

**DHHS Primary Health Services  
Healthcare Services for Undocumented Immigrants  
Stakeholder Meeting  
September 2, 2015**

**Participants**

Advocates – Kelly Bennett-Wofford, Cindy Foltz, David Ramirez, Annie Tat, Amy Williams, Kim Williams

FQHCs/Clinics – Chuck Wiesen, Jodi Nerrell, Raquel Simenthal, Jessica Small

Hospitals/Medical Society – Ashley Brand, Ellen Brown, Brian Jensen, Carol Serre, Kris Wallach

SaLMA – Glennah Trochet

UCD TEACH – Tanya Fancher

DHHS Primary Health – Sandy Damiano (facilitator), Marcia Jo, Karen Giordano, Steve Golka, John Onate

**Welcome and Agenda Review**

- ◆ Introductions, review of agenda and materials

**Status Reports**

Multiple tracks are in process simultaneously. There are many moving parts.

- ◆ Letter of Interest (LOI) / Statement of Qualifications (SOQ) - Request for Applications will be released shortly to responders to the LOI/SOQ. A timetable will be included. Contract negotiations will proceed post-RFA selection.
- ◆ SPIRIT – Initial meeting with Medical Society, Hospital Partners and County was recently completed. SPIRIT is creating a program outline that considers consults, surgery, top priority needs, providers, county staffing, and the referral process. All referrals need a medical home for follow-up after seeing a specialist. County has staffing for Monday – Friday clinic but does not have staff budgeted for afterhours. All patients will have an assigned medical home where patient will receive medical follow-up after the SPIRIT consultation or surgery. This includes best efforts assisting the patient to access care that is not included in the Healthy Partners program or within a community clinic scope of service.
- ◆ Services for the Uninsured Handout (DRAFT) – Reviewed a draft staff resource document listing programs and services in the community where services provided regardless of immigration status. Provide feedback to Sandy Damiano asap.
- ◆ Other – DHHS staff will enroll patients into the program. Adults must meet eligibility criteria and have certain restricted scope Medi-Cal. Those without Medi-Cal enrollment would be sent to DHA from the clinic. Will stage enrollment and track closely (expenditures / enrollment). Will discuss the enrollment process at another meeting.
- ◆ IT – Discussions began internally to determine where to capture and report data (enrollment, enrollment file, etc.)
- ◆ Data/Metrics – No work on this piece since last meeting due to workload. Will discuss at our next meeting.

**Program Concept DRAFT**

- ◆ Reviewed program concept overview document. Program name – “Healthy Partners.” We are not able to use Healthy Sacramento. Described the concept of enrollment into comprehensive primary care and what

is included. Specialty will only be offered on a “per patient per episode” basis as authorized by the Medical Home care coordination team. Some will be easily authorized (available onsite).

- ◆ SPIRIT provides specialty consults and outpatient surgery only. No emergent surgeries provided.
- ◆ The SPIRIT specialty program is for uninsured patients served by the County Clinic and Community Clinics. Community Clinics will not need to enroll their patients in Healthy Partners to use SPIRIT. *However, all referring FQHCs need to maintain comprehensive primary care, diagnostics, simple labs, and prescriptions as well as patient follow-up as noted.*

### **Specialty Services DRAFT**

- ◆ Reviewed the Specialty Services DRAFT Document that lists specialty services provided through the County FQHC, wish list for SPIRIT, wish list for the contract services, and exclusions from the draft contract scope.
- ◆ Will track what is provided and what is requested but not available. We may be able to make some amendments but will need to be consistent until we are able to modify.
- ◆ Discussed adding services such as diagnostic radiology (age based criteria) to cover gaps in community provided services, for example, Every Woman Counts provides breast and cervical screenings for women age 40+, need coverage for women 19-39 and Family PACT may not cover menopausal women.
- ◆ Suggestion to create an exclusion matrix that clarifies services covered by other programs and services with no coverage options.

### **Formulary DRAFT**

- ◆ Reviewed Healthy Partners Formulary DRAFT document developed to fill gaps in the low cost retail pharmacy program. Initially had targeted insulin/supplies for diabetes but offerings have grown substantially.
- ◆ Items on the formulary will be dispensed at PCC Pharmacy for Healthy Partners patients.
- ◆ Will continue to leverage Patient Assistance Programs when possible. These have been dramatically reduced post-ACA.
- ◆ The RX discount card may not be a viable option. Pharmaceuticals are discounted from the highest possible price and are still higher than Walmart.
- ◆ Will track costs closely. Expanded formulary may be possible depending on the expenditures.
- ◆ Discussed why no charge for items dispensed at PCC when patients will pay for items available through low cost retail program. Issues include, patients needing multiple prescriptions and income level of this population.
- ◆ Immunizations and some injectibles will be provided by the County FQHC as part of primary care.

### **Announcement**

Raquel Simental announced that today is her last meeting. She is leaving Planned Parenthood and will be relocating to the Bay area where she will join The Education Trust. *Congratulations Raquel!*

### **Summary and Closure**

Sandy thanked all for participating. Please provide comments and suggestions regarding the Healthcare for the Uninsured resource guide for staff. Topics for next month’s meeting include: metrics, enrollment, and updates.

**Note change in meeting date for next month:**

**Tuesday October 6, 2015**

**3:00 – 4:30 PM**

DHHS Admin

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