

Contra Costa County's Health Care Coverage Initiative Network Structure: Interim Findings

Introduction

The Contra Costa Health Plan (CCHP), a Knox-Keene licensed Health Maintenance Organization owned and operated by the county, administers the Health Care Coverage Initiative (HCCI) program in the county. The program has focused on improving access to services for individuals enrolled in their safety-net program, and increasing the number of individuals enrolled. Contra Costa County has enrolled 10,949 members as of May 31, 2009; 2,349 more than the proposed three-year program target of 8,600.

Safety-Net System Prior to HCCI

Prior to HCCI program implementation, Contra Costa County provided local indigent health care through the Basic Health Care (BHC) program. CCHP administered BHC along with Medi-Cal, Healthy Families and commercial insurance products. CCHP had contracts with Federally Qualified Health Centers (FQHCs) in the county prior to HCCI, which comprised the network for all their products. However, not all of these providers were accessible to medically-indigent adults enrolled in BHC. Prior to HCCI, private community-clinic FQHCs in particular were not part of the baseline network.

Prior to HCCI, network providers were located at sites within Contra Costa Health Services (CCHS), the county health system, which includes Contra Costa Regional Medical Center (CCRMC) and eight county-owned FQHCs. Additionally, CCHP utilized private contractors based in private-practice offices and hospitals to fill gaps in access to sub-specialty and more advanced specialty care. However, low-income uninsured adults in the county had limited access to primary care, and did not typically have an assigned primary care physician or a medical home. BHC

members received predominantly episodic care and limited case management services. The program also lacked health information systems that link the private community clinics to the county's HCCI program for eligibility, applications or reporting purposes.

HCCI Network Structure

Contra Costa County's HCCI network is part of the CCHS county hospital system and is administered under the local managed-care system. The HCCI network is a public-private partnership. In order to accommodate the uninsured low-income adults newly covered under HCCI, Contra Costa Health Plan expanded access for enrollees to two private community FQHCs with multiple clinic sites.

Network Services and Reimbursement

The CCHP network for HCCI is composed of Contra Costa Regional Medical Center, eight county-owned clinics with FQHC status, and two private FQHC clinic systems called La Clinica de La Raza (with three clinic sites) and Brookside Community Health Center (with two clinic sites). Additionally, CCHP has contractual agreements with private physicians and private hospitals within the county. In total, there are 12 clinic sites, seven hospitals and numerous private physicians in the network, with a total of approximately 624 physicians and 136 medical homes available to HCCI enrollees.

Some clinics within the network are significantly larger than others, and therefore have more enrollees assigned



to them. However, due to the use of electronic primary-care-provider assignment for HCCI enrollees in the network, enrollees are distributed fairly evenly among primary care providers.

The primary care providers (PCPs) in the HCCI network are based at CCHS's eight county-owned health centers and the two private FQHC clinic systems. All primary care providers are either county employees or are contracted with CCHP, and are reimbursed through a prospectively-determined fee for each visit, which is negotiated in the contract with each CCHP clinic or physician.

Urgent care is delivered through a nurse advice line and same-day or next-day appointments in the medical home. Several county-owned clinics have after-hours scheduling for urgent appointments, and both county-owned and private-clinic medical homes have same-day appointments available to their enrollees. CCHS also has an open-access scheduling system that allows for same-day visits to primary care physicians and specialists. Additionally, CCHP recently completed contracts with five private community-based urgent care centers, to which enrollees may be directed by the advice nurse to fill a gap in access when necessary. Urgent care services in the network are reimbursed on a per-visit (fee-for-service) basis.

Specialty services for HCCI enrollees are primarily provided at CCHS's eight county-owned health centers. Specialty care services are also available through contracted private physicians and private hospitals which are used to create access in the rare cases where services are not available within the county-operated system. All the specialists in the network are paid a fee-for-service rate with some receiving an enhanced rate coordinated on a case-by-case basis.

Inpatient care for HCCI enrollees is primarily provided at CCRMC. Inpatient care at CCRMC is reimbursed through a bundled per-diem rate. In rare cases where an enrollee requires higher level services that are not available within CCHS, the county covers inpatient care at contracted private and university hospitals, which are reimbursed through negotiated fee-for-service rates.

Ancillary Services and Reimbursement

HCCI enrollees may receive laboratory services at their medical home clinic including advanced laboratory and diagnostic services. The few laboratory and diagnostic services not provided in the medical home clinics are provided at CCRMC. Additionally, enrollees may be referred to contracted private offsite facilities to receive laboratory or diagnostic services not available within the county facilities. All services from contracted facilities require prior authorization by the utilization management department, and are reimbursed through a fee-for-service payment. Laboratory and diagnostic services provided within the medical homes or CCHS are paid via a bundled rate.

CCHP has contracted with a Pharmacy Benefit Manager (PBM) which subcontracts with chain and independent private pharmacies. There are 12 Walgreen's pharmacies located throughout the county. Additionally, there is an inpatient pharmacy at CCRMC. Pharmacies are paid a contracted fee-for-service rate for medications in the network formulary. The PBM provides data on pharmacy use to CCHP. Inpatient medication reconciliation or a review of patient medications, is conducted routinely at CCRMC. Primary care providers are also able to receive data and feedback about prescribing patterns.

Health Information Technology

CCHS has an electronic eligibility and enrollment system. The system was in use in the county prior to the HCCI program, however, it was customized for HCCI to address eligibility guidelines for the program. Additionally, the application was significantly expanded to be available to all providers at medical home clinics within the network. Contracted private specialty providers who do not have access to the application can call an automated telephone service to confirm eligibility.

HCCI enrollees are able to schedule appointments by phone, and can typically receive same-day or next-day appointments. Most medical homes utilize unique electronic appointment scheduling systems to which their own providers and staff have access. The medical center and emergency department also have access to

electronic appointment scheduling. However, a centralized electronic appointment scheduling system is not currently available across the HCCI network.

Contra Costa County does not have a single health information technology (HIT) system that contains all patient information and is accessible across the system. Rather, CCHS operates a range of internal, proprietary and vendor electronic patient information systems which are available to all providers across the county-operated health clinics.

Providers are required to issue a referral for specialty-care services in the HCCI program. Currently, referrals are made by fax or paper, although implementation of an electron referral (*e-referral*) application, called the *Gaudette System* is planned within the next year. The system is to be used primarily for referrals to specialists who are not a part of CCHS. For most procedures, referral requests must be reviewed by the CCHP utilization review department. The utilization review department can track the progress of a referral, and provides updates to primary care providers on referral status. At this time, providers are not able to track referral progress themselves, although the planned *e-referral* system will create this capability.

Currently, medical home providers can follow up on referrals through the CCHS medical record systems, which contain information on all services received by enrollees at county-operated sites. Followup on services provided by contracted private providers is less frequent. However, case managers within the system are responsible for tracking all utilization of case-managed HCCI enrollees, and communicating with primary care providers to coordinate care. Upon implementation of the *e-referral* system, automated two-way communication between providers will be supported.

CCHS operates an immunization registry which is available across the network to both county and private contracted providers. Individual clinics in the network may also have unique disease registries that are not shared across the system. CCHS utilizes asthma and diabetes registries that are not available outside of the county system. Use of the registries by individual

providers varies, and is not required by contract.

Electronic prescribing is currently available to providers within CCHS through a system called *RxM*. Prescriptions generated by the system are then printed and faxed directly to the enrollee's pharmacy. Implementation of automated electronic prescription transmission to network pharmacies is planned within six months.

The county does not incentivize for or require the use of the available HIT by HCCI providers, although the majority of county employees do utilize the available information systems.

System Design Innovations in Care Coordination and Delivery

Specialty care is available to enrollees in the same location as their medical home, particularly at the county-owned clinics located throughout Contra Costa County. There are a few specialty services, such as oncology treatment that the majority of enrollees must travel from their primary care medical home to access. The county has also expanded its network of specialists through contractual agreements with non-county providers, but does not use volunteer specialists or other alternate sources of specialty care personnel.

By contracting with La Clinica de La Raza, Contra Costa County has provided HCCI enrollees with access to telemedicine for retinal screening. La Clinica de La Raza was the recipient of a California Health Care Foundation (CHCF) grant which funded retinal cameras, telemedicine software and remote specialty consultation with the UC Berkeley Optometry Clinic. All individuals utilizing La Clínica within the county have access to these services, including HCCI program enrollees. PCPs also have access to specialty consultation in the network via telephone and email.

Some primary care providers within the network receive specific trainings to enhance their scope of practice which then allows them to become *registrars*. PCPs who are designated as registrars carry out additional functions beyond the traditional scope of practice in the primary care setting. In addition, PCPs may receive training at CCRMC on clinical and

administrative issues related to HCCI objectives, such as working with case managers or pharmacy utilization.

Contra Costa County has implemented clear guidelines for primary care providers and specialists regarding policies and procedures involved in making and receiving referrals. For specialty care services outside CCHS, referral requests must be reviewed by the CCHP utilization review department, which uses several types of decision support software, as well as Medicaid and Medicare clinical care guidelines to assess referral appropriateness. These clinical care guidelines and decision support tools are available upon request to all provider types within the network.

Future Plans

Contra Costa County intends to continue developing its HCCI network in the period remaining under the waiver demonstration through August 31, 2010. Specific plans include:

- Implementing the *Gaudette System*, which will include an *e-referral* application and will facilitate electronic referral tracking and two-way communication for referral followup.
- Enhancement of the *e-prescribing* system, such that prescriptions are electronically submitted to the pharmacy rather than faxed.
- Further integration of health information systems within HCCI network.
- Continuing to develop care management services for enrollees with chronic health conditions.
- Continuing to conduct outreach to diverse populations, including homeless individuals.

Network Sustainability

Under the HCCI program, the county in partnership with CCHP has implemented a range of enhancements and innovations to the network, many of which are expected to be sustainable beyond the HCCI program period. In particular, the county will continue to support the infrastructure support tools, and improve the *e-prescribing* and *e-referral* systems.

Contra Costa County's Ideal Network

The CCHP network in Contra Costa County is vast, but may be nearing its capacity to provide care to all low-income uninsured adults in the county. If funding to reimburse care for all medically indigent individuals in the county were to become available, the County would make improvements to the health information technology systems to achieve a more seamless system. Additionally, expanded outreach would be conducted to reach other potentially-eligible individuals and link them with care.

Contra Costa County's Best Practices

- Contra Costa County built on pre-existing CCHP's infrastructure and product lines to create the HCCI network. The CCHP facilitated access to a full scope of services for HCCI enrollees. Additionally, this approach allowed the county to achieve competitive contract rates with providers due to the leverage provided by the size of the patient population and diversity of payers represented by the health plan.
- Upon enrollment, enrollees complete a self-reported health assessment which is used to triage them into the appropriate level of service, including care management. Care managers then provide referral followup and care coordination services, and communicate closely with primary care providers. The county also uses non-clinical case management personnel to assist enrollees with appointment scheduling and social services.
- Access to the 24/7 nurse advice line for HCCI enrollees in Contra Costa County has allowed the program to redirect patients to the appropriate level of care within the network. The county reports that over 40% of calls to the advice line result in a recommendation of *at home care*, thereby reducing inappropriate use of the emergency department.
- The program utilizes electronic primary-care-provider medical home assignment upon enrollment. This tool has allowed for an even distribution of patients across network PCPs, preventing any provider from carrying a disproportionate share of HCCI patients.