Summary/Action Minutes

I. Paramedics Plus: Operational and Financial Update

Fred Claridge, Director, Emergency Medical Services (EMS), Alameda County presented PowerPoint presentation on the operations and finance of Paramedics Plus and EMS system challenges.

Ambulance services in Alameda County average about 340 calls per day or over 10,000 calls per month. Most zones in the County have a ninety-five (95%) percent compliance rate on all responses by Paramedics Plus.

The challenges that the EMS system is facing consist of the payer mix and reimbursement rates for ambulance services. The rate has created a difficult financial situation of sustainability of services. Most estimates show that it costs about $600 per ambulance call, Medi-Cal, self-pay, and private insurance does not cover the cost per call.

EMS has proposed a system redesign, and would require significant changes in the contract to obtain a sustainable system. EMS proposes another request for proposal (RFP) for ambulance services, with various objectives, including preserving a high level of emergency medical response while remaining cost effective. In addition, EMS proposes to hire a consultant to assist with the system redesign and the RFP process.

The Emergency Medical Services will send a letter and contract to the Board of Supervisors for approval of the consultant at the June 2, 2015 Board of Supervisors meeting.

Purpose:
- Report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

Recommendation from the Health Committee: Approve. Move to the full Board of Supervisors.

II. Measure A and Tobacco Master Settlement Fund Reauthorization Timeline

James Nguyen, Measure A Coordinator, Health Care Services Agency and Rebecca Gebhart, Director of Finance, Health Care Services Agency presented a PowerPoint presentation on the Measure A and Tobacco Master Settlement Fund Reauthorization Timeline, for the next three-year cycle, beginning with fiscal year 2016/17.
Measure A was originally passed by Alameda County voters in 2004 that imposed a half-cent retail sales tax to fund health care services in the county. In June of 2014, the voters again passed Measure AA to amend the existing half-cent sales tax revenue for an additional 15 years that will sunset in 2034.

Revenue allocation for Measure A includes 75% of revenues transferred to Alameda Health System and the remaining 25% allocated by the Board of Supervisors.

Tobacco Master Settlement Funds were distributed by the State of California to counties, and Alameda County securitized payments in 2002 and 2006, and those securitized funds were used to pre-fund the County’s debt service. This resulted in general fund savings enabling the County to maintain the commitment of $8 million annually to fund health care initiatives, which is the reauthorization amount.

Both Measure A and Tobacco Master Settlement Funds are due to be reauthorized on a 3 year timeline. The proposed criteria for reauthorization includes ensuring continuity of critical health care services, maintain long-term base allocations for an additional three (3) years, with minimal changes and to include long-term providers in the base allocations.

The proposed timeline for reauthorization of both Measure A and Tobacco Master Settlement Funds is as follows:

1) January through April 2015 – Planning and identification of existing needs assessment
2) May 2015 - Presentation to Health Committee of proposed timeline
3) May through September 2015 – Identify available funds and develop recommendations
4) October 2015 – Presentation to Health Committee of funding recommendations
5) November 2015 – Presentation to the Board of Supervisors of funding recommendations
6) December 2015 through June 2016 – Include allocation in Budget Development process

Purpose:
Report progress
☐ Advocacy or Education
☐ Request Health Committee Recommendation or Position
☐ Other:

Recommendation from the Health Committee: Supervisor Chan recommended the Health Care Services Agency return to the Health Committee prior to the October 2015 meeting to discuss reauthorization criteria.

III. Health Care Services Agency – Alameda Health System – proposed performance metrics

Rebecca Gebhart, Director of Finance, Health Care Services Agency presented a PowerPoint presentation on the Alameda Health System (AHS) Performance Metrics, related to the Toyon Assessment of AHS.

Alameda County and Alameda Health System have been negotiating a new debt agreement. Per the Board of Supervisors, the Health Care Services Agency, County Auditor and the County Administrator’s Office have been developing a set of metrics on which the AHS will report.

The purpose of the metrics is to enable the County and Alameda Health System to assess progress on improvement of the financial and operation condition of AHS.

The presentation included a draft of some of the proposed metrics, and upon completion of the proposed metrics, they will be presented to the Board of Trustees at Alameda Health System and the Board of Supervisors.

The Health Care Services Agency requested the Health Committee’s feedback and further suggestions on the proposed metrics. The Agency will present a complete list of proposed metrics to the Health Committee in June of 2015.
Speakers

BJ Wilson stated that she is employed with Alameda Health System as a registered nurse at John George Psychiatric Emergency and Highland Hospital. In addition she is a union shop steward at SEIU Local 1021. Ms. Wilson stated that she and others have been working with AHS to save money, reduce layoffs. AHS and the union is making progress with good ideas and would like the Boards’ support with the two continuing to have discussions.

Delores Hall stated that she is employed with Alameda Health System at San Leandro Hospital and has been since 1996. In addition, Ms. Hall is a shop steward for SEIU Local 1021. She stated that San Leandro has made a turn-around and is providing more services and has captured $4-$5 million in the last 3 months, and she is asking for the Board of Supervisors support of San Leandro Hospital.

John Pearson stated that he is a registered nurse at Highland Hospital and also a union shop steward at SEIU Local 1021. Mr. Pearson stated that from his perspective patients have extremely limited resources and are also unable to properly care for themselves. Nurses fill a lot of the gaps from primary care and cutting staff would lower the quality of care.

Susan Rosenthal, ACMEA union representative at AHS and Alameda County, stated that she appreciated the Board of Supervisors extending the repayment of its loan to AHS. Ms. Rosenthal stated that the y. The unions have stepped up to work with the Administration and asked that the Board of Supervisors continue to monitor the continued collaboration with the unions and the employees.

Mark Fratzke, Chief Operating Officer, Alameda Health Systems stated that he is excited about the metrics, and regarding the service lines, in July and August of this year, AHS will have the internal capability to calculate the profitability of the service lines.

Purpose:

☑ Report progress
☐ Advocacy or Education
☐ Request Health Committee Recommendation or Position
☐ Other:

Recommendation from the Health Committee: Supervisor Chan recommended the Health Care Services Agency return to the Health Committee monthly to report on the AHS Performance Metrics. In addition, AHS is recommended to review service lines for profitability.

IV. Update on Medi-Cal Renewals

Attachment

Randy Morris, Assistant Agency Director, Adult and Aging, Social Services Agency and Njeri McGee-Tyner, Director of Eligibility and Enrollment, Alameda Health Consortium presented a PowerPoint presentation to update the Committee on Medi-Cal Renewals.

Mr. Morris reported on changes to the renewal process under the Federal Medi-Cal process, including:

- Medi-Cal has eliminated the mid-year review for clients, now once a year
- New information required; Tax householder form
- If there are no changes at the time of the yearly renewal, client will be auto-renewed
- If patients’ Medi-Cal drops, there is a 90 day “cure period” established

There are different types of Medi-Cal and new processes: 1) Age, Blind, Disabled and 2) Modified Adjusted Gross Income (MAGI).
Challenges

There is a lawsuit pending against the State regarding the renewal process, lack of reference to timeframe and the new Tax Householder form, which was only sent in English. The State’s instructions to counties were received late and by the time they were received, the information had changed. This resulted in a back-log in counties getting procedures in place however Alameda County has made significant progress.

Additional challenges include:

- Technology interface, which requires manual actions by employees
- New Tax forms are confusing to clients
- Extremely high caseload

Alameda County will auto discontinue approximately 16,000 clients; they will receive notification and have 90 days to re-apply.

Njeri McGee-Tyner reported on the Low Income Health Program (LIHP) transition of 40,000 clients to Medi-Cal.

The Alameda Health Consortium partnered with additional providers, Alameda Health System and the Health Care Services Agency to provide renewal enrollment assistance for the LIHP population. The Consortium has had great successes, including monthly patient notices, phone outreach, robo-calls to receive assistance and assistance at doctor visits.

Some of the challenges of the enrollment process include language barriers, as the new Tax Householder form was originally sent in English only which negatively affected a large amount of LIHP clients. The form is now available in Spanish and Vietnamese however it is still very complicated.

The Consortium to date has obtained renewal packet information for over 7,000 LIHP clients and will increase efforts to reach remainder of the clients.

Purpose:

☐ Report progress
☒ Advocacy or Education
☐ Request Health Committee Recommendation or Position
☐ Other:

PUBLIC COMMENT: None.

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