ITUP
INSURE THE UNINSURED PROJECT

ITUP 16th Annual Conference: Paving the Road to HealthCare Reform
§1115 Waiver Session Notes
Notes by Kandis Driscoll
February 7, 2012

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§1115 Waiver Session (Main Ballroom, Room 307, 10:00AM):
Lucien Wulsin, *Executive Director*, **Insure the Uninsured Project** (moderator)

Toby Douglas, *Director*, **California Department of Health Care Services**

- California's implementation of the Waiver has been successful due to counties, providers, consumers, advocates, stakeholders, etc.
- Low-Income Health Program (LIHP):
  - LIHP allows us to identify a population that is in need of comprehensive coverage while also giving us an opportunity to work on care coordination to provide the best health outcomes possible. In 2014, this population will be immediately enrolled in Medicaid Expansion.
  - Application & Enrollment
    - There are 250,000 individuals enrolled statewide with 47 counties participating, running 14 different programs. In June 2012, we expect to have 55 counties participating.
    - Counties have developed creative approaches for getting individuals enrolled, but challenges include continued retention (especially with paper-based enrollment and a mobile population) and data and IT hurdles.
  - Provider Network
    - Counties worked within the structure of their delivery networks to build primary care capacity for LIHP & the 2014 Medi-Cal expansion and to integrate mental health services.
    - Counties are moving away from episodic care and creating patient-centered medical homes (PCMH).
    - Challenges that counties are still facing include: having a sufficient number of providers for the volume of patients they are serving, and reducing wait times for patients that are not eligible for LIHP.
  - Funding Challenges
    - The State has been working with the federal government to finalize claiming protocols so that counties can receive payment.
    - The State is continuing to work with CMS and counties to help resolve the challenges that resulted from the interaction of LIHP with the Ryan White program. The state has been working with counties to figure out how to best care for this population and to see if there is an opportunity to receive additional federal funding to do so.
- Transition of Seniors and Persons with Disabilities (SPDs) into Managed Care:
  - SPD patients traditionally received care through a fragmented, uncoordinated system—the Waiver helped to implement a more organized system of care.
  - Counties worked to include providers that traditionally serve SPDs & the state worked to properly link patients to familiar providers by analyzing fee-for-service data—70% of SPDs were linked to providers through this method (40% made an active selection).
  - The State has been working to protect the continuity of care of SPD patients, however, we have received a number of requests to waive the managed care requirement and allow patients to stay with their favorite provider for 12 months—much of this is due to the confusion surrounding the transition to managed care.
- California Children Services (CCS):
  - 200,000 children receive care through CCS—it is a program that has become fragmented; the pilot programs are an effort to remedy this problem and create a more integrated system.

    - The pilot programs include, existing managed care plans (Health Plan of San Mateo), enhanced primary care case management (Alameda County Health Care Services Agency), accountable care organization (Children's Hospital of Orange County & Rady Children's Hospital San Diego), and specialty care health plan (L.A. Care Health Plan).
- Delivery System Reform Incentive Pool (DSRIP):
    - DSRIP integrates well with other parts of the Waiver by focusing on payment reform and capacity building—the first year of the program focuses on innovation, redesign & building patient registries.
    - State received $3.3B over five years for the program---CA's public hospitals have already drawn down $600M.

Mitchell Katz, **M.D.**, *Director*, **Los Angeles County Department of Health Care Services**

- Hospitals are important to the community; LA County has depended on its hospitals because it lacks a strong outpatient network.
- In working at Roybal Comprehensive Health Center, an urgent care clinic in Los Angeles, I've observed that a great number of patients come in for non-urgent needs, such as uncontrolled chronic disease, that are best controlled through regular access to primary care. These patients have had limited options for consistent access to primary care in the county safety net.
- What has L.A. done?
    - We have started assigning each patient a primary care provider—240,000 individuals have been empanelled in the county.
    - Also, every individual eligible for LIHP will be enrolled; L.A. County will not implement a cap on its program.
    - We have created 34,000 new appointments without hiring any additional providers/staff. This was done by managing the care of chronic disease patients, reducing the administrative load on providers (i.e. canceling meetings), and increasing the clinical workload of support staff.
- An investment in primary care can reduce the need for specialty care.
- Access to specialty care may always be a problem, but the more you invest in specialists as opposed to primary care, the greater the need becomes.
    - 2/3 of L.A.'s network are specialists while 1/3 are primary care providers.
    - Electronic referrals can be a more efficient way to utilize specialists for some patients.

Question & Answer:

Q: How do we utilize the Waiver to help improve capacity for hospitals, clinics, etc.?
TD: We have to begin to think of ways to give providers more flexibility. We have to think of ways to increase capacity by utilizing existing resources, such as revising payment methods so that they reimburse for improved health outcomes rather than just more fee for service visits.

MK: We have to build more efficiency into our current system. For example, when a paramedic is called to a scene where a person has fallen and sprained their ankle, they can only advise the person to go to the emergency room. A more efficient method would allow a paramedic to stabilize the ankle and advise the patient to make an appointment at an urgent care center tomorrow. Building capacity will require more innovation to improve efficiency.

Q: How does the Waiver enhance the County's existing efforts to care for undocumented individuals?
MK: Providers do not care about the immigration status of patients. The helping professions understand that this is an issue of humanity. We are more costly and inefficient in the way that we care for undocumented individuals now because the system does not encourage care coordination. The Waiver has helped by providing additional resources for care to eligible individuals. This has allowed us to improve care to all our patients, including the undocumented population.

Q: How do the elements of the Waiver reinforce the State's movement toward 2014?
MK: It has been difficult trying to implement the various aspects of the Waiver on the ground. I would have wished for early expansion of Medi-Cal rather than an LIHP; I am working to create infrastructure for a program that is going away in 13 months.

Prepared by Kandis Driscoll