

# #Health4All in California

## HEALTH ACCESS CALIFORNIA

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# Agenda

1. Overview & Context
2. Health4All County Models
3. California's 1115 Waiver - Medi-Cal 2020 Waiver
  - ▶ Global Payment Program
4. Considerations
5. Q&A – Discussion

# 1. Overview & Context

## Health Care Coverage Options for the Remaining Uninsured & the Undocumented

### 1. State-sponsored Options:

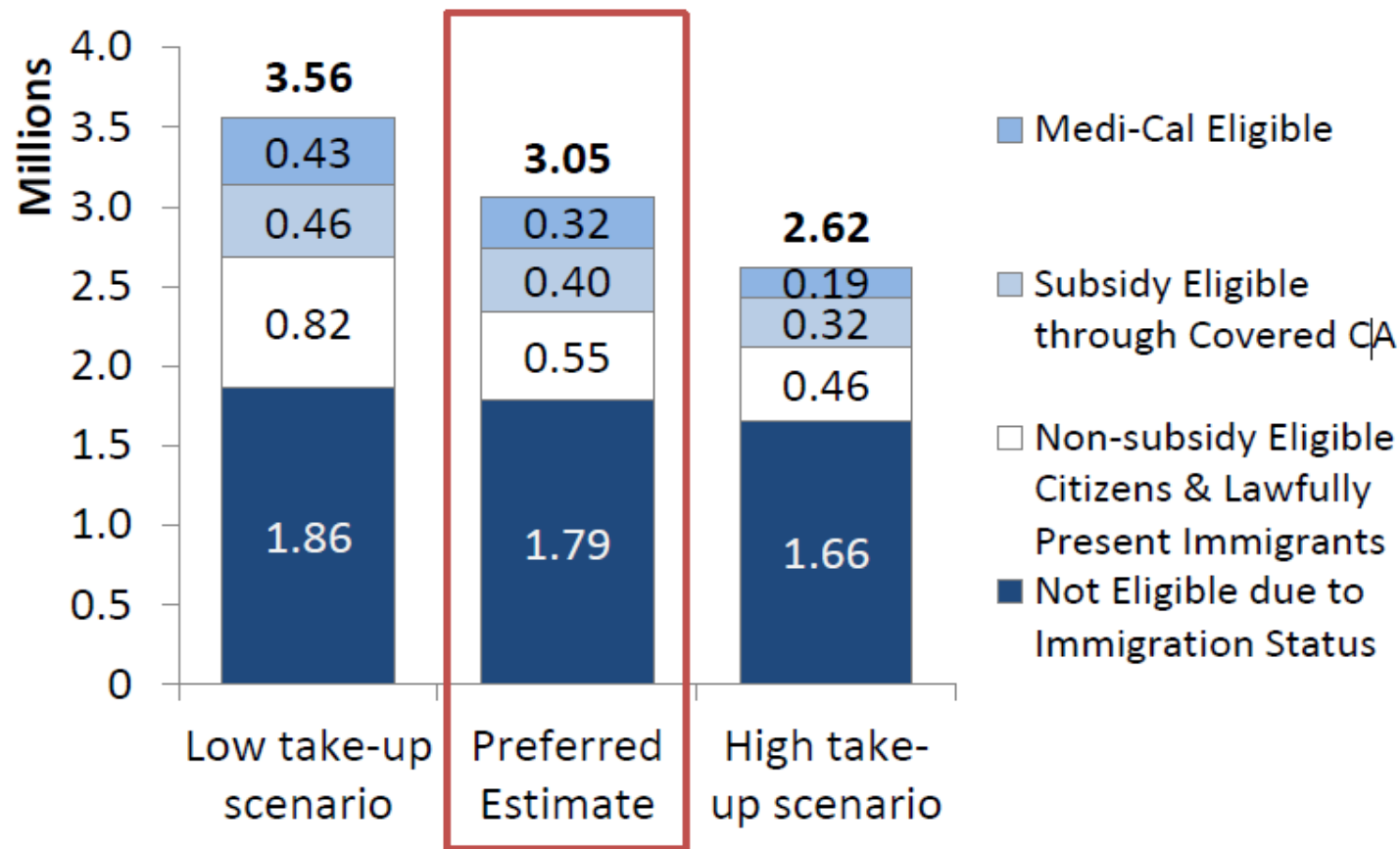
- ▶ Children under 266% FPL can now enroll in full-scope Medi-Cal
- ▶ Undocumented adults limited to restricted-scope “emergency Medi-Cal”—not full coverage.

### 2. County-based and Local Options:

- ▶ Safety-Nets: FQHCs/Community Health Centers/Public Hospitals (often with a sliding-fee scale)
- ▶ Emergency rooms (only to stabilize, not to provide ongoing treatment)

# We project about 3 million non-elderly Californians remain uninsured

California statewide projected uninsured age 0-64, 2017



Compare to:

- CalSIM 1.91:  
3.38m – 2.73m  
in 2019
- ACS 2015:  
3.25 m

# Uninsured rates vary by region

Region	% uninsured	# uninsured	# uninsured, MC eligible	# uninsured, Subsidy eligible
Eastern Counties	11.9%	23,000	5,000	<5,000
Central Valley	11.5%	351,000	108,000	36,000
Central Coast	10.6%	217,000	24,000	19,000
Inland Empire	10.6%	424,000	79,000	101,000
Los Angeles	10.0%	893,000	48,000	110,000
Orange	9.3%	264,000	13,000	27,000
<b>California</b>	<b>8.8%</b>	<b>3,049,000</b>	<b>322,000</b>	<b>401,000</b>
Kern	8.3%	64,000	5,000	8,000
San Diego	7.6%	216,000	12,000	37,000
Contra Costa	7.5%	73,000	<5,000	5,000
Santa Clara	7.3%	127,000	<5,000	5,000
Northern Counties	6.6%	73,000	6,000	18,000
North Bay Counties	6.4%	73,000	<5,000	<5,000
Alameda	5.8%	84,000	<5,000	<5,000
Sacramento Valley	5.7%	112,000	11,000	26,000
San Francisco & San Mateo	4.0%	55,000	<5,000	<5,000

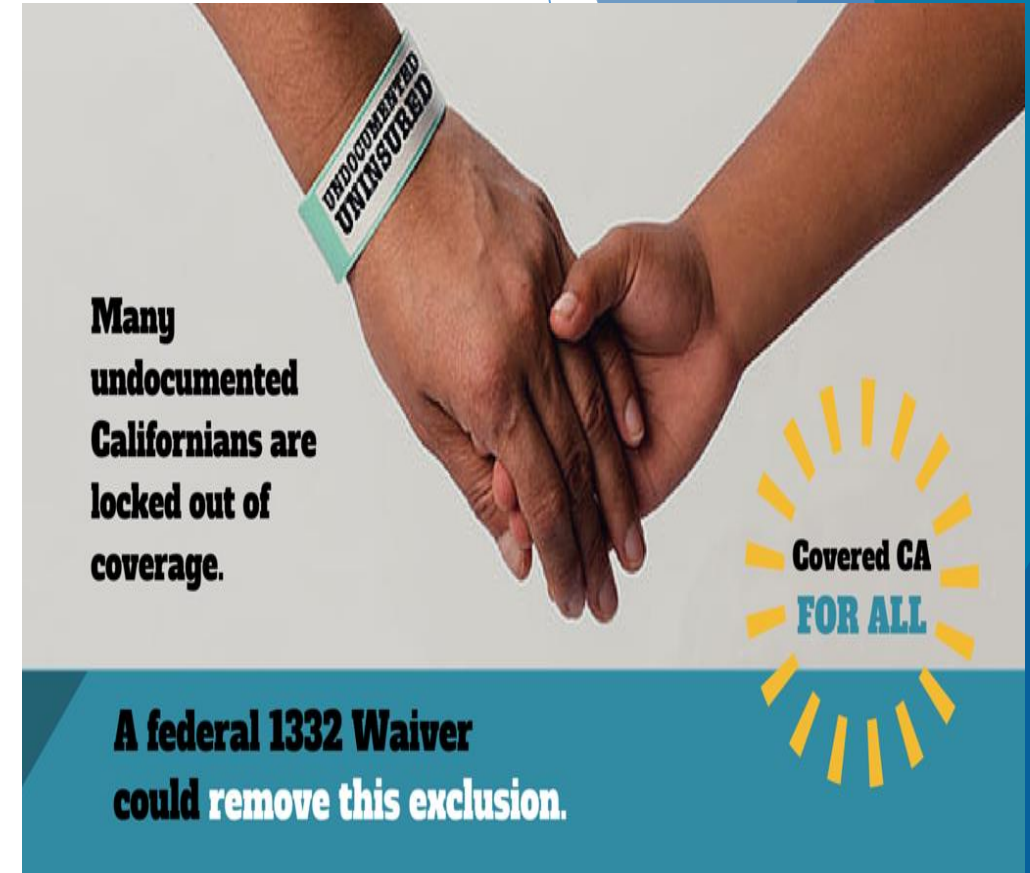
# Long Term View for Statewide #Health4All

- ▶ **Purchasing a Health Plan on Covered California and without any subsidy:**

Pending approval from the federal government, 1332 waiver seeks to allow undocumented and DACA adults to buy insurance in Covered California with own money

- ▶ **Statewide Medi-Cal Expansion:**

Advocates seek budget action and legislation to expand Medi-Cal to all income-eligible adults, regardless of immigration status



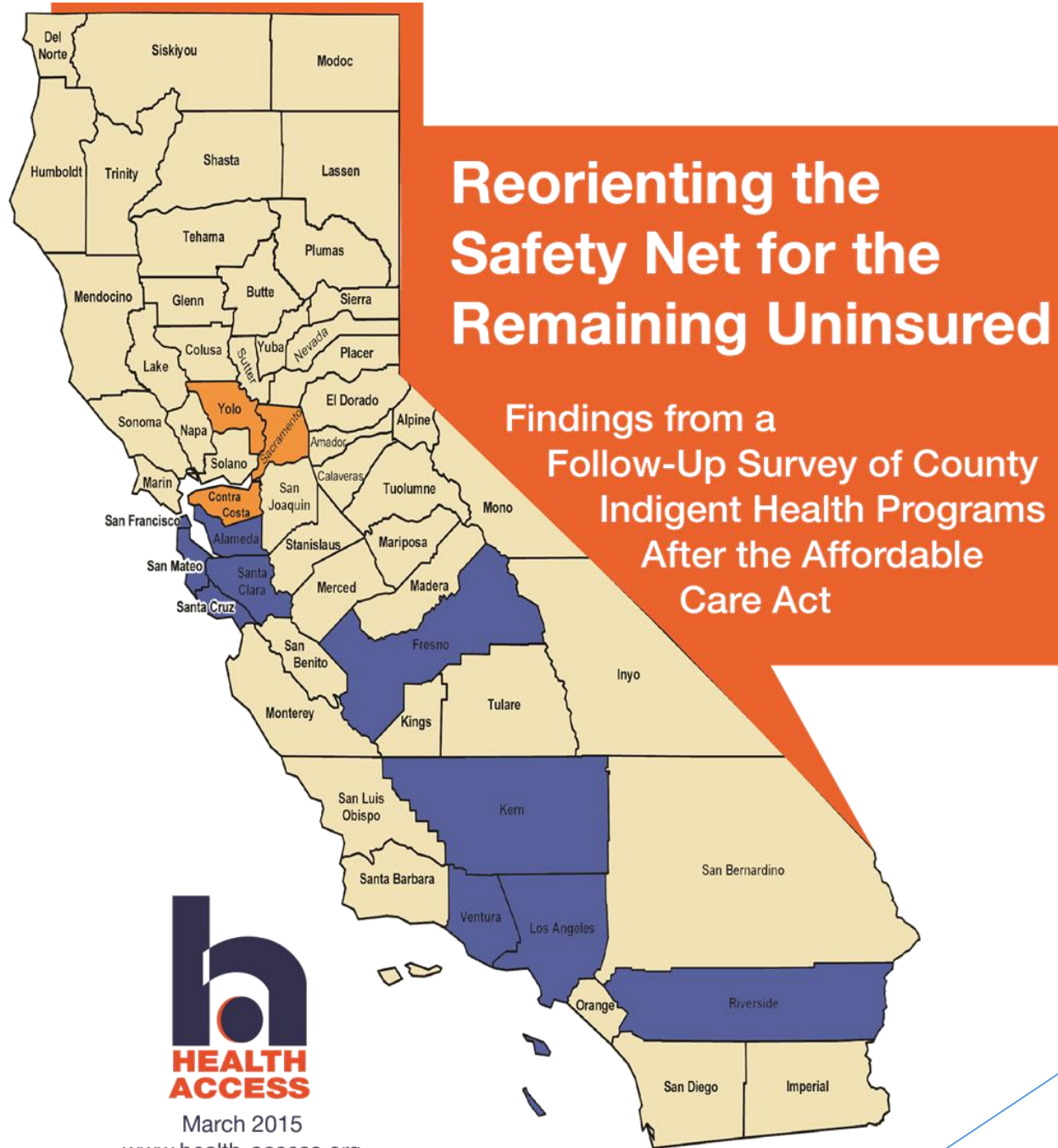


# County Programs: A Bridge to a Statewide Solution to #Health4All

- ▶ **Californians cannot wait for a full statewide solution that is years away.**
- ▶ **County programs lead to statewide action:**
  - ▶ #Health4AllKids expansion to undocumented kids
  - ▶ Low-Income Health Programs
- ▶ Counties provide **last resort of coverage**, but counties differ in viewing this responsibility
- ▶ **County Safety-Net Reforms and Expansions:** Counties are setting up more inclusive and smarter safety-nets



# In 2015:



March 2015  
[www.health-access.org](http://www.health-access.org)



# In 2016:



## 2. Health4All County Models

### What do County Programs Look Like?

#### New “Medical Home” Models

- ▶ Assignment to a medical home for primary care at a public or community clinic
  - ▶ Capitated rate to provide primary/preventive care
  - ▶ Patient gets card = sense of belonging to a system of care
- ▶ Capped in benefits and enrollment
- ▶ Counties range from comprehensive to very limited benefits
  - ▶ Programs are scalable to meet local needs, fiscal constraints, and ambitions.

***Let's take a closer look at what a few counties in California are doing...***

# Example A: Los Angeles – My Health LA



- ▶ An effort to provide a 'medical home' to **146,000** undocumented residents of LA county
- ▶ Primary care delivered at one of 200 community clinics
- ▶ Clinics can refer to specialty care/hospital care delivered at the Department of Health Services' clinics and hospitals
- ▶ Substance use disorder benefit is also available
- ▶ My Health LA built on the infrastructure of previous LIHP health coverage programs
- ▶ Largest health care access program in the state (and perhaps nation) for the undocumented
- ▶ **Capitated rate of \$28 per enrollee, per month from the county**

## Example B: Santa Clara – Primary Care Access Program

- ▶ Program is available for **5,000** residents
- ▶ Primary care is delivered to patients already receiving care at the participating community clinics
  - ▶ This program uses an “in-reach” approach
- ▶ Specialty, hospital, and emergency care are provided at the Santa Clara Valley Medical Center through the Ability-to-Pay Determination (APD) program
- ▶ **Funding** - \$1.68M program budget - County funds
  - ▶ 12-mo pilot set to expire March 31, 2017
- ▶ **Capitated rate of \$28 per enrollee, per month from the county**



## Example C: Alameda - HealthPAC

- ▶ Not a pilot program, HealthPAC is an established program in Alameda County
  - ▶ 2015 enrollment – **34,027** at 9 different medical home sites
  - ▶ Eligible residents are below 200% FPL
- ▶ Receive primary care at community health centers in the county, as well as county clinics
- ▶ Specialty and hospital care is available through the various hospitals that are part of the county's Alameda Health System
- ▶ **Funding** - County funds & separate Measure AA – 1/2 cent sales tax used towards county hospitals, public health, & indigent health programs.
- ▶ **Capitated rate per enrollee, per month from the county**



# Example D: Contra Costa – Contra Costa CARES

- ▶ Pilot program in Contra Costa to provide care to **3,000** undocumented residents
- ▶ Primary care is delivered at the county's many FQHCs and Community Health Centers
- ▶ **Funding** - \$1.5M budget - 50% County & 50% matching funds from local hospitals
  - ▶ Set to expire December 2017
- ▶ **Capitated rate of \$28 per enrollee, per month from the County**

### 3. Medi-Cal 2020 Waiver:

## Global Payment Program (GPP)

- ▶ The Medi-Cal 2020 Waiver provides new financing and flexibility to encourage Counties to make reforms to a **more inclusive and smarter safety-net** through the **Global Payment Project (GPP)**.
- ▶ After a study showing the care needs of the remaining uninsured, the full \$236M from SNCP was approved.
- ▶ No longer for those on Medi-Cal – focus now on remaining uninsured.
- ▶ No longer restricted to hospital care -- shift towards alternative, upstream care and services, and away from traditional services like ER.
- ▶ Need to show clear progress on transformed & smarter safety net to keep funding.

***\*Overall \$1.1 Billion in Year 1 of the Medi-Cal waiver***

# Medi-Cal 2020 Waiver:

## Global Payment Program (GPP)

To fully maximize **GPP dollars**, public hospital counties should:

- ▶ **Expand eligibility.** GPP funds can only be used to care for the remaining uninsured.
- ▶ **Emphasize primary/preventive care.** New system will shift reimbursements to better reward non-hospital community-based care.
- ▶ **Offer an enrollment-based medical home:** The best way to connect the uninsured to “upstream” care is through an enrollment-based system that allows for patients to have a “medical-home.”

# 4. Considerations

Given the availability of funding, there are a number of decisions to consider when creating a program:

## 1. Eligibility Requirements

- ▶ Immigration Status
- ▶ FPL/Income

## 2. Services Offered

- ▶ Options include: primary care, specialty care, hospital care, laboratory, pharmacy, mental health, dental

## 3. Provider Partnerships

- ▶ County systems, FQHCs, other provider networks

## 4. Time-limits/Enrollment Caps

- ▶ How long will the pilot be in place?
- ▶ How many individuals will participate?

## 5. Delivery Models

- ▶ Episodic/ER care model vs. primary/preventive care
- ▶ Disease oriented vs. wellness-oriented

# Resources

- ▶ Health Access 2016 report on building a smarter and more inclusive safety-net: [http://health-access.org/images/pdfs/2016 Health Access Profiles of Progress County Report 5 31 16.pdf](http://health-access.org/images/pdfs/2016%20Health%20Access%20Profiles%20of%20Progress%20County%20Report%205%2031%2016.pdf)
- ▶ Memo from Harbage Consulting on the GPP funds: <http://www.health-access.org/images/pdfs/HC%20Global%20Payment%20Program%20Fact%20Sheet%203-22-16.pdf>



## 5. Q&A / Discussion

# THANK YOU!

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