Increasing Access to Care: Planning and Implementing a Medi-Cal Auto-Assignment Policy

Prepared by:
Sara Geierstanger, MPH
Annette Gardner, PhD
The Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco (UCSF)

Isabel Becerra
Coalition of Orange County Community Clinics
June 2010

SUMMARY

This case study describes the role of the Coalition of Orange County Community Clinics (COCCC) in a systems-change project to expand access to health care for uninsured residents in Orange County, CA. Specifically, COCCC worked with CalOptima, the County's Medi-Cal managed care plan, to modify the process for assigning Medi-Cal clients to provider networks that include community clinics. The benefits of this initiative are increased continuity of care for Medi-Cal patients through linking them to a medical home, as well as an increased clinic capacity to serve insured patients. Key findings that emerge from the analysis of this initiative include:

- The auto-enrollment process is an effective means for increasing the number of patients assigned to community clinics. From November 2006 through December 2008, the percent of all Medi-Cal members assigned to community clinics increased from 8 percent to 17 percent;
- This process increased the ability of community clinics with FQHC status to serve more patients as well as secure state and federal funding;
- It is important to have advocacy expertise in educating decision makers on the vital role of the safety net as well as technical expertise in conducting research and analysis on utilization of clinic services and clinic payer sources; and
- Clinic patients have benefited from the auto-enrollment process. The auto-assigned Medi-Cal patients are interested in the broad range of services that the community clinics offer and are pleased with their relationships with their care provider.

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as "consortia") through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, 18 grantees were refunded for three years to undertake or continue a similar set of activities. To achieve their goals, clinic consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Strengthen the local or regional health care delivery system, such as securing local funding under the Mental Health Services Act to integrate mental health and primary care; and
- Target policies to strengthen California's safety net, such as averting cuts to statewide and local public funding.

The Coalition of Orange County Community Clinics (COCCC) is a consortium of licensed community clinics that provide quality healthcare to vulnerable underserved communities in Orange County, CA. COCCC currently has 21 member organizations (5 of which are Federally Qualified Health Centers) with 52 clinic sites. In 2009, COCCC member clinics provided over 520,000 visits for nearly 212,000 patients, about 7 percent of the County's population.

COCCC's participation in the redesign of the Medi-Cal enrollment process is an example of a successful strategy to expand access to care for vulnerable populations while strengthening the health care safety net.

METHODS

In 2009, UCSF staff reviewed background documents and conducted open-ended interviews with a sample of member clinics, clinic consortia staff, and partner organizations that were involved with each initiative. Informants were asked to describe their involvement in the initiative, challenges encountered, and benefits to clinics and their target populations.

FINDINGS

THE ISSUE: EXPANDING MEDI-CAL COVERAGE

Although Orange County's Medi-Cal enrollees had traditionally been given the choice of selecting one of 11 provider networks (such as Monarch and CHOC Health Alliance), as well as a Primary Care Physician (PCP), about half did not make a selection. Some enrollees could not read or understand the instructional packets; others simply may not have opened the packets. When this happened, CalOptima, the County Organized Health System that administers health insurance programs for low-income families and persons with disabilities, automatically assigned them to a network and PCP. The assignment was generally based on pre-determined algorithms that take into account where the client lives. There was no mechanism in place to automatically assign new members to a community clinic PCP or Federally Qualified Health Center (FQHC). FQHCs and FQHC Look-Alike health centers provide primary health care to underserved and uninsured residents, including migrant workers and non-U.S. citizens. To maximize their Med-Cal reimbursement, these clinics strive to maximize the percentage of their patients that are enrolled in Medi-Cal. However, four COCCC member clinics had a relatively small volume of Medi-Cal patients, and thus were not able to maximize their receipt of federal funding for which their FQHC status made them eligible.

PROMISING SOLUTION: AUTO-ASSIGNMENT METHODOLOGY

In 2003, key healthcare stakeholders including CalOptima and COCCC joined the Health Funders Partnership, which formed a Safety Net Initiative to promote adoption of the medical home across member clinics. The Partnership recognized that encouraging more clients to access FQHC community clinics would provide more access to the uninsured. Starting in 2005, COCCC's CEO and staff began meeting with CalOptima staff to discuss and advocate the idea of using an auto-assignment methodology to assign Medi-Cal members to community clinics. Studies have shown that auto-enrollment mechanisms have the potential to capture virtually the entire population by creating a 'positive default' action. Auto-enrollment has two effects: participants join sooner, and more participants join eventually.

MAJOR MILESTONES

COCCC took a leadership role and worked with CalOptima to transform the concept into a viable policy. It supported the policy through its approval process by attending numerous meetings to explain the importance of community clinics in the provider mix and to advocate for the auto-assignment methodology. COCCC served as a vital sounding board to provide insights into how this change in policy would impact community clinics and benefit the community as a whole. In 2006, CalOptima changed the auto-assignment criteria to require that 20 percent of Medi-Cal clients be assigned to a community clinic PCP, with FQHCs getting twice as many patients as non-FQHCs. The new algorithm encouraged more networks to contract with community clinics. This gave the clinics a negotiating "chip" with the networks. In 2008, COCCC continued to strengthen the program, such as working with clinics to increase their capacity to serve more patients. By 2010 COCCC, in collaboration with CalOptima, negotiated a proposed increase in assignments to community clinic FQHCs and FQHC Look-Alikes to 30 percent.

Partnerships and Collaborations COCCC and CalOptima are the primary partner agencies that meet on a monthly basis to maintain ongoing collaboration and to ensure that efforts towards maximizing revenue, increased access, and quality of care are achieved. Additionally, COCCC's CEO sits on CalOptima's Provider Advisory Council. CalOptima's COO chairs AccessOC, a collaborative working to increase access to specialty care services for all patients, particularly community clinic uninsured patients. In addition, COCCC participates in related committees and stakeholder groups to achieve universal coverage in Orange County, such as the Board of Orange County Health Care Council and the Orange County Children's Health Initiative.

***Healthcare Provider Perspective**:* UC Irvine Medical Center is an academic medical center that operates a safety net hospital and an FQHC (UCI Family Health Centers), with locations in Santa Ana and Anaheim. COCCC has been effective in aiding member clinics in policy development and operational support. An increase in CalOptima Medi-Cal patients contributes to the financial sustainability of these clinics and supports the community services they provide through the delivery of care. "It is quite significant to have a united voice on common issues, and also to receive the guidance on issues where development of a common viewpoint may be in the best interests of clinics and the patients we serve."

Overcoming challenges: Initially there was not much opposition to the new methodology because COCCC and CalOptima phased it in gradually and the networks were able to maintain capitation and administrative fees. However, with a limited number patients available to be auto-assigned, there was a "balancing point" at which private provider health networks and PCPs began to oppose an increasing share of auto-assignments being directed to community clinic PCPs. Private providers complained that they were serving fewer Medi-Cal clients and about the same number of uninsured patients. They also opposed the higher reimbursement rate that FQHCs receive. COCCC participates in CalOptima's

Provider Council where it continues to educate stakeholders that FQHCs spend more time with patients and provide a different level of care that merits higher reimbursement. It also explains how the auto-assignment methodology ultimately strengthens the safety net by enabling community clinics to serve more uninsured clients. However, there is still some resistance from private providers who have lost some of their Medi-Cal client population.

Another concern expressed by stakeholders during the negotiation process was that Medi-Cal patients assigned to community clinics would ask to be assigned to a different PCP and/or health network. However, data has shown that 91 percent of patients auto-assigned to community clinics stayed with their assigned community clinic PCP (see **Table 1**).

ACCOMPLISHMENTS AND BENEFITS

The auto-assignment process greatly increased the number of Medi-Cal patients being seen by COCCC member clinics. The short and long-term outcomes of planning and advocating for this new auto-assignment methodology include:

Expanded COCCC advocacy capacity: COCCC has expanded its involvement with countywide coverage expansions—services and insurance—to reduce the barriers to health care for medically underserved populations. COCCC expanded its technical expertise in analyzing clinic utilization data and clinic payer source to become an expert in expanding clinic ability to participate in public insurance programs. It is participating in Orange County Children's Health Initiative to enroll uninsured children in public and private insurance, including the implementation of One-e-App to facilitate enrollment at member clinics. It is now positioned as a key stakeholder among the Orange County healthcare community and continues to advocate, develop and partner with related access initiatives, e.g., Access OC, a specialty care referral project.

Increased policymaker awareness of safety net and clinic policy issues: Through negotiations and partnership with CalOptima and key healthcare stakeholders, COCCC successfully educated key policy makers (including the Board of Supervisors, Senator Lou Correa, Assemblyman Jose Solorio, Congresswoman Loretta Sanchez, and members of the Republican Caucus) about the benefits of community clinics through written letters, presentations and in-person meetings.

Increased policymaker support of safety net and clinic policy issues: COCCC expanded its visibility and credibility among key policy makers through its leadership role in the process. The COCCC has been asked to take the lead role in forming local healthcare task forces, conducting town hall meetings, and being a spokesperson on healthcare issues (such as for the Orange County Register, American Decision Radio, and Saddleback Radio).

Strengthened clinic operations: In November 2006, there were 16,000 CalOptima Medi-Cal members assigned to community clinics as PCPs (8 percent of all members). By July 2009, this had increased to 37,000 CalOptima Medi-Cal members assigned to community clinic PCPs (17 percent of all members). Even non-FQHC community clinics have experienced an increase in Medi-Cal patients. During the first nine months of 2008, community clinic patient volume increased between 20-40 percent in participating clinics (see **Table 1)**. Another benefit is that this auto-assignment methodology encourages non-FQHC clinics to pursue FQHC status because of the increased number of Medi-Cal patients assigned as FQHC's. There are now 5 Federally Qualified Health Centers in Orange County, up from 1 FQHC in 2004.

Table 1: CalOptima Members Assigned to Community Clinics: January - September 2008

Community Clinic Assignments	FQHCs	Non FQHCs	TOTAL	
Stayed with Same PCP and Network	1,969	1,930	3,899	91%
Chose a Different PCP (same Network)	38	49	87	2%
Chose a Different Health Network (and PCP)	107	84	191	4%
Lost Eligibility	65	49	114	3%
TOTAL Assigned Members	2,179	2,112	4,291	100%

In addition to negotiating the auto-assignment methodology on behalf of member clinics, COCCC worked with member clinics to increase their capacity to serve upwards of 30 – 50 percent more patients by hiring a consultant to examine clinic operations, identify gaps in capacity, and recommend new strategies to improve clinic operations.

Clinic Experience*:* Vietnamese Community of Orange County Inc.'s Asian Health Center became a FQHC Look-Alike in 2007. Historically, it had a low percentage of Medi-Cal patients—5 percent of all patient encounters. Under the auto assignment process, patient encounters increased from 26 in 2007 to 174 encounters in 2008; reimbursement increased from $51 to $115 per encounter. Increased utilization from the auto assignment process has enabled the Center to expand its front-line role in meeting the health care needs of Vietnamese Americans. This was also a positive step to strengthening operations and expanding access, including implementing strategies to enhance Medi-Cal retention and modest salary increases for critical positions.

Increased services for the underserved and uninsured

Many of these patients were already using community clinics, but not as a medical home which encourage patients to access needed services early on, such as well-adult prevention visits. Findings from one-on-one interviews with patients indicate that auto-assigned Medi-Cal patients are interested in the broad range of services that the community clinics offer and are pleased with their relationships with their care provider. Last, increased

assignment of CalOptima Medi-cal members has created a payer mix that aids FQHC clinics and increases their ability to draw in state and federal funding, allowing them to serve more uninsured clients.

Improved health outcomes for targeted communities and populations: While it is too early to identify the longer-term impacts of this approach, the community benefits from strengthening the relationship between clinics and their patients. Patients that seek services before their conditions become serious enough to require more expensive hospital services are community members. Additionally, this initiative is part of an ongoing effort to better coordinate health care services and achieve universal coverage, benefiting the broader community.

FACTORS FOR SUCCESS

The ongoing involvement and expertise of COCCC staff in advocating and implementing coverage expansions were key factors in the successful adoption of the Medi-Cal auto-assignment process. The ability of COCCC to speak with one voice at important decision points helped keep the project moving. COCCC's reputation as an advocacy leader in Orange County helped to solidify support for this change. Moreover, the partnership with CalOptima was key: the two organizations have a shared goal of increasing access to care for Orange County residents. Another reason for COCCC's success in this initiative was its strong relationships with the key Orange County healthcare stakeholders to expand access to health care more broadly. To build and maintain these relationships, COCCC served on committees and provided data to support its arguments. Finally, ongoing education is also required to explain the overall benefits of the program to the safety net population and continuing to demonstrate the quality of care provided by community clinics.

Partner Perspective: We are working to design a comprehensive system of care in Orange County. COCCC has stepped up its role in looking at what the *entire* county needs – not just their member clinics. - *CalOptima*

LESSONS LEARNED

As California's economy continues to worsen, California counties are under considerable pressure to integrate safety net services as well as seek cost-savings. Clinic consortia, such as COCCC, are an important vehicle for undertaking initiatives to shore up the health care safety net while achieving cost-savings. In addition to providing high quality care to underserved populations, community clinics are able to secure federal funding and offset some of the burden on the county. The Medi-Cal auto-assignment process is an important coverage expansion that has applicability in other venues and with other target populations.

THE FUTURE

COCCC and CalOptima intend to maintain this auto-assignment methodology and research its applicability to federal health care reform and expansions in Medi-Cal and the implementation of the Health Insurance Exchange. An estimated 147,000 uninsured individuals will become eligible for Med-Cal in 2014, requiring expanded primary care capacity in Orange County. Next steps include investigating the impact of their enrollment on the frequency and type of services they access, such as emergency room use by patients whose medical homes are community clinics.

CONCLUSIONS

In short, this initiative was successful in expanding access to care by increasing the number of CalOptima Medi-Cal members being seen by community clinic PCPs. As a result, more Medi-Cal patients are linked to a medical home, COCCC member clinics have expanded their capacity to serve more patients, and the Federally Qualified Health Centers are able to secure increased state and federal funding. Partnerships with local stakeholders were important for supporting and ensuring the successful transition to this new methodology. The benefits to Orange County are significant, strengthening the safety net and increasing access to care for underserved populations.

FOR MORE INFORMATION:

Coalition of Orange County Community Clinics:
Isabel Becerra, CEO
17701 Cowan, Suite 220
Irvine, CA 92614-6057
Phone: (949) 486-0458
ibecerra@coccc.org
http://www.coccc.org/index.htm

The UCSF Evaluation:
Annette L. Gardner, PhD, MPH
Evaluation Director
Philip R. Lee Institute for Health Policies Studies
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118
(415) 514-1543
Annette.gardner@ucsf.edu
URL: http://ihps.medschool.ucsf.edu/