



# Monterey County Low Income Health Program

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Monterey County Board of Supervisors



# Background

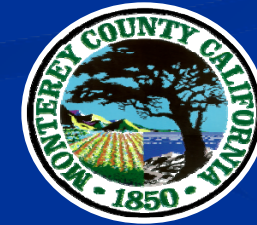
- Section 1115 Medicaid Waiver offers California counties the opportunity to implement health care reform prior to 2014
- Federal incentive funding is available to counties that implement a Medicaid Coverage Expansion Plan starting in 2011
- Reimbursement is based on Certified Public Expenditure of 50 cents on the dollar



# A Partnership Between



Monterey County  
Health Department



Clinic  
Services

Public  
Health

Behavioral  
Health





# Development Team

## Natividad Medical Center

- Harry Weis, Chief Executive Officer
- Carol Adams, Assistant Administrator
- Daniel Leon, Chief Financial Officer
- Nancy Majewski, Operations Manager, Managed Care

## Health Department

- Ray Bullick, Director of Health
- Elsa Jimenez, Management Analyst III
- Julie Edgcomb, Clinic Services Director
- Nina Ryan, Finance Manager, Clinic Services
- Wayne Clark, Director of Behavioral Health
- Amie Miller, Quality Assurance Manager
- Dona Putnam, Director of Nursing

## Department of Social and Employment Services

- Elliott Robinson, Director of Social and Employment Services
- Annette Gallegos, Management Analyst III



# Program Overview

- Expand MIA benefits to include Mental Health Services and Case Management/Coordination
  - Exclusions: transplants, bariatric, infertility, pregnancy
- Existing County MIA patients that meet eligibility criteria
- Will continue existing MIA program for individuals between 101-250% FPL
- Project \$14M in Certified Public Expenditure - reimbursement of \$7M
- \$7M reimbursement serves as an offset to the \$6M reduction in NMC's core Disproportionate Share Hospital (DSH) funding



# Eligibility Criteria

- Income up to 100% FPL with Asset Waiver
- 19-64 year old
- USA citizen or legal resident for at least 5 years
  - County of Monterey resident
- Not eligible for Medi-Cal or Medicare
- Must follow Medicaid income and benefit rules
- If enrollment is capped, there will be a wait list



# Provider Network

- Natividad Medical Center will provide inpatient, ER, and some specialty services
- Health Department's Primary Care Clinics will provide access to comprehensive primary health care
- Central California Alliance for Health contracted community providers will provide specialty and ancillary care



# Case Coordination

- Public Health Regional Teams will provide case management/coordination
  - Multidisciplinary team
  - Services provided in clients' home and community settings
  - Emphasizes a continuum of care and linkage to medical home





# Mental Health

- Behavioral Health will provide full scope of mental health services in three regional clinics
  - Inpatient
  - Case Management
  - Specialty Mental Health Services
  - Medication Management
  - Crisis Residential Services
  - Crisis Assessment Services



# Timeline

- Target start date of 10/01/2011 through 12/31/2013 with National Health Care Reform going live 01/01/2014 and LIHP enrollees transition to Medi-Cal
- Contract Approval Process
  - County Counsel
  - Board of Supervisors (August 23<sup>rd</sup> meeting)
  - CA Dept Health Care Services (end of August)
  - Centers for Medicaid and Medicare Services (end of September)



# Integrating Care

- The Low Income Health Program represents more than expanding coverage, we are developing an integrated treatment team
- Creation of Medical Home Model



# Increase Coordination

## Current Care System

Traditional coordination of care leading to duplicate services

## Improved System-LIHP

Identification of high users in monthly interagency utilization review team meetings

Development of coordinated wellness plans to help consumer meet healthcare needs



# Increase Collaboration

## Current Care System

Provider network unaware of other treatment providers and care given

## Improved System-LIHP

Team developing communication standards and framework to increase coordination



# Increase Efficiency

## Current Care System

Limited utilization  
management tools

## Improved System-LIHP

Data sharing to develop real  
time utilization  
management



# Improve Health Outcomes

## Current Care System

Access through ER for acute illness or discomfort

## Improved System-LIHP

Provision of timely preventive care to reduce health risk and utilization of high cost emergency services