# El Dorado County

Health and Human Services Agency
Barton Memorial Hospital
El Dorado County Community Health Center
Marshall Medical Center
Shingle Springs Health and Wellness Center

## The Patient Protection and Affordable Care Act

A Joint Presentation
February 2015

# Who We Are

| **Health and Human Services Agency (HHSA)** | **Barton Memorial Hospital** | **El Dorado County (EDC) Community Health Center (CHC) (EDCHC)** | **Marshall Medical Center** | **Shingle Springs Health and Wellness Center** |
|---|---|---|---|---|
| County public agency that provides health and human services | 501(c)(3) Community Based Hospital with a Rural Health Clinic | 501(c)(3) Federally Qualified Health Center (FQHC) | 501(c)(3) Community Based Hospital with a Rural Health Clinic | Indian Health Center |

| Provider | # of MDs/NPs | # of Care Delivery Sites | Annual Outpatient Clinic Visits | Annual Outpatient Visits, Lab & Medical Imaging | Annual Inpatient Visits | Annual Emergency Department Visits | Annual Home Care Visits | # of employees | Annual Revenue |
|---|---|---|---|---|---|---|---|---|---|
| **Barton** | 116 | 24 | 90,059 | 49,021 | 7,348<br><br>24,132 with Skilled Nursing Facility (SNF) and OB | 19,647 | 13,421 | 850 | $143,000,000 |
| **Community Health Center** | 15 | 3 | 35,587 | N/A | N/A | N/A | N/A | 70 | $6,800,000 |
| **Marshall** | 216 | 35 | 318,821 | 171,671 | 24,142 patient days | 31,162 | 11,986 | 1,365 | $951,290,578 |
| **Shingle Springs Health & Wellness Center** | 8 | 1 | 35,500 | N/A | N/A | N/A | N/A | 54 | N/A |

# Our World

**Level 1**

Prevention $

Improving Public Health

**Level 4**

Crisis $$$

Emergency Care
Ambulance Costs

Incarceration

**Level 2**

Prevention through $

Primary Care

**Level 3**

Treatment $$

Mental Health

Substance Abuse


**The 'Obamacare' victory lap takes another spin**
MSNBC

**Obamacare's bad news multiplies**
The Washington Post

# Presentation Outline

1. Background of the Affordable Care Act (ACA) and how it was rolled out in EDC

2. Health status of EDC

3. Collaboration by partners in the community

# Part 1

## Background and the rollout of ACA

# ACA

- 974 pages with many components, details, and is consistently evolving

- Three goals:

1) Increase those with health insurance
2) Increase consumer rights and quality
3) Reduce costs

# ACA *Basics*

- Ends pre-existing condition exclusions
- New populations now eligible
- New services now covered
- Provides for more free preventative care, but not all services are covered

# Preventive Services - Law

Insurers must fully cover key preventative services

- Vaccines (shots)
- Screenings (medical tests)
- Education and counseling

# Preventive Services - Confusion

- The screening test for colon cancer: such as screening colonoscopy or fecal occult blood screen, should be at no out-of-pocket cost for those 50 years and older.

- If doctors find and remove a polyp, which can be cancerous, some private insurers and Medicare hit the patient with a surprise: charges that could run several hundred dollars.

# Why is Insurance So Important?

- Biggest driver of what patients can access

- Biggest driver of how providers are paid

# Medi-Cal

- Free or low-cost health coverage for children and adults with limited income and resources
- California's (CA) Medicaid Program
- Provider reimbursement varies (more for FQHCs and Rural Clinics as Safety Net Providers)
- Very low provider reimbursement for hospitals and private providers

# Medicare

- Medicare is for those 65 and older, certain people on Social Security disability, and those with permanent kidney failure

- Dual eligibles are those individuals that qualify for both programs and Medi-Cal can be used to help pay for Medicare premiums

- Medicare reimbursements are continuing to decrease

# Covered CA

- CA's marketplace for health coverage
- Covered CA is a program from the state where qualified legal residents and their families can compare and choose health plans
- With Covered CA, shoppers can receive cost assistance, subsidies on a sliding scale based on income, and apples-to-apples comparisons of plans

# Private/Employer Covered Insurance

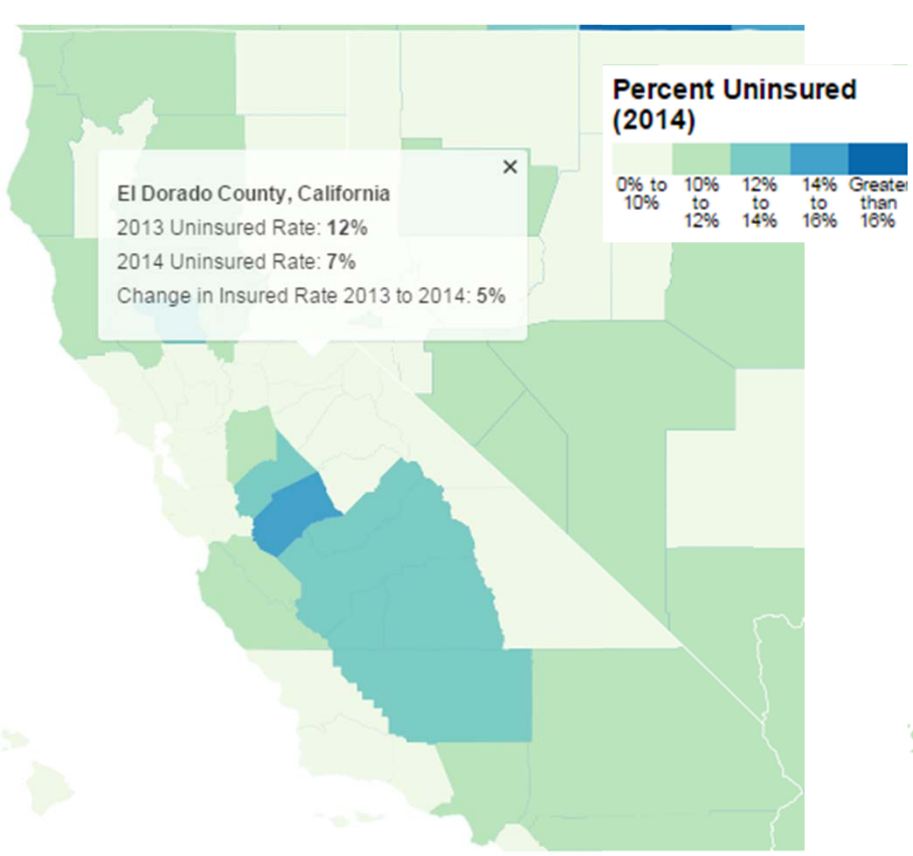
- Insurance provided by employers for employees and/or their families
- Strongest reimbursement to providers

# No Insurance

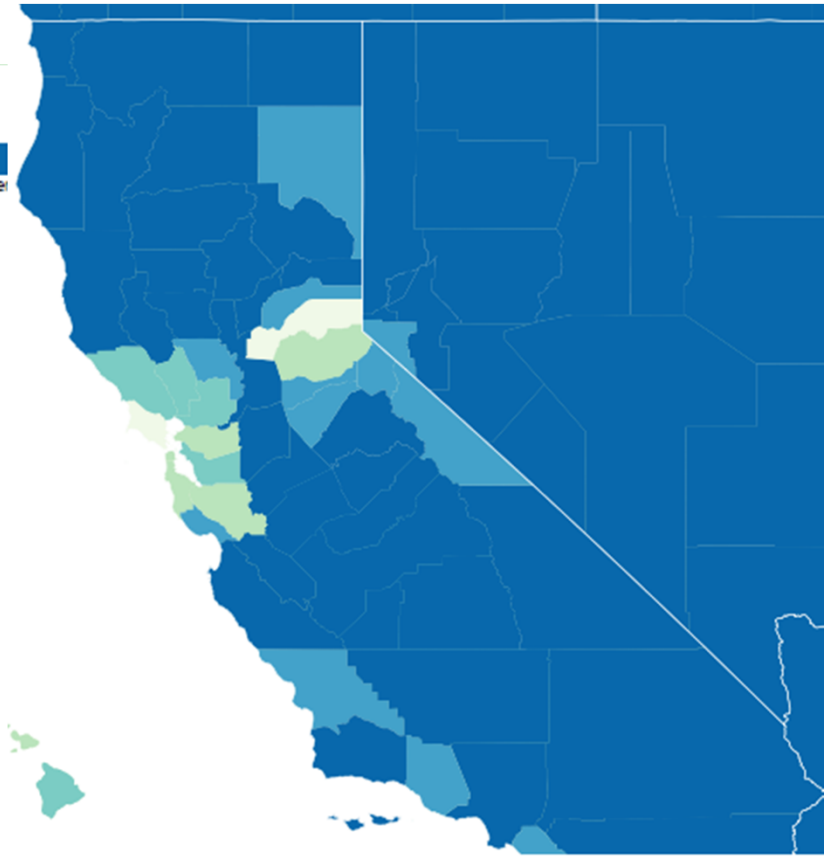
- Undocumented
- Sliding fee or self-pay
- Tax penalty
- Worst reimbursement

# Uninsured Now and Before ACA

**Uninsured Rate 2014**




**Uninsured Rate 2013**



http://www.enrollamerica.org/state-maps-and-info/changes-in-uninsured-rates-by-county/

# Managed Medi-Cal

- An organized system of care, which emphasizes primary and preventative care and helps clients find doctors, pharmacies, and health education programs

- EDC has two commercial plans, Anthem Blue Cross and California Health and Wellness

# ACA Impact of the Public

- Many plans, some with high deductibles and copays, but there is a cap

- ACA has a profound impact on access
  - Increased access in theory
  - Difficult reality

# EDC Primary Care Shortage Area

The federal Health Professional Shortage Area (HPSA) designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of primary care physicians. This designation is based on the MSSA boundary, its population to primary care physician ratio, and available access to healthcare.


Primary Care - HPSA, Geographic Designation (118)

Primary Care - HPSA, Population Designation (76)

Most of EDC has designation of Primary Care Shortage areas (red and yellow)

*Source: Primary Care. Health Professionals Shortage Areas, Office of Statewide Health Planning and Development, April 2013*
*URL*: http://www.oshpd.ca.gov/general_info/MSSA/Maps/HPSA_PC.pdf

# ACA *EDC Access Issues*

Access issues with several specialties particularly for pediatric sub-specialties.

Limited access for some mental health and alcohol and substance abuse treatment as insurance coverage expands


*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.

# ACA Impact for the Public

Number of EDC Medi-Cal recipients

- Sept. 2013 – 15,992
- Feb. 2015 – 29,121

- Includes County Medical Services Program (CMSP) and Healthy Families, mostly absorbed into expanded Medi-Cal

# ACA Rollout

- Health reform through the ACA started in 2010

- Major EDC changes included the January 2014 Medi-Cal expansion and start of Covered CA Coverage

# ACA Rollout

- It's not done, changes are still occurring and there's still many more changes coming

- Large scale changes will occur through 2018

# ACA and the New Administration Changes

- More administrative needs
- Mandatory installation, maintenance, and use of Electronic Health Records
- “Meaningful Use” targets must be hit to avoid penalties
- Performance-based initiatives that reduce reimbursement if not met
- Many unfunded mandates that have triggered reorganization

# The Rollout & Preparation
# Barton Memorial Hospital

- Culture to embrace and be proactive responding to ACA mandates – it is the right thing to do

To keep in mind:

- South Lake Tahoe market is different than West Slope/Marshall

- 2014 has been Barton's best year financially in 3 years

# The Rollout & Preparation
# Barton Memorial Hospital

- Expanded Community Health Center for Access - 2012 to current

- Epic implementation: transfer of files, staff, training (2011-2013)

- Community Health Needs Assessment, March 2012

  -Three priorities in order: Substance Abuse, Mental Health and Access to Care.

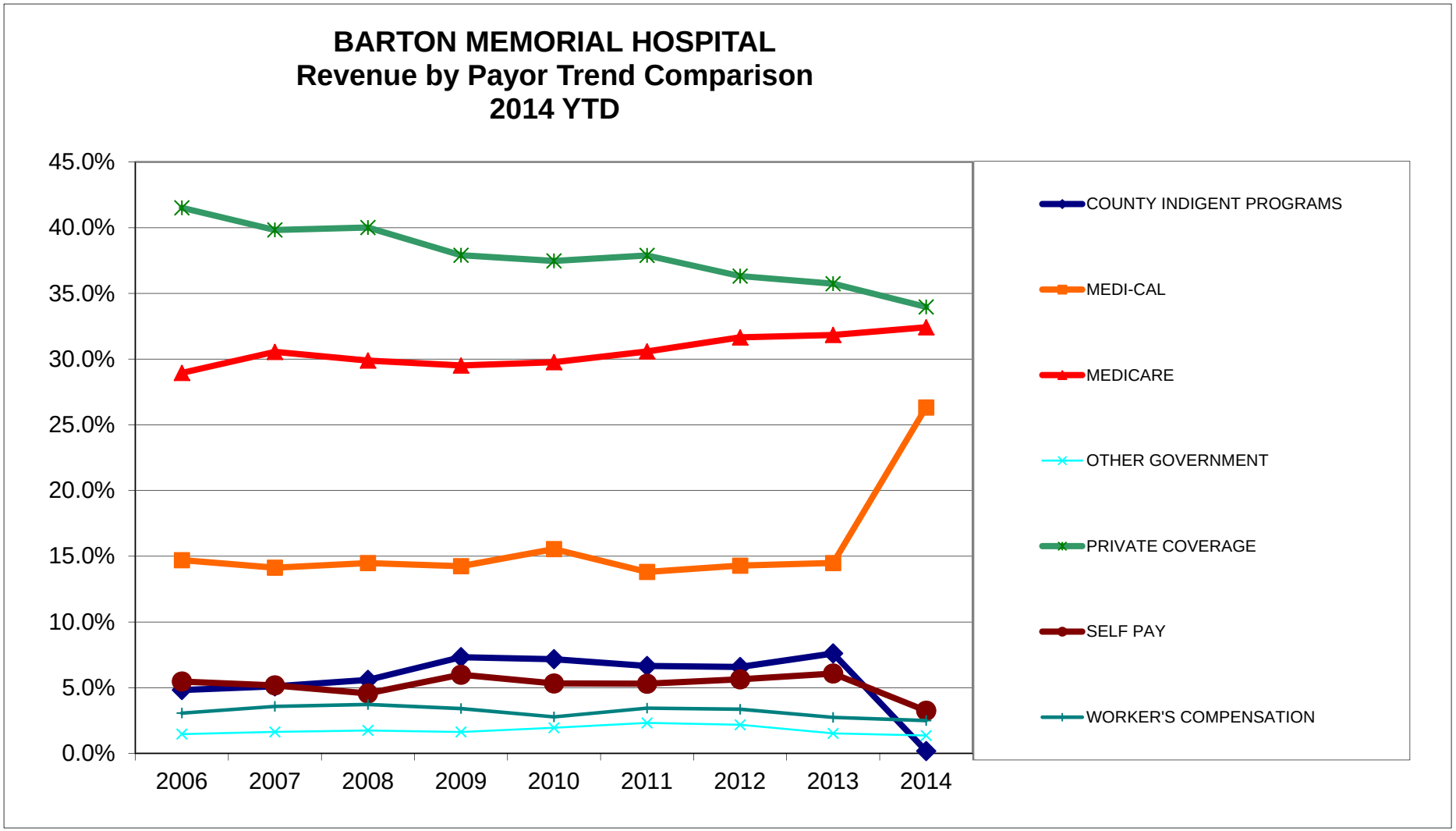
- Individual Mandate and Insurance (2013-2014, current):

  -Trained 12 employees to be Certified Enrollment Counselors (CECs)

  -Conducted 7 outreach events, and hundreds of 1:1 appointments – Continued 1:1 through 2015

# A Day in the Life Post ACA – Barton Memorial Hospital

Barton Health's financial performance has been strong.



# A Day in the Life – Cont.

- Quality

  Family Advisors, Workgroups, Transitions in Care (TIC)

- Patient Experience

  Employee, Workgroups, Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- Wellness

  MyChart, Employee, Customized Outreach

# Barton Memorial Hospital – Planning for the Future

- Investment into prevention and wellness
- Focus on coordinated care and the care delivery model
- Challenges
  - -Recruitment in a rural setting
  - -Medi-Cal Reimbursement
  - -Keeping up with the swift and constant changes from Centers for Medicare and Medicaid Services (CMS)
  - -Mental Health

# The Rollout – EDCHC

- Most patients who were previously on CMSP transitioned to new Medi-Cal expansion.
- Many patients who were on sliding fee transitioned to Medi-Cal expansion.
- Staff trained by Covered CA as CEC's.
- Funds from the Health Resources and Services Administration (HRSA) for ACA outreach.

# The Rollout - EDCHC

- Prospective Payment System (PPS) rate for Medi-Cal patient claims – higher than standard Medi-Cal as Safety Net Providers.

- As a FQHC we are obligated to see all regardless of patient's ability to pay.

- Must provide comprehensive primary care including integrated behavioral health and dental.

# A Day in the Life Post ACA - EDCHC

- Percent of patients on Medi-Cal has gone from 59% to 66% in 2014.
- Have enrolled over 300 through Covered CA – either Covered CA product or Medi-Cal.
- Funds for meeting quality measures and penalties for not meeting measures.
- Potential federal funds to expand services – dental, extended hours, urgent care, etc.
- New HPSA score of 18 will draw recent graduates for educational loan repayment.

# EDCHC – Planning for the Future

- Medical – Primary Care
- Dental
- Extended Hours/Urgent Care
- Pharmacy Dispensary for Patients – 340b Program

# The Rollout – Shingle Springs Tribal Health

- Most patients who were previously on CMSP transitioned to new Medi-Cal expansion.
- Many patients who were on sliding fee transitioned to Medi-Cal expansion.
- Staff trained by Covered CA as CEC's.

# A Day in the Life Post ACA – Shingle Springs Tribal Health

- Now about 70% of all patients are on Medi-Cal.
- Have enrolled multiple patients onto Covered CA – either Covered CA product or Medi-Cal.
- Incentives for meeting quality measures and penalties for not meeting measures.
- Still have a good amount of patients who are self- pay without insurance.

# Marshall Medical Center

- Massive financial cuts to hospitals, physicians, medical device makers and other providers
- Significant decrease to population without coverage, though our experience is all went to Medi-Cal
- Significant increase in costs to employers and new taxes, new obligations, huge deductibles to individuals
- Little or no change to prevention, wellness or better management of end of life care or chronic Illness
- More regulation added in last six years than in my lifetime working in healthcare

# ACA

- Prior to ACA, Healthcare System was broken, high uninsured, no payment for illegals, inconsistent quality, malpractice suits, high cost and was approaching 20% of Gross National Product (GNP)

- On top of this as a society a continuing move towards unhealthy population, obesity, drug use, mental health, smoking, sedentary lifestyle, etc…

# ACA and CA Hospitals

- There will be a few winners; only those with high indigent populations and small senior population.

- Vast majority of CA hospitals were negatively affected to decimated. Those receiving the largest cuts were those with high Medicare populations and low indigent populations. Unfortunately that describes the Western Slope of EDC. Marshall is one of the thirty hardest hit hospitals in the United States. Estimated cuts are almost $100,000,000 over next ten years.

# How Does Marshall Survive

- Marshall starts Accountable Care Organization (ACO) in a strong financial position and is still able to post a profit
- Partner with Medicare – ACO, Bundled Payments and Health Maintenance Organization (HMO)
- Change how we are paid
- Lower costs across the continuum
- Become outstanding in managing geriatric and chronic care
- Develop a seamless system across the continuum of care

# What have we done so far?

- Partnered with CMS (Medicare) on Bundled Payment Initiative, ACO and dictated by the state Medicaid managed care
- Community Care Network
- Partnered with Estes Park
- Reorganized our physician clinics
- Made significant progress on triple aim efficiency, satisfaction, and quality

# Unique Commitment of Providers

- Vast majority of providers in EDC take Medi-Cal unique in the State of CA

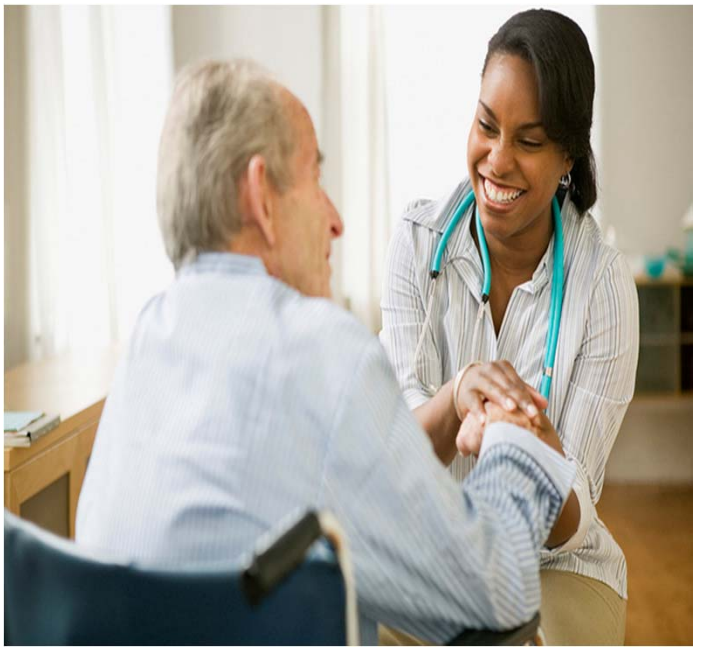
# Health Status of Western Slope

- Highest Medicare percentage in state
- Challenge is chronic disease, mental health, substance abuse, access to care
- Two to three times state average substance abuse, 36.4% need to be referred to HHSA
- Partnerships, volunteers and community care network. Hopefully Medi-Cal managed care providers and others help

# Story

My four children

# How are we Doing Seniors



- Community Care Program
- Congestive Heart Active

Telephone Treatment (CHATT)

- Cancer Resource Center
- Navigators
- Geriatric specialists & Snowline etc…

# Story

A retired gentleman living in remote area of County out of Latrobe, family had disengaged and were not helping him, subsistence income, a physician in the Dignity Folsom system. He was admitted at either Marshall or Folsom within one to two weeks each time he was discharged depending where the ambulance went. Community Care Team took him on as first patient a year ago has not been admitted since.

# How we are doing OB

- 519 total deliveries
- 189 Public Health Nurse referrals
- 25 Child Protective Services (CPS) referrals with 21 of those having had previous CPS intervention with other children.
- 78 moms had a history of drug use. This number does NOT count the tox positive moms shown below.
- 53 Tox positive moms
- 31 Tox positive babies
- 14 Homeless
- 20 No prenatal care
- 48 had Psychiatric issues including schizophrenia; bipolar; anxiety; severe depression; suicide attempts; post-traumatic stress disorder usually due to rape.
- 9 Domestic Violence

# Story

18 year old mother of 1 pregnant with her 2nd child. This mom was late to prenatal care, had a history of Bipolar & Schizo-affective disorder (untreated) and was tox positive for opiates and Tetrahydrocannabinol (THC), as was the baby. Marshall OB clinic had 87 encounters with this woman in a matter of 3 months. She was seen in the ED and OB in excess of 60 times exhibiting drug seeking behavior and was receiving multiple prescriptions from multiple physicians. At birth the baby was remanded to CPS as was her older child.

# Story

In December of 2014 this patient arrived on our doorstep yet again. She was not receiving prenatal care. OB was alerted to this person by one of the Emergency Department physicians. Eventually this patient ended up with an emergency c/section for fetal distress. Mom and baby were both positive for THC, opiates and methamphetamines. The baby quickly went into severe withdrawals and was transferred to a NICU in Sacramento. Her previous 2 children remain in CPS custody.

# Story

A 19 year old pregnant mom who was incarcerated for possession of a controlled substance and robbery was brought to OB in handcuffs for delivery. This patient had a history multiple illegal drug use. She also had a history of post traumatic stress disorder due to rape. The father of the baby was incarcerated as well.

# Marshall Committed to INDEPENDENCE

- Auburn, Sonoma etc…
- Local services and Jobs
- Decisions made in EDC for EDC
- 14th largest business in Sacramento region (Sacramento Business Journal)
- Over $150,000,000 annual payroll, largest in EDC I would imagine by significant amount.

# The Rollout – HHSA

- Increased applications/walk-ins/call volume
- Increased caseloads
- Increased training needs (two systems)
- Increased case processing time (system integration has a lot of issues and applications are complex)
- Committed HHSA employees working together to navigate the constant changes from the State

# A Day in the Life Post ACA - HHSA

- Unclear and ever changing direction from the State, causing confusion for employees and clients
- System errors
- Traditionally underfunded from State for staff to meet ever increasing Medi-Cal need
- Close relationships with community-based partners to serve EDC clients
- Staff performance/productivity is stellar

# A Day in the Life Post ACA - HHSA

- Ongoing coordination with Managed Medi-Cal health plans
- New coverages as a result of ACA, but lack of providers
- HHSA Strategic Plan Item 3.4: Healthcare Reform
- ACA impacts all divisions in HHSA and being a “super-agency” is beneficial for coordination of services

# Summary

- Preventative and quality focus

- New model of payment
  Global payment for event vs. individual services

- Lack of access to providers and services

- Creating huge revenue impacts for some EDC providers

- Goal is to lower costs; however, they haven't been realized for the public and employers

- Increased administrative burdens that are confusing

# Summary

- Increase in the amount of EDC residents insured
- Working together is a must
- Medicare reimbursement decreasing

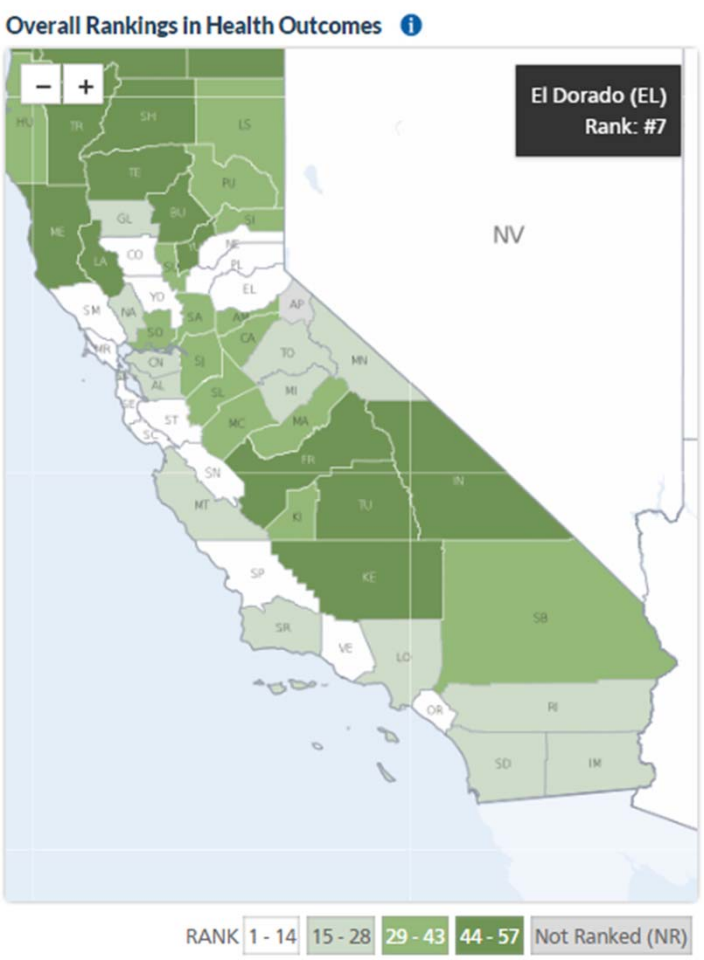
- Mental Health and Substance Abuse service needs identified

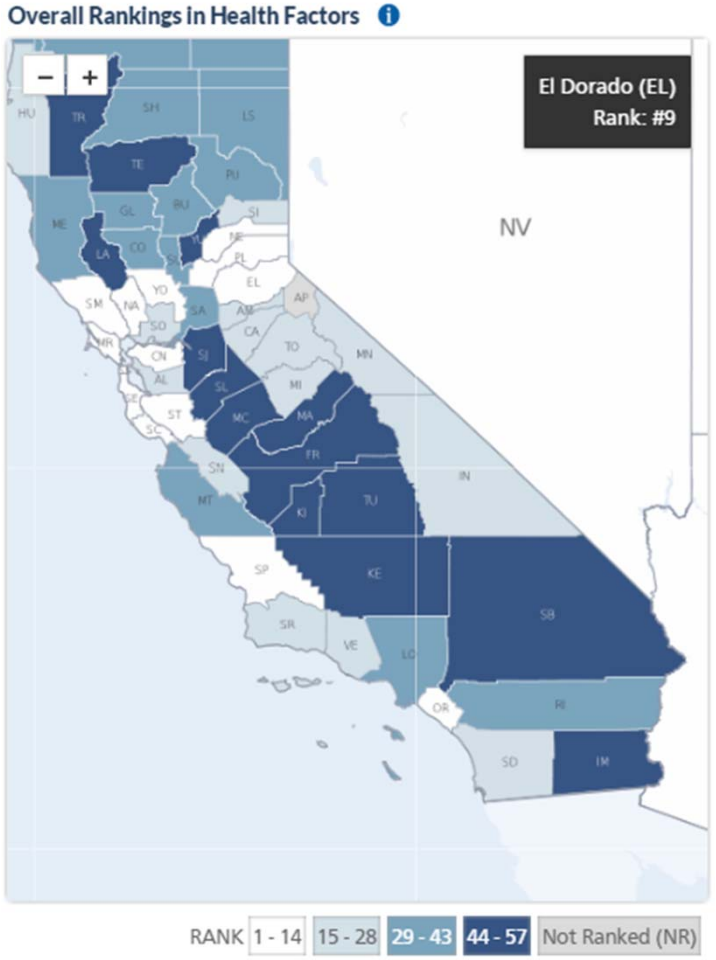
ACA is a big, scary, new, evolving and complicated entity that affects the county, state, and country differently. It can be a life saver and a threat all at the same time.

# Part 2

## EDC Health Status

# How Healthy is El Dorado County Compared to Other Counties in CA?




Data Source: As cited on County Health Rankings 2014, *Health Outcomes* and *Health Factors*

# Health Assessments

- As part of ACA, both Barton and Marshall conducted community needs assessments.

Priority health needs identified include:

1) Substance abuse treatment services
2) Mental health services
3) Access to healthcare services

# Concern

## High Alcohol and Drug use

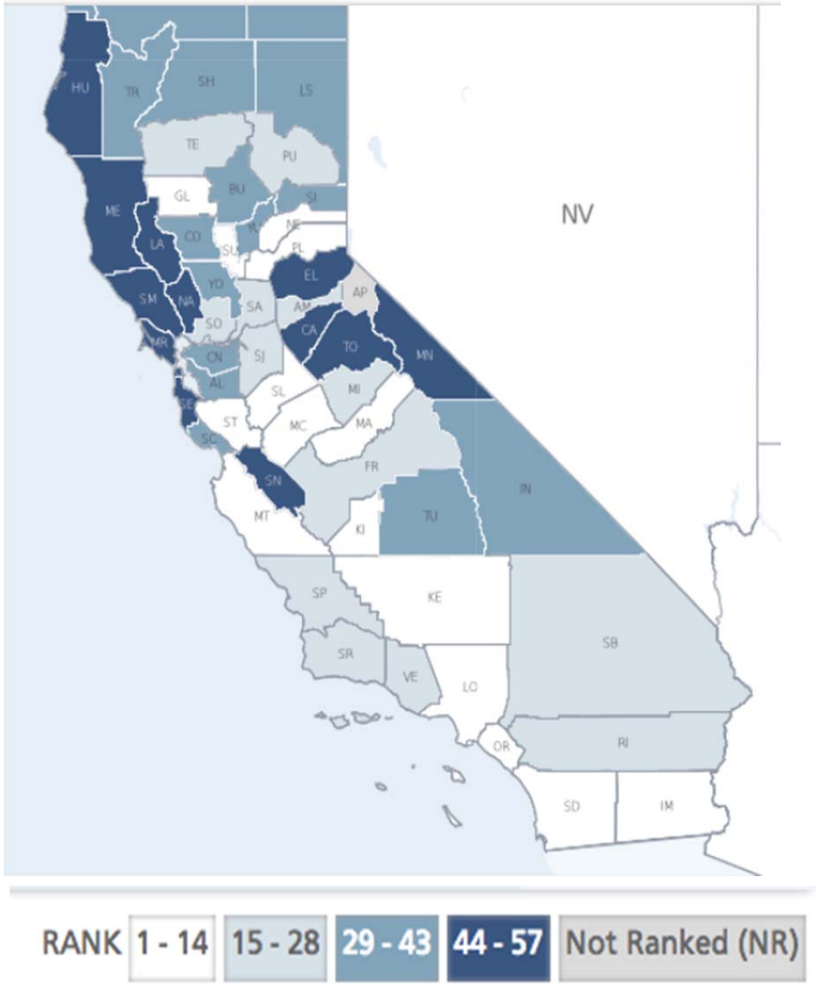
-Top priority to address in both Barton and Marshall's health assessments

# Excessive Drinking

Binge plus Heavy Drinking, Aged 18 and over, by county, 2006-2012
Aggregated data.

| **Range in CA** | **11%-27%** |
|---|---|
| Overall in CA | 17% |
| Top US performers | 10% |
| El Dorado County | 21% |
| Year of Data Use | 2006-2012 |

Data Source: As cited on County Health Ranking, 2014 California, *Behavioral Risk Factor Surveillance System*

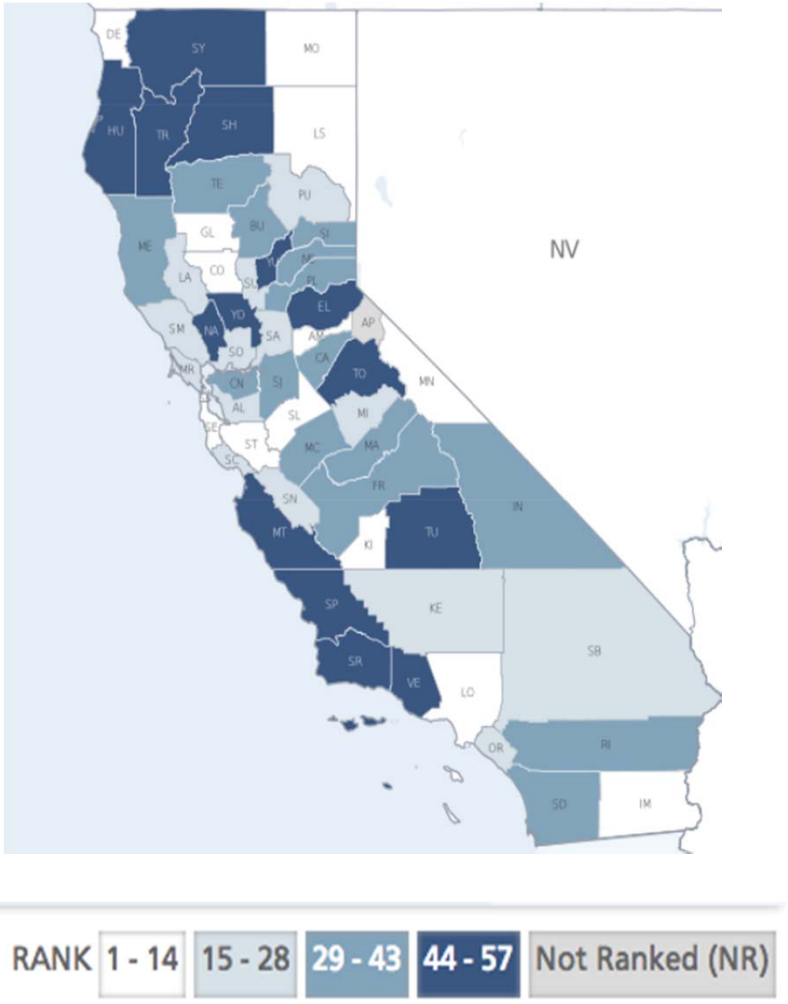


# Alcohol-Impaired Driving Deaths

Proportion of driving deaths with alcohol involvement

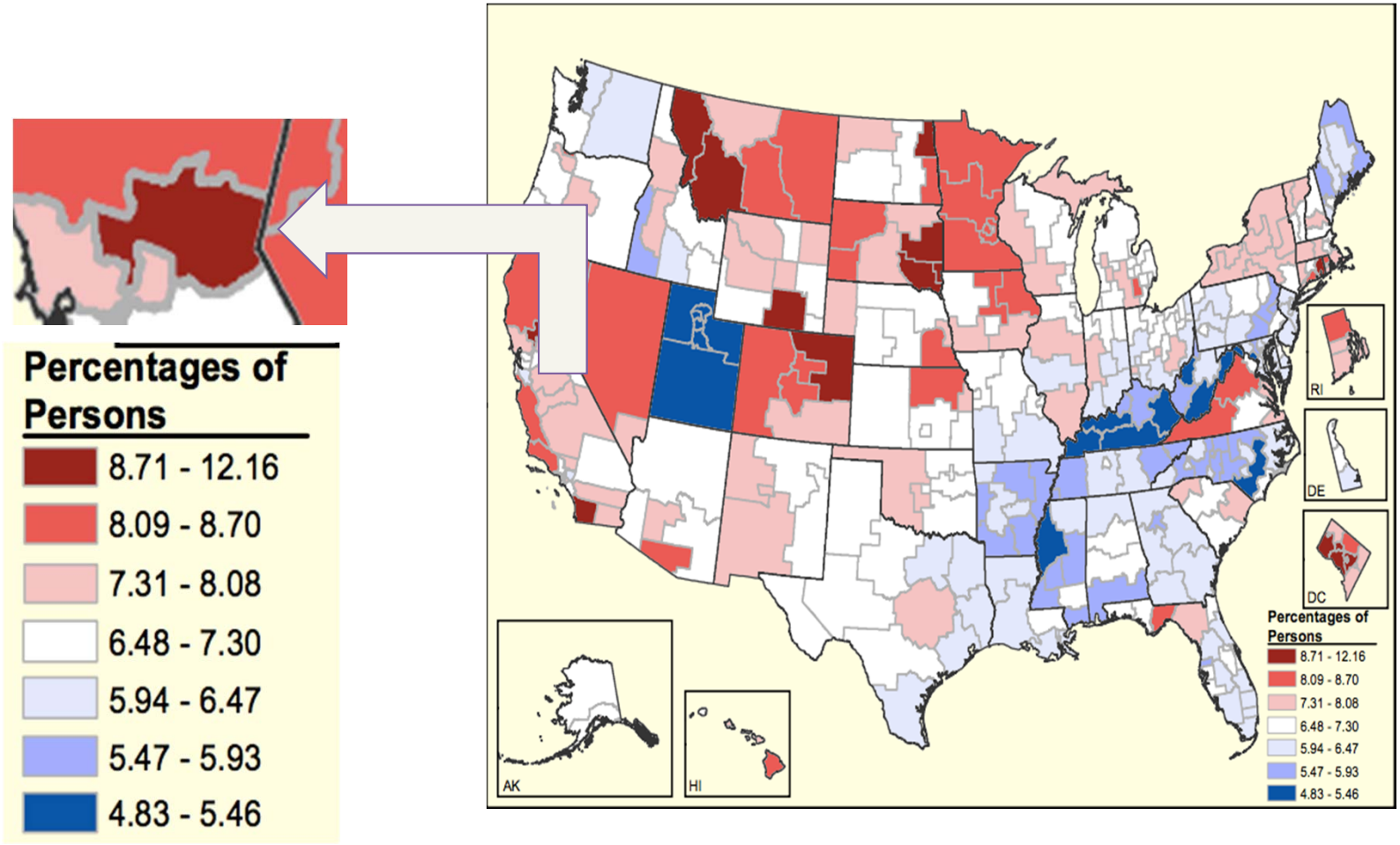
| **Range in CA** | **13%-45%** |
|---|---|
| Overall in CA | 32% |
| Top US performers | 14% |
| El Dorado County | 38% |
| Year of Data Use | 2008-2012 |

Data Source: As cited on County Health Ranking, 2014 California, *Fatality Analysis Reporting System*



Needing but Not Receiving Treatment for Alcohol Use in the Past Year

Aged 12 and Older by Substate Region: Percentages Annual Averages 2008 to 2010 National Survey on Drug Use and Health (NSDUH).



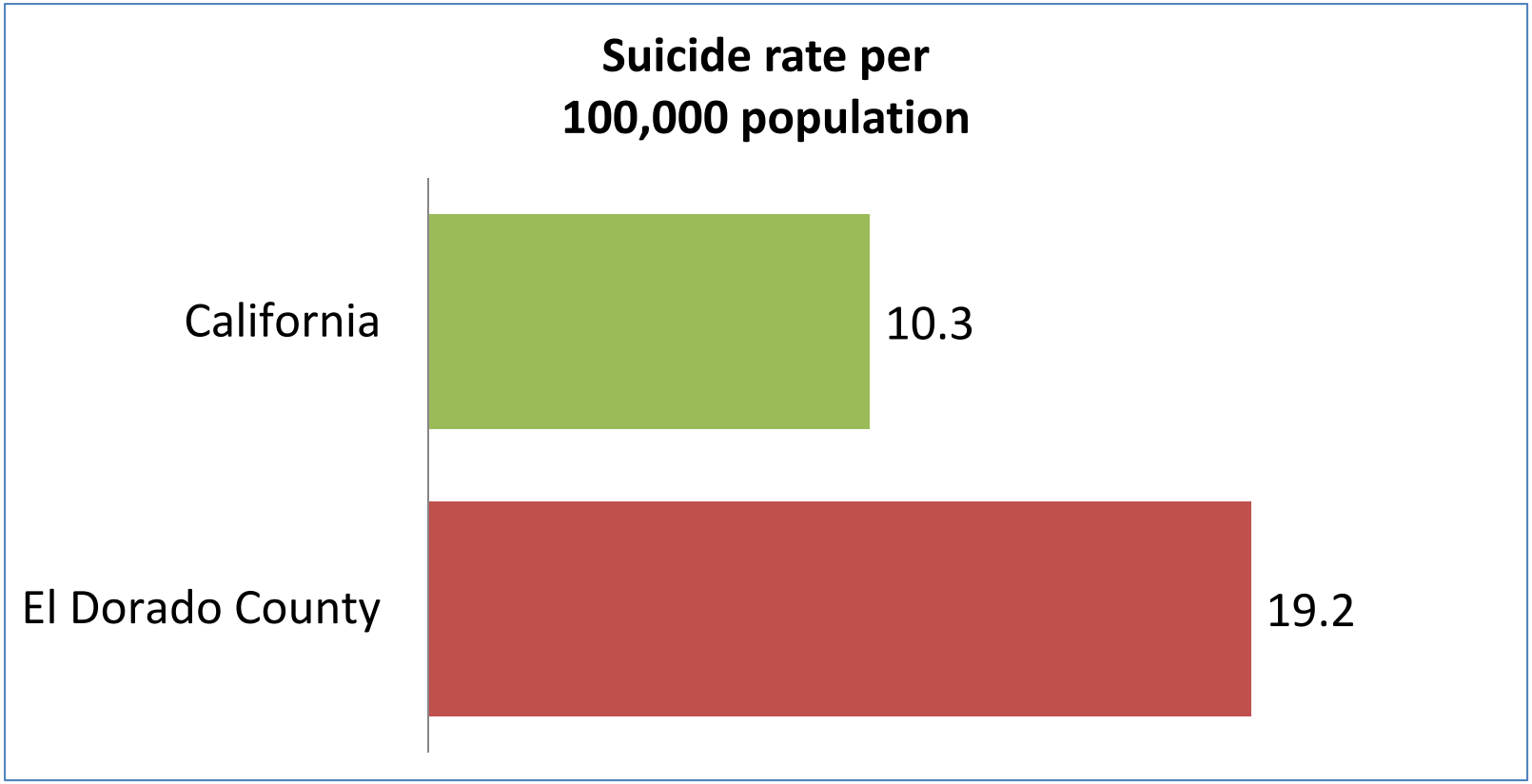

Data Source: Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2008, 2009, and 2010 (revised March 2012).
URL: http://www.samhsa.gov/data/NSDUH/substate2k10/NationalMaps/NSDUHsubstateNationalMaps2010.pdf

# Concern

High Mental Health Need

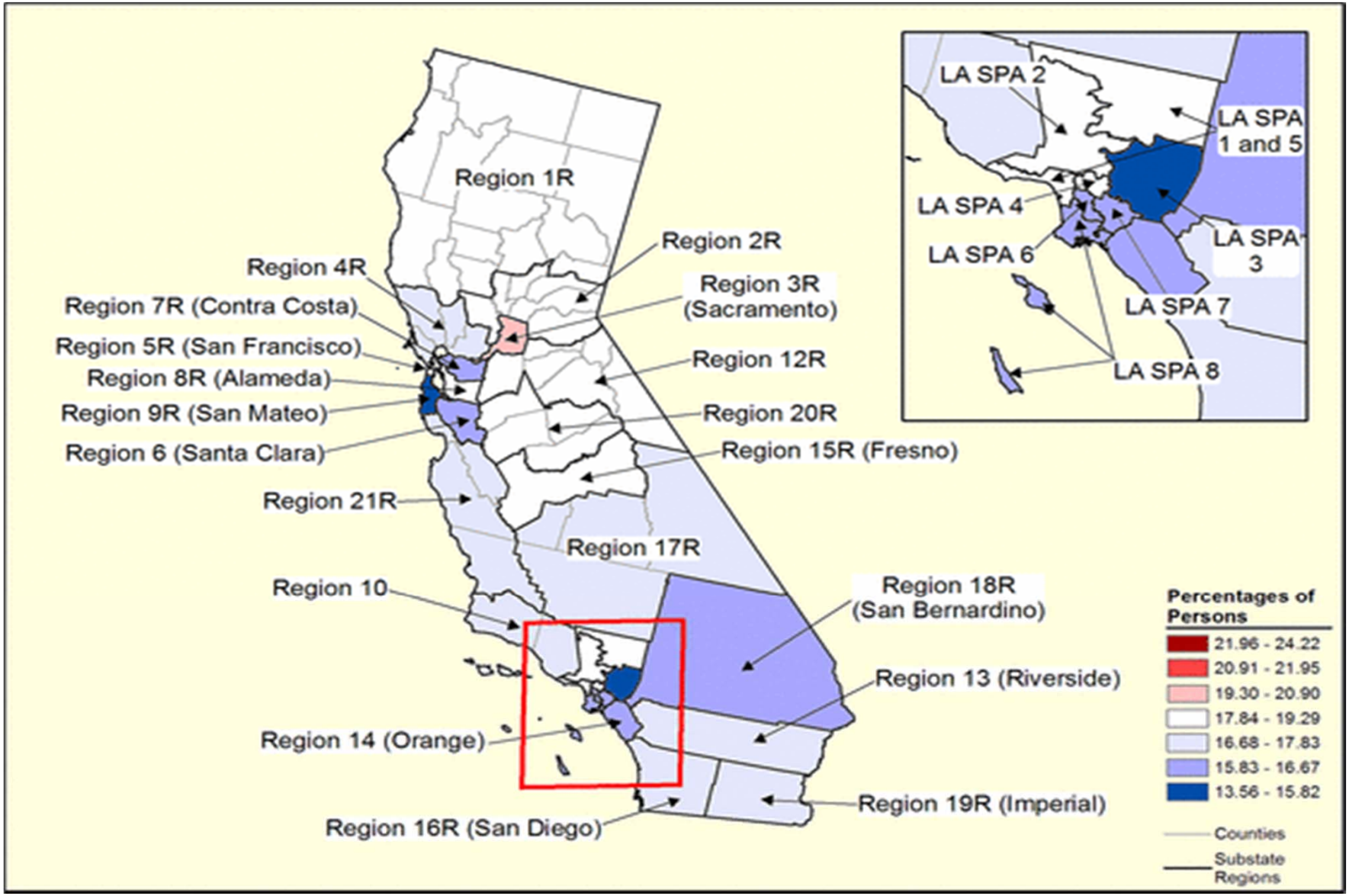
High Suicide Rate

# Suicide 2009-2013



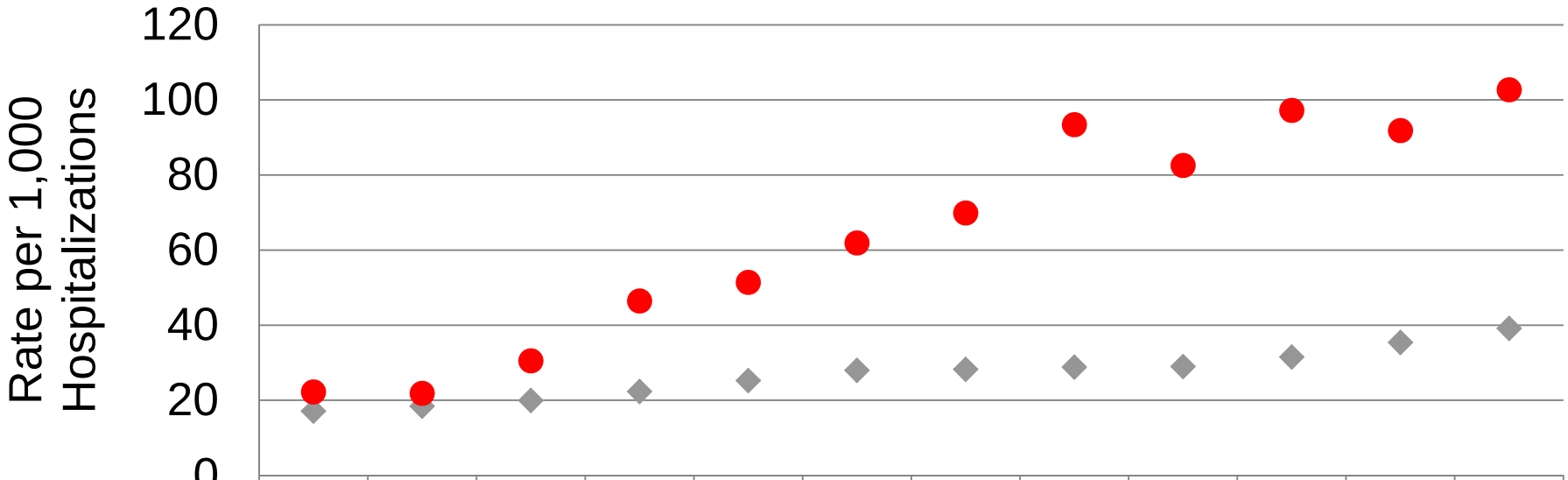

Source: CDPH Vital Statistics Death Statistical Master Files
Prepared by: California Department of Public Health, Safe and Active Communities Branch Report generated from http://epicenter.cdph.ca.gov on: February 01, 2015

# Any Mental Illness in the Past Year Among Persons Aged 18 or Older




Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010, 2011, and 2012 (2010 Data - Revised March 2012 and October 2013; 2011 Data - Revised October 2013).

# Mental Illness Hospitalization Discharges
# Pregnant Female Aged 15-44, 2000 to 2011, EDC




| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| California | 17.1 | 18.4 | 20.0 | 22.3 | 25.3 | 28.0 | 28.2 | 28.9 | 29.0 | 31.5 | 35.4 | 39.1 |
| Local | 22.2 | 21.9 | 30.5 | 46.5 | 51.4 | 61.9 | 69.9 | 93.4 | 82.6 | 97.2 | 91.8 | 102. |

Source: Numerator: Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data. To order: http://www.oshpd.ca.gov/HID/HIRC/CustomerService/PDDAgreement.pdf. Last accessed 19-Mar-2013. **Denominator: 2000-2009:** State of California, Department of Finance, Race/Hispanics Population with Age and Gender Detail, 2000–2010. Sacramento, California, September 14, 2012 (Revised to include decimal detail). Last accessed 15-Dec-2013 at: http://www.dof.ca.gov/research/demographic/data/race-ethnic/2000-2010/Intercensal_2000-2010_DBInput_csv.zip**2010-2011:** State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January 2013. Last accessed: 15-Dec-2013 at: http://www.dof.ca.gov/research/demographic/reports/projections/P-3/P-3_CAProj_database.zip

# Concern

- Emergency Room burden

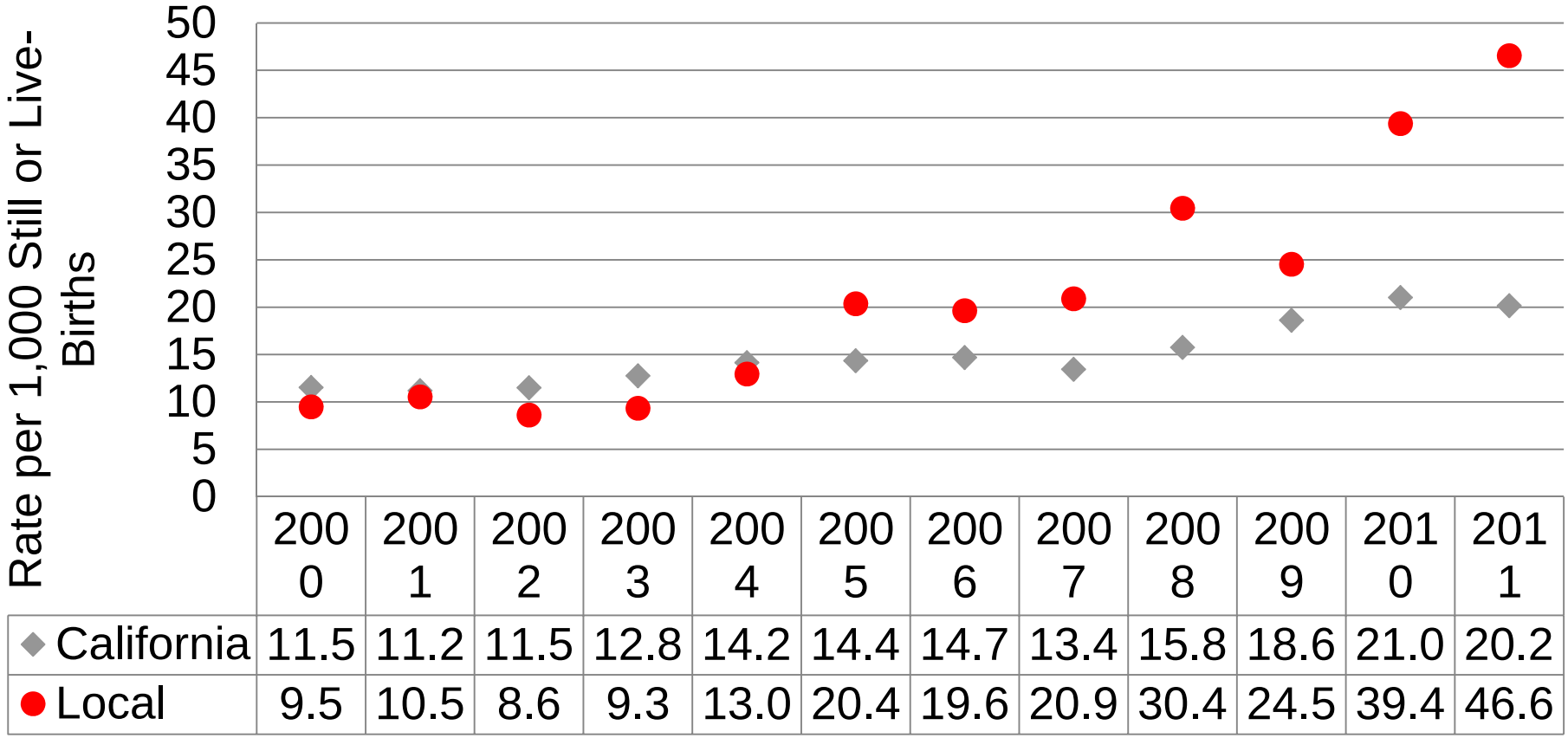
-Very costly and struggles with where the person should go if they have Mental Health issues.

-Emergency Room must keep client for a longer period of time until the drug or alcohol effects abate.

# Concern

## High Substance Abuse Utilization Amongst Pregnant Women and the Impact on Infants

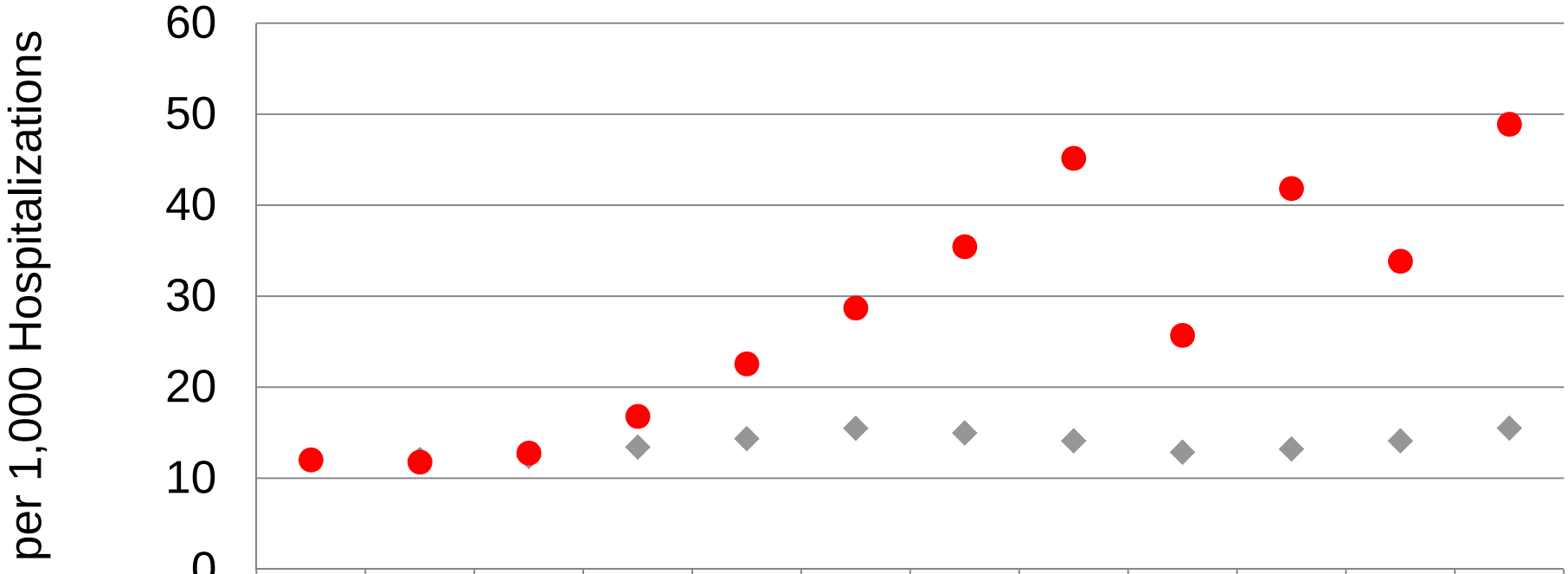
# Substance-Affected still- or live-born Infants age 0 to 89 days, 2000 to 2011, EDC




| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| California | 11.5 | 11.2 | 11.5 | 12.8 | 14.2 | 14.4 | 14.7 | 13.4 | 15.8 | 18.6 | 21.0 | 20.2 |
| Local | 9.5 | 10.5 | 8.6 | 9.3 | 13.0 | 20.4 | 19.6 | 20.9 | 30.4 | 24.5 | 39.4 | 46.6 |

Source: Numerator and Denominator: Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data. To order: http://www.oshpd.ca.gov/HID/HIRC/CustomerService/PDDAgreement.pdf. Last accessed 19-Mar-2013

# Substance Abuse (includes Alcohol) Hospitalization Discharges Pregnant Female Aged 15-44, 2000 to 2011, EDC




| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| California | 12.0 | 12.0 | 12.4 | 13.4 | 14.3 | 15.5 | 15.0 | 14.1 | 12.9 | 13.2 | 14.1 | 15.5 |
| Local | 12.0 | 11.8 | 12.8 | 16.8 | 22.6 | 28.7 | 35.4 | 45.1 | 25.7 | 41.8 | 33.8 | 48.9 |

Source: Numerator: Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data. To order: http://www.oshpd.ca.gov/HID/HIRC/CustomerService/PDDAgreement.pdf. Last accessed 19-Mar-2013.

# Concern

## High Domestic Violence Rates

# Domestic Violence

- EDC's rate of domestic violence per 100,000 population is higher than the state rate

EDC=731.9 vs. CA=450.5

- This is up from 2000-2002 when EDC was at 452.9 per 100,000

***Source: California State Department of Justice, Office of the Attorney General, Domestic Violence-Related Calls for Assistance, 2000-2002 & 2009-2011***

# Summary

Top Concerns:

1) Substance abuse treatment services
2) Mental health services
3) Access to healthcare services

# Part 3

## Collaboration in the ACA

# Collaboration in the ACA

- What is good for one organization financially is detrimental for another (EDCHC and Shingle Springs Tribal gets PPS rate for Medi-Cal, Marshall does not).

- Day-to-day ongoing collaboration

  -Law enforcement collaboration with HHSA and local medical providers

  -Grass-roots partnerships

# ACA Outreach

- Managed Medi-Cal partner meetings

Anthem Blue Cross and California Health and Wellness meeting with government and healthcare partners to address barriers and identify successes for clients utilizing managed Medi-Cal insurances.

- Access El Dorado (ACCEL)

Community-wide collaborative, including Physicians, that creates healthier communities and focuses on vulnerable populations.

# ACA Outreach

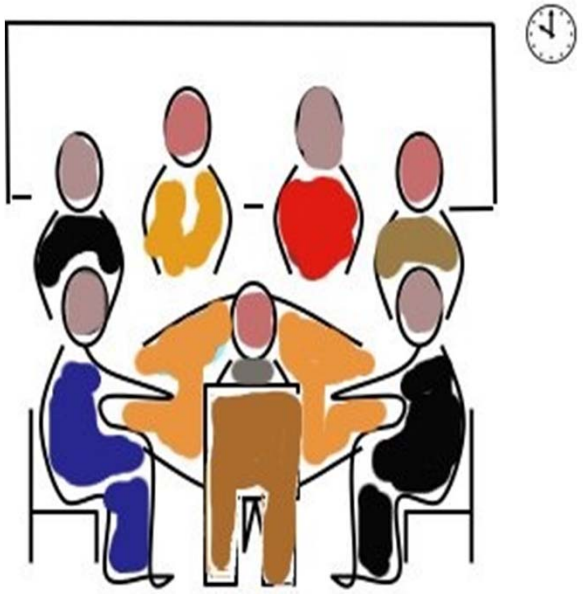
- ACA Outreach Team meetings

  Community, medical and government partners working to increase the number of individuals that have health insurance.

- Requires collaboration with ACA for enrollment – CECs in community with direct access to HHSA

# ACA Collaboration

- Seeking grants for additional preventative services together
  - Dental for rural communities
  - Medi-Cal Outreach and Enrollment



- Public Information Officers work together as needed to ensure consistent messaging to the community.

# Success Story of ACA

- A formally incarcerated client receiving HHSA Alcohol and Drug treatment services required knee surgery, received that surgery , and is currently doing much better. When he started with HHSA, he was homeless and walking to and from drug court appointments. He was frequently not on time and experienced ongoing pain, which meant it was difficult for him to maintain compliance with basic program requirements. It was especially difficult for him to stay clean and sober and not to illegally self medicate to deal with pain. He enrolled in Medi-Cal and received needed knee surgery. He now can walk, has developed friendships and fully participates in his recovery. He is on his way to being a mentor for others.

# Addressing Concerns

- Providing as many services as possible
- Working collaboratively to refer mutual clients
- Local efforts such as drug-free community initiatives
- Building capacity-trainings to providers to address concerns
- Encouraging Medi-Cal recipients to utilize the FQHC's and Tribal Clinics for primary care (which have a higher reimbursement rate), not the hospitals

# Summary

- The entire County is committed to providing the services required by ACA to the best of our ability.
- Working together is the only way we are able to navigate the complicated and ever-changing direction.
- We are committed to finding ways to maintain and improve services with fiscal integrity.