Monterey County
Low Income Health Program

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July 26, 2011
Monterey County Board of Supervisors
• 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 23rd 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
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<thead>
<tr>
<th>Current Care System</th>
<th>Improved System-LIHP</th>
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<tr>
<td>Access through ER for acute illness or discomfort</td>
<td>Provision of timely preventive care to reduce health risk and utilization of high cost emergency services</td>
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