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Before the Board of Supervisors in and for the County of Monterey, State of California

]]]	Reaffirm Original Missi Family Health Center ar Health Clinic at Marina Health Care Services to Monterey Peninsula Wh	nd Monterey County) to Provide Primary) Residents of the O May Not	11-17-0
· <u>S</u> I (Otherwise Have Access Strategies to Increase M Receive Work Plan for I Clinic Procedures to Ret Insured New Patients to Center or Local Private I	edi-Cal Visits and) mplementation of) fer Commercially) Natividad Medical)	#10
		Supervisor <u>Johnsen</u>	, seconded by Supervisor
-	Salinas	, and carried by those presen	t, the Board hereby
1	l. Reaffirms origina	ıl mission of the Seaside Fam	nily Health Center (SFHC) and Monterey
	County Health C	linic at Marina (MCHCM) to	provide primary health care services to
			not otherwise have access to care,
		Cal recipients and the indigen	•
2			i-Cal Visits at SFHC and MCHCM and
		ged Care," as specified in At	•
3			on of clinic procedures to refer
			ad Medical Center (NMC) outpatient clinic
e ve	t contract the contract to the	roviders, as specified in Attac	•
		DOPTED this 27th day of	October , 1998, by the following
V	ote, to-wit:		
	AYES: Super	visors Salinas, Peni	nycook, Johnsen
	NOES: None	e	
	ABSENT: sup	ervisors Perkins, Po	otter
69 , or	AMPEN, Acting Clerk of the Board of an original order of said Board October 27, 19 ctober 27, 1998	i Oi Sudei visors arriv made and entered	nterey, State of California, hereby certify that the foregoing is d in the minutes thereof at page of Minute Book
			JEFF CAMPEN, Acting Clerk of the Board of Supervisors, County of Monterey, State of California
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		Report to Monterey County Board of Sur	ervisors	
MONTER TO PROV TO RESII WHO MA CARE; RI CAL VISI CLINICS IMPLEMI REFER C	FAMI EY CO TDE P DENTS Y NO ECEIV TS AT AND I ENTA OMMI	FIRM ORIGINAL MISSION OF THE LY HEALTH CENTER AND DUNTY HEALTH CLINIC AT MARINA RIMARY HEALTH CARE SERVICES OF THE MONTEREY PENINSULA I OTHERWISE HAVE ACCESS TO E STRATEGIES TO INCREASE MEDITIVE SEASIDE AND MARINA RECEIVE WORK PLAN FOR HON OF CLINIC PROCEDURES TO ERCIALLY INSURED NEW PATIENTS O MEDICAL CENTER OR LOCAL VIDERS.	BOARD MEETING DATE 10/27/98 CONSENT	AGENDA NUMBER
DEPARTM	ENT	HEALTH		

RECOMMENDATION

It is recommended that the Board of Supervisors:

- 1. Reaffirm original mission of the Seaside Family Health Center (SFHC) and Monterey County Health Clinic at Marina (MCHCM) to provide primary health care services to residents of the Monterey Peninsula who may not otherwise have access to care, primarily Medi-Cal recipients and the indigent population.
- 2. Receive copy of "Strategies to Increase Medi-Cal Visits at SFHC and MCHCM and Prepare for Managed Care," as specified in Attachment 1.
- Receive copy of work plan for implementation of clinic procedures to refer commercially insured new patients to Natividad Medical Center (NMC) outpatient clinic or local private providers, as specified in Attachment 2.

SUMMARY

As part of the Fiscal Year 1998-99 budget process the Board of Supervisors approved the proposed budgets for the SFHC and the MCHCM. The budgets reflect the original mission of the clinic and emphasize services to Medi-Cal recipients and the indigent population on the Monterey Peninsula. In order to better serve the clinics' target population, new commercially insured patients will need to be referred to Natividad Medical Center (NMC) or local private providers. Failure to execute this strategy would result in increased county cost to operate the clinics for FY 1998-99.

DISCUSSION

The Broadway Health Center in Seaside was opened as a primary health care clinic in 1993. The mission of the clinic was to provide care to the Medi-Cal and indigent population living in Seaside. With the closure of Fort Ord, low income Seaside residents no longer had access to affordable health care. By 1994-95, the clinic had 10,833 patient visits and was designated as a Federally Qualified Health Center (FQHC). As such, Monterey County received cost based reimbursement for all Medi-Cal visits. At that time, 73% of the visits were by Medi-Cal clients. By 1996, the clinic no longer had the capacity to meet the patient demand. In January 1997, the clinic moved to Fremont Boulevard and was renamed the Seaside Family Health Center (SFHC). In 1997-98, the clinic had 21,269 visits and the percentage of Medi-Cal

visits had decreased to 66%, while the percent of commercially insured visits increased to 10%, as shown in the attached graph. With the decrease in payments by commercial insurance, clinic costs were no longer covered for those visits. As a result, Monterey County subsidized visits to non Medi-Cal clients, increasing the net county cost to \$1,454,962 in FY 1997-98. Of this amount, \$938,604 (65%) is attributable to revenue over accrued in prior fiscal years. The budget for FY 1998-99 has a proposed net county cost of \$146,519. In order to achieve this, 75% of the clinic visits must be to Medi-Cal clients.

The Monterey County Health Clinic at Marina (MCHCM) opened in 1995, and was designated as a FQHC in 1995. MCHCM is the only comprehensive primary health care clinic in Marina. MCHCM has also seen an increase in clinic visits with 8394 in FY 1997-98. Of those, 61% were to Medi-Cal clients and 17% were to insured patients as shown in the attached graph. The budget for FY 1998-99 has a proposed net county cost of \$83,876. In order to achieve this, 70% of the clinic visits must be to Medi-Cal clients.

The clinics have limited space and provider capacity. Therefore, in order to increase the percentage of visits to Medi-Cal clients and fulfill the mission of the clinics, commercially insured patients newly requesting services will need to be referred elsewhere for care. Whenever possible, these referrals will be made to NMC. A population likely to be effected by this policy will be military retirees with TriCare benefits. Many NMC physicians are TriCare providers, as is the Veteran's Clinic at the former Fort Ord, Monterey Medical Group, Doctors on Duty and Monterey Bay Urgent Care Center.

As Medi-Cal managed care is implemented in Monterey County, the clinics must serve a significant number of Medi-Cal clients in order to maintain financial solvency. A concerted effort to increase services to the Medi-Cal population this year will better position the clinics for managed care.

OTHER AGENCY INVOLVEMENT

The Health Department has been working with County Administration and NMC on these recommendations. The Primary Care Clinics Council approved these recommendations. The Board of Supervisor's Health and Welfare Committee concurred with these recommendations at their September 17, 1998 meeting.

FINANCING

The approved clinic net County cost for FY 1998-99 is \$230,395. If the clinics continue to accept new commercially insured patients and the Medi-Cal percentage remains at the 1997-98 level, the cost is projected to be \$458,754. This is an increase of \$228,359 over the approved FY 1998-99 clinic budget. Significant program and staff reductions would then be necessary to operate within the approved budget. Monthly clinic finance reports will be provided to the Board of Supervisor's Budget Committee.

Percent J. Melton, M.D., M.P.H. Director of Health

RJM/AM:av Attachments

. cc: Do

Douglas C. Holland, County Counsel
Jack L. Skillicom, Auditor-Controller
Howard Classen, CEO, Natividad Medical Center

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Monterey County Health Department Family and Community Health Division Primary Care Clinics

Strategies to Increase Medi-Cal Visits at the Seaside and Marina Clinics and Prepare for Managed Care.

- 1. Schedule follow-up visits for all Medi-Cal clients prior to leaving the clinic.
- 2. Telephone appointment reminders only to Medi-Cal clients.
- 3. Telephone follow-up of Medi-Cal clients who are "no shows."
- 4. Refer all clients without insurance to the Medi-Cal Eligibility Worker (currently on site at the Seaside Clinic)
- 5. Develop referral resources for new commercially insured clients emphasizing Natividad Medical Center whenever possible.
- 6. Pilot leaving empty appointment slots each day for Medi-Cal clients to be used for drop-in appointments.
- 7. Enhance relationship and establish tracking system for Medi-Cal referrals with Community Hospital Emergency Department.
- 8. Work with MPUSD Health Services Coordinator to identify Medi-Cal students and families who currently do not have a doctor and establish referral/case findings system between school nurse and case managers and clinics.
- 9. Establish closer working relationships with District Office of DSS, perhaps collaborating on Medi-Cal outreach services with or without state grant funds.
- 10. Define referral and case consultation protocols with County Behavioral Health and contractors for managed care Medi-Cal Mental Health Services to identify common patients needing increased levels of medication management as well as follow-up to chronic (physical) illness.
- 11. Consult with primary care and public health clinics in Santa Cruz County to obtain guidance regarding additional strategies to be employed, specific to clinic operations, case management, and improved customer service capabilities, in preparation for Medi-Cal Managed Care.
- 12. Outstation (on a pilot basis) a Community Services Aide III to perform home visits and other outreach and case management activities upon referral by clinical staff to:
 - a) Keep patients already in care at clinic, especially OB patients
 - b) Identify new patients who don't already have regular medical care and connect them to a Monterey County Primary Care Clinic.
- 13. Define referral and case consultation protocols with Natividad Medical Center, i.e. Family Practice Clinic, Women's Health and Speciality Clinics, to create a seamless system of care for Medi-Cal patients residing on the Peninsula.
- 14. Collaborate with NMC to increase visibility and patient knowledge of NMC services, towards strengthening referral system and increase number of Medi-Cal patients who access primary care at Primary Care Clinics and other care at NMC.

Monterey County Health Department Primary Care Clinics WORK PLAN FOR COMMERCIAL INSURANCE REFERRALS

	по постава на постава Постава на постава на	DATIFICOMPITETIED OF TIMETINE	RESPONSIBILE STATEMENT
	Board of Supervisors (BOS) Study Session: Department of Health Services	July 14, 1998	Director of Health Services
2.	Primary Care Clinics Council: Budget Presentation	July 16, 1998 5:00 P.M.	Director, Family & Community Health (F & CH) Division
m	BOS Budget Hearing: Public Health Projects, Budget Unit 412	July 27, 1998 10:00 A.M.	Director of Health Services
4	Meeting with Supervisor Edith Johnsen	August 6, 1998 at 8:45 A.M.	Director, F & CH Division
5.	Monterey Peninsula Unified School District Healthy Start Collaborative meeting: Update on Primary Care Clinics services	August 12, 1998 at 7:45 A.M.	Director, F & CH Division designee
6.	Staff In Service: Medi-Cal Presentation by Monterey County Dept. of Social Services	August 14, 1998 at 1:00 P.M.	Director, F & CH Division designee
7.	Verification of Tri-Care access at Natividad Medical Center (NMC)	August 14, 1998	Director, F & CH Division
∞ ਂ	Tri-Care* Provider Survey (*primary insurance plan for military retirees)	August 21, 1998	Director, F & CH Division
6	Develop referral resource list for new patients with commercial insurance requesting primary care services emphasizing NMC.	September 1998	Director, F & CH Division or designee
71	10. Present Report to Health & Welfare Committee	to be scheduled	Director of Health Services & Director, F & CH Division
=	 Notify commercial insurance companies re: new patients no longer accepted. Request new patients be referred to NMC. 	effective October 1, 1998	Director, F & CH Division

Monterey County Health Department Primary Care Clinics WORK PLAN FOR COMMERCIAL INSURANCE REFERRALS

Director of Health Services or designee	to be scheduled, upon Board approval	15. Notify Rep. Sam Farr's office
Director of Health Services	to be scheduled, upon Board approval	14. Meet with elected officials in Seaside and Marina
County Counsel	September 1998	13. Evaluate requirement for Beilenson hearings.
Director, F & CH Division or designee	September-October 1998	12. Coordinate refined patient referral protocols with NMC, Primary Care Clinics providers and other providers
A RESPONSIBILITY FIRM	DATE COMPLETED OF TIMELINE	LANCE OF A SCHOOL OF THE STATE

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