To Whom It May Concern:

Merced County is not yet ready for the implementation of the Whole Child Model. Merced County’s current Medi-Cal provider network, Central California Alliance for Health (CCAH), is already struggling to handle its current Medi-Cal case load. I do not feel CCAH will be able to serve the additional needs of the 2600 CCS children and their complex medical conditions, due to the small number of pediatricians and specialists in this network. Merced County is a poor, agricultural-based county with a high percentage of patients on Medi-Cal, and currently there is very little here to attract doctors, even with “provider incentives”. Implementing this now puts CCS clients and their families in a position where access to care is severely limited. A complex referrals and authorization process creates barriers to timely access to care; this can be extremely dangerous due to the fragile nature of these children. Merced County is an isolated, single plan county with no access to doctors in any bordering counties. Therefore, the doctors we have access to are those that are on CCAH’s provider network list for Merced County, which is also not entirely accurate. Implementation of the Whole Child Model at this time would create a situation where these 2600 CCS children would be medically underserved.

There are six pediatricians in the entire Merced County provider network list, and only two are CCS-paneled. Because these pediatricians are accepting patients by referral only, many of these CCS children do not have access to a pediatrician. As a result, most of the children in CCAH’s system are only able to see an adult primary care physician (PCP). This type of PCP is not qualified to administer their specialty conditions and currently only provide physicals and non-specialized care. Many of these adult PCPs are not even CCS paneled. Most of these CCS clients are infants and children, so they will be seriously underserved if they don’t have access to a pediatrician who is CCS paneled.

CCS clients have on average three specialists, yet some can have five or even ten as a result of their complex medical conditions. At this time, I do not believe that the specialist provider network in Merced County is adequate enough to be able to handle the specialty care requirements of these most vulnerable children if they are moved to Medi-Cal Managed Care. For example, in the CCAH network in Merced there are only three orthopedic surgeons, two ophthalmologists, one otologist (ear, nose, and throat), and no neurosurgeons that are CCS paneled specialty doctors, and the other counties served by CCAH are at least 100 miles away. The CCAH provider list is also misleading in that many doctors are listed multiple times at several locations, making the provider network seem bigger than it truly is.
Because Merced County is using a County Organized Health System (COHS) model, with a single Medi-Cal health plan, we have been chosen to be one of the first counties to undergo the CCS transition. Many of Merced County’s doctors are of retiring age, and the few younger doctors that come here often leave because of the poor reimbursement rates for Medi-Cal. Our insufficient provider network and the fact that the CCAH does not have contracted doctors in any of the bordering counties makes us virtually isolated.

The specialty needs of these CCS children would cause a significant increase in the number of referrals that the doctors would be required to make. The referrals and authorization process is time-consuming, and the PCPs often have inadequate staff to handle the current amount of referrals required for their patients. These understaffed PCPs could also make an additional barrier to timely access to care for these 2600 CCS children. In the integration of these CCS children into Medi-Cal Managed Care, it is essential that the doctors making the referrals understand the health needs of the entire child. Having unqualified adult Medi-Cal physicians care for these children will put other aspects of the child's health at risk.

Central California Alliance for Health needs more time to develop a strong provider network that will attract additional doctors capable of maintaining the health needs of their CCS population, on top of their regular Medi-Cal population (roughly 51%). The only way to ensure that these children will receive the quality of healthcare services necessary to survive is to delay the implementation of the Whole Child Model here in Merced County until CCAH has developed their network to readiness capacity. In my opinion, as a CCS client and a Medi-Cal patient living and receiving care in Merced County, CCAH’s provider network is not adequate enough to pass the Department of Health Care Services Readiness Review, and it would be nearly impossible for them to comply with the stipulations of SB 586. Implementing this plan now here in Merced county would only be putting our 2600 CCS children at a higher risk for medical injury and complications.

Sincerely,

JC Aguirre III

CC:

California Children's Services Redesign Performance Measure Quality Subcommittee members
California Children's Services Advisory Group members