



Legislation Details (With Board Report)

File #: 12-1133 **Name:** LIHP Update
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Title: a. Receive an oral update on the status of the Low Income Health Program application; and
b. Receive a presentation on the development of a local program to improve access to health care services for uninsured in Monterey County.

Sponsors: Ray Bullick

Indexes:

Code sections:

Attachments: 1. Completed Board Order

Date	Ver.	Action By	Action	Result
12/11/2012	1	Board of Supervisors	received and filed	Pass

a. Receive an oral update on the status of the Low Income Health Program application; and
b. Receive a presentation on the development of a local program to improve access to health care services for uninsured in Monterey County.

RECOMMENDATION:

It is recommended that the Board of Supervisors:

- a. Receive an oral update on the status of the Low Income Health Program application; and
- b. Receive a presentation on the development of a local program to improve access to health care services for uninsured in Monterey County.

SUMMARY/DISCUSSION:

Low Income Health Program

On November 6, 2012, the Board of Supervisors provided direction to submit the Low Income Health Program (LIHP) application with the maintenance of effort dollar amount reduced to the current statutory requirement of \$3.37 million and to incorporate language to minimize future year erosion of realignment dollars as a result of participating for one year in the LIHP. Staffs of Natividad Medical Center (NMC) and the Health Department have made these modifications to the LIHP application and resubmitted it on November 13, 2012.

Staff has been in communication with representatives of the California State Department of Health Care Services, but do not have a date certain for response.

Local Program to Improve Access to Health Care Services

At the November 6, 2012 Board of Supervisors meeting, NMC, Health Department and Department of Social and Employment Services staff were directed to develop a potential strategy to improve access to health care for uninsured and have programs in place to facilitate transition into insurance plans on January 1, 2014.

Currently, uninsured in Monterey County receive healthcare at each of the safety net clinics (as required by law) and inpatient services primarily at NMC. Emergency level services are provided at all four hospitals as the Emergency Medical Treatment and Active Labor Act requires the emergency department see all patients regardless of ability to pay. Our goal is to develop a single financial screening tool (compatible to Medi-Cal) for participating clinics and hospital to use. This would accomplish two different objectives: first the application for Medi-Cal will be in place prior to January 1, 2014; and second the client will not need to undergo financial screening each time they present for care.

Because this interim step is not an insurance program it is inappropriate to define a scope of benefits or coverage document.

There remains significant work to complete before an Access Program can be implemented:

1. Can all participating safety net providers agree to a single screening tool?
2. Can all providers agree to single co-pay and sliding fee?
3. Will each of the four hospitals agree to participate in information sharing and service delivery?
4. All participating providers will need to do so without any additional revenue.
5. We need a legal review of the concept to ensure these efforts are in compliance with Knox-Keene and all relevant regulations.
6. Work with United Way to facilitate participation in the County discount pharmacy program.

OTHER AGENCY INVOLVEMENT:

NMC, Health Department, Department of Social and Employment Services, County Counsel are all participating in this concept development. In addition, staff has scheduled discussions with Communities Organized for Relational Power in Action to review concept. Staff will need to meet with all safety net providers and hospitals to determine level of interest to participate.

FINANCING:

There will be a cost to DSES to complete up to 300 new applications; and a cost to develop a data repository for eligible's to be shared with all participating providers. The cost of services is anticipated to remain consistent with our current expenditures on uninsured.

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Services