

<b>Attachment A</b>			
<b>Comparison of Medically Indigent Adult Program, Access Point Proposal, and Low Income Health Program/ViaCare</b>			
<b>DRAFT updated 12/26/2012</b>			
<b>Summary of Activities</b>	<b>Medically Indigent Adult (MIA)</b>	<b>Access Point Proposal</b>	<b>Low Income Health Program/ViaCare</b>
Eligibility Determination	Intake at NMC Financial Counseling Unit only Eligibility determination completed by NMC	Intake may occur at County clinics and NMC Financial Counseling Unit Eligibility determination completed by NMC	Intake may occur at County clinics and NMC Financial Counseling Unit Eligibility determination completed by DSS
Eligibility Requirements	0-250% of Federal Poverty Level (FPL) 21-64 year old Asset Test Not covered by another program or medical plan Legal Resident of Monterey County	0-200% of FPL All ages No Asset Test Not covered by another program or medical plan Resident of Monterey County	0-20% FPL 19-64 year old No Asset Test Not covered by Medi-cal or Medicare Legal Resident of Monterey County
Number of Enrollees	Approximately 2,000 patients per year Enrolled for one (1) to three (3) months	300 in Q1, 200-300 additional in Q2 depending on expenditures Enrolled for one (1) year	200-300 through December 31, 2013 Enrolled through December 31, 2013
Physical Health Scope of Benefits	Acute medical necessity only Specialty services through a TAR Case Management by MCHD Public Health Regional Teams by referral only for inpatient discharge patients	Limited scope of physical health services Prevention, physician, hospital, emergency, laboratory, radiology, therapy Case Management by MCHD Public Health Regional Teams	Full physical health scope of benefits excluding bariatric, fertility, and organ transplant Prevention, physician, hospital, emergency, laboratory, radiology, therapy Case Management by MCHD Public Health Regional Teams
Physical Health Provider Network	NMC and MCHD FQHC Laurel outpatient clinics Specialty services through a TAR	NMC and MCDH FQHC outpatient clinics	NMC, MCHD FQHC outpatient clinics, and contracted providers through CCAH
Mental Health Scope of Benefits	N/A	Limited to services offered at MCHD FQHCs	Mental Health case management, adult crisis residential, adult transition residential, day treatment intensive, day treatment rehabilitation, day treatment crisis stabilization
Pharmacy	Physical Health Pharmaceuticals through NMC pharmacy only	Referral to United Way FamilyWise Program	Physical Health Pharmaceuticals through CCAH PBM Mental Health Pharmaceuticals through MCHD BH PBM
Provider Rate Setting	NMC negotiates with specialty providers	Rates at cost Rates not to exceed current interim Medi-Cal and PPS rates	CCAH negotiates with providers NMC sets rate at percentage of billed charges
Provider Agreements	NMC contracts with providers	Only NMC and MCHD FQHCs are providers	CCAH contracts with Providers
Co-pays	Co-pays for outpatient clinic visit (\$10), emergency room (\$25), CAT scan and ultrasound (\$10), hospital admission (\$100), laboratory (\$10), radiology (\$10), pharmacy dispensing fee (\$3)	TBD	No Co-pays
Programmatic Cost	\$6,200,000	No new revenue; services are currently responsibility of safety net providers	\$2,993,396
Administration	NMC	TBD but no 3rd party administrator	CCAH serves as ASO
Administrative Cost	To be provided by NMC	Limited to total current operational expenditure authority with no additional GFC	CCAH proposes 8% of actual claims payment based on reduced number of enrollees of 200-300
<b>Pros</b>	<b>Medically Indigent Adult (MIA)</b>	<b>Access Point Proposal</b>	<b>Low Income Health Program/ViaCare</b>
	County Controlled - minimum requirements set by W&I Code 17000	County Controlled	Full physical health scope of benefits
	Case Management for inpatient discharged patients	Prevention Services included in scope of benefits	Case Management included in scope of benefits
	Controlled utilization of tertiary network	Case Management services included in scope of benefits	Extensive Provider Network
	Payor of last resort	Necessary inpatient at NMC only	Mental Health services included in scope of benefits

Summary of Activities	Medically Indigent Adult (MIA)	Access Point Proposal	Low Income Health Program/ViaCare
		Establishes medical home for eligibles; enrolled for one (1) year	Federal Match - reimbursement of \$0.50 per eligible \$1.00 in CPE
		Serves as linkage/referral to other programs	CCAH serves as ASO and conducts Utilization Review and Management
		Payor of last resort	Establishes medical home for eligibles; enrolled through December 31, 2013
		Open to all Monterey County residents regardless of legal status	No-copays
			Enrollees will transition to Medi-Cal January 1, 2014
Cons	Medically Indigent Adult (MIA)	Access Point Proposal	Low Income Health Program/ViaCare
	Not focused on Prevention - very fragmented, episodic only	Limited to services available at NMC and FQHC outpatient clinics	Ends December 2013; May only be able to implement for 6-9 months
	Limited to services available at NMC and MCHD FQHC outpatient clinics or by Treatment Authorization Request	Requires additional system to be developed to conduct Utilization Review and Management and Eligibility	Limited to 200-300 enrollees
		Limited to current available funding	Payor for individuals with HIV/AIDS that meet eligibility criteria
		Limited to 300-600 enrollees per year	<b>State did not approve incorporation of language in LIHP contract regarding realignment funding</b>
		Co-pays	Limited FPL
<b>LEGEND:</b>			
BH - Behavioral Health (mental health services)			
CCAH - Central California Alliance for Health			
CPE - Certified Public Expenditure			
FPL - Federal Poverty Level			
FQHC - Federally Qualified Health Center			
GFC - General Fund Contribution			
MCHD - Monterey County Health Department			
NMC - Natividad Medical Center			
PBM - Pharmacy Benefit Manager			
PH - Public Health (case management services)			
TAR - Treatment Authorization Request			
W&I C - Welfare and Institutions Code 17000			