



County Programs for the Medically Indigent in California

Introduction

California’s counties, by law, are the health care providers of last resort for residents age 18 and older who cannot afford care. For these medically indigent adults (MIAs), the county programs are a vital part of the state’s health care safety net, which also includes public hospitals and clinics, and Medi-Cal, California’s health insurance program for low-income residents. Because Medi-Cal is generally reserved for certain groups—eligible children and youth, low-income parents, and the aged, blind or disabled—the county MIA programs are the main source of care for those without Medi-Cal coverage, including childless low-income adults and undocumented residents.

This fact sheet gives an overview of California’s 58 counties’ MIA programs,¹ which vary significantly in the services they provide, duration of coverage, and eligibility requirements. It also discusses how federal Medicaid waiver funds are being used by ten California counties to extend preventive care and make other enhancements to their MIA programs.

Two Types of County Programs

County MIA programs fall into two distinct categories, the California Medical Service Program (CMSP) counties and the Medically Indigent Service Program (MISP) counties. The 34 CMSP counties have the authority to contract out for the administration of their MIA program, which is a uniform set of benefits similar to Medi-Cal. The 24 MISP counties manage their own programs, setting their own rules about services and eligibility.

CMSP Counties

The CMSP counties are generally rural and/or small, with populations up to 300,000. The standardized MIA program they offer is overseen by the CMSP Governing Board, which contracts the administrative duties to Anthem Blue Cross Life & Health Insurance Company. Individual county health or social service agencies screen for eligibility among interested residents, who then use the Anthem Blue Cross medical networks for services. CMSP tracks use and costs through paid claim records to provide an overall picture of expenses.

Table 1. California Medical Service Program Counties

Alpine	Imperial	Modoc	Solano
Amador	Inyo	Mono	Sonoma
Butte	Kings	Napa	Sutter
Calaveras	Lake	Nevada	Tehama
Colusa	Lassen	Plumas	Trinity
Del Norte	Madera	San Benito	Tuolumne
El Dorado	Marin	Shasta	Yuba
Glenn	Mariposa	Sierra	
Humboldt	Mendocino	Siskiyou	

Eligibility is limited to residents age 21 to 64 with income at or below 200 percent of the Federal Poverty Level (FPL). Enrollees need not have a “medical need” (a chronic or acute health condition that requires medical attention to prevent death, disability, significant illness, or pain) to get coverage. Undocumented residents only have access to emergency services through CMSP. Higher-income residents may have to pay a share of the cost for services they use. The amount

is based on income and how much is necessary for basic living. The length of coverage is dependent on share of cost and residency status. Documented residents with no share of cost can get six months of coverage, while those with a share of cost have three months. Undocumented residents qualify for two months of emergency service coverage.

CMSP coverage is similar to Medi-Cal, with some exclusions, such as: pregnancy-related services; long-term care facility services; services of chiropractors, acupuncturists, psychologists, licensed clinical social workers, or marriage and family therapists; and methadone maintenance services. Only limited coverage of eye appliances is provided. CMSP does cover adult dental care, and is not currently planning to discontinue coverage of this or any other already provided optional service, even though these services were removed from Medi-Cal coverage in July 2009.

With the passage of AB 2059 in 2006, the CMSP counties have the authority to contract with member and non-member counties to provide additional health services if the counties provide the funding. The legislation also permits the CMSP to test pilot projects; as a result, CMSP is in the second year of a three-year pilot project with 15 counties to provide behavioral health services in tandem with standard CMSP benefits to eligible clients.

MISP Counties

The Medically Indigent Service Program (MISP) counties provide services through county-owned and operated clinics and hospitals or through contracts with private providers. MISP counties can have very different rules on eligibility and service coverage.

Ten of the MISP counties are participating in a federally funded coverage initiative (CI) to provide more comprehensive and preventive services. Nine of these have two or more programs running concurrently: Alameda,

Contra Costa, Kern, Los Angeles, Orange, San Diego, San Francisco, Santa Clara, and Ventura. San Mateo County has a single program. Three years ago only one county, Los Angeles, had more than one indigent program; it now has four.

Following is an overview of all 35 programs currently running in the MISP counties.

Table 2. Medically Indigent Service Program Counties
(number of programs)

Alameda (2)	Placer	San Mateo
Contra Costa (2)	Riverside	Santa Barbara
Fresno	Sacramento	Santa Clara (2)
Kern (2)	San Bernardino	Santa Cruz
Los Angeles (4)	San Diego (2)	Stanislaus
Merced	San Francisco (2)	Tulare
Monterey	San Joaquin	Ventura (2)
Orange (2)	San Luis Obispo	Yolo

Nine MISP programs cover any resident regardless of age, while 16 serve adults between 21 and 64. The remaining programs target a slightly larger age group, starting at age 18 or 19. Most MISP programs serve residents earning up to 200 percent of the FPL, with ten programs serving higher-income residents and seven serving those with incomes below 200 percent of the FPL.

Medical need and citizenship requirements are fairly evenly divided; 16 programs require medical need (19 do not) and 21 cover only documented legal residents (14 serve the undocumented as well). Of those programs that offer services to the undocumented, the large majority offer full services.

A little over half of MISP programs cover eligible residents for up to a year, while the rest offer coverage for six months or less. Patients may have to pay a share of cost and copays for services in 20 of the programs. Both of these cost-sharing practices generally depend on the income level of the eligible resident.

The services covered range widely. Two counties, Alameda and Fresno, cover the same services as Medi-Cal; they discontinued coverage of Medi-Cal optional services such as dental, speech therapy, psychology, podiatry, optician, optometry, audiology, acupuncture, and chiropractor services when these were removed from state coverage in July 2009. The Yolo County program, although not providing exactly the same services as Medi-Cal, also discontinued coverage for these services. Many of these optional services are the least likely to be covered fully by MISP counties, with around 30 of the programs providing no coverage or limited coverage in these areas. The most commonly excluded services are adult day health care, drug and alcohol treatment, skilled nursing, chiropractic care, and psychological services. Most likely to be covered fully are inpatient hospital, outpatient hospital and clinic, emergency room, laboratory and X-ray, physician, and prescription services.

Twenty-two programs check eligibility for other health and social service programs when residents apply for the indigent health program. In addition, 20 programs have integrated their indigent programs with other county services, most often mental and behavioral health services.

Table 3. Comparison of All MISP and CMSP Programs

	MISP	CMSP
Ages Covered*	35	34
All	9	
18 to 64	1	
19 to 64	8	
19 and up	2	
21 to 64	16	34

*MISP programs in this category add up to 36 programs because San Mateo has two different age requirements: citizens must be between the ages of 19 and 65, but undocumented citizens can be any age above 19.

	MISP	CMSP
FPL Covered	35	34
Up to 63%	1	
Up to 100%	2	
Up to 133%	3	
Up to 200%	17	34
Up to 250%	2	
More than 250%	8	
Not based on FPL	2	
Maximum Coverage Duration	35	34
Between 1 and 6 months	11	34
6 months	5	
12 months	19	
Medical Need Required	35	34
Yes	16	
No	19	34
County Residency Requirement	35	34
Undocumented not covered	21	
Undocumented receive emergency services only	1	34
Undocumented receive clinic and non-emergency services only [†]	1	
Undocumented receive full services	12	
Share of Cost	35	34
One rate for all enrollees	1	
Amount dependent on FPL, could be none	19	34
None	15	
Copay for Services[‡]	35	34
Same amounts for all enrollees	9	
Amounts dependent on FPL, could be none	11	
None	13	34

[†]Santa Cruz County does not cover emergency services used by undocumented residents, but will cover preventive services.

[‡]MISP programs in this category add up to 33 programs because Kern County did not disclose information about their copays.

Health Care Coverage Initiative (CI)

Ten MISP counties are participating in an expansion of their indigent health care programs, known as the “Health Care Coverage Initiative,” funded as part of California’s federal 2005 Medicaid Hospital Financing Waiver. These programs qualified for federal funding for three years, ending in 2010.

All coverage initiative (CI) programs assign individuals to a “medical home” in an effort to shift low-income uninsured individuals from more expensive episodic care (often delivered in emergency rooms) to a more coordinated system of care to improve access, quality of care, and efficiency. These programs feature electronic medical records systems; a benefit package that includes primary and preventive care; case management and/or disease management services for certain chronic conditions; monitoring of quality-of-care indicators; and health information systems such as registries and electronic health records.

The federal funds are limited to documented citizens, age 19 to 64, who are earning less than 200 percent of the FPL. The CI counties have created programs that differ in terms of the populations served. Several combine CI funds with other funding sources to provide coordinated care for a wider eligible population, using the federal funds to pay for a subset of the population’s enhanced coverage. Other counties use CI funds to aid a high-cost/high-risk subpopulation with more coordinated preventive care. The remaining counties use the federal funds to provide preventive care for residents who meet the federal government’s strict definition of a qualified individual. In most cases, residents who do not meet these qualifications are served by the county’s traditional medically indigent program. A brief overview of the ten CI programs follows.

San Francisco and San Mateo

Instead of creating a separate “coverage initiative” program, San Francisco and San Mateo counties used CI funds to help expand coordinated services to a broader

medically indigent population. While the CI funds are used only for individuals who meet federal requirements, the infusion of money to the system has enabled these counties to put in place a broader program redesign. San Francisco has created an entirely new safety-net system called Healthy San Francisco, which uses CI funds to cover those individuals who meet the federal criteria, but uses other funds to serve younger, less poor, and undocumented residents. San Francisco’s original indigent program, Community Health Network Sliding Scale Program (SSP) still exists for the use of those who are not served by Healthy San Francisco. San Mateo County has a single program that uses CI funds to pay for the documented population while drawing on other funds to pay for residents who cannot meet the documentation requirements.

Alameda, San Diego, and Los Angeles

These three counties use their CI funds to provide coordinated care to those with diabetes and/or hypertension. Alameda County also covers congestive heart failure and asthma, while San Diego County includes high cholesterol and frequent emergency room users, but limits users to those over 21. Los Angeles County also includes patients nearing Medicare-eligible age and those who have been using county health services in a chronic but uncoordinated manner. Patients are assigned a primary provider (serving as a “medical home”) in order to get them more proactive preventive coverage.

Contra Costa, Kern, Orange, Santa Clara, and Ventura

These five counties provide preventive and primary care to all those who qualify under the federal criteria. Several also have a program with a more traditional model of access and care for residents who do not qualify. Contra Costa County screens applicants for the CI before placing them in the non-CI program. In Santa Clara County, any applicant who qualifies for the CI funding must be placed in that program, which has led to the creation of a waiting list.

In Kern County, the basic eligibility program serves more people than it did before the CI, raising its eligibility income level from 66 percent of the FPL to 200 percent, and its coverage duration from between one and three months to 12 months. Thus, even those who fall outside of the CI are eligible to receive additional services.

Ventura County provides CI services to those who meet the federal standards, and has completely replaced its old indigent program, which only provided help with formulary medications. The Ventura County Medical Center's Self Pay Discount Program (SPDP) functions like San Francisco's SSP, providing low-cost services to those who do not qualify for the revamped indigent programs. The county's CI program stopped accepting new applications in April 2009 due to lack of funds.

Orange County has two programs that differ by medical need. The smaller program takes on those who do not have a medical need and the larger program has medical need as an eligibility prerequisite. However, both groups receive primary and preventive services, and both populations draw down CI funds. Both programs serve fewer residents than are eligible under federal rules by limiting the eligible age to 21 to 64 instead of 19 to 64.

For those counties that have two programs, the pre-existing indigent program generally has broader eligibility than its CI program.² For example, Alameda, Contra Costa, San Francisco, and Santa Clara's non-CI program covers residents of all ages. In addition, the basic program in Contra Costa, San Diego, Santa Clara, and Ventura covers residents with higher incomes. Undocumented residents are served by the previously existing programs in Alameda, Contra Costa, Kern, Los Angeles, Santa Clara, and Ventura. Although almost all CI programs cover the same services as the pre-existing program, San Francisco's new program does not cover dental and skilled nursing services, but its pre-existing program does. In San Diego, San Francisco, Santa Clara,

and Ventura, the basic programs offer shorter coverage duration than the CI program.

Measuring Costs and Quality

Few utilization and cost-effectiveness data are readily available. CMSP tracks data consistently for 34 programs, although this information covers a small fraction of the state's population. For MISP programs, utilization and cost data are collected on a limited basis, with types of data as varied as the medically indigent programs themselves. Thirty-three programs track patient utilization, using a wide range of methods from generalized reimbursement claims to unique patient identifiers. The indigent program costs are gathered in a system called the Medically Indigent Care Reporting System (MICRS), but comparisons between counties are problematic because each county tracks and reports data differently.

Changes Over Time

When compared with the information compiled in 2006 by the California HealthCare Foundation, the recent data show some changes in the county-run MIA programs. While many counties have expanded their coverage, others have had to restrict eligibility due to the economic downturn. In addition to the initiatives undertaken in counties with CI funding, several counties not participating in the coverage initiative are also making important program changes. For example, Monterey County plans to structure its indigent program to be more like an insurance program, while CMSP has initiated pilot programs to coordinate mental and behavioral health services with medical care. In addition, Kern, Monterey, San Diego, and Ventura counties have expanded eligibility based on income limits for their basic indigent programs.

However, some programs have to cut back on the services offered and populations served in light of state and county budget deficits. Contra Costa, Sacramento, and Yolo counties have removed coverage for undocumented

residents, while Alameda, Fresno, and Yolo eliminated Medi-Cal optional services from their programs when the state stopped covering them in July 2009. Sacramento County is also closing county clinics. Even CI programs have had to stop accepting new clients in Santa Clara and Ventura, while Santa Cruz and Placer counties reduced their income eligibility threshold.

AUTHORS AND SOURCES

The data presented here were gathered on behalf of the California HealthCare Foundation by Trisha McMahon and Matthew Newman of Blue Sky Consulting Group. Sources include survey responses from program administrators; the CMSP and individual MISP county Web sites; and discussions with program administrators.

ABOUT THE FOUNDATION

The California HealthCare Foundation is an independent philanthropy committed to improving the way health care is delivered and financed in California. By promoting innovations in care and broader access to information, our goal is to ensure that all Californians can get the care they need, when they need it, at a price they can afford. For more information, visit www.chcf.org.

ENDNOTES

1. This Fact Sheet is an update of an earlier County Medically Indigent Program summary published by the California HealthCare Foundation.
2. For Los Angeles, which has four programs, this discussion compares the coverage initiative, Healthy Way LA, with the Public/Private Partnership. However, these programs are not mutually exclusive and individuals can qualify for multiple programs. For San Francisco, it compares Healthy San Francisco, which uses coverage initiative funds to cover a portion of the individuals in the program, with Community Health Network Sliding Scale Program, which is the prior form of the indigent care program that still exists to serve clients who cannot qualify for Healthy San Francisco. For Ventura, it compares the Access Coverage & Enrollment for Adults program, the new indigent program, with SPDP, which is the county hospital's self-pay discount program that aids those who do not qualify for the indigent program.