PROVIDING HEALTH CARE TO UNDOCUMENTED RESIDENTS

PROGRAM DETAILS AND LESSONS LEARNED FROM THREE CALIFORNIA COUNTY HEALTH PROGRAMS

SPEAKERS

- **Denisse Rojas**, medical student at Icahn School of Medicine at Mount Sinai and author of the report

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NEXT STEPS

The report will be posted at: http://laborcenter.berkeley.edu/providing-health-care-to-undocumented-residents/

The recording of this webinar will be posted on nilc.org

Providing Health Care to Undocumented Residents: Program details and lessons learned from three California health programs

UC BERKELEY CENTER FOR LABOR RESEARCH AND EDUCATION

DENISSE ROJAS, HEALTH CARE TEAM, SUMMER 2016

Background

Undocumented Immigrants & Access to Health Care

- Excluded from many health coverage options under ACA

- In CA, 1.8 million uninsured due to their immigration status
  - Leads to delayed care, treatment at inappropriate settings, or lack of treatment in a health care setting entirely
  - No evidence that undocumented immigrants are flooding emergency rooms

- 1993 - California Welfare and Institutions Code Section 17000
  - Counties must make available a safety net with no other resources of for their health care needs
  - 47/58 counties provide care beyond emergency services to undocumented immigrants

Background

California's Safety Net Programs

▪ Creation of coordinated health care services to eligible residents with no other resources to cover their health care needs.

▪ How does it work?
  o Streamline enrollment, eligibility, costs, types of services offered under a network of providers

    Providers: Federally Qualified Health Centers (FQHCs), Public Hospitals, Private Hospitals, Clinics, Community Health Centers, other facilities.
  o Not health insurance; a health care access program

▪ *CA safety net programs could be useful for for policymakers and advocates that are looking for local-solutions to provide care to undocumented immigrants*

Report – Methods

Profile three counties that provide care to undocumented residents

- Healthy San Francisco (Healthy SF or HSF)

    1. Wide range health care services offered 2. unique model for financing program 3. 14,404 enrolled (August 1, 2016) 4. Metropolitan area

- My Health Los Angeles (MHLA)

    1. Wide range of health care services offered 2. 145,670 enrolled (July 31, 2016) 3. Metropolitan area

- County Medical Services Program (CMSP)

    1. Serves 35 rural counties 2. recently started to provided non-emergency care to undocumented immigrants 3. coordinates care in a large, mostly rural geographic area

Report - Methods

Designing Interview Questions for Profiled County Programs
- Consulted with advocates from out-of-state working on the ground
  - New York Immigration Coalition (NYIC), Illinois Coalition for Immigrant and Refugee Rights (ICIRR), CASA, Johns Hopkins School of Public Health

Key areas to gather information:
- Program Details (history, enrollment, eligibility)
  - How do these programs differ from what was available before?
- Cost and revenue data
- Building provider networks
- Engaging in outreach and enrollment
- Program evaluations
  - Note: Did not discuss advocacy efforts due to unique California landscape for undocumented immigrants and the uninsured

Report - Methods

Key Informants for Report:

- HSF, CMSP, MHLA program representatives including network providers

- California state-wide advocates (context, history, background)

- Advocates from out-of-state

Additional resources:

- Published documents, reports, articles

Report – Tips for readers

CA safety net programs created before ACA

- o Programs not created solely for undocumented immigrants
- o Programs constantly changing to reflect the current landscape of the uninsured

Each profiled program created for the unique population needs and context

- o Likely, a new program will require program features adopted for specific population, political context, available financial resources, etc.
- o Cannot compare programs as "apples to apples"

SERVING THE REMAINING UNINSURED

NATIONAL IMMIGRATION LAW CENTER WEBINAR- PROVIDING HEALTH CARE TO UNDOCUMENTED RESIDENTS

OCTOBER 4, 2016

Tangerine Brigham
Los Angeles County Department of Health Services

Los Angeles County Overview

Los Angeles County (LAC) Conditions

- Los Angeles County Department of Health Services (DHS) direct service provider with 4 hospitals and 20 ambulatory care sites

- Since mid/late 1990s, DHS has funded community clinics to help provide access to health services for uninsured through various programs – encouraged episodic care

- Post ACA, an estimated 400,000 residents ineligible for Medi-Cal or Covered CA

Programs for the Remaining Uninsured

- LACDHS directly provides the care
  - No Cost and Low Cost
    - Ability-to-Pay
    - Pre-Payment Plan
    - Discount Payment Plan

- LACDHS funds care through Partnerships
  - No Cost: My Health LA (MHLA)

My Health LA (MHLA)

- No cost health care program for low-income uninsured people in Los Angeles County

- Provide comprehensive health care for uninsured adult residents regardless of employment status, immigration status or medical condition

- Based on a primary care medical home model

- Not health insurance

- County collaborated with the Community Clinic Association of Los Angeles County on program development

MHLA Goals

- ☐ Preserve access to care for uninsured patients

- ☐ Encourage coordinated, whole-person care

- ☐ Payment reform

- ☐ Improve efficiency and reduce duplication

- ☐ Simplify administrative systems

MHLA Program Features

Component	Detail
Implementation Date	October 1, 2014
Enrollment Process	Web-based (One-e-App); annual renewal
Insurance Status	Uninsured; ineligible for public coverage
Income Threshold	At or below 138% FPL
Age Eligibility	19 and over
Services	Primary, preventive, diagnostics, prescription drugs, specialty care, emergency, urgent care, hospitalization, substance abuse services, mental health referrals
Provider Network	Community clinics (53 community clinic agencies with 190+ sites): serve as primary care medical home (primary, preventive, prescription drugs) Department of Health Services (DHS): other services (e.g., specialty, hospitalization, etc.) Department of Public Health (DPH): substance abuse services
Participant Costs	None
Board of Sup. Action	Approval required
Funding	$61 million to community clinics ($56 million medical /pharmacy and $5 million dental services [dental is not a MHLA benefit]); does not include costs directly borne by DHS or DPH for service delivery to MHLA participants
Enrollment Target	146,000 (enrolled at any one time)
Administrator	Los Angeles County Department of Health Services

MHLA is Designed to be Organized Health Care

- A common eligibility and enrollment system (One-e-App)

- Medical home model of care

- Network of primary care providers

- Participants can get services immediately after enrolling

- Centralized customer service

- After enrollment participants get:
  - ID card with medical home
  - Participant handbook
  - Program newsletters

MHLA Program Impact

- 2014-15 Annual Report findings:
  - 93% of medical homes were open to accepting new participants
  - 66% of MHLA participants had a primary care visit
  - An avoidable emergency department rate of 16% at DHS facilities
  - 30-day readmission rate was 10.47%
  - Estimated total per participant per month expenditure for primary care and pharmacy related services was $34.80
- As of August 31, 2016, 145,911 participants

Category	MHLA Participant Demographic Data
Age	3% are 6 – 18, 3% are 19 – 24, 50% are 25 – 44, 27% are 45 to 54, 12% are 55 to 64, 5% are 65+
Ethnicity/Race	94% Hispanic, 3% Asian/Pacific Islander, 1.6% Declined to State, 1% White, 0.2% Bi-racial, 0.16% African-American
Gender	60% Female, 40% Male
Housing	99% Housed, 1% Homeless
Income	29% are under 50% FPL, 43% are 50% - 100% FPL, 28% are 100% - 138% FPL
Language	92% Spanish, 6.7% English, 0.43% Thai, 0.35% Korean, 0.14% Armenian

Implementation Factors

- Implementing the following reforms at local level
  - Patient-centered
  - Delivery system
  - Coverage expansion
  - Centralized eligibility system

- Contributing factors
  - Political will and leadership
  - Existing public health infrastructure
  - Administrative infrastructure

Strategies and Lessons Learned

- Clarity of purpose/goals

- Use existing delivery system – remaining uninsured are receiving services, just episodically

- Engage community partners/leads on program design and keep informed – created a program implementation team with department and community clinic representatives

- Work closely with local social services agency (intersection with Medicaid)

- Public/private partnership

Potential Challenges

- Manage expectations with respect to what program is (health access) and is not (health insurance)

- Selection of included and excluded services

- Change in health care delivery system for providers serving the remaining uninsured

- Understand financing mechanism (estimated costs, funding and provider reimbursement)

- Ensure appropriate administrative and clinical infrastructure

Learn More

- Website: dhs.lacounty.gov/MHLA

- Contacts:
  - Amy Luftig-Viste (aviste@dhs.lacounty.gov)
  - Tangerine Brigham (tbrigham@dhs.lacounty.gov)

Healthy San Francisco: Access to Health Care for the Uninsured

October 4, 2016

Reginauld Jackson, DrPH| Program Officer

Office of Managed Care, SFDPH

Healthy SF Background

2006 Healthcare Security Ordinance

All covered employers must make healthcare expenditures for their covered employees.

Covered Employers	Employees	Current Rate
Large	100+ employees	$2.48/hr payable
Medium	Businesses: 20-99 Non Profit: 50-99	$1.65/hr payable
Small	Businesses: 0-19 Non Profit: 0-49	exempt

- **Employers can meet the ordinance:**

  - **Provide Health Insurance**
  - **Health Reimbursement Account**
  - **Participate in the City Option (San Francisco program administered by DPH)**

SF City Option

SF City Option contains three programs:

SFMRA YOUR ACCOUNT FOR HEALTH COSTS – Medical Reimbursement Account for employees not eligible for other SF City Option Program

HealthySF OUR HEALTH ACCESS PROGRAM – Health Access for eligible SF residents

SFCoveredMRA HELP WITH YOUR HEALTH INSURANCE – New program to provide assistance to eligible employees with Covered CA coverage (launch Nov. 2016)

Healthy SF

Brief Description:

- Provides access to comprehensive healthcare services regardless of employment, pre-existing conditions, and immigration status

- Open for everyone who meets eligibility criteria

- Participation fee (paid quarterly) and point of service fee

- Select from 32 different medical homes throughout San Francisco (some medical homes have enrollment restrictions)

- Centralized customer service for assistance and complaint and grievance

Eligibility for Healthy SF:

HealthySF
OUR HEALTH ACCESS PROGRAM

Anyone is eligible if they meet the following criteria:

Before 1/1/16	Starting 1/1/16
Resident of San Francisco	Resident of San Francisco
At least 18 year old	At least 18 year old
Not eligible for full scope public benefits programs	*Not eligible for full scope public benefit programs or is unable to afford Covered CA coverage*
Not insured last 90 days	Not insured last 90 days
Income less than 400% FPL	*Income less than 500% FPL*

HSF is NOT Insurance: No portability and only covers services at designated locations, including emergency services.

Healthy SF Services

Covered Medical Services

- Primary and Preventive Care

- Specialty Care

- Hospital Care

- Emergency Care

- Other Benefits

- Laboratory and Diagnostics

- Pharmacy

- Mental Health/ Alcohol and Drug Treatment

- Customer Service Number
- Participant ID Card
- Participant Handbook
- Service in all languages

Funding Infrastructure

Healthy SF has four streams of funding:

- **Medical Home Point of Service Fees**

- **Participant Fees
  ($2.5M in FY15-16)**

- **SF Employer Spending Requirement
  (FY15-16: $16M)**

- **City and County of SF General Fund Subsidy
  (FY15-16: $67M)**

Administration

The Healthy SF infrastructure consists of:

- **32 Medical Homes**

- **4 Hospitals**

  - St. Francis Memorial

  - Zuckerberg SF General

  - Kaiser Medical Center

  - St. Mary's Medical Center

- **SF Department of Public Health** –
  Program Owner/Sets Policy

- **San Francisco Health Plan** –
  Third Party Administrator

THANK YOU

CMSP
COUNTY MEDICAL
SERVICES PROGRAM

The County Medical Services Program (CMSP) provides limited-term health coverage for uninsured low-income, indigent adults (ages 21-64) that are not otherwise eligible for other publicly funded health programs. Thirty-five, primarily rural California counties participate in CMSP. The CMSP Governing Board , established by California law in 1995, is charged with overall program administration and fiscal responsibility for the program.

Participating Counties:

1 Alpine	15 Madera
2 Amador	16 Marin
3 Butte	17 Mariposa
4 Calaveras	18 Mendocino
5 Colusa	19 Modoc
6 Del Norte	20 Mono
7 El Dorado	21 Napa
8 Glenn	22 Nevada
9 Humboldt	23 Plumas
10 Imperial	24 San Benito
11 Inyo	25 Shasta
12 Kings	26 Sierra
13 Lake	27 Siskiyou
14 Lassen	28 Solano
	29 Sonoma
	30 Sutter
	31 Tehama
	32 Trinity
	33 Tuolumne
	34 Yolo
	35 Yuba

35 Counties Participate in CMSP

Advanced Medical Management (AMM) is the
Third Party Administrator (TPA) for CMSP (since 2015)

AMM responsible for:
- Provider contracting
- CMSP Standard Benefit and Primary Care Benefit ID cards
- Utilization Review/Authorizations for Standard CMSP Medical & Dental Care
- Reservations for Primary Care Benefit visit
- Claims processing and payment
- Customer Service
- Pharmacy Services handled by **MedImpact Health Systems, Inc.**

CMSP ELIGIBILITY EXPANSION (EFFECTIVE MAY 1, 2016)

CMSP ELIGIBILITY CRITERIA	Applications 4/30/16 & Prior	Applications 5/1/16 – End of Pilot
Federal Poverty Level	≤ 200% FPL	≤ 300% FPL
Asset Test Income ≤ 138% FPL	$2,000 single $3,000 couple	Waived, no asset test
Asset Test Income above 138%	$2,000 single $3,000 couple	$20,000 single $30,000 couple
Term (Aid Code 50)	2 months	6 months
Term (Aid Codes 88, 89)	Up to 3 months	Up to 6 months
Share of Cost Income ≤ 138% FPL	Net nonexempt income less maintenance need	Waived, no SOC
Share of Cost Income above 138%	Net nonexempt income less maintenance need	75% reduction to prior formula
Retroactive Eligibility	10-day Pre-Enrollment Policy thru April 2016	1st month of retro CMSP in May 2016 for June applications

CMSP PRIMARY CARE BENEFIT
(EFFECTIVE MAY 1, 2016)

CMSP Primary Care Benefit (PCB)

Purpose:

- Provide certain CMSP members a limited scope Primary Care Benefit that provides basic coverage for primary care and specialty care; specified preventive services, diagnostic tests, and rehabilitative services; and, prescription medications.

Pertinent CMSP Aid Codes

Aid Code means the two-digit number that indicates the Aid Category under which a person is eligible for CMSP.

Aid Code	Beneficiary Description
88	CMSP with no share of cost (full scope coverage)
89	CMSP with a share of cost (full scope coverage)
50	CMSP member is undocumented has a share of cost (emergency services coverage only)

Primary Care Benefit Eligibility

Primary Care Benefit Eligibility

- Aid Code 50 & Aid Code 89 members are enrolled in the Primary Care Benefit

- Aid Code 88 members are *excluded* from the Primary Care Benefit

  - These members have access to full scope CMSP coverage without a share of cost

Primary Care Benefit Features

❖ Important Features:

- Benefit Eligibility Period up to 6 months
- No Share of Cost (excluding prescription medications)
- Limited to three (3) medical office visits within the benefit eligibility period
- Includes PCP or Specialist office visits, Preventive Health Screenings, Laboratory Tests, Diagnostic tests
- Prescription medications with a $5 copay (maximum of $1500 in benefit coverage per eligibility term)
- Reservations with AMM for office visits are required to track visits and for claims payment

Primary Care Benefit: Benefit Exclusions

Some PCB benefit exclusions include:

- Hospital Coverage, Inpatient & Outpatient Surgery, CT, MRI, Dental Coverage and Emergency Services

  - NOTE: The above benefits may be included in Standard CMSP Benefits for which the member may be eligible. Aid code 50 members are only eligible for Emergency Services.

- For a list of Standard CMSP Covered Benefits, please refer to the CMSP Provider Manual located on the website: https://cmsp.amm.cc/providers/

Primary Care Benefit
Eligibility Period

Eligibility Period: Up to 6 months with a start and stop date

- Starting month is the first of the month following determination of CMSP eligibility
- Ending month ties to the member's CMSP eligibility term
- Once the member's PCB period has been established, changes in eligibility won't impact member's PCB benefit
- **No Share of Cost:** Member's Standard CMSP Share of Cost does not apply to this benefit
- Member can reapply for CMSP and the Primary Care Benefit at the end of the eligibility term

CMSP Standard Benefit
Eligibility ID Card & California BIC

Upon enrollment, all CMSP members receive a CMSP "Standard Benefit" ID Card from AMM as well as a State of California Benefit ID Card
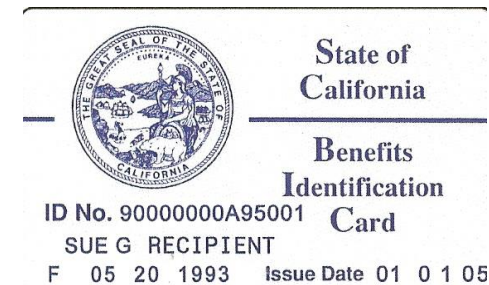
CMSP Primary Care Benefit ID Card

Upon enrollment, specified CMSP members also receive a CMSP "Primary Care Benefit" ID Card from AMM.

CMSP
COUNTY MEDICAL
SERVICES PROGRAM

PRIMARY CARE BENEFIT
Call PCB Information/Reservation Hotline: (888) 744-2760

Member Name:
PCB Member ID:
PCB Benefit Period: FROM MO/YEAR – TO MO/YEAR

Customer Service: (888) 744-2760	Medical Visit Copay: $0
TTY Line: (562) 429-8162	Pharmacy Copay: $5 /Rx
Pharmacy: (800) 788-2949	Benefit Limit: 3 visits, $1,500 Rx

Providers must check eligibility and obtain a reservation number prior to providing medical services by calling the CMSP PCB Hotline: (888) 744-2760.

Please see the reverse side of the card for
Important Medical and Pharmacy Coverage & Claims Details

AMM
ADVANCED MEDICAL MANAGEMENT, INC.

PCB Medical Benefit limited to (3) Primary Care or Specialist Office Visits, Adult Preventative Health Screenings, Selected Lab & Diagnostic Tests performed by contracted providers with no Share of Cost or copay. Providers must check eligibility and obtain a reservation number prior to providing medical services by calling the CMSP PCB Hotline: (888) 744-2760. For more information, please visit AMM website at cmsp.amm.cc.

Claims: Advanced Medical Management Inc. 5000 Airport Plaza Drive #150 Long Beach, CA 90815-1260	PayerIDs for electronic claims: Emdeon- CMSP1 Office Ally- AMM15

MedImpact

PCB Pharmacy Benefit through MedImpact; not an AMM product. PCN/Group No. 50145. PCB Pharmacy Benefit limited to $1,500 for the PCB Benefit Period with $5 copay per Rx. Network and formulary restrictions apply. Pharmacies contact MedImpact at (800) 788-2949 for coverage details.

Questions and Answers