PLACER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
REMAINING UNINSURED PLANNING PROJECT
FINAL REPORT TO THE
BLUE SHIELD OF CALIFORNIA FOUNDATION (BSCF)
October 18, 2016

INTRODUCTION

With support of a planning grant from the Blue Shield of California Foundation (BSCF) in Fall 2015, the Placer County Department of Health and Human Services convened a steering committee to explore program options for improving access to healthcare services for the remaining uninsured in Placer County. Specifically, the project sought to develop a shared understanding about the remaining uninsured in Placer County, review potential program models to improve access and generate initial agreement about new program models and investments to serve the remaining uninsured.

To address these questions, the project included the following activities:

- Data analysis to describe the size, distribution and characteristics of the remaining uninsured in Placer County;
- Use of self-reported data from safety-net and hospital providers to describe the current utilization of health care services among the uninsured in Placer County;
- Distribution and analysis of a survey of low-income residents to solicit perspectives about health care access, utilization patterns and desired services (776 responses);
- Telephone interviews with elected officials, health system leaders, and social service providers to identify perspectives about the needs of the remaining uninsured, impact on their delivery systems and potential interest in new programs to care for the remaining uninsured, and;
- Discussion of potential new programs and investments in the remaining uninsured to develop a shared set of priorities for the future.

The Placer County Department of Health and Human Services (HHS) convened a project Steering Committee with representatives from community clinics, hospital systems, social service and community organizing agencies, and applicable HHS programs/departments. The Steering Committee met four times to review data findings, provide feedback on potential program options and prioritize program options for further exploration and discussion.

This final report summarizes project findings, including: characteristics of the remaining uninsured in Placer County; uninsured utilization of safety-net primary care and hospital service providers, low-income resident survey findings on health care access, barriers and desired services, and; stakeholder interest and perspective in new services/programs for the remaining uninsured. The report additionally describes the program models examined by the Steering Committee, initial program model recommendations and planned next steps.

PLACER COUNTY REMAINING UNINSURED

Estimates of the Remaining Uninsured

Uninsured Prior to Coverage Expansion. Prior to the Affordable Care Act (ACA) coverage expansion in 2014, there were approximately 34,833 uninsured residents in Placer County. Whereas the income and age characteristics were similar to California overall, the uninsured in Placer County were much *less* likely to be non-citizens or Latinos.

Uninsured by Region. Prior to the ACA coverage expansion, the largest number of uninsured residents were concentrated in those cities/zip codes with the largest populations (Roseville, Lincoln, Auburn, Truckee). Though these communities tended to have somewhat higher proportions of low income residents, they had relatively similar ethnic characteristics as the rest of the County. In contrast, those communities with the highest rates of uninsured residents tended to have both significantly higher proportions of low income residents and a higher presence of Latino residents. This includes Kings Beach, Tahoe Vista, Tahoe City and Sheridan.

The Remaining Uninsured. Definitive estimates of the remaining uninsured in Placer County do not exist. However, Enroll America estimates that the 2015 uninsured rate dropped to 6% in Placer County. This suggests that **an estimated 21,513 Placer County residents remained uninsured in 2015.**

Projections on the eligibility characteristics of the remaining uninsured were developed based on the results of a 2015 Kaiser Family Foundation survey on California's remaining uninsured and statewide data from the American Community Survey. Given the lack of local data and small population size, these estimates were developed for planning purposes only. Therefore, the projections used for the program models included a broad range of the number of eligible individuals. Key estimates included the following:

- The largest proportion of remaining uninsured are likely eligible for Medi-Cal. Up to 40%, or as many as 8,500, uninsured residents are eligible for Medi-Cal;
- A smaller proportion of the remaining uninsured are undocumented. Up to 3,900, or 18%, of the remaining uninsured were estimated to be ineligible due to documentation status as of 2015, and;
- There are likely between 2,500 and 3,500 uninsured adults aged 18-64, under 139% of the Federal Poverty Level (FPL) and ineligible for either Medi-Cal or Covered California.

Uninsured Service Utilization, Consumer Feedback and Stakeholder Perspectives

In addition to an analysis of existing community demographic and uninsured data, the project involved several other data collection activities, including

- Analysis of self-reported data on uninsured service utilization at four safety-net primary care provider systems (Placer County clinics, Tahoe Forest outpatient sites, Chapa De Indian Health and WellSpace) and inpatient/emergency room utilization at community hospitals (Sutter Auburn Faith Hospital, Sutter Roseville Medical Center, Tahoe Forest District Hospital);

- Distribution and analysis of a community survey by 6 community-based agencies to low-income residents throughout Placer County. Of the 776 responses, 46% were uninsured or enrolled in emergency Medi-Cal and 48% completed the survey in Spanish;

- Interviews with 8 community stakeholders, including community health center CEOs, local hospital CEOs from Sutter, Kaiser and the Tahoe Forest District, community-based organization directors and representatives of the Board of Supervisors to solicit their perspectives about the remaining uninsured and interest in new programs/services to increase their access to care.

More detailed findings of these activities are included in an accompanying power point presentation. However, key take-aways from all of the data collection activities included the following:

- **Consumer Barriers:** According to community surveys, the cost of services and medications are the biggest barriers to uninsured residents accessing care, followed by long waits for an appointment and finding providers that speak their language;

- **Consumer Desired Services:** When asked about which services they desired, 80% of community survey respondents who were uninsured identified access to a regular doctor, followed by dental care (76%), affordable medications (71%) and assistance getting health insurance (54%). Responses by Spanish-speakers mirrored findings for uninsured residents;

- **Capacity and Existing Service Penetration:** Community surveys and provider data suggests that only about 25% of uninsured residents have a primary care doctor or clinic that they go to. Community data and stakeholder feedback highlight a lack of primary care capacity in the community to serve low-income residents who have Medi-Cal or are uninsured;

- **Cultural/Linguistic Competence:** Provider data, community surveys and stakeholder feedback suggest that health care providers have limited awareness and experience serving Spanish-speaking and immigrant populations;

- **Eligible But Not Enrolled:** Community data suggests that about two-thirds of the remaining uninsured are actually eligible for coverage but not enrolled (primarily eligible for Medi-Cal). This finding is reinforced by provider data and stakeholder feedback;

- **Stakeholder Focus:** Many hospitals, safety-net providers and other stakeholders are focused on broader 'system' issues, such as overall primary care capacity for low-income residents, mental health resources, homeless services, and lack of provider coordination. While there is an openness to the concept of a new program for the uninsured, this has not been an area of emphasis for most stakeholders.

REMAINING UNINSURED PROGRAM OPTIONS

The Steering Committee evaluated four potential program options to expand care and access to the remaining uninsured. A summary description is outlined below and a more detailed description is included on the following page:

1) **Medical Home Model –** Promotes the establishment of a medical home for low-income adult residents ineligible for Medi-Cal and Covered California by ensuring affordable primary care and related lab services, while providing structured (though limited) access to specialty and other ancillary services.

2) **Chronic Illness Model –** Provides a medical home, enhanced ancillary/specialty service options and additional wrap-around support services to adult uninsured residents (ineligible for other coverage) suffering from 2 or more chronic diseases (~25% of population).

3) **Dental Program –** Provides dental prevention and limited treatment services to adult low-income residents ineligible for Medi-Cal and Covered California.

4) **Coordinated Grant/Investment Initiatives –** Provides grants to safety-net health care and/or social service providers serving uninsured residents to address identified issues, such as primary care capacity, cultural competence or care navigation.

Criteria to Evaluate Program Options

Over two planning sessions, the Steering Committee developed and utilized several criteria to evaluate the four program options:

- ***Population Served –*** Targets uninsured low-income residents under 139% FPL who are not eligible for Medi-Cal, Covered California.

- ***Consumer Preferences –*** Aligns with the interests and expressed service needs by potential clients/consumers.

- ***Impact –*** Meaningfully impacts the health access and health outcomes of program participants.

- ***Financial Feasibility –*** Program is financially cost-effective and funding partners are identified and committed to participating.

- ***Administrative Ease and Feasibility –*** Administration of the program and related overhead is reasonable and manageable.

- ***Safety-Net Infrastructure and Programs –*** Leverages the existing infrastructure and services of safety-net providers/FQHCs, as well as, other health programs addressing the health of low-income residents.

- ***Cultural Competence –*** Prioritizes the delivery of culturally and linguistically competent services.

- ***Maximize Coverage Enrollment –*** Maximizes enrollment in Medi-Cal and Covered California for all eligible populations and avoids disincentives for enrollment.

Medical Home Model – Promotes the establishment of a medical home for low-income adult residents ineligible for Medi-Cal and Covered California by ensuring affordable primary care and related lab services, while providing structured (though limited) access to specialty and other ancillary services.

	DESCRIPTION	CONSIDERATIONS

1	• Eligibility – 18-64 <139% FPL and *ineligible* for Medi-Cal or Covered California
	• Estimated Size of Eligible Population – 2,500 – 3,500 (option to cap enrollment)
	• Services -
	  o Primary care medical home and limited lab
	  o Specialty care as available thru volunteer specialty network (e.g. Sacramento SPIRIT)
	  o NO inpatient, ER, dental or vision
	  o NO separate RX benefit (access through individual clinic generic and 340b arrangements)
	• Member Share of Cost – $5 primary care copay
	• Provider Network – 3 FQHC clinics, 1 district hospital clinic (and potentially free/other non-profit clinics)
	• Reimbursement – Medi-Cal primary care capitation including lab
	• Estimated Program Cost Range – For 2,500 participants estimated cost range between $1.1 million - $1.8 million
	  o Cost range calculated using both Medi-Cal managed care primary care capitation and enhanced FQHC rates. Also assumes $250,000/year in administrative costs
		• Promotes access to a medical home – most desired service highlighted in community survey
		• Leverages private providers for specialty care
		• May be limited primary care capacity to accommodate participants
		• Requires long-term funding commitment
		• Requires new administrative infrastructure
		• May be opportunities to link/partner with neighboring counties

Chronic Illness Model – Provides a medical home, enhanced ancillary/specialty service options and additional wrap-around support services to adult uninsured residents (ineligible for other coverage) suffering from 2 or more chronic diseases (~25% of population)

	DESCRIPTION	CONSIDERATIONS

2	• Eligibility – Adults aged 18-64 at <139% FPL, ineligible for Medi-Cal/Covered California AND suffering from 2+ chronic conditions
	• Estimated Size of Eligible Population – 600 to 900 (option to cap enrollment)
	• Services –
	  o Primary care medical home and limited lab
	  o Additional contracted specialty services
	  o RX benefit through generic and 340b arrangements with program reimbursement for chronic disease medications
	  o Wrap-around services: care coordination, nutrition and health coaching
	• Member Share of Cost – None
	• Provider Network and Reimbursement Rates – Same primary care network as medical home model, individual specialty contracts at Medicare rates
	• Estimated Program Cost – For 600 participants estimated cost range between $1.5 million and $2.75 million
	  o Cost estimates include primary care, lab, specialty and RX reimbursement
	  o Estimates assume $400,000 for administration and wrap around services
	  o Primary care cost range calculated using both Medi-Cal managed care primary care capitation and enhanced FQHC rates.
		• Targets resources on higher need population
		• Provides broader range of services beyond primary care
		• Program may reduce unnecessary utilization and costs to system
		• Requires long-term funding commitment
		• Requires new administrative infrastructure

Dental Program – Provides dental prevention and limited treatment services to adult low-income residents ineligible for Medi-Cal and Covered California.

	DESCRIPTION	CONSIDERATIONS
3	• Eligibility – Adults aged 18-64 at <139% FPL and ineligible for Medi-Cal and Covered California	• Addresses a significant need

	• Estimated Size of Eligible Population – 2,500 – 3,500 (option to cap enrollment) • Services/Benefits – Limited prevention/treatment (e.g. exams, cleanings, fillings, extractions) with max of $1,000 per participant per year. EXCLUDES services covered by Limited Scope Medi-Cal • Member Share of Cost - $10 visit copays • Provider Network – FQHC and County facilities, potential for limited contracting with private providers • Reimbursement – Medi-Cal FFS • Cost Range Estimate - For 1,000 participants estimated cost range between $600,000 - $1 million	identified by consumers • Limited administrative infrastructure required • Does not promote a medical home or address medical service needs
Coordinated Grant/Investment Initiatives – Provides grants to safety-net health care and/or social service providers serving uninsured residents to address identified issues, such as primary care capacity, cultural competence or care navigation		
	DESCRIPTION	**CONSIDERATIONS**
4	• Eligibility – Non-profit primary care and social service providers that can demonstrate service to uninsured residents and ability to impact the identified issues • Potential Topics – Primary care capacity, linguistic/cultural competence to serve non-English speakers, Medi-Cal outreach/enrollment initiative, care navigation for targeted sub-populations, care coordination for high risk populations • Funding Approach and Cost – Coordinated commitments by County, hospital systems and other funders. Funding level may vary depending on funder commitments, BUT investment should be large enough to allow for meaningful impact and commitment should be for at least 3 years	• Easy to administer • Opportunity to engage shared contribution by stakeholders • Does not require an ongoing commitment – less obligation for funders, less certainty that efforts will continue beyond funding term • More opportunity to target system issues, such as capacity or cultural competence • May not explicitly target uninsured • Less control and accountability for degree of impact or number of clients served

Steering Committee Recommendations and Next Steps

In the July 2016 meeting, the Steering Committee strongly endorsed the Medical Home Model as the recommended model for continued exploration. The medical home model would enable uninsured adults aged 18-64 under 139% FPL and ineligible for Medi-Cal or Covered California to receive primary care services at community health centers in Placer County, as well as, establish a structure for volunteer specialty services by private providers. As next steps, the Placer County Health and Human Services Health Officer will explore interest and next steps with community health center and hospital leadership, as well as, evaluate the availability of funding to support a medical home program model.

PLACER COUNTY REMAINING UNINSURED PLANNING PROJECT

Prepared by Pacific Health Consulting Group

October 18, 2016

Project Overview

- Fall 2015 Blue Shield of California Foundation (BSCF) Planning Grant to Placer County Department of Health and Human Services
- Placer HHS convened a Steering Committee with representation from safety-net primary care providers, hospitals and community-based agencies
- Project Goals
  - Describe the size/characteristics and healthcare utilization patterns of the remaining uninsured
  - Solicit feedback from low-income and uninsured residents on health status/conditions, barriers to care and desired services
  - Gauge perspectives and interests of healthcare leaders to develop new programs/services for the remaining uninsured
  - Evaluate different program models against key criteria and make recommendations

Data Collection Activities

- Existing public data to estimate and describe the remaining uninsured
- Clinic and hospital data describing outpatient, emergency room and inpatient utilization by uninsured patients (and demographic characteristics)
- 8 community stakeholder interviews exploring perspectives on remaining uninsured and program/service priorities
- 776 community surveys examining health status, utilization, barriers and unmet needs of low-income community members

Remaining Uninsured Characteristics and Estimates

- Estimated 21,513 remaining uninsured residents in Placer County as of 2015
- Highest numbers of uninsured in Roseville followed by Auburn, Rocklin and Lincoln
- Highest rates of uninsured in Kings Beach, Sheridan, Tahoe Vista and Tahoe City
- Up to 40%, or 8,500, of remaining uninsured are eligible for Medi-Cal
- Between 2,500 and 3,500 uninsured adults aged 18-64 and under 139% *and* ineligible for Medi-Cal or Covered California

Key Data Collection Findings

- **Consumer Barriers:** Cost of services and medications are the biggest barriers to uninsured residents accessing care, followed by long waits for an appointment and finding providers that speak their language;

- **Consumer Desired Services:** According to community surveys, most desired services for uninsured included access to a regular doctor (80%), by dental care (76%), affordable medications (71%) and assistance getting health insurance (54%).
  - Responses by Spanish-speakers mirrored findings for uninsured residents;

- **Capacity and Existing Service Penetration:** Only about 25% of uninsured residents have a primary care doctor or clinic that they go to. Community data and stakeholder feedback highlight a lack of primary care capacity in the community to serve low-income residents who have Medi-Cal or are uninsured;

Key Data Collection Findings

- **Cultural/Linguistic Competence:** Provider data, community surveys and stakeholder feedback suggest that health care providers have limited awareness and experience serving Spanish-speaking and immigrant populations;

- **Eligible But Not Enrolled:** Community data suggests that about two-thirds of the remaining uninsured are actually eligible for coverage but not enrolled (primarily eligible for Medi-Cal). This finding is reinforced by provider data and stakeholder feedback;

- **Stakeholder Focus:** Many hospitals, safety-net providers and other stakeholders are focused on broader 'system' issues, such as overall primary care capacity for low-income residents, mental health resources, homeless services, and lack of provider coordination. While there is an openness to the concept of a new program for the uninsured, this has not been an area of emphasis for most stakeholders.

Remaining Uninsured Program Options

1. **Medical Home Model –** Promotes the establishment of a medical home for low-income adult residents ineligible for Medi-Cal and Covered California by ensuring affordable primary care and related lab services, while providing structured (though limited) access to specialty and other ancillary services.

2. **Chronic Illness Model –** Provides a medical home, enhanced ancillary/specialty service options and additional wrap-around support services to adult uninsured residents (ineligible for other coverage) suffering from 2 or more chronic diseases (~25% of population).

3. **Dental Program –** Provides dental prevention and limited treatment services to adult low-income residents ineligible for Medi-Cal and Covered California.

4. **Coordinated Grant/Investment Initiatives –** Provides grants to safety-net health care and/or social service providers serving uninsured residents to address identified issues, such as primary care capacity, cultural competence or care navigation.

Criteria to Evaluate Program Options

- ***Population Served –*** Targets uninsured low-income residents under 139% FPL who are not eligible for Medi-Cal, Covered California.
- ***Consumer Preferences –*** Aligns with the interests and expressed service needs by potential clients/consumers.
- ***Impact –*** Meaningfully impacts the health access and health outcomes of program participants.
- ***Financial Feasibility –*** Program is financially cost-effective and funding partners are identified and committed to participating.
- ***Administrative Ease and Feasibility –*** Administration of the program and related overhead is reasonable and manageable.
- ***Safety-Net Infrastructure and Programs –*** Leverages the existing infrastructure and services of safety-net providers/FQHCs, as well as, other health programs addressing the health of low-income residents.
- ***Cultural Competence –*** Prioritizes the delivery of culturally and linguistically competent services.
- ***Maximize Coverage Enrollment –*** Maximizes enrollment in Medi-Cal and Covered California for all eligible populations and avoids disincentives for enrollment.

Steering Committee Recommendations

- Prioritized the "**Medical Home Model**" and recommended continued exploration of provider interest and funding options

Medical Home Model – Promotes the establishment of a medical home for low-income adult residents ineligible for Medi-Cal and Covered California by ensuring affordable primary care and related lab services, while providing structured (though limited) access to specialty and other ancillary services.

	DESCRIPTION	CONSIDERATIONS

1	• Eligibility – 18-64 <139% FPL and *ineligible* for Medi-Cal or Covered California
	• Estimated Size of Eligible Population – 2,500 – 3,500 (option to cap enrollment)
	• Services -
	  o Primary care medical home and limited lab
	  o Specialty care as available thru volunteer specialty network (e.g. Sacramento SPIRIT)
	  o NO inpatient, ER, dental or vision
	  o NO separate RX benefit (access through individual clinic generic and 340b arrangements)
	• Member Share of Cost – $5 primary care copay
	• Provider Network – 3 FQHC clinics, 1 district hospital clinic (and potentially free/other non-profit clinics)
	• Reimbursement – Medi-Cal primary care capitation including lab
	• Estimated Program Cost Range – For 2,500 participants estimated cost range between $1.1 million - $1.8 million
	  o Cost range calculated using both Medi-Cal managed care primary care capitation and enhanced FQHC rates. Also assumes $250,000/year in administrative costs
		• Promotes access to a medical home – most desired service highlighted in community survey
		• Leverages private providers for specialty care
		• May be limited primary care capacity to accommodate participants
		• Requires long-term funding commitment
		• Requires new administrative infrastructure
		• May be opportunities to link/partner with neighboring counties

Detailed Data Collection Findings

Uninsured Service Utilization

(as reported by service providers)

- Placer County clinics, Chapa De, Tahoe Forest and WellSpace served about 5,300, or 25% of the remaining uninsured in 2015

- Uninsured/Self-Pay patients a small proportion of hospital ER and inpatient visits
  - 6% of self-pay ER encounters
  - <2% of self-pay inpatient discharges

- Latinos made up a small proportion of outpatient and ER visits despite representing more than ¼ of the uninsured prior to coverage expansion
  - <20% of uninsured clinic patients
  - <2% of self-pay ER encounters in Auburn (30% at Tahoe Forest)

- Most uninsured patients likely eligible for Medi-Cal or Covered California
  - More than 8 in 10 uninsured clinic patients identified English as primary language
  - >25% of uninsured clinic patients and 20% of ER self-pay patients aged 0-19

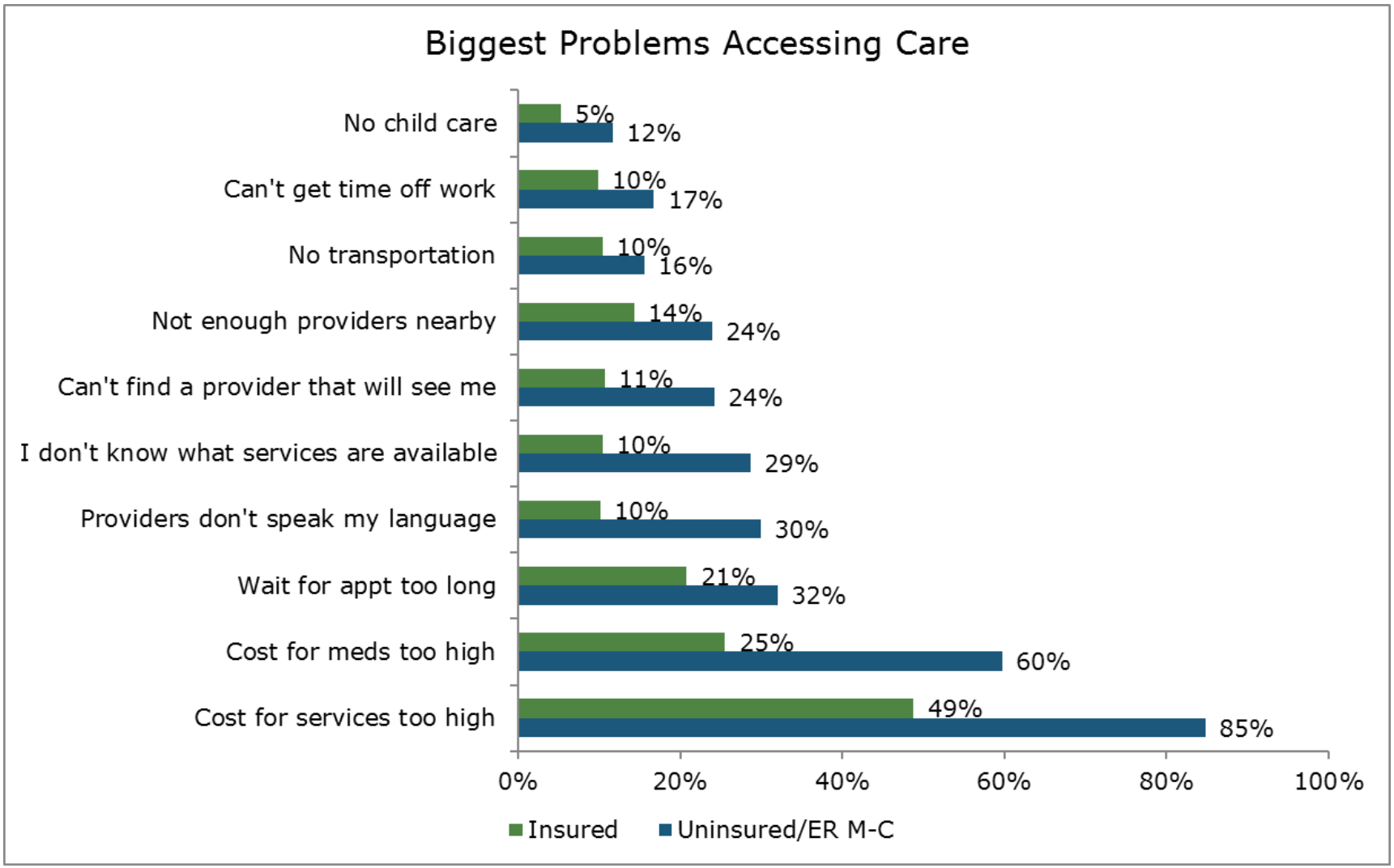
Stakeholder Perspectives

- Homeless, those with mental health issues arise as uninsured populations of greatest concern
- Limited awareness of and experience serving undocumented/Spanish speaking populations
  - some concerns re: provider linguistic/cultural competence
- More focus on "system" issues
  - Mental health resources, homeless services, lack of primary care, provider coordination
- View that large % of uninsured patients are eligible for coverage
- Openness to uninsured program concept but few specific recommendations – more interest in "system" issues
  - Open to funding role
  - Most want county to continue to play a funding and/or service role

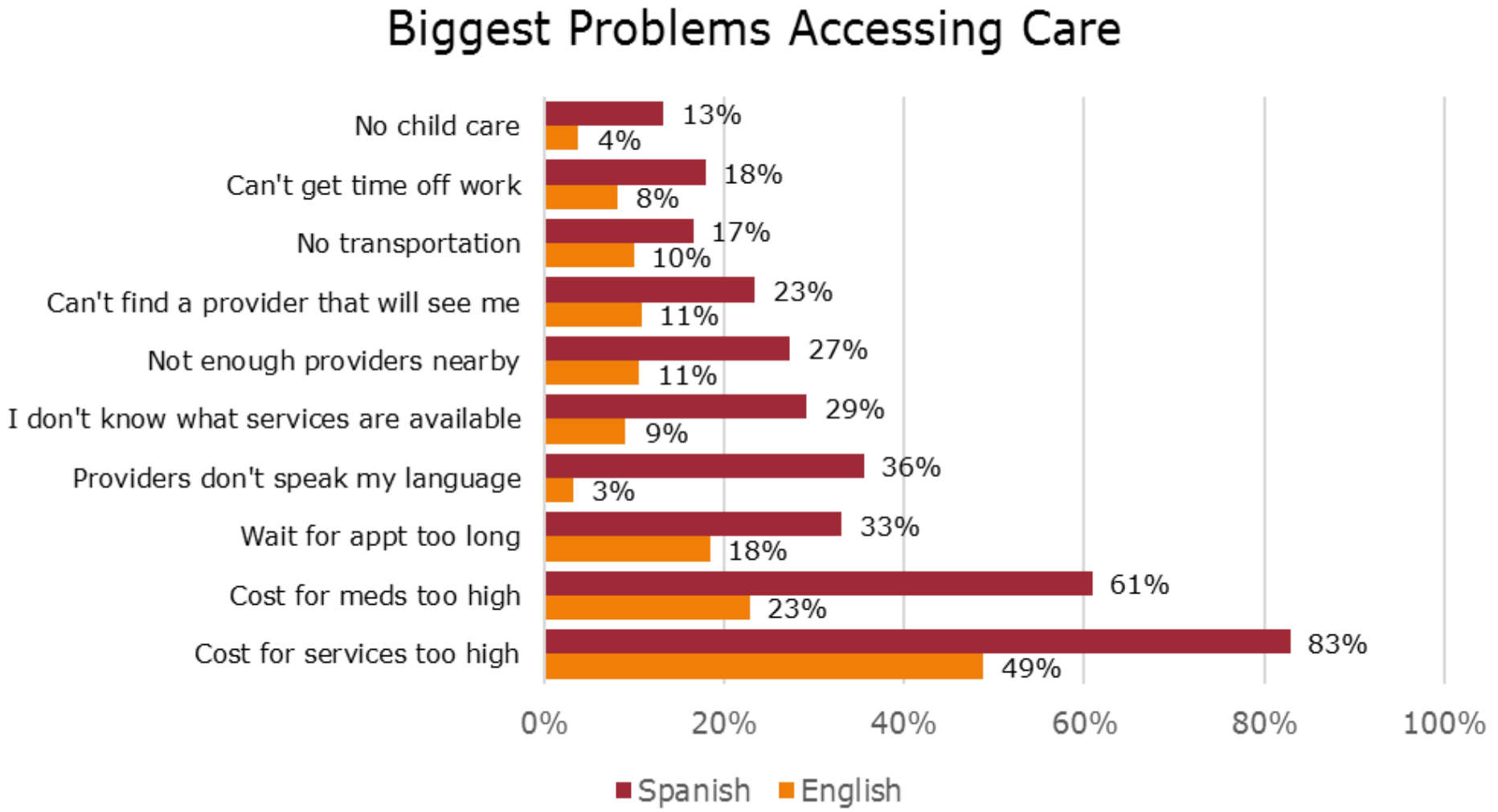
Community Surveys: Respondent Characteristics

- 776 responses collected by 6 agencies
- 69% female
- 48% Spanish speaking
- 54% aged 25-44, 27% aged 45-64
- Geography
  - English: nearly all from Roseville
  - Spanish: 50%+ Roseville, 21% Kings Beach, 15% Lincoln
- 29% uninsured, 17% emergency Medi-Cal, 54% insured
  - 49% of Spanish speaking respondents uninsured

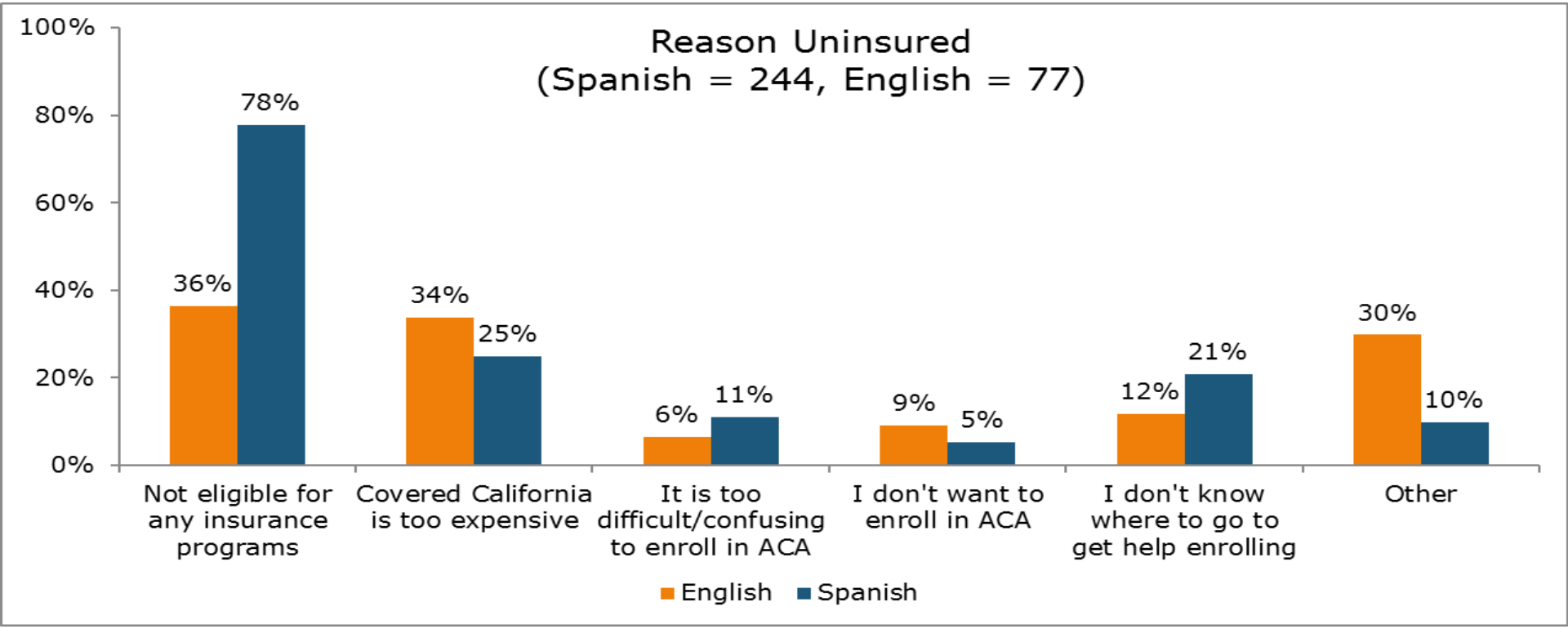
Community Survey: Biggest Problems Accessing Care

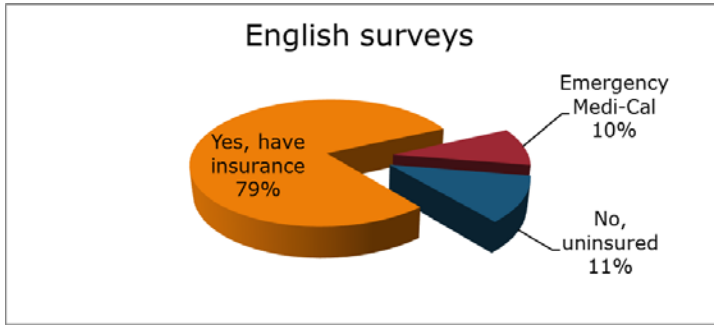


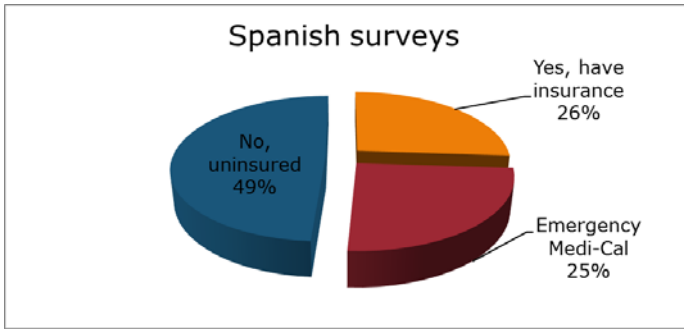
Community Survey: Biggest Problems Accessing Care



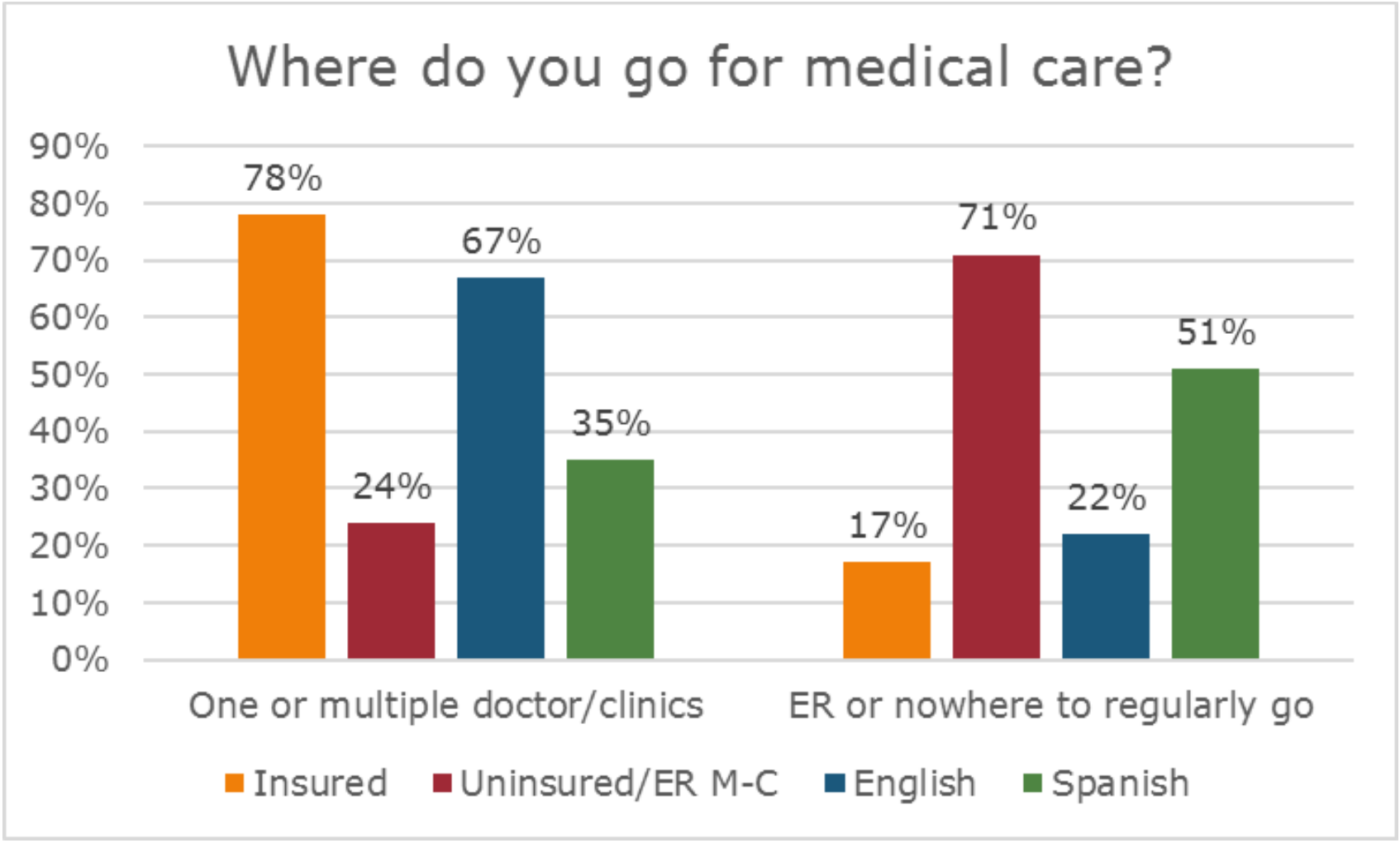
Community Survey: Reasons Uninsured



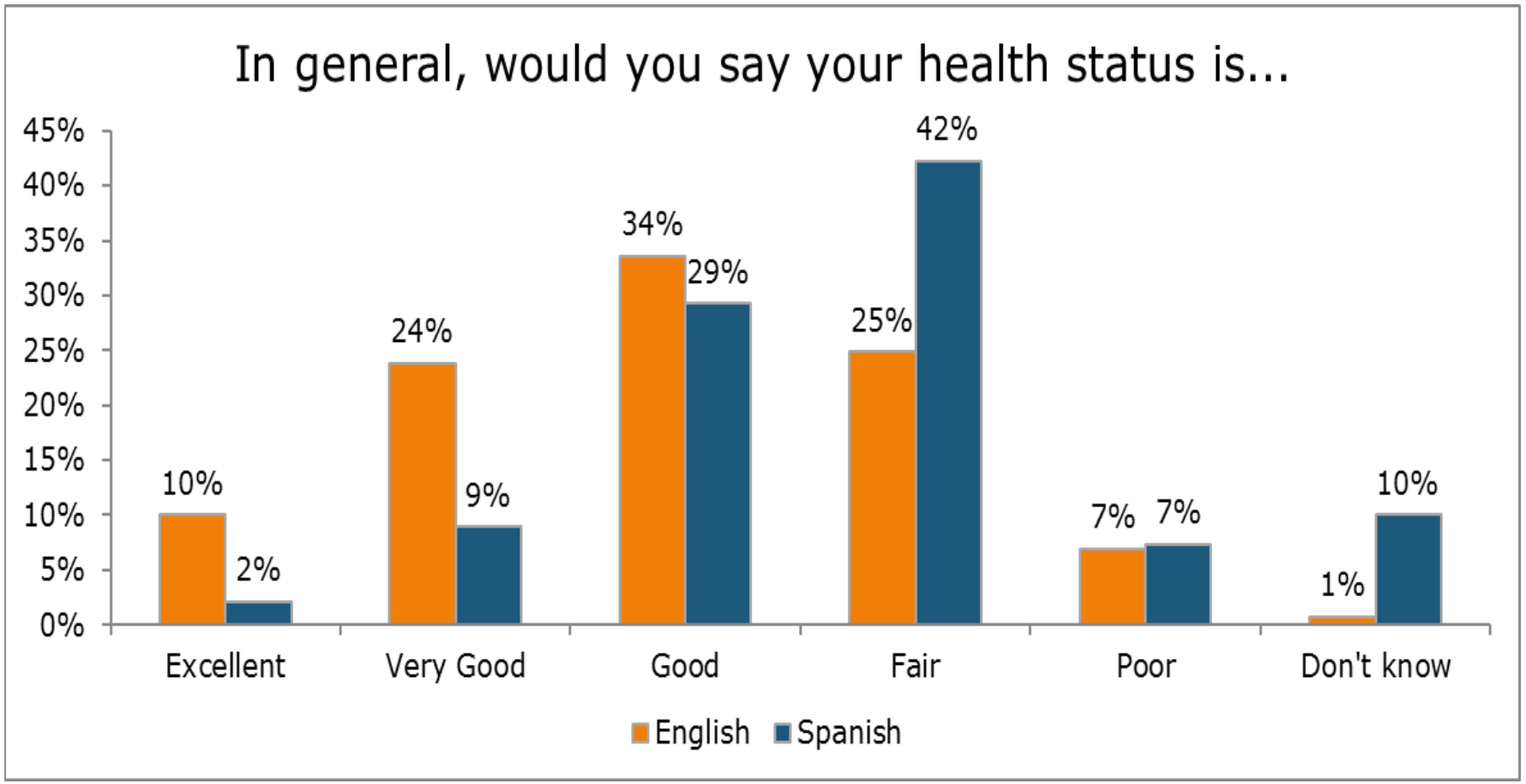




Community Survey: Medical Care



Community Survey: Health Status

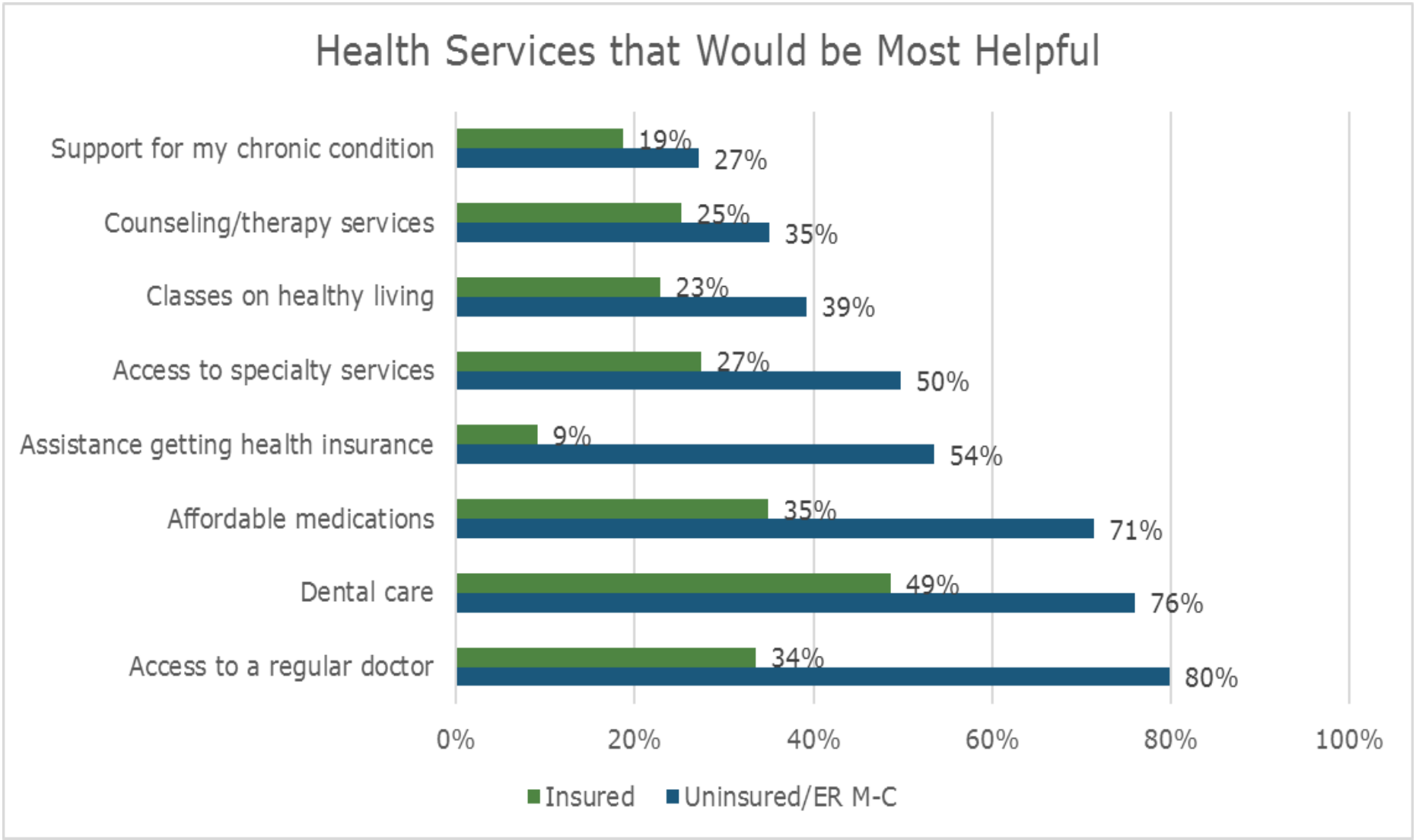


Community Survey: Health Conditions

- 55% of respondents identified at least one health condition; 21% identified multiple conditions

Has your doctor ever told you that you have any of the following conditions?	English	Spanish	Total
Diabetes	14%	17%	15%
Diabetes +	*9%*	*12%*	*11%*
High Blood Pressure	26%	26%	26%
High Blood Pressure +	*14%*	*16%*	*15%*
Asthma	14%	8%	11%
Asthma +	*9%*	*5%*	*13%*
Overweight/Obese	17%	17%	17%
Overweight/Obese+	*9%*	*9%*	*9%*
Other	15%	15%	15%
Other+	*8%*	*7%*	*8%*

Community Survey: Desired Services



Community Survey: Desired Services