Welcome. You're listening to a UC Davis Center for Poverty Research conference podcast. I'm the center's director, Ann Stevens. In November 2013, the center hosted the conference, The Affordable Care Act and Low Income Populations, Lessons from and Challenges for Research. The conference featured top healthcare experts from across the country to discuss the roll-out of the Affordable Care Act, and what the new system means for poverty in the United States.

In this presentation, Robin Affrime discusses the impact the Affordable Care Act can have on community clinics that currently serve uninsured and poor populations. Affrime is CEO of CommuniCare Health Centers.
>> I'm Robin Affrime, and I'm CEO of CommuniCare Health Centers, which actually is an FQHC. And you, you know, if you seem to know a lot about, I think you've heard a lot about FQHCs today.

But, we started as the Davis Free Clinic in Davis in 1972, and so last year we celebrated our 40th anniversary. We've been around for a long time, and we've seen a lot of growth over the years. And the thing the thing about FQHCs is that not only do we provide comprehensive services culturally, and culturally competent, but we, we are it is our mission to see the uninsured.

It's our mission to see people that don't have access anywhere else. And we do have a sliding scale, which is kind of really important. So we've grown CommuniCare, we now have five sites here at Davis Community Clinic, Salud Clinic in West Sacramento, two clinics in Woodland, Peterson, and John H Jones, and a part-time dental clinic in Esparto.

For us in the health center world, this is, this is great. I mean honestly, the expansion of, of Medi-Cal and the ability for our hard, for our long-term uninsured to be able to get coverage is really something we've been working for for years. And actually, I don't think it goes far enough, but it is really a good thing.

I was recently at our national conference in Chicago and the, the president of our national association is from the State of Louisiana. And I sat there while he was talking, thinking I'm really glad I'm from California. Because Louisiana is not doing the Medi-Cal, Medicaid expansion in that case.

And are not doing the, the health benefit exchange. And he, he, in that state, they have to struggle. They have higher, they have, we all got. We all got funding for outreach and enrollment, so they did get some funding for that. So what they're working on is getting more people that are currently eligible for Medi-Cal on, the people that are under 100% of poverty.

And actually in that state, it's, it's state by state, I think it's like 50%, of poverty. So for, so, for a lot of reasons, I'm glad, I was thinking, well, I'm really glad we're in California where we're gonna be able to really help people get coverage. So for us, it is about Medi-Cal expansion, it's really about outreach and enrollment right now, totally.

And then in planning, it's about how many residually uninsurable we still have, and what's access to care gonna look like? So this is, we started playing around with numbers cuz we had to come up, we had to plan something, and we had to do some estimates based on the information that we had.

This is, this is from the census and while it's not great, it, it allowed us to look at our population in Yolo County, and see what's the, what, what can we, what do we need to plan for in our health centers. So the population actually now is closer to 202,000 in Yolo County, but and it's, we've consistently had about that 25,000 uninsured.

And now we can break, we can actually say, now, what's gonna happen to those uninsured people? There were, there are a certain percentage of undocumented, that are not eligible for anything. And I actually believe it's larger in a county. But that gives us about 60,000 people, that will be eligible for Medi-Cal expansion.

Up to 138% of poverty, and then subsidize, subsidy for under the health benefit exchange under Covered California. And then, a very smaller percentage of people in the county that will be unsubsidized, over over 400% of poverty. I think that's because in Yolo County a lot of the employers offer health insurance.

So one thing that is, is important in our, in our county and I think throughout the state and I believe the, the previous speakers were talking about this. So there was planning in the state, knowing that this was coming. Well, assuming that, that it was going to become, coming.

And for the people that were already eligible by, by, by economics for Medi-Cal, which is under 100% of poverty, but they were the single adults. They were called the LIHPs, the L, Low Income Health Programs, and we're calling, we call it Path to Health. So, those people will automatically transition into Medi-Cal.

In Yolo County, we have partnership health plan, which is our, we're a country organized health system, Medi-Cal managed care. And all of those people will go into partnership health plan. We hope, we hope that that goes well, that's the plan. And then there's the expansion, and then there's people that are el, eligible for subsidy.

so, as far as outreach and enrollment like I said, we did receive funding to do that. And we have nine, we call them client benefit advocates. They're also known as navigators. They're known as certified assistors. They've been through the training with Covered California, they've been through the background checks, so now you have to be fingerprinted.

And we're waiting, slowly but surely, they're getting their what's called numbers, they're actually getting certified. So of the nine, three have gotten their certification, all of them, they all passed the test. And that's extremely important because they're gonna be located in our clinics and out in the community.

And they can help any one, but in order to help people get on Medi-Cal, you also, you have to be certified by Covered California, because you have to go into their system. And so we're also, it's very interesting because we're also finding a little little glitch right now in that the, the county and the state is not ready to actually put onto Medi-Cal the people under expansion.

So, if you're a 100% or less of poverty, you could get on Medi-Cal today. And Medi-Cal will not have an open enrollment, you can always get on Medi-Cal. But if you are the, the MAGI or the expanded Medi-Cal from 100 to 138% of poverty, if you apply today, before January 1st, you would be denied.

And so even though, we thought the system would be set up to take the people that are, will be eligible and set their applications aside, and give them tentative approval, and then on January 1st, they'll, they'll go in. But this isn't quite happening that way. So we're working with our county to figure out what we can do to make sure that we can help people get, fill out their applications now, maybe hold them and then right before January 1st, submit them again.

So for us, we're really, what we're doing is we're kind of doing some planning. And we're also doing in-reach and out-reach and we're, we're we're really planning to contact all of our patients. Our current patients who've been coming to us that are in the Path to Health, to make sure that they know what, that they're, that they're clear on what's gonna be happening to them, that they have have with, we are still their, their primary care provider and make sure that they transition well into Medi-Cal.

We're also going to be identifying, and we can do this, we have an electronic health records, so we can go in. We get a lot of the data by payer and by by income, and we can figure out more or less how many of our people have fallen off of Medi-Cal or the, the the LIHP program, and call them to see if they, we can get them or have the come in, and help them fill out the application cuz they're eligible today.

And then we're go, we will eventually be contacting the people that will be, would be eligible for the expansion, and probably be calling the people that will be eligible for Covered California. But we don't, for our patients, 98% of our patients are under 200% of poverty. We don't think it's gonna be, of our current patients, we don't think many of them are gonna be eligible for, for Covered California.

So these are our numbers, again, we just estimated when we did this, these were the numbers, they're probably different today. But at any given time, we have 36 to 40% of our patients are uninsured. And so looking at those

numbers, what, what can we see and the, one of the numbers that really jumped out at me was the Medi-Cal expansion.

That's one of the estimates that we saw from the county, that's 50% of all the people in the county that are already coming to us that are uninsured in that category. Which is good because we'll be able to contact them and that's a lot of people, that's 15% of our, of our users.

So now, now that we are gonna get people on, we're gonna do everything we can do to get everybody on, where will they, will we have access to care? And so that's really a lot of where the planning is and where we are doing educated guessing, educated estimating, but but actually could probably use better data.

I'm really not sure it's there, but we're looking. There is a couple of things that we're looking at, as actually, we think, there's some numbers that I've seen, if you read different studies. I think there was a study from, with joint Cal Berkeley and UCLA that said, for the people that have fallen off of Medi-Cal, only 40% of those people will actually enroll, which I think is actually true because there, there is a reason that they've fallen off.

And it may be they don't want to be on Medi-Cal, or maybe they're hard to reach, but I think that's probably true. So I think that, but what we don't know is how many will we really enroll in the first year? And I'm estimating that it, I think I'm estimating just about 50% will actually enroll in the first year.

We're, we're, guess, again, we're estimating. And but we have to plan for something, because we have to plan for expansion. So what you did hear it and it is true that in the ACA, there was specific funding for Federally Qualified Health Centers, and one was outreach in enrollment.

There's been funding for us to get certified as patient-centered health homes, but there also is capital money. And CommuniCare was lucky enough, our timing was good. We are building a brand new health center in Woodland which will replace our two very old, outdated centers, putting all of our services, medical, dental, behavioral health, substance abuse, perinatal outreach, education, all in one site.

And we were able to get a $5 million grant, and for a $9.3 million project, it made it doable. We were, we would have to have a lot of financing. We would have done it but it would have been financed very differently. So that's really great because what, what do you do to expand, well, you have bigger buildings, you hire more staff or you have more hours.

And we're also looking at that, more evenings and, and actually opening on Saturdays. And it isn't just provider staff, which of course is extremely important. Everything starts with the provider, but it's also support staff as well. So residually insureds are really big thing for us. We, we, again, estimating if, if our numbers are correct our our uninsured will go from 40% to 25%.

But I think there will, we will always have uninsured coming to the clinic for a variety of reasons, obviously, the undocumented. We don't, we don't know exactly how many people use the clinic that are undocumented because we don't ask, but we have a, we have a guess. We heard earlier about the invincibles.

I think it is true that some young, healthy adults will choose in maybe the first year or so, not to become, not to be insured. But when the, their penalty gets higher, they might decide to do that. In Massachusetts, and maybe I wasn't here for the whole conference, you may have heard this, but in Massachusetts, they found that towards the very end, the young adults or young healthy adults were waiting and waiting.

And towards the very end, they all started enrolling because they got worried about the penalty. there, I do think that there's a lot of people that we see that go on and off of Medi-Cal eligibility because when they're working, they have more income. Or maybe a family member joins the household and, and they have an income but they're still very low income.

And I think that they actually will choose not to do when they can be on Meidi-Cal, that will be great, but when they're

not, I think they'll be uninsured because I don't think they're gonna be able to afford the premium and certainly not the deductibles. And then there is a category legal resident in the United States for less than five years.

They're not eligible to either, and people would just miss open enrollment. again, Medi-Cal is that you can always apply for Medi-Cal, but for Covered California, that, there will be some people that, that do miss it. This year, it's, it's extended through March 31st. And then next year, so, so we've heard unless they decide to change, and next year it'll be just for five, about five weeks October and No, November.

But we do need to remember this is a really good thing. And it really, it really will, we will succeed. There will be, there will be real change. And we will have a lot fewer patients without coverage, which is really, really great for their healthcare. As you'll hear a story from Chris when you don't have health insurance.

And then, more people, not just in Yolo County, but ev, everywhere, that has some expanded covered will have a, will have a true medical home. They'll be able to choose a provider and stay with that provider. And there will, there will be positive changes in individual and populational health.

We're going to have to really work on that. But you know, triple aim, we will be working on that, and I think it will, I'm optimistic.
>> I'm Ann Stevens, the Director of the Center for Poverty Research at UC Davis, and I want to thank you for listening.

The center is one of three federally designated poverty research centers in the United States. Our mission is to facilitate non-partisan academic research on domestic poverty, to disseminate this research, and to train the next generation of poverty scholars. Core funding comes from the US Department of Health and Human Services.

For more information about the center, visit us online at poverty.ucdavis.edu.