Healthcare Services for Undocumented Immigrants
Draft Program Concept Review / Stakeholder Groups - All
Meeting date - May 7, 2015; Revision date - May 12, 2015

Stakeholder Participants: Advocates – Nenick Vu, David Ramirez, Amy Williams, Kelly Bennett-Wofford, Kim Williams, Cindy Foltz; FQHCs – Jim Ellsworth, Chuck Wiesen, Jonathan Porteus, Bob Kamrath, Jennifer Stork, Miguel Suarez, Britta Guerro; Hospitals/Medical Society – Brian Jensen, Rosemary Younts, Ashley Brand, Jennifer Zachariou, Holly Harper, Ellen Brown, Bob Waste; Kris Wallach; UCD TEACH – Tonya Fancher, Craig Keenan, Mark Henderson, Ian Kim; **Facilitator**: Sandy Damiano; **Group Scribes**: Karen Giordano, Steve Golka, Marcia Jo, John Dizon

ADVOCATES

Can you support the items described (age, FPL, benefits, Medi-Cal application, limit primary care sites)? If not, how do you recommend staying within a fixed amount?

- Add transportation
- Ensure provision of translation/interpretation services
- Clinics selected have to have culturally competent and linguistically appropriate staff and/or interpreting services with a recognized track record
- If clinics are near pharmacy's can leverage the pharmacy
- Arbitrary cut-off at 64 years – need to expand to 19 years and older (no cut off)
- 138% FPL – use Magi income counting method
- Consider raising to 250% FPL
- Provide care during eligibility process (pending application/ presumptively ineligible/denied)
- Stakeholders need to have a say in which clinics are chosen
- Ensure grievance processes are in place if denied services or eligibility

Pharmacy section comments

- Ensure pharmacies that are chosen have culturally competent and linguistically appropriate staff or navigators/interpreters are available to assist clients with pharmacy

Provide feedback regarding identified contracted specialists and exclusion

- Clarify that clients can get "excluded services" from the list that are available at FQHCs (ex. Clients have access to behavioral health, dental services that are available currently at FQHCs)
- Not exclude gender reassignment, Hep C treatment, and Vision services

Review the Patient Assistance and Navigation section and provide detail.

- Not enough time to comment on this section

Stakeholder process comments to date

- Need documents ahead of time to provide meaningful comments
- Forced narrowing does not mean we are in full agreement
- Would like LIHP delivery system program

FQHCs

Can you support the items described (age, FPL, benefits, Medi-Cal application, limit primary care sites)? If not, how do you recommend staying within a fixed amount?

- Support - Keep FPL
- All licensed community clinics should participate
- Do not use Medi-Cal application – use a sliding fee process
- Limit/ focus coverage to "biggest bang"
- FPL may limit enrollment
- Limit population but full benefits. Close at cap and learn about population costs
- Remove age restriction

Pharmacy section comments

- This is typical for current practice – adding 340b for some- also pharmacy assistance program
- Clinics cannot commit to providing diabetes medications
- Medications not covered: standard Medi-Cal formulary and co-pay
- Wal-Mart formulary changes and rotates

Provide feedback regarding identified contracted specialists and exclusion

- How does in-house specialty fit in? It is considered primary care.
- Actuary to determine specialty
- Primary care if in-house includes dental, vision and behavioral health. Recommend including this – not sure how psychiatric care will be covered

Review the Patient Assistance and Navigation section and provide detail.

- Enrollment/eligibility
- Health home linkage
- Specialty care coordination
- Rely on culturally competent communication organizations (La Familia, Health Ed , Sac Covered) for non-Spanish speaking
- Need transportation support

Stakeholder process comments to date

- Would have been nice to have healthcare actuary present to make process more science-based
- Sense of relentlessly moving toward model concept

HOSPITALS & MEDICAL SOCIETY

Can you support the items described (age, FPL, benefits, Medi-Cal application, limit primary care sites)? If not, how do you recommend staying within a fixed amount?

- Ages - OK with limit
- Limited benefits and limited scope, etc.
- Advocating a pilot
- Last resort

Pharmacy section comments

- County pharmacy - What is role?
- Diabetes / Asthma - Clarify diabetic/ asthma coverage by clinics
- FQHC 340b - especially for diabetes and asthma

Provide feedback regarding identified contracted specialists and exclusion

- Contract with FQHC who has behavioral health
- Provider needs to provide behavioral health
- Clarify as exclusion behavioral health
- Non-emergency dental - Bring CDA and Dental Society to the table
- Dental provided by FQHC and contracted clinics – adult and pediatrics
- Other exclusions OK for pilot
- Explore specialty services with SPIRIT expanding what currently exists
- Where did ambulatory services recommendation go? (*deleted accidentally*)

Review the Patient Assistance and Navigation section and provide detail.

- Use culturally adequate advocacy group
- Non-clinically based

Stakeholder process comments to date

- None

UCD TEACH

Can you support the items described (age, FPL, benefits, Medi-Cal application, limit primary care sites)? If not, how do you recommend staying within a fixed amount?

- Amelioration of conditions to prevent larger costs of acute care – longer trajectory than 1 year
- Preventative care
- OK with listed strategies except age
- Geographical limit - enrollment containment, more holistic care for identified population
- Value-based
- Protocol for managing specific chronic conditions
- E-consult and Telehealth. Example: Tele-psychiatry via EMR (integrated EMR)
- Include >65 years – look at emergency Medi-Cal demographic data for age ranges
- Consider use of residents for primary care treatment (amplify staff/service capacity)

Pharmacy section comments

- Gaps (chemo, inhalers, arthritis treatment - alternative available?), anticoagulant, hepatitis
- 340b to cover gaps?
- Critical to cover Rx and maximize efficiency/eliminate waste

Provide feedback regarding identified contracted specialists and exclusion

- GI
- Oncology
- Diabetes - retinopathy/ glaucoma
- Ambulatory specialty care for the above (feeds cost containment)

Provide feedback regarding identified contracted specialists and exclusion

- Penn State navigation program – med students and undergraduates get navigation training
- Partnership (Sacramento Covered) for cross training
- Student clinics coordination – navigation and direction to other services with County program
- Help with Medi-Cal application

Stakeholder process comments to date

- Crossover of stakeholders / Constituent groups suggested