

**San Luis Obispo
County
Coverage Initiative
Planning Project**

November 23, 2010



TERMS AND CONDITIONS MEDI-CAL 1115 WAIVER

*Moving Forward
Collaboratively*

- ⊙ “California’s Bridge to Reform” section 1115 (a) Medicaid Demonstration
- ⊙ “Health Care Coverage Initiative” is now
 - ⊙ “Coverage Expansion and Enrollment Demonstration” (CEED) (California)
 - ⊙ Low Income Health Program (LIHP) (Feds)
 - Medicaid Coverage Expansion (MCE) <133% FPL
 - Health Care Coverage Initiative (HCCI) >133% - <200% FPL
- ⊙ LIHP from November 1, 2010 to December 31, 2013



LOW INCOME HEALTH PROGRAM

*Moving Forward
Collaboratively*

- ⊙ Medicaid Coverage Expansion (MCE)
 - ⊙ <133% FPL adults 19-64
 - ⊙ No cap on federal financial participation (FFP)
 - ⊙ Maintenance of effort for county spending
 - ⊙ No undocs – 13.95% (??) discounted if covered
- ⊙ Health Care Coverage Initiative (HCCI)
 - ⊙ Adults >133% - <200% FPL
 - ⊙ FFP is capped



COUNTY ORGANIZED HEALTH SYSTEMS

*Moving Forward
Collaboratively*

- ⊙ “County Organized Health Systems” (e.g. CenCal) are part of Demonstration
 - ⊙ Network adequacy requirements and assurances
 - ⊙ Cultural competency requirements
 - ⊙ State standards for timely access
 - Primary care: 60 minutes/30 miles; <30/20 day wait; urgent appointment within 48 hours
 - Specialty care within 30 days
 - State can establish alternative standards in rural areas with <500,000 population
 - ⊙ Encounter data required
 - ⊙ Must contract with federally qualified health center



ELIGIBILITY AND ENROLLMENT PROCESS

*Moving Forward
Collaboratively*

- ⊙ Not Medi-Cal eligible
- ⊙ Income eligibility standards and processes set by county
- ⊙ Retroactive coverage up to 3 months OK
- ⊙ No automatic transfer between counties
- ⊙ HCCI – cannot have third party coverage
- ⊙ Enrollment caps and waiting lists OK – outreach to those on waiting list
- ⊙ State established due process appeal procedures



PROGRAM BENEFITS

*Moving Forward
Collaboratively*

- ⊙ Medical equipment and supplies;
 - ⊙ Emergency Care Services (including transportation);
 - ⊙ Acute Inpatient Hospital Services;
 - ⊙ Laboratory Services;
 - ⊙ Mental health benefits as described in STCs 64 and 65*;
 - ⊙ Prior-authorized Non-Emergency Medical Transportation (when medically necessary, required for obtaining medical care and provided for the lowest cost mode available)*;
 - ⊙ Outpatient Hospital Services;
 - ⊙ Physical Therapy;
 - ⊙ Physician services (including specialty care);
 - ⊙ Podiatry*;
 - ⊙ Prescription and limited non-prescription medications;
 - ⊙ Prosthetic and orthotic appliances and devices; and
 - ⊙ Radiology.
- *not core benefit for HCCI population (>133% FPL)



PROGRAM BENEFITS

*Moving Forward
Collaboratively*

- ⊙ Can exclude:
 - ⊙ Organ transplants
 - ⊙ Bariatric surgery
 - ⊙ Infertility related services (available through Family PACT)
- ⊙ Out of network emergency care must be covered
- ⊙ Mental health benefits set out in paragraphs 64-68 – to be discussed in January



OTHER PROVISIONS

*Moving Forward
Collaboratively*

Other State requirements

- ⊙ Affordable Care Act transition plan, assessments and evaluation;
- ⊙ CCS pilot projects
- ⊙ Outreach and communication strategy for SPDs



ADDITIONAL RESOURCES

*Moving Forward
Collaboratively*

- ⊙ DHCS Waiver Renewal Web Page

<http://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx>

- ⊙ Legislation: SB208; AB342; AB1628

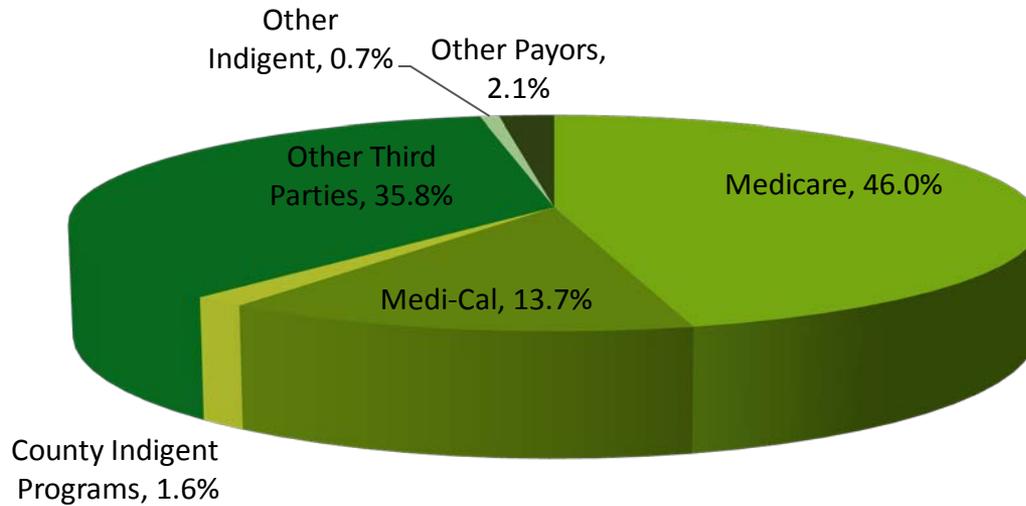
<http://www.leginfo.ca.gov/index.html>

- ⊙ California Budget Project

http://cbp.org/pdfs/2010/101025_BB_Federal_Health_Law.pdf

SLO HOSPITAL DISCHARGES, 2009

**SLO County 2009
Hospital Discharges by Payer Source
Total discharges: 19,357**



SLO HOSPITAL DISCHARGES, 2009

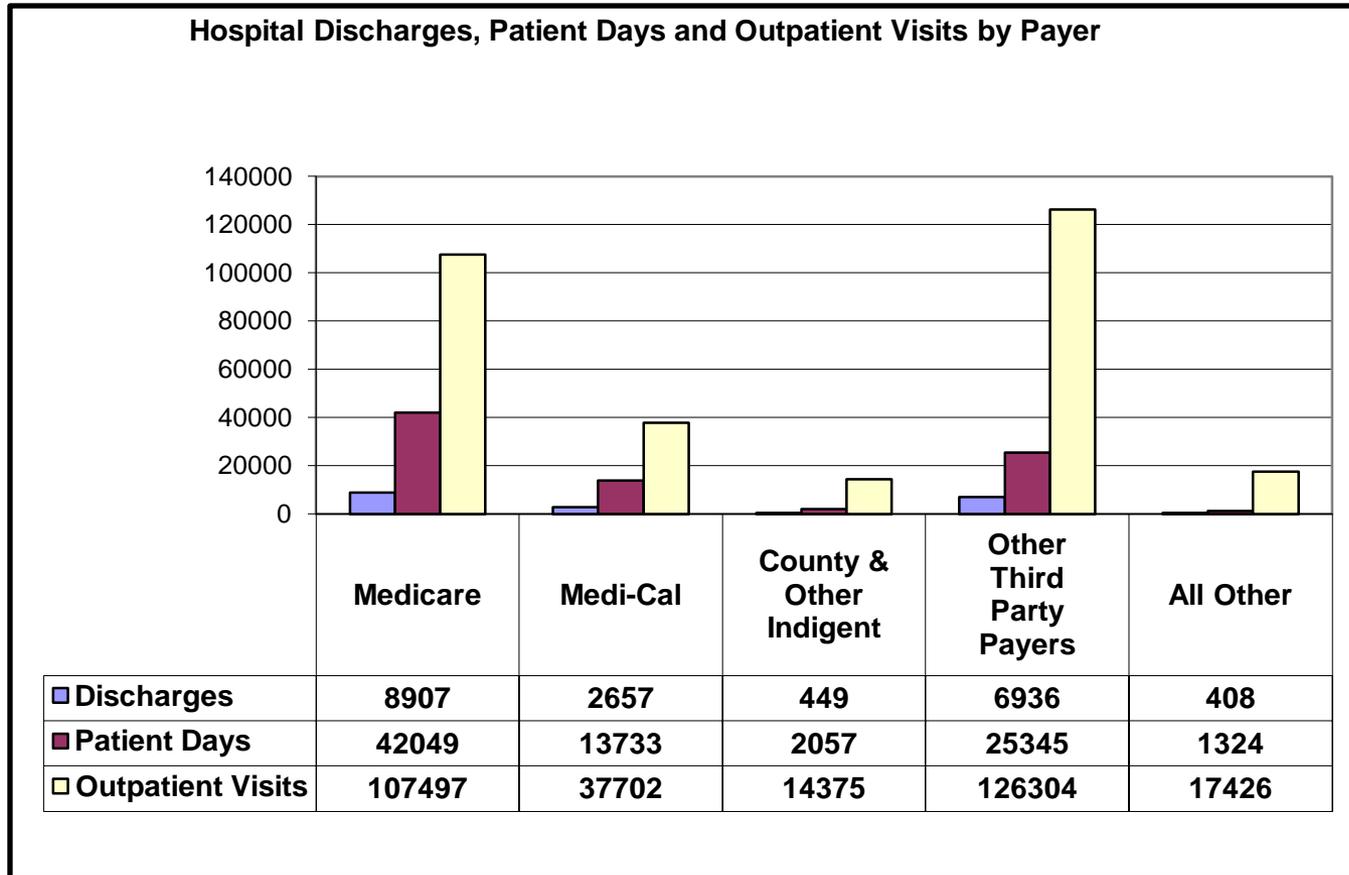
Hospitals	Patient Discharges Per Hospital by Payer Source (Traditional plus Managed Care)											
	Medicare			Medi-Cal			County Indigent Programs			Other Third Parties		
	# of Discharges	% of Hospital	% of County	# of Discharges	% of Hospital	% of County	# of Discharges	% of Hospital	% of County	# of Discharges	% of Hospital	% of County
AGCH	1,866	65.2%	20.9%	178	6.2%	6.7%	46	1.6%	15.0%	633	22.1%	9.1%
FHMC	2,442	50.4%	27.4%	503	10.4%	18.9%	56	1.2%	18.2%	1,709	35.3%	24.6%
SVRMC	1,887	31.7%	21.2%	1,067	17.9%	40.2%	110	1.8%	35.8%	2,778	46.6%	40.1%
TCCH	2,712	47.7%	30.4%	909	16.0%	34.2%	95	1.7%	30.9%	1,816	31.9%	26.2%
SLO County	8,907	46.0%	100.0%	2,657	13.7%	100.0%	307	1.6%	100.0%	6,936	35.8%	100.0%

Hospitals	Patient Discharges Per Hospital by Payer Source (Traditional plus Managed Care)								
	Other Indigent			Other Payors			Total		
	# of Discharges	% of Hospital	% of County	# of Discharges	% of Hospital	% of County	# of Discharges	% of Hospital	% of County
AGCH	1	0.0%	0.7%	140	4.9%	34.3%	2,864	100.0%	14.8%
FHMC	13	0.3%	9.2%	121	2.5%	29.7%	4,844	100.0%	25.0%
SVRMC	59	1.0%	41.5%	58	1.0%	14.2%	5,959	100.0%	30.8%
TCCH	69	1.2%	48.6%	89	1.6%	21.8%	5,690	100.0%	29.4%
SLO County	142	0.7%	100.0%	408	2.1%	100.0%	19,357	100.0%	100.0%

Source: OSHPD Hospital Disclosure Report. Audited Data. Patient Utilization Statistics by Payer. Page 4.1.

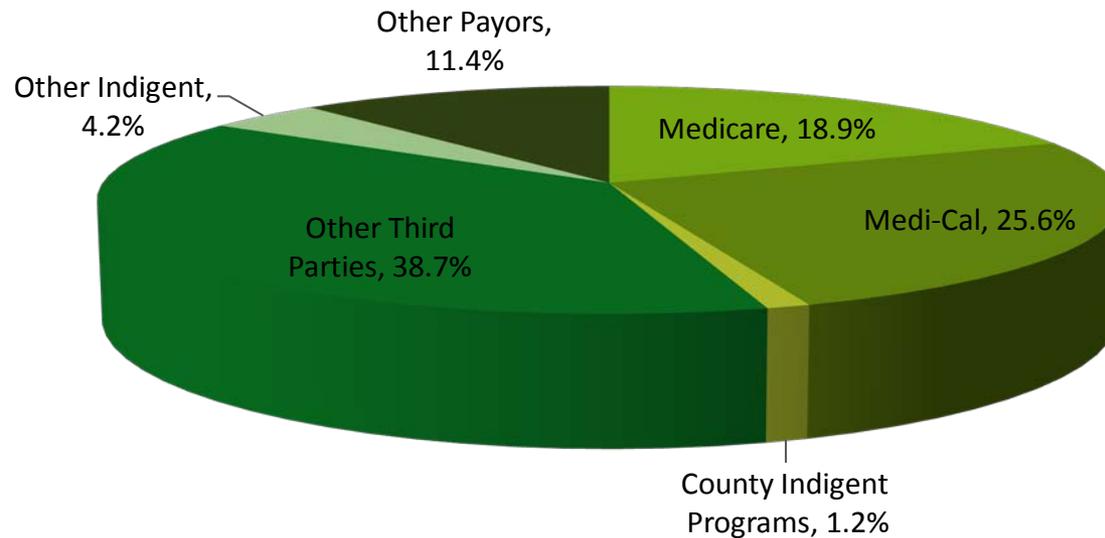
<http://www.oshpd.ca.gov/afnd>

SLO HOSPITAL DISCHARGES, PATIENT DAYS AND OUTPATIENT VISITS, 2009



SLO EMERGENCY VISITS, 2009

SLO County 2009
Outpatient EMS Visits by Payer Source
Total visits: 79,552



SLO EMERGENCY VISITS, 2009

Outpatient Emergency Services Visits Per Hospital by Payer Source (Traditional plus Managed Care)												
Hospitals	Medicare			Medi-Cal			County Indigent Programs			Other Third Parties		
	# of Visits	% of Hospital	% of County	# of Visits	% of Hospital	% of County	# of Visits	% of Hospital	% of County	# of Visits	% of Hospital	% of County
AGCH	3,958	19.8%	26.3%	6,454	32.3%	31.7%	247	1.2%	25.9%	6,730	33.7%	21.8%
FHMC	2,788	19.6%	18.6%	2,137	15.0%	10.5%	105	0.7%	11.0%	5,032	35.4%	16.3%
SVRMC	3,227	18.3%	21.5%	3,416	19.3%	16.8%	274	1.5%	28.7%	8,669	49.0%	28.1%
TCCH	5,053	18.3%	33.6%	8,358	30.2%	41.0%	328	1.2%	34.4%	10,371	37.5%	33.7%
SLO County	15,026	18.9%	100.0%	20,365	25.6%	100.0%	954	1.2%	100.0%	30,802	38.7%	100.0%

Outpatient Emergency Services Visits Per Hospital by Payer Source (Traditional plus Managed Care)									
Hospitals	Other Indigent			Other Payers			Total		
	# of Visits	% of Hospital	% of County	# of Visits	% of Hospital	% of County	# of Visits	% of Hospital	% of County
AGCH	1,068	5.3%	31.9%	1,510	7.6%	16.7%	19,967	100.0%	25.1%
FHMC	2,086	14.7%	62.3%	2,073	14.6%	22.9%	14,221	100.0%	17.9%
SVRMC	112	0.6%	3.3%	1,980	11.2%	21.9%	17,678	100.0%	22.2%
TCCH	82	0.3%	2.4%	3,494	12.6%	38.6%	27,686	100.0%	34.8%
SLO County	3,348	4.2%	100.0%	9,057	11.4%	100.0%	79,552	100.0%	100.0%

Source: OSHPD Hospital Disclosure Report. Audited Data. Patient Utilization Statistics by Payer. Page 4.1.

SLO REPRODUCTIVE HEALTH VISITS, 2008-9

Family PACT Providers, Clients and Reimbursement, FY 08/09

Enrolled Clinician Providers and Participating Pharmacies				Clients Served			Reimbursement	
Enrolled Clinician Providers Delivering Family PACT Services				Total Clients Served	Adolescents	Adults	Reimbursement	Avg Reimbursement Per Client
Private Sector	Public Sector	Total	Pharmacies					
3	13	16	49	16,559	4,412	12,147	\$6,291,928	\$380

Source: Bixby Center for Global Reproductive Health. University of California, San Francisco. *Family PACT Program Report, FY 08/09*. Pg. 40-41. <http://www.familypact.org>.

Notes:

Clients are men and women residing in CA who are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% FPL, and have no other source of health care coverage for family planning services.

Client counts are by client's county of residence.

Average of Dept. of Finance Projected Population for 2008 and 2009: Females ages 10-55 and males ages 10-60.

All residents are included regardless of income.