121	\$193	\$333
	Federal Govt.	\$276	\$213	\$140	\$0
Kaiser Permanente HMO	Individual	\$71	\$134	\$206	\$347
	Federal Govt.	\$276	\$213	\$140	\$0
Western Health Advantage HMO	Individual	\$130	\$193	\$266	\$406
	Federal Govt.	\$276	\$213	\$140	\$0

Source: Covered California Health Insurance Companies and Plan Rates for 2014

[http://www.coveredca.com/news/PDFs/CC\\_Health\\_Plans\\_Booklet.pdf](http://www.coveredca.com/news/PDFs/CC_Health_Plans_Booklet.pdf)

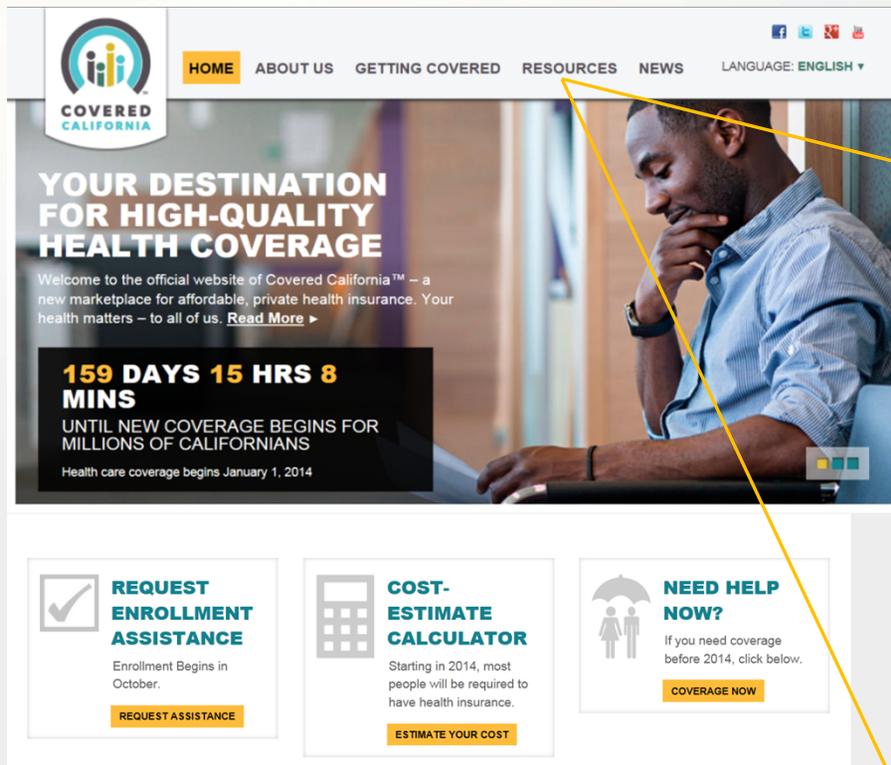
# Affordable Care Act Covered CA™, Cost Calculator



**COST-ESTIMATE CALCULATOR**

Starting in 2014, most people will be required to have health insurance.

**ESTIMATE YOUR COST**



**COVERED CALIFORNIA**

HOME ABOUT US GETTING COVERED RESOURCES NEWS LANGUAGE: ENGLISH ▾

**YOUR DESTINATION FOR HIGH-QUALITY HEALTH COVERAGE**

Welcome to the official website of Covered California™ – a new marketplace for affordable, private health insurance. Your health matters – to all of us. [Read More](#) ▶

**159 DAYS 15 HRS 8 MINS**  
UNTIL NEW COVERAGE BEGINS FOR MILLIONS OF CALIFORNIANS  
Health care coverage begins January 1, 2014

**REQUEST ENROLLMENT ASSISTANCE**  
Enrollment Begins in October.  
**REQUEST ASSISTANCE**

**COST-ESTIMATE CALCULATOR**  
Starting in 2014, most people will be required to have health insurance.  
**ESTIMATE YOUR COST**

**NEED HELP NOW?**  
If you need coverage before 2014, click below.  
**COVERAGE NOW**

## How Much Will You Save Under the New Federal Health Law?

Complete all applicable fields for results.

**HOUSEHOLD INFORMATION**

Number of people in the household

Annual household income

**ENROLLEE INFORMATION**

Only enter members of your household who would enroll in Exchange coverage.

Age of the first adult

Age of spouse

Number of children under age 21

Number of children age 21-25

**BREAKING DOWN THE MONTHLY COST**

Estimated monthly silver plan premium (without subsidy)	<b>\$294</b>
Estimated tax credit from the government	<b>\$85</b>
<hr/>	
Your estimated monthly silver plan premium	<b>\$209</b>

Based on the information you provided, you can determine your estimated monthly premium payments and also see how much you will receive in federal assistance. Please remember this is just an estimate.

# Affordable Care Act

## *Out-of-Pocket Costs, Covered CA™*



You should expect to pay at least part of your healthcare coverage

	<b>Co-Payment</b>	<b>Deductible</b>
Who do you pay?	Your doctors, pharmacy, hospital or other providers	Your doctor, pharmacy, hospital or other providers
When do you pay?	Every visit	Until you reach a certain pre-established limit
Other	Paid in addition to any deductible	Starts fresh at the calendar year- no rollover

# Affordable Care Act

## *Tax Penalty: Individual Mandate*

If you don't have insurance beginning January 1, 2014, you may pay a tax penalty

<b>Health Insurance Penalty Phase-In Schedule</b> Pay the greater of the two amounts		
Year	Percentage of Income	Set Dollar Amount
2014	1%	\$95
2015	2%	\$325
2016	2.5%	\$695

# Affordable Care Act

## *Exception: Individual Mandate*

Some people won't have to pay a penalty

- The very low income
  - In 2012, \$9,750 if single
  - In 2012, \$27,100 for a married couple with two children
- People who qualify due to religion
- Undocumented immigrants
- Native Americans
- Those in prison / jail

# Affordable Care Act

## *Tax Penalty: Employer Mandate*

- Employers w/ 50+ employees will be assessed if they provide inadequate or no coverage
- Businesses with 50 or more full-time employees are subject to a penalty
- Update: Employer mandate has been suspended until January 1, 2015
- Employers receive funds to help mitigate the costs of offering health insurance to retirees between ages 55-64

# Affordable Care Act

The screenshot shows the HealthCare.gov website in a browser window. The URL is https://www.healthcare.gov/index.html. The page features a navigation bar with 'Learn' and 'Get Insurance' tabs, and a search bar. The main content area has a large image of a smiling woman and the text: 'The Health Insurance Marketplace is coming soon'. Below this, it says 'A new way to get affordable coverage launches October 1. Answer a few questions to learn if you qualify for lower costs.' and a green button that says 'SEE YOUR OPTIONS »'. There is also a sign-up section for 'GET IMPORTANT NEWS & UPDATES' with an email address field and a 'SIGN UP' button. At the bottom, there are five navigation links: 'What is the Health Insurance Marketplace?', 'What is the Marketplace in my state?', 'What if I have job-based insurance?', 'How can I get coverage at lower costs?', and 'What do small businesses need to know?'. A calendar graphic shows '54 DAYS LEFT UNTIL OPEN ENROLLMENT' and a timeline: 'OCT 1 Open Enrollment Begins', 'JAN 1 Coverage Begins', and 'MAR 31 Open Enrollment Closes'. The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the date 8/8/2013 and time 6:35 PM.

*Outreach,  
Eligibility and  
Enrollment*

# Affordable Care Act

## *Eligibility Overview*

- Eligibility Workers determine eligibility of individuals and families for public assistance programs
- They will be the in-county point of contact for ACA applicants
- Intake Operation
  - Interview clients
  - Gather documentation to support program compliance ( birth certificates, financial documents, etc.)
  - Process applications within mandated time frames
  - Identify discrepancies for potential fraud referrals
- Continuing Operation
  - Periodic review of case / annual renewals
  - Check for continuing eligibility
  - Add/delete family members ( birth, death, marriage, divorce)
  - Identify discrepancies for potential fraud referrals

# Affordable Care Act

## *Strength - County Operations Today*

- Trained eligibility staff in county offices
  - Out-stationed workers in clinics and hospitals (Barton, Marshall, Georgetown)
  - Workers located at Mental Health and Carlton Building
  - Expansion to Shingle Springs, Pioneer Park, etc
- Infrastructure in Place
  - Intake & Continuing eligibility
  - Medi-Cal and other health programs
  - CalWORKs, CalFresh
  - Multiple channels offered for application
    - In person, online, over the phone, by mail
- Experience with major changes, service demand increases
  - CalWORKs Welfare to Work Implementation
  - Millions of new CalFresh, CalWORKs & Medi-Cal cases added statewide during the recession
- C-IV System fully integrated in EDC

### By the Numbers

18,529 – Clients

90 - Staff

3 - Offices

Multiple Out-Stationed staff

# Affordable Care Act

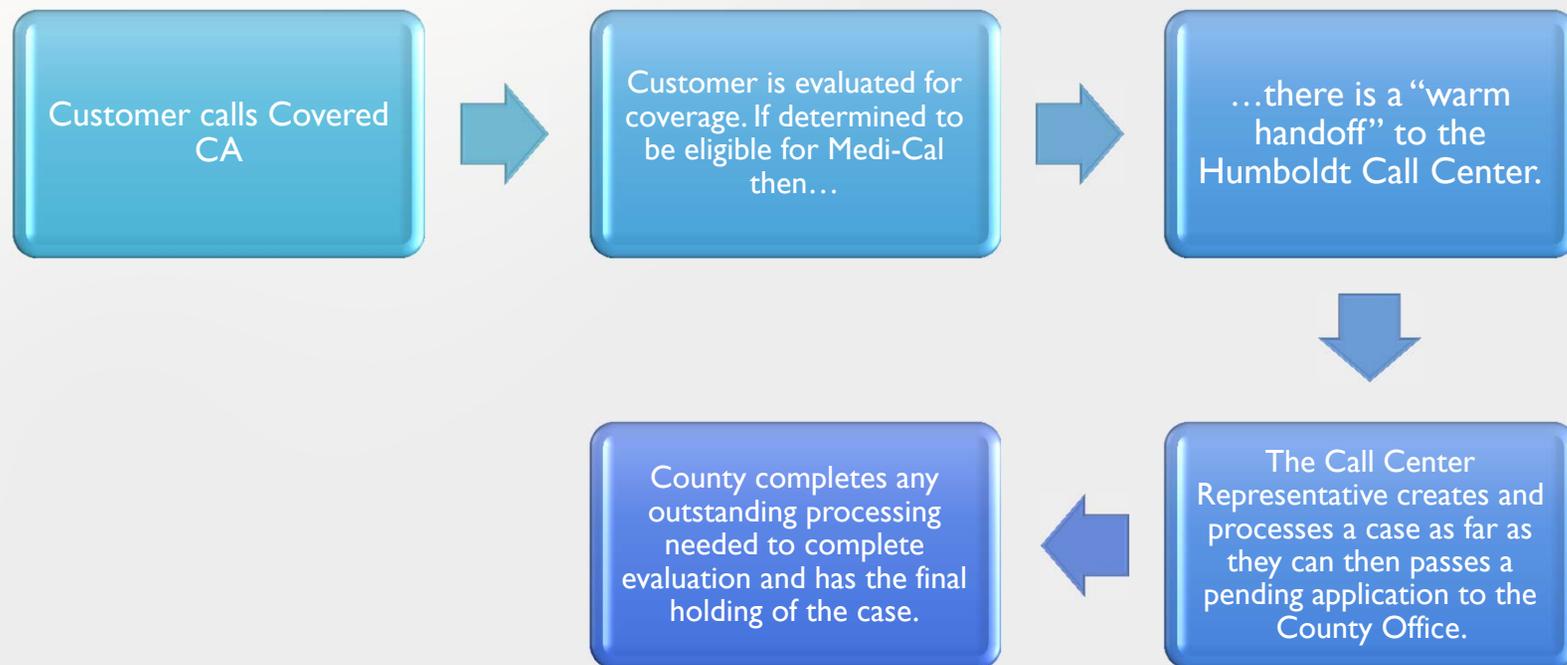
## *Strength - Funding for ACA Implementation*

- The County will have access to \$424,528 to administer and implement the ACA. This allocation will cover the costs of approximately 3 Eligibility Workers
- El Dorado County will have access to \$66,320 in 2013-2014 for activities related to the implementation of this Statewide Automated Welfare System.
- The County has access to \$22,106 for system implementation activities to meet the requirements of the ACA relating to the Exchange

# Affordable Care Act *Strength - C-IV System*

- Member of the C-IV Consortium
- Some Consortium counties elected to host call centers
- Non-call center counties have been partnered with call center counties: C-IV chose Humboldt County to serve as EDC's call center
- Covered California (the **State's** system) will send EDC's calls to Humboldt County
- Humboldt County will create and begin processing the application and then forward to EDC

# The Life of a Covered CA Medi-Cal Call (Hierarchy)



# Affordable Care Act *Weakness - Staffing*

- Turnover in eligibility positions is approximately 40%
  - Increased competition for staff
  - Lengthy training period
  - Extremely high caseloads
    - 621 cases in EDC vs. 290 cases in Amador County
  - Highly complex and stressful job
- There are 30 vacant eligibility worker positions (10 extra help) as of Aug 10, 2013

# Affordable Care Act

## *Weakness - Staffing*

- 40% of the eligibility workers have been in the classification for less than 1 year
- 50% of the eligibility supervisors been in the classification for less than 1 year
- 100% of the eligibility managers have been in the classification for less than 1 year

# Affordable Care Act *Weakness - Workload*

## Pending applications

Program	Pending Applications	Past regulation processing deadline	Percentage out of compliance
Medi-Cal	998	161	16.1%
CalFresh	341	41	12.0%

# Affordable Care Act

## *Opportunity - Community Service*

### HHSA has initiated Community Outreach efforts

- Outreach work group created to coordinate and focus efforts
- Initiated community outreach efforts including:
  - Development and distribution of promotional materials
  - Employee forums
  - Community speaking engagements
  - Community outreach events
  - Meetings with community partners
  - County website development

### HHSA Outreach Target Groups include:

- HHSA employees and their clients
- General public
- Families
- Veterans
- Homeless individuals
- Disabled individuals
- Foster youth
- Incarcerated individuals
- Low-income individuals
- Medi-Care beneficiaries
- Native Americans
- Spanish speaking individuals
- College students
- Remote geographic area populations

# Affordable Care Act

## *Opportunity - Community Service*

- HHS Outreach Partner Groups include:
  - Hospitals, clinics, rural health centers, federally qualified health centers, Shingle Springs Tribal Community
  - EDCOE, First 5 and its contracted programs, faith based community non-profits, veterans, disabled, childcare providers and organizations, libraries, HHS programs, local media, family resource center, correctional facilities, large employers, colleges etc.
- This effort strengthens our partnerships within the community while educating community partners about health plan options available through the ACA

# Affordable Care Act *Threat - Key Challenges*

- CalHEERS Interface Delay
  - Interface delayed – October 1, 2013 to January 1, 2014
  - Delay has customer service and workload implications
- Level of uncertainty
  - Late start by State on key decisions
  - Impact of delayed training
  - Unsure of future funding for 2015 and beyond



# Affordable Care Act *Threat - Workload*

Current ongoing active cases by program and office

Program	Placerville Offices	So. Lake Tahoe Offices
Medi-Cal	6886	3146
CalFresh	4294	1924

Total Cases – 16,250

Caseloads are expected to  
increase by 69%

# Affordable Care Act

## *Threat - ACA Implementation*

- Covered CA Program training for Eligibility staff was delayed and poorly presented. As of August 12, 2013 staff have still not been trained
- Open Enrollment Starts October 1, 2013
  - ***36 days from today***
- Coverage Begins January 1, 2014
  - ***128 days from today***



# Affordable Care Act



## *Health Care and Public Health Perspectives*

# Affordable Care Act

## Goals for Affordable Care Act (ACA)



- **Quantity:** Expand health insurance coverage and improve access

- **Quality:** Improve quality of care



- **Cost:** Control rising health care costs



# Affordable Care Act Coverage

## How Many More with a Doctor in El Dorado County?



5,000<sup>(1)</sup> to  
15,500<sup>(2)</sup>  
newly  
insured  
residents



### Percent Adults Without Any Regular Doctor <sup>(3)</sup>



El Dorado County (24.40%)  
California (27.32%)  
United States (19.34%)

Sources: Census Bureau's 2011 American Community Survey (ACS) estimates adjusted for eligibility due to immigration status

<http://www.enrollamerica.org/maps>

(1) Applied the proportion of those getting Medi-Cal and Insurance through Covered CA based on UC Berkeley / UCLA CalSIM version 1.8

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(3) Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. 2010 <http://assessment.communitycommons.org/CHNA/Report.aspx?page=4&id=504>

# Affordable Care Act Cost and Quality of Care



## Accountable Care Organization

### Skilled Nursing Facilities

- SNFists
- On-site Case Management
- Efficiency Rating Systems  
“Preferred Facilities”

### Medical Groups

- Enterprise Level Activities
- PC-MH Functions

### Hospitals

- Service Line Integration
- Medical Staff Alignment
- Incentives for Efficiency & Lean Six Sigma
- Quality (SCIP, Leap Frog)
- Safety

### Ancillary Services

- Free-Standing ASC & Diagnostic Testing Centers

### Home Care

- Home Safety Visits
- Post Discharge Visits
- Home Health Coordinator of Services

### Hospice

- Transitions (CHF, COPD, Frailty Syndrome, Dementia)

## Medical Group Enterprise Level Activities

- PCP/SCP Incentives & Clinical Guidelines
- Pay for Performance Initiatives
- Hospitalists, Post Discharge Follow-Up Programs
- Care management (Acute, Chronic, Inpatient, SNF)
- Health Coaching (Shared Decision Making)

- ER Avoidance Programs
- Urgent Care
- End of Life (Palliative Care)
- Patient Satisfaction & Loyalty

- Transition of Care
- Provider Satisfaction
- Behavioral & Mental Health

- Outcomes & Evidence Based Medicine
- Call Coverage
- Consult Services (Stroke, STEMI)

### DME

- Integration & Oversight with Care Management

## Advanced Primary Care Under Patient-Centered Medical Home

- Prevention & Wellness
- Point of Care Analytics & Clinical Decision Support
- Gaps in Care
- Population Management & Chronic Care Registries
- Home Visiting Teams
- Generic Prescribing Program

- Cost Effective Medical Management & Utilization of Services (SCP, Ancillary)
- Access, Same Day Appointments, e-Visits
- Patient Satisfaction & Loyalty
- Provider & Office Staff Satisfaction

### Patient

- Personal Health Record
- Patient Portal
- Health Risk Assessment
- Patient Engagement & Activation

Source: <http://www.kaiseredu.org/tutorials-and-presentations.aspx>

# Affordable Care Act *Health Care Strength*

- New El Dorado County Psychiatric Health Facility – increased capacity



- Barton Health

- Sole local provider - Continuity of care within same system- hospice, nursing home, primary care, rural clinic, specialty clinics



- Marshall Medical Center

- Easy to recruit with market-rate compensation- foothills

- Safety Net Primary Care: Overtime more patients, recent expansion / remodeling, added providers

- Shingles Spring Tribal Health Program, El Dorado County Community Health Center, Placerville Health and Wellness Center, Western Sierra Health Center, Barton Memorial Hospital affiliated clinics and rural health clinics, Marshall outpatient clinics and associated Divide Wellness Center (rural clinic)



Source: Interviews

# Affordable Care Act

## Health Care Strength - Access



	Rural Health Clinic	Four Community Health Clinics	
	2011	2010	2014
Medicare	15%	15.5%	14.8%
Medi-Cal	45%	35.6%	44.5%
Indigent	11%	9.0%	12.0%
Private	16%	17.3%	20.5%
Self-pay and free	2%	19.0%	4.4%
Other	11%	3.7%	3.7%
Total visits		69,840	111,512

West slope medical: Marshall Medical Center, independent (safety net) providers, out of county (e.g. Kaiser Permanente)

### Marshall Outpatient Clinics

17% Medi-Cal/ Indigent

7-8% Self-Pay

**ACCEL** - telehealth, outreach, coordination

East slope one sole provider: Barton Health

East slope: Telehealth- e.g. psychiatry inpatient / community outpatient / jail health / juvenile hall.

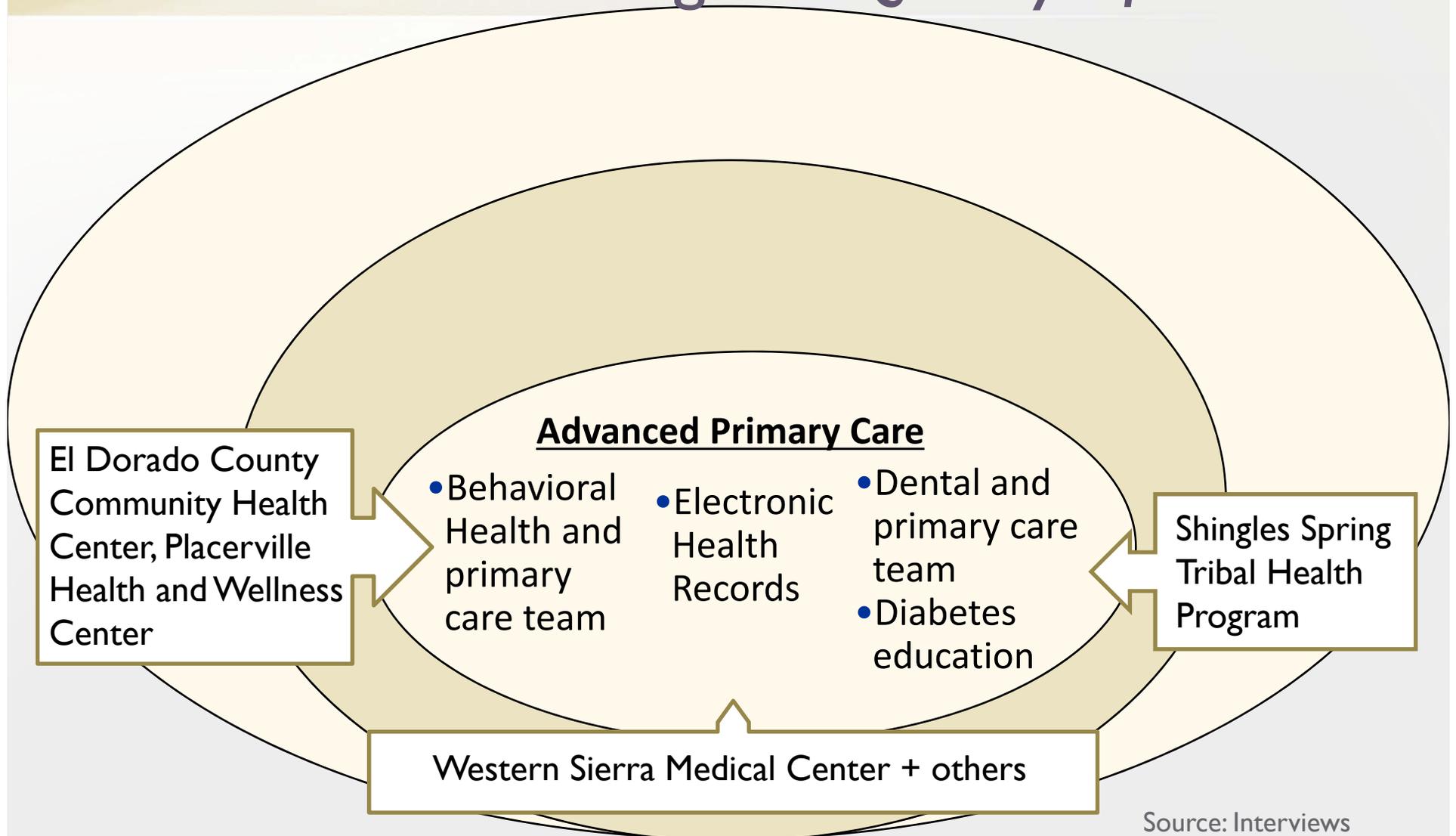


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# Affordable Care Act

## Health Care Strength - Quality of Care

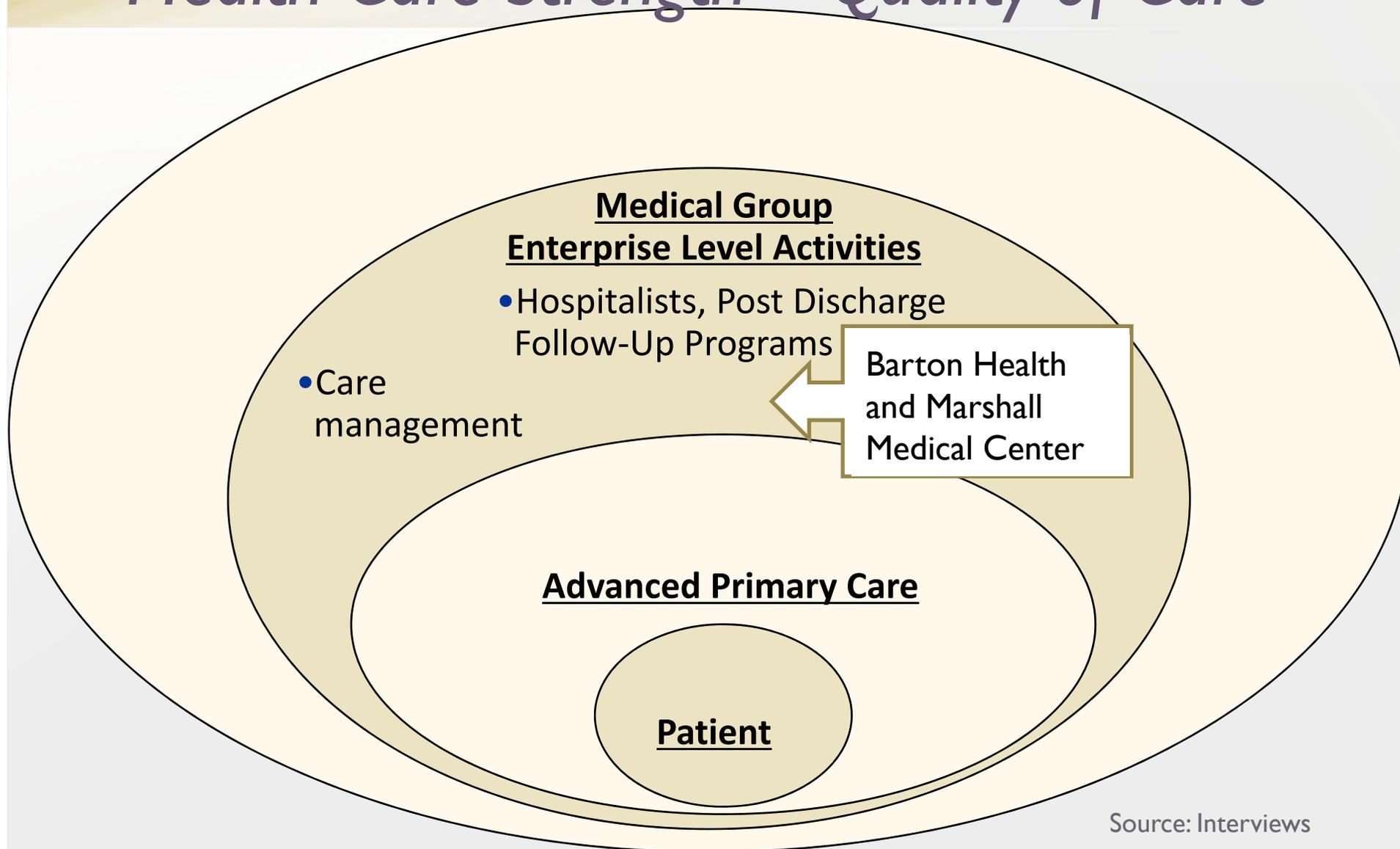


Source: Interviews



# Affordable Care Act

## Health Care Strength - Quality of Care



Source: Interviews

# Affordable Care Act

## Health Care Strength - Quality of Care



Marshall Medical Center  
Primary Stroke - Center accreditation  
Level 3 Trauma Center  
Community Cancer Accreditation

Hospital + System

- Quality recognition

Medical Group  
Enterprise Level Activities

Advanced Primary Care

Patient

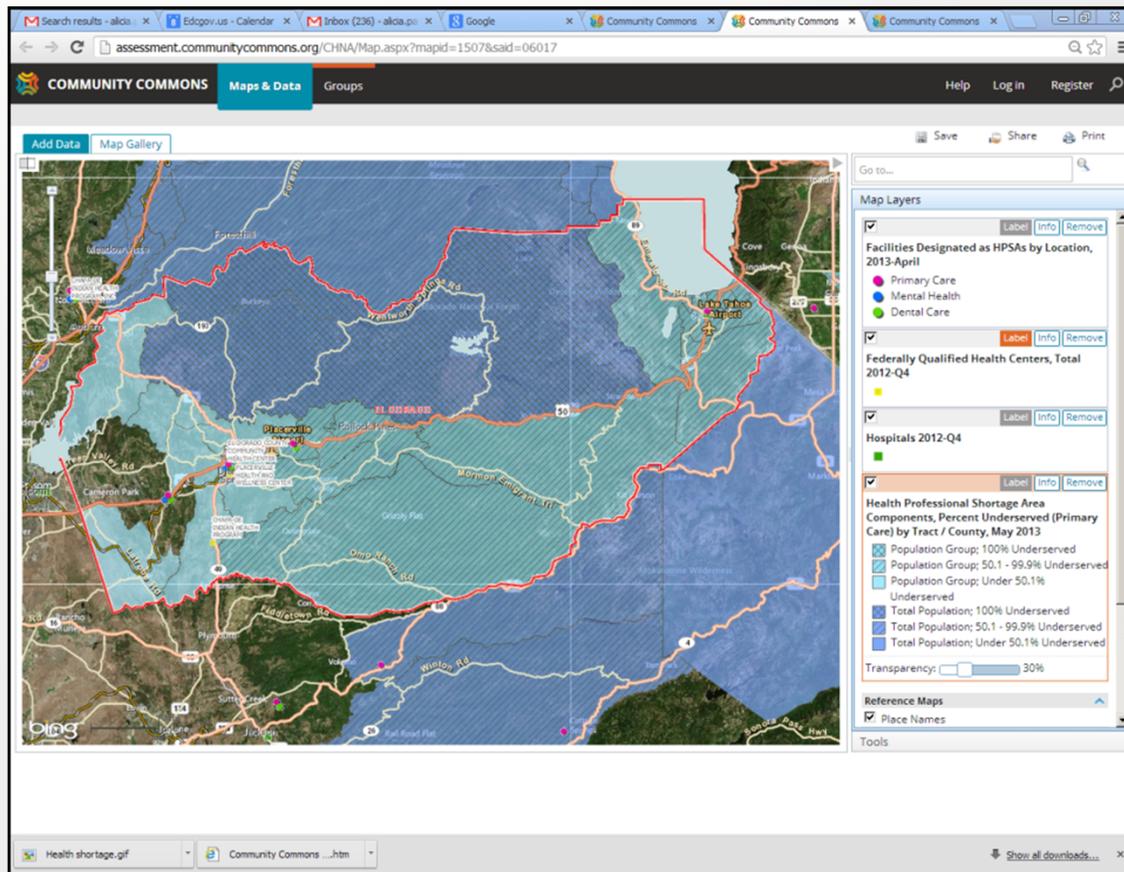
ACCEL  
Outreach  
Collaboration,  
Telehealth

Source: Interviews

# Affordable Care Act Weakness - Access



## El Dorado Health Professional Shortage Areas



Mental Health and  
Substance Abuse services:  
perceived unmet need

- Some zip codes:  
Increased ED visits/  
hospitalizations compared  
to California.
- El Dorado County Mental  
Health: sole provider for  
all the county Medi-Cal  
and uninsured patients.  
County psychiatrists- high  
turn over, understaffed.
- West slope: Psychiatrists  
only cash.



Source: Interviews

# Affordable Care Act

## Health Care Weaknesses



- Competition out-of-county
  - Care of uninsured and Medi-Cal heavily local



- Access issues:
  - Lack of sufficient Providers
    - Dental care and mental health/substance abuse.
    - Aging Providers (West slope)
  - Geographic distribution: clinics, urgent care, medical equipment, and pharmacies
    - Transportation and rural isolated areas → no-shows
    - Language/ culture /immigration barriers



- Cost
  - Unaffordable out of pocket cost premium/sliding fees/deductible/copay



- Priority
  - Care for illness versus prevention

Source: Interviews, Marshall retreat 7/11/13 material  
<http://southlaketahoe.healthforecast.net/>

# Affordable Care Act

## *Health Care Opportunities*

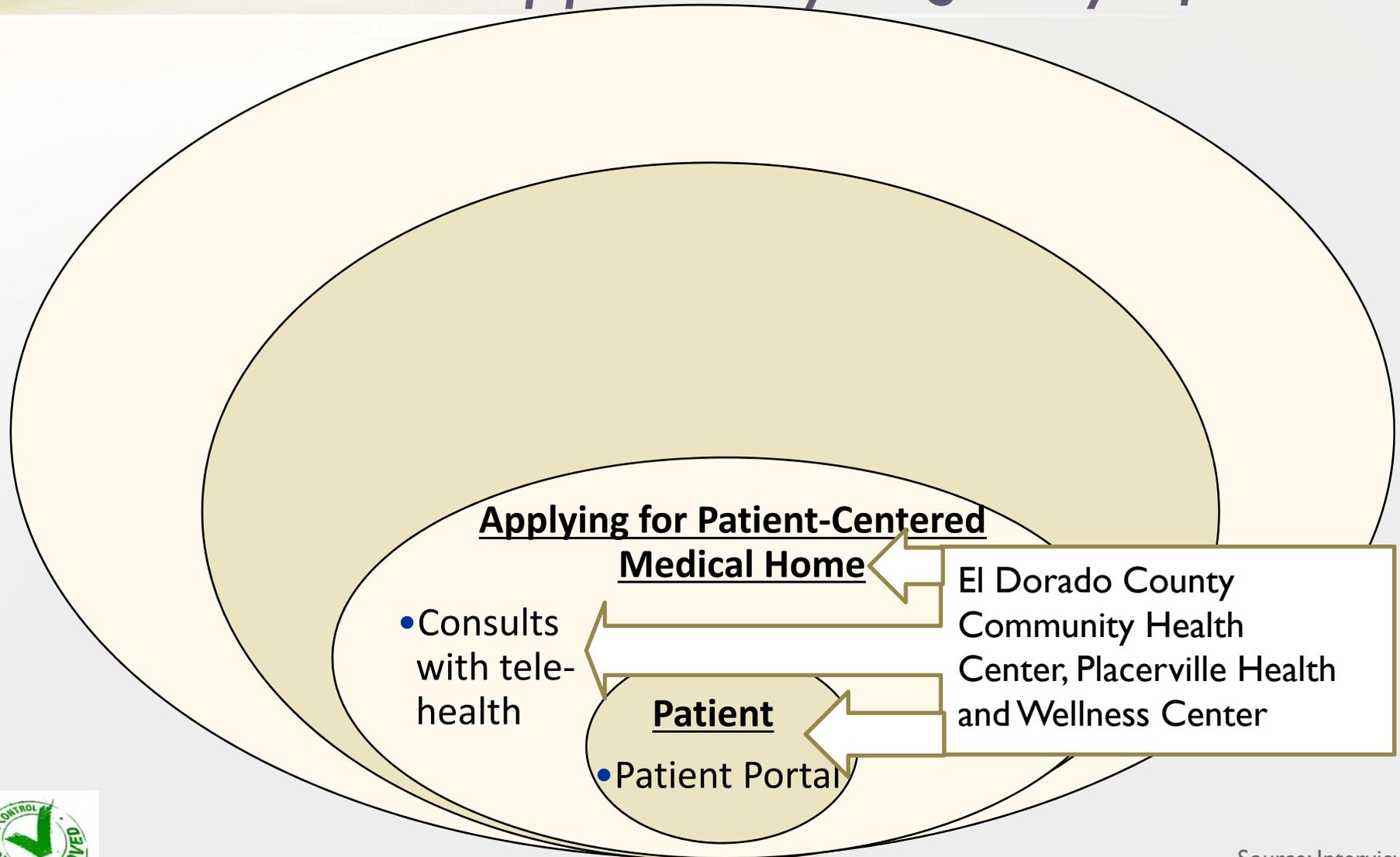


- Needs Assessment and improvement plan – Hospitals new role
  - Hospitals conduct a Community Health Needs Assessment every 3 years
- Reorganizing how care is delivered to improve care and cost
  - Expansion of scope of practice for non-physicians: nurse practitioner, optometrist, pharmacist, and EMT (only pilot project)
  - Better specialty referral base for patients with Medi-Cal insurance (independent primary care provider)
  - Health Records: meaningful use
- Collaboration
  - Regional: Sierra Sacramento Valley Medical Society, Sacramento Regional Health Care Partnership /local: ACCEL
  - Outpatient / inpatient
  - Public sector / private sector

Source: Interviews, Marshall retreat 7/11/13 material  
<http://southlaketahoe.healthforecast.net/>

# Affordable Care Act

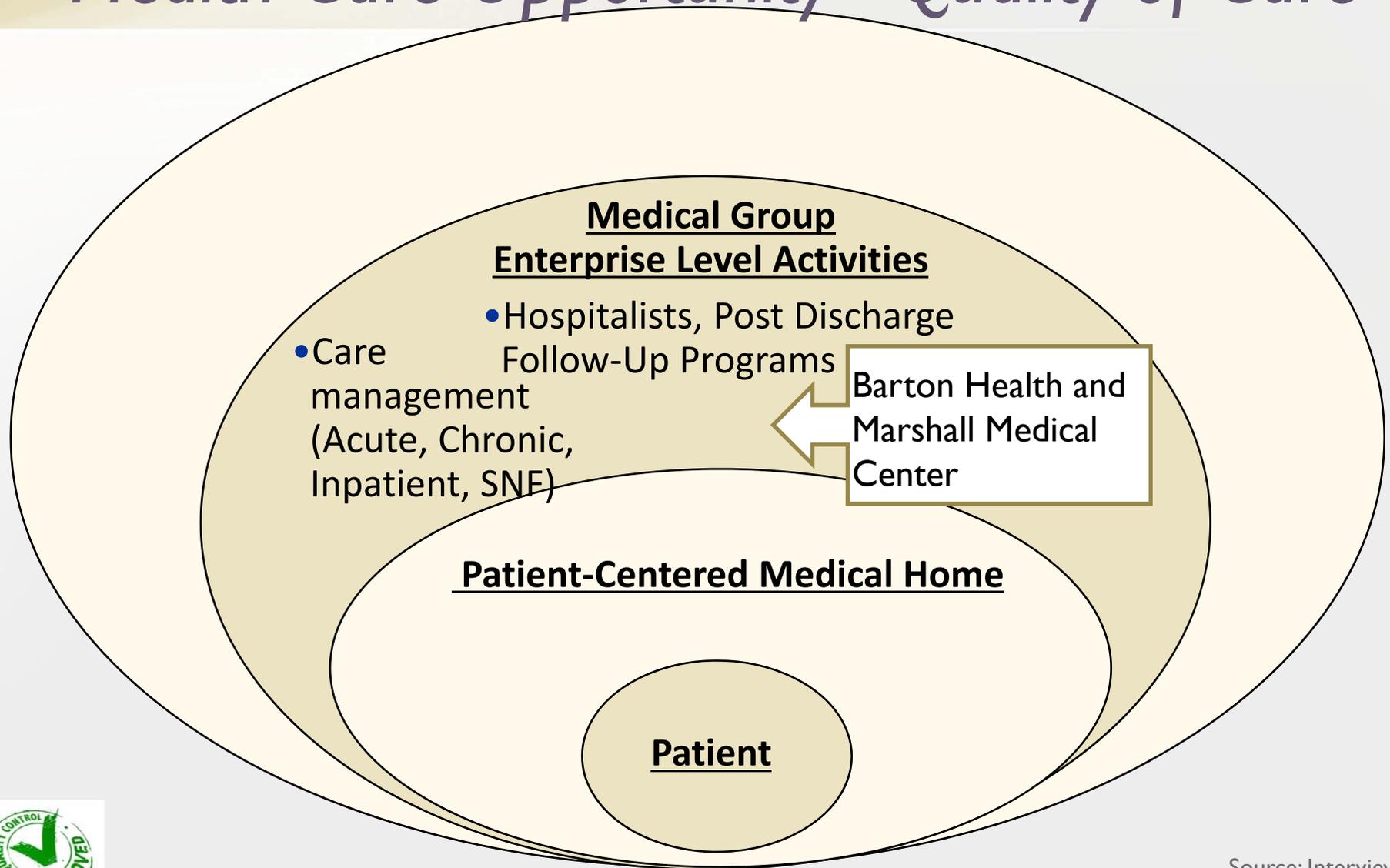
## Health Care Opportunity - Quality of Care



Source: Interviews

# Affordable Care Act

## Health Care Opportunity - Quality of Care



Source: Interviews

# Opportunity - Quality of Care

Barton Health  
Application for Trauma Center designation  
Center of Excellence for Orthopedic Care

Barton Health  
considering National  
Rural ACO

## Accountable Care Organization (ACO)

### Hospital

- Quality recognition

### Hospital

- Bundle-payment

### Skilled Nursing Facilities

### Home Care

### Ancillary Services

Marshall Medical  
Center One in  
three pilot sites

### Medical Group Enterprise Level Activities

### Hospice

### Patient-Centered Medical Home

### Patient



Source: Interviews

# Affordable Care Act

## *Health Care Opportunity - Quality of Care*



- More Coverage: insured patients and more services covered including preventive care, mental health and substance abuse, improved educational outcomes and improved worker productivity
- Medi-Cal coverage : decreased mortality and increased use of preventive care
- El Dorado County Community Health center application for expansion: Cameron park
- Possible payment increase



- Less uncompensated care from uninsured
- Increase in Medi-Cal reimbursement for primary care
- Grants for Electronic Health Records, Telehealth
- Predicted \$2.1 to \$3.5 billion new federal Medi-Cal dollars to California in 2014

Source: Interviews,

[http://laborcenter.berkeley.edu/healthcare/medi-cal\\_expansion.shtml](http://laborcenter.berkeley.edu/healthcare/medi-cal_expansion.shtml)

# Affordable Care Act *Health Care Threat*



- Regulatory burden and capacity - understanding and meeting new requirements



- Payment decrease (decrease payment from Medicare, Medi-Cal cuts, uninsured patients, underinsured patients, Disproportionate Share Hospital (DSH) adjustment - payments phasing out)



- Difficulty to recruit and retain some health care professionals  
Now more demand for health care > more demand for health care providers > wages up

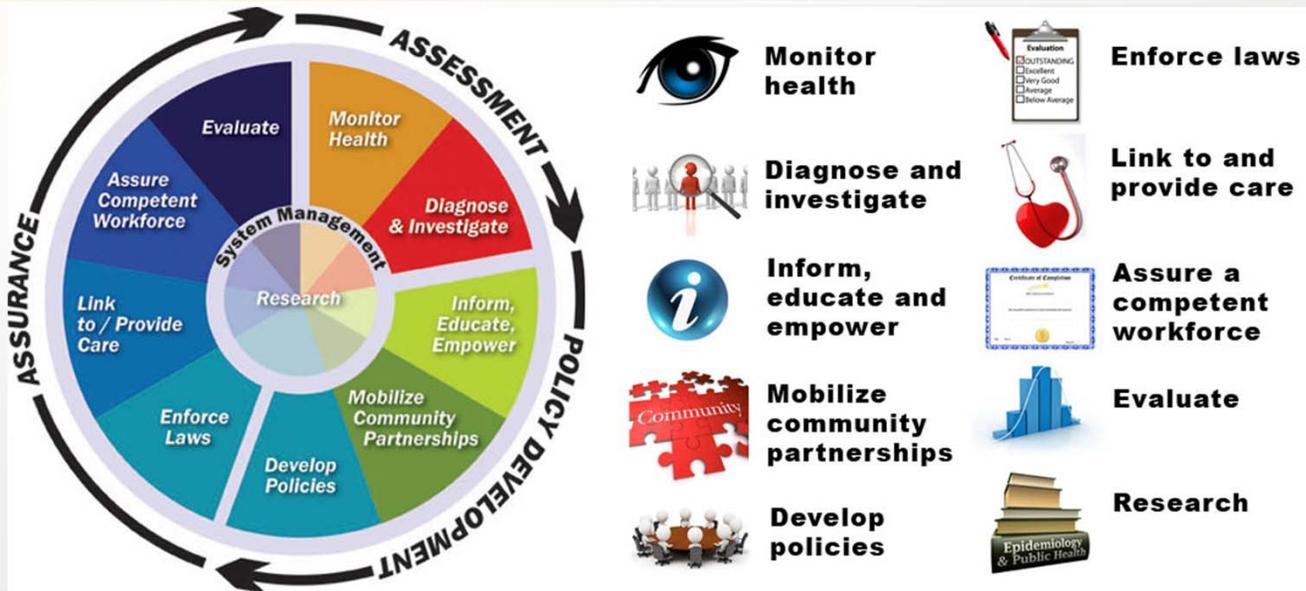


- Concern about high numbers of remaining uninsured
  - Lack of capacity of HHSA for eligibility and enrollment
  - Employers dropping health care insurance ?
  - Individuals choosing fine tomorrow versus premium today



Source: Interviews

# Affordable Care Act Public Health



- Some public health programs and services
  - Communicable disease control, immunizations, family planning services
  - Smoking cessation programs
  - Maternal Child Health (MCAH), California Children's Services (CCS), Child Health Disability Program (CHDP), Childhood exposure to lead

Source: Interviews

# Affordable Care Act

## *Public Health Strength - Know How*



- Maternal Child Adolescent Health Needs Assessment
- Morbidity and Mortality Reports



- Outreach/ensuring access to services
- Community case management— ensure proper use of services

Source: Interviews

# Affordable Care Act

## *Public Health Weakness*

- Categorical funding weakens flexibility to change service models to support ACA changes
- Care for the elder vulnerable population is not funded other than Multipurpose Senior Service Program

Source: Interviews

# Affordable Care Act

## *Public Health Opportunity*



- Hospitals: Community Health Needs Assessment
- Community Partnership



- Electronic Health Records: Electronic report of communicable disease, immunization and syndromic surveillance



- More people with health insurance,
- Mental health /substance abuse coverage
- Preventive services for free: vaccinations such as flu, tetanus; tobacco cessation counseling and interventions; birth control; depression/ STD screenings; and more...

Source: Interviews

# Affordable Care Act

## *Public Health Threat - Uncertainty*

- Jail inmates covered by Medi-Cal during hospitalizations
- Increase in county cost perhaps Public Health? CMSP - costs beyond decreased CMSP dollars or realignment from State
- Increased load for some public health, behavioral programs with potential referrals from newly identified at risk individuals newly accessing the system when enrolled
- Uncertain evolving function of CCS and CHDP

Source: Interviews

# Affordable Care Act

## *Public Health Threat - Uncertainty*



**Link to and  
provide care**

- Children's Health Initiative
  - Potential scope of work change for the bilingual community outreach staff due to current merger of Healthy Families into the Medi-Cal program
- Maternal Child Adolescent Health, California Health and Disability Prevention Program and California Children's Services
  - Increased eligibility work
  - Increased outreach to residents, Medi-Cal providers, insurances and Maximus
- Remain safety net for immunization services, pregnancy, communicable disease evaluation/prevention/treatment



**Diagnose and  
investigate**

Source: Interviews

# El Dorado County Government and Health Care Industry Roles

El Dorado County	Local Government	Health Care Industry
Employer	Yes	Yes
Payer	Indigent, County jail, behavioral health (the non-covered part)	
Provider	Yes, behavioral health for uninsured and Medi-Cal, some preventive medicine	Yes
Outreach	Yes	Yes
Eligibility and Enrollment	Yes	No
Serves All the County Residents	Potential for health insurance coverage, improved access for physical and behavioral health, preventive care	

# Acknowledgement

## Key Informant Interviews

- Richard Derby, ACCEL Provider Champion - South Lake Tahoe, Chief Financial Officer Barton Health - 7/29/13
- James Whipple, Chief Executive Officer and Shannon Truesdale, RN, Chief Operating Officer, Marshall Medical Center - 8/5/13
- Jon Lehrman, MD, ACCEL Physician Champion - Western Slope, Marshall Medical - 8/5/13
- Brandt Judith Elle, DO; Matthew Brooks, NPc, Alex Giloff, Administrator, Western Sierra Medical Center - 8/5/13
- Judy Stein, Finance Director, El Dorado County Community Health Center - 8/8/13
- Aileen Wetzel, Executive Director, Sierra Sacramento Valley Medical Society - 8/12/13
- Michael Ungeheuer, Kristine Oase-Guth, Managers, Health and Human Services - 7/2013; 8/2013
- Affordable Care Act Working Group, Health and Human Services: 7/2013 - 8/2013

# Questions?



The screenshot shows the County of El Dorado website. The header features a scenic landscape with mountains and trees, with the text "County of El Dorado California" overlaid. A search bar is visible on the right. Below the header is a navigation menu with links for Home, I Want To, Government, Doing Business, Living, and Visiting. The main content area is titled "Health and Human Services" and includes a sidebar with links for Community Services, Mental Health, Public Health, Social Services, and Contractor Resources. The main article is titled "Changes in Health Care Coverage are Coming! Are You Ready?" and discusses the Affordable Care Act. A list of changes is provided, and an image of a family is shown on the right side of the article.

County of El Dorado  
California

Home I Want To Government Doing Business Living Visiting

Health and Human Services

Community Services  
Mental Health  
Public Health  
Social Services  
Contractor Resources

Home > Government > Health and Human Services

## Changes in Health Care Coverage are Coming! Are You Ready?

### About the Affordable Care Act

The Patient Protection and Affordable Care Act (also known as Health Care Reform and Obamacare) is a federal law passed in 2010 to help more Americans get affordable health insurance.

Beginning in 2014, the Affordable Care Act will bring big changes to health insurance, including the following:

- More people will qualify for Medi-Cal; and Medi-Cal will move to a managed care plan
- Insurance companies cannot deny a person from getting insurance because they are sick or have a pre-existing medical problem
- Most everyone will be required to have health insurance or face fines
- Large businesses will have to get health insurance for their workers (beginning in 2015) or face penalties
- State marketplaces will be set up to help people and businesses shop for insurance online, in person or by phone. In California, this marketplace is called Covered California



Source: <http://edcgov.us/ACA/?terms=health%20reform>