

Health Care Options Workgroup: Recommendations to Improve Health Equity

4/9/24

Contra Costa Health Care Options

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Intro: Health Care Options Workgroup

Stakeholder Workgroup

Mission:

Discuss options based on equity for a health coverage program for the remaining uninsured in Contra Costa County based on learning from other counties, analysis of Contra Costa landscape, and stakeholder discussion.

Participants:

- Aliados Health
- Board of Supervisor staff
- Contra Costa Health (CCH),
- Contra Costa Employment and Human Services Department (EHSD),
- Healthy Contra Costa, One Contra Costa Coalition (#OCCC)

Stakeholder Workgroup

Shared Values:

- A commitment to creating a health system that reflects the values of equity, inclusion, access, and parity.
- Access to comprehensive, quality care prevents health care disparities, promotes preventive care, and saves lives.

Process: Five stakeholder meetings (December 2023- April 2024), additional subgroup meetings, consultant contracted for research and analysis.

Contra Costa Health Care Program Recommendations

Healthcare Coverage

- An increasing number of people have become eligible for low-cost or no-cost health insurance:
 - Affordable Care Act expanded Medicaid and Covered California was created, offering subsidized health insurance: Effective 1/1/14
 - Eligibility for Medi-Cal expanded to cover ALL California residents under 138% of the Federal Poverty Level: Final phase effective 1/1/24
- Undocumented immigrants are excluded from:
 - Participating in the State Health Insurance Exchange: Covered California
 - Participating in the Contra Costa County Coverage Program: Basic Health Care Program

Recommendation for a Contra Costa Health Care Access Program

Create a comprehensive coverage program that creates parity between documented and undocumented residents by eliminating existing Basic Health Plan restrictions.

Component	Recommendation
1. Eligibility <ol style="list-style-type: none">a. Federal Poverty Level (FPL)/Income Rangeb. Exclusions	For Contra Costa residents: <ol style="list-style-type: none">a. between 138 and 300% FPL* (regardless of documentation status), andb. who are NOT eligible for full scope Medi-Cal, Medicare, or on other insurance
2. Covered Services	Comprehensive Program <ul style="list-style-type: none">• Primary care (including mild to moderate behavioral health), specialty, emergency services and inpatient
3. Network	<ul style="list-style-type: none">• Contra Costa Regional Medical Center (CCRMC)• County Health Center Clinics, AND• Community Clinics

Unsubsidized Care is Unaffordable

Low-Income undocumented residents aren't accessing care

- Fear of immigration process
- Fear of cost
- Prioritizing immediate necessities

"I don't have enough money to pay my bills let alone my health."

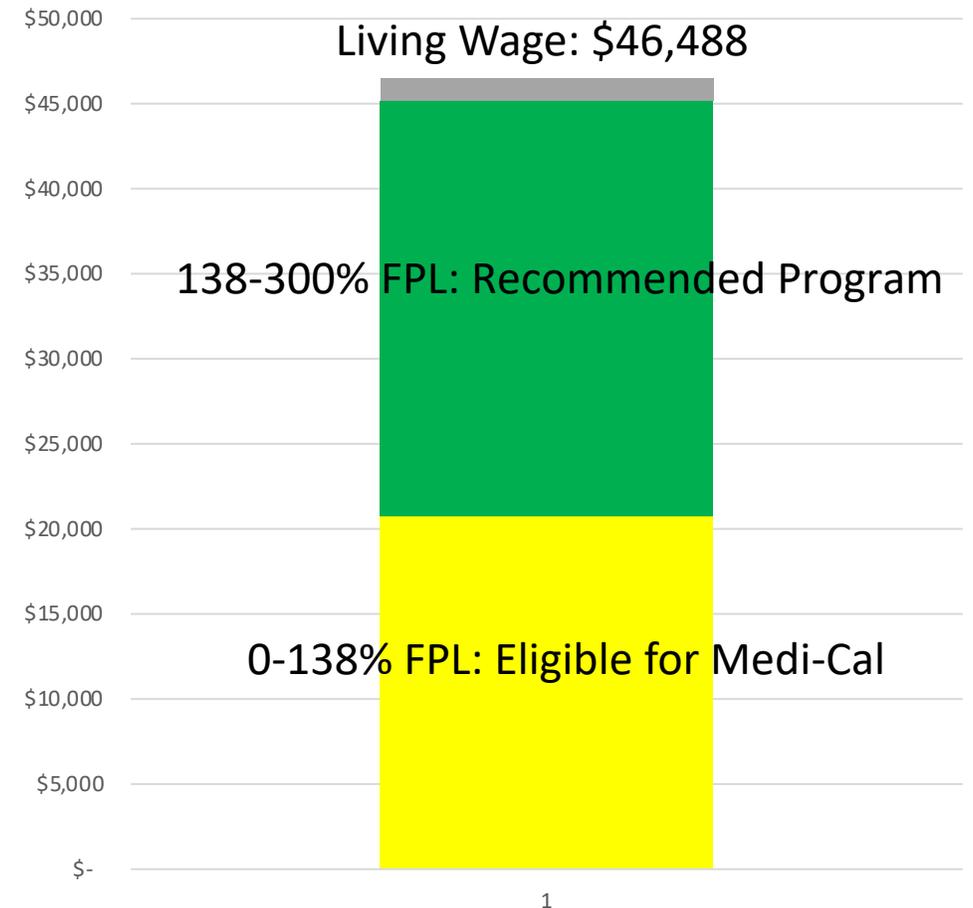
"He needed medical attention for a hernia but fears the high cost of an operation in case he needs it."

"I have not had any type of help regarding my health and doctors or insurance is too expensive, health insurance is not accessible to everyone."

Recommended income range: 138-300% FPL

For a household size of one (see appendix for other household sizes):

- \$46,488 is a living wage in Contra Costa County
- \$45,180 : 300% Federal Poverty Level
- \$20,784: 138% Federal Poverty Level



Recommendation: Covered Services

Comprehensive Services: Primary care, specialty care, emergency, and inpatient services

Coverage Programs are NOT as comprehensive as insurance:

- Limited network
- Restricted to services provided within that network

A comprehensive coverage program is:

- more equitable,
- helps people prioritize their health,
- reduces emergency room utilization,
- prevents suffering

Recommendation: Network

Recommended Network:

- Community Clinics,
- Contra Costa County Health Center Clinics, and
- Contra Costa Regional Medical Center

Second Option:

- Contra Costa County Health Center Clinics, and
- Contra Costa Regional Medical Center

- Expanded network provides more client choice and increases access
- Requires clear referral pathways between Community Clinics
- Build off Basic Health Care Program and CARES

Recommended Program: Cost Estimates

- The costs of a comprehensive program are NOT all *new* costs.
- CCH projects that the costs of providing care through County Health Center Clinics and CCRMC can be covered through uncompensated care.
- CCH estimates an annual cost of \$750,000 to include primary care at the Community Clinics

Recommended Program: Enrollment and Cost Estimates for Primary Care at Community Clinics

	Comprehensive Program
FPL Range	138-300%
Estimated Number of New People Eligible (1)	10,500
Total Enrollment Estimate (2)	5,250
Initial Enrollment Estimate (3)	3,000
Projected Number Enrolled at CCRMC Network	1,900
Projected Numbers enrolled at Community Clinics (4)	1,100
Estimated New Annual Program Cost for Community Clinics(5)	\$750,000

- 1) Based on EHSD and UC Labor Center data
- 2) Estimated enrollment first year of the program
- 3) The total enrollment estimate assumes that a maximum of 50% of those who are eligible would enroll in the program.
- 4) Estimated 1,100 will enroll at a Community Clinic, the balance of the enrollees would receive primary care through the county clinics.
- 5) The estimated cost for primary care at the Community Clinics is \$56 per member per month for people who received primary care through a community clinic.

Proposed Next Steps

Recommendations with Board Approval

1. **Immediately:**

- Eliminate residency requirement for Basic Health Care Program
- Community Clinics seek sustainable funding, such as Measure X, for primary care with support of the Stakeholder Workgroup including CCH: \$750,000 in year one.

2. **Phase in:** CCH to lead development of:

- Enrollment system
- Participant fee structure, and
- Referral mechanism from community clinics to CCRMC network

3. **On-going:** CCH to track and evaluate enrollment, program costs and funding needs

Appendix

Lessons from Other Counties

Summary of Other County Programs

- Review of Alameda County, San Mateo County, San Francisco County, and Santa Clara Counties
- Some counties are in the processing of rethinking programs, however, as of January 1, 2024:
 - Coverage programs range from 139-200% FPL (most restrictive programs) to under 650% FPL (most expansive program)
 - Administrators include County Health Department, Health Plans, and County Hospital.
 - The majority of programs exclude people who are eligible for Medi-Cal or other insurance.

Key Take-aways From Other County Programs

1. People who were enrolled in County programs in 2023, and were under 138% FPL, became eligible for Medi-Cal on January 1, 2024.
2. Program income maximums ranged; however, the majority of program enrollment (prior to 1/1/24) for all programs was in the 0-138% range.
3. Enrollment numbers are NOT correlated with size of county or FPL cap

Key Take-aways From Other County Programs

4. Most of the programs include coverage for primary, specialty, and hospital services provided by community clinics and hospital systems and have budgets significantly higher than the CARES primary care only program.
 - Contra Costa County spent \$47.9M in uncompensated care for both documented and undocumented patients in FY 22-23.

Income Data

2024 Federal Poverty Level

% of Federal Poverty Level	2024 Maximum Gross Yearly Income Per Family Size			
	1	2	3	4
138%	\$ 20,784	\$ 28,224	\$ 35,640	\$ 43,056
200%	\$ 30,120	\$ 40,896	\$ 51,648	\$ 62,400
300%	\$ 45,180	\$ 61,344	\$ 77,472	\$ 93,600
400%	\$ 60,240	\$ 81,792	\$ 103,296	\$ 124,800

2023 State Income Limits for Contra Costa County

	Household Size			
	1	2	3	4
Acutely Low (15% of median family income)	\$ 15,550	\$ 17,750	\$ 20,000	\$ 22,200
Extremely Low (30% of median family income)	\$ 31,050	\$ 35,500	\$ 39,950	\$ 44,350
Very Low Income (50% of median family income)	\$ 51,800	\$ 59,200	\$ 66,600	\$ 73,950

2024 Living Wage for Contra Costa County

Annual Salary Per Family Size

	1	2	3	4
1 Adult	\$ 46,488	\$ 98,301	\$ 128,669	\$ 174,034
2 Adults		\$ 71,323	\$ 88,234	\$ 114,026

<https://livingwage.mit.edu/counties/06013>

Assumes 2080 hours per year