

County Indigent Medical Care & California's "Bridge to Reform"



San Luis Obispo County Health Agency

Public Health Department

Medically Indigent Adult Obligation

- If you don't know where you're going . . .
- 1982 – Transfer from State to counties
- County Medical Services Program (CMSP)
- 1991 Realignment
- Federal Health Care Reform

County Medical Services Program

- Medically Indigent Adult defined
 - Medical necessity
 - Federal Poverty Level (FPL): 0 – 250%
 - \$2,269 max monthly income for family size of 1
 - \$3,065 max monthly income for family size of 2
 - Asset test
 - \$2,000 max assets for family size of 1
 - \$3,000 max assets for family size of 2

Health Care Reform

Patient Protection and Affordable Care Act

- Individual mandate
- Jan 1, 2014 Medicaid (Medi-Cal) Expansion
 - Income limit 0 - 133% FPL
- Health Benefit Exchange subsidies
 - Income limit 134 - 400% FPL
- Closure of CMSP

Section 1115 Waiver

- Demonstration Projects for California's version of Medicaid:
 - Medi-Cal
- Nov 1, 2010 – Five year waiver:
 - “Bridge to Reform”
- Counties may form LIHPs:
 - Low Income Health Programs

Low Income Health Program

- Designed to Bridge to Jan 1, 2014 (Reform)
- County expenditures matched by feds
- Medi-Cal-like program
- LIHP eligibility may cover up to 200% FPL
 - Medi-Cal Expansion (0-133% FPL)
 - Health Care Coverage Initiative (134-200% FPL)

Low Income Health Program

- LIHP enrollment open to more than CMSP
 - No medical necessity
 - No asset test
- Expanded coverage
 - Comprehensive benefits (plus mental health)
 - Preventive care
 - 12 month coverage

Low Income Health Program

- LIHP will not increase total MIA enrollment
 - CMSP enrollment not capped
 - LIHP enrollment may be capped
 - $\text{CMSP} + \text{LIHP} = \text{current CMSP enrollment}$

Low Income Health Program – Process

- Grant from Blue Shield of California Foundation
- LIHP Stakeholder Work Group
- Process is ongoing
- 25 individual “deliverables” to State
- Agreement with State DHCS:
 - State Department of Health Care Services

Preliminary Conclusions

- Current MIA expenditures approx \$8M
- \$8M for LIHP (\$4M is fed match)
 - Tentative eligibility at 50% FPL (1,600 enrollees)
- \$4M for residual CMSP
 - Eligibility at 51-250% FPL (1,800 enrollees)

Preliminary Conclusions

- LIHP & CMSP terminate Jan 1, 2014
 - Enrollees 0-133% FPL transition to Medi-Cal
 - Enrollees 134-250% FPL transition to Exchange
- Medi-Cal expansion will increase eligibility
 - No asset test; no medical necessity
- LIHP population will access more services

Next Steps

- Now that we know where we're going . . .
- Continue to work with DHCS
- Report back when we know

Thank You



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