

**Contra Costa County Healthcare Options Workgroup  
Findings and Recommendations  
April 1, 2024  
Prepared by: Rachel Metz Consulting**

**Executive Summary**

The Contra Costa County Healthcare Options Workgroup, a stakeholder group with representatives from: 1) the Board of Supervisors’ Offices, 2) Contra Costa Health (CCH), 3) Contra Costa Employment and Human Services Department (EHSD) 4) Aliados Health, and 5) Healthy Contra Costa, One Contra Costa Coalition (#OCCC) (made up of local advocacy, community-based, and faith-based organizations) engaged in a process to:

- review and learn from health coverage programs in other counties,
- analyze Contra Costa County specific data, and
- discuss a potential health coverage program in Contra Costa County based on principles of equity, health care as a basic human right, and increasing access to health coverage for the remaining uninsured.

The discussions and research of the Workgroup resulted in a recommendation for a Contra Costa County health program with the following elements:

Primary Elements	Recommendations
1. Eligibility a. Federal Poverty Level (FPL)/ Income Range b. Exclusions	For Contra Costa County residents:  a. between 138% and 300% of the Federal Poverty Level (proxy for income), and b. who are NOT eligible for any other program such as Medi-Cal or on other insurance (regardless of documentation status)
2. Covered Services	Comprehensive Program  • Primary care including mild to moderate behavioral health provided at primary care clinics, specialty medical care, emergency care, and inpatient services
3. Network	• County Hospital • County Health Center Clinics AND • Community Clinics
4. Estimated New Cost	\$750,000 annually of new costs to fund primary care and behavioral health services at community clinics

If the proposed recommendation is approved by the Board of Supervisors, other critical program elements, including administrator, enrollment system, provider payment structure, enrollment and/or participant fee structure, referral mechanisms and coordination of care, and outreach and education will be developed and phased in, moving forward with initial changes immediately. This planning process will include an analysis of how best to leverage existing programs and administrative structures.

## Process

At the September 19, 2023, Board of Supervisors meeting, Contra Costa Health presented on a report of the Contra Costa CARES program, which ended December 31, 2023. The #OCCC identified barriers and unmet health needs in Contra Costa County and provided several systemic recommendations in the Contra Costa CARES Outreach and Education report, including a recommendation to expand eligibility to people above 138% of the Federal Poverty Level (FPL).<sup>1</sup> The Board requested a follow-up study to look at issues raised in the report, provide data on the number of people who remained uninsured in Contra Costa County, learn what other counties are doing, and provide information about future options in Contra Costa.

A process was developed involving multiple County departments and community stakeholders:

- Contra Costa Health (CCH) contracted with Rachel Metz Consulting to provide consultation and technical assistance to Contra Costa Health with this process. Rachel Metz is a consultant with more than 25 years of experience working on issues related to health care, health insurance, Medicaid, homelessness, and housing, including specific experience designing and building the Health Program of Alameda County (HealthPAC). The consultant's scope was to research programs in other counties, provide support to CCH with research and material for a stakeholder group, and provide a written report summarizing the group's research, analysis, and recommendations.
- CCH collaborated with One Contra Costa to facilitate the stakeholder process.
- CCH provided Contra Costa County cost information.
- Contra Costa County Employment and Human Services Department (EHSD) provided estimates for the numbers of uninsured.
- The stakeholder group, which included representatives from the Board of Supervisors' Offices and #OCCC, provided input, data, and expertise. #OCCC, which is made up of local advocacy, community-based, faith-based organizations, and resident leaders, urges policymakers in Contra Costa County to expand access to comprehensive, quality, and timely healthcare for all Contra Costa County residents regardless of income, immigration status, background, gender, and/or age.

Five stakeholder meetings were held between December 2023 and March 2024 (December 21, 2023, January 29, 2024, February 27, 2024, March 1, 2024, and April 1, 2024) and additional subgroup meetings were held to review information, discuss data and options, and align on

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<sup>1</sup> As part of the outreach and education efforts for the Contra Costa CARES program, #OCCC partner organizations completed 1,123 pre-enrollment surveys that included questions on demographics, health status and barriers to care.

recommendations. The discussions and the information in this report acknowledges the importance of closing the current gap of inequities that still exists among the remaining uninsured, and the recognition of who were most harmed by the pandemic (low-income people of color who often risked their health in delivering essential services).

## Background

### Health Coverage and the Changing Landscape

Access to comprehensive, quality healthcare services contribute to overall health, improving the lives of the people receiving care, preventing the risk that people will delay treatment due to fears of cost, and reducing high-cost emergency care.

*Jorge, from Richmond needed medical attention for a hernia, but fears the high cost of an operation. He has persistent back pain that causes him to miss work.*

Having health insurance helps people access and pay for healthcare services. Health **insurance** is required to include essential health benefits including hospital care; visits to a primary care doctor and specialists; outpatient procedures such as surgery, laboratory tests, and diagnostic services; pregnancy and newborn care; preventive and routine care; mental health care; emergency and urgent care; rehabilitation therapy; and some home health or nursing home care after a hospital stay. Health insurance is preferable to health care “coverage” or “access” programs because they are not restricted by geography (ie- members are covered even if they are traveling) and generally have a broader network of providers.

Access to, and enrollment in, health insurance has increased significantly over the past 10 years:

- In 2014, the Affordable Care Act expanded Medicaid eligibility and provided health insurance subsidies for people up to 400% of the Federal Poverty Level (FPL) through health care exchanges, and
- Over the past two years, California has expanded Medi-Cal coverage to undocumented residents up to 138% FPL.

However, not everyone has health insurance. EHSD estimates that there are approximately 53,839 people in Contra Costa County without health insurance across all income levels and documentation status. (See Appendix 1: EHSD Contra Costa Uninsured Estimates.) Some people are eligible for free or low-cost health insurance (either Medi-Cal or subsidies through Covered California) but are not enrolled, and others, undocumented residents, are excluded from low-cost Covered California health insurance. Assembly Bill 4 was introduced by Assembly Member Arambula in December 2022. The bill would allow people otherwise not able to obtain health insurance through Covered California due to immigration status to become eligible; however, the bill has not moved forward.

The county provides a coverage program, the Basic Health Care Program for people under 300% of the Federal Poverty Level for people who don't have health insurance. While coverage programs are not as comprehensive as health insurance because of the limited network and lack

of portability, it increases access to care for people who cannot afford, and/or do not have access to health insurance. Like Covered California, the Basic Health Care Program requires that adults be United States Citizens or legal permanent residents.

The Contra Costa County’s Board of Supervisors declared systemic racism to be a public health crisis. Yet, access to health coverage is not equitable, as currently undocumented residents are:

- excluded from receiving federally subsidized **health insurance** through Covered California. This includes an estimated 10,500 people in Contra Costa County between 138 and 300% FPL.<sup>2</sup> Without a subsidy, health insurance is prohibitively expensive for low-income populations, yet people still need health coverage.
- Not eligible for **health coverage** through the Basic Health Care Program, and
- further disenfranchised due to fears about accessing care.

*Jessica, from Bay Point says that she does not seek care due to, “fear of harming my immigration process, fear of not understanding what they tell me because I don’t know the language.”*

The recommendation in this report is to create a comprehensive coverage program that eliminates the gaps in care for low-income undocumented residents by developing an efficient and equitable hybrid delivery system that leverages the existing infrastructure of the Basic Health Care Program and the services formerly provided through CARES to create an access program that helps to address the remaining gap.

### County Indigent Care Programs

Counties receive realignment funds from the State and are responsible for providing basic health services to uninsured residents. The basic health services or coverage offered by the counties is NOT insurance as the services and coverage are provided in a limited geographic area by limited provider networks, and the services are restricted; however, these coverage programs offer care to people who do not have access to health insurance.

Counties have modified their approach to providing these basic health services to the uninsured as the landscape has changed. Starting in 2007, the State funded the Coverage Initiative Program and the Low Income Health Program (LIHP), which provided counties with funding to help

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<sup>2</sup> The estimated number of people who would be eligible for the proposed program was derived from the from the Contra Costa EHSD analysis completed in February 2024 (see Appendix 1). EHSD estimated that there are currently approximately 17,644 people who are uninsured in Contra Costa County between 138 and 300% of the Federal Poverty Level.

For purposes of this report, it was estimated that 60% of those who are uninsured between 138 and 300% of the Federal Poverty Level, 10,500, are undocumented residents and, therefore, not eligible for Covered California.

This methodology is consistent with the UC Berkeley Labor Center estimate that there will be a projected 11,000 undocumented Contra Costa residents under 65 who are uninsured in 2024.

expand their programs as a “bridge to health care reform.” Counties were encouraged to provide “health coverage programs” that were similar to Medi-Cal in order to engage and pre-enroll people who would be eligible for Medi-Cal in 2014. Counties varied in their approach and whether they used local funds to provide the same type of services to people over 138% FPL as well as whether to cover people who are undocumented.

Due to the expansion in Medi-Cal eligibility, and the corresponding decrease in the number of uninsured, many counties are re-envisioning the scope of their indigent care programs; however, despite the progress in getting people insured, there continues to be gaps for the low-income undocumented community. This includes community members who temporarily received COVID health care services during the pandemic and now who have no affordable healthcare option to treat their post-COVID health conditions.<sup>3</sup>

*Aurora, from Concord, who currently goes to La Clinica de la Raza says that she cannot afford to pay both her living expenses and medical fees.*

### Lessons from Other Bay Area Counties

Information was collected from four neighboring counties—Alameda, San Francisco, San Mateo, and Santa Clara (see Appendix 2, Bay Area Health Care Programs, for details)—through interviews with program staff and review of publicly provided information in December 2023 and January 2024. Some of the programs are starting to consider changes to their current programs as they review the impacts of changing enrollment.

Key take-aways include:

1. People who were enrolled in County programs in 2023, and were under 138% FPL, including all Contra Costa CARES enrollees, became eligible for Medi-Cal on January 1, 2024.
2. Program income maximums ranged from 138% FPL (Contra Costa) to 650% FPL (Santa Clara); however across all programs, the majority of program enrollees (prior to 1/1/24), were in the 0-138% income range and are now eligible for Medi-Cal.<sup>4</sup>
  - In Healthy San Francisco (a program that goes up to 500% FPL) 57% of enrollees in 2023 were under 138% FPL, 19% of enrollees were between 138 and 200% FPL and 17% were between 200% and 300% FPL, and 7% were between 300 and 500% FPL.
3. Enrollment numbers are NOT correlated with size of county.
  - For example, San Mateo County’s population is 40% of the size of Santa Clara County’s and is for people up to 200% FPL instead of 650% FPL (Santa Clara threshold), yet San Mateo had approximately 22,500

<sup>3</sup> [New Americans in Contra Costa](#): The Demographic and Economic Contributions of Immigrants in the County.

<sup>4</sup> Programs prior to 1/1/23: Alameda County 0-200% FPL, Contra Costa County 0-138% FPL, San Francisco under 500% FPL, San Mateo County 0-200% FPL, Santa Clara under 650% FPL.

enrollees in 2023 compared to approximately 10,400 served in Santa Clara County.

4. Most of the programs include coverage for primary, specialty medical, and hospital services provided by community clinics and hospital systems and have budgets that are significantly higher than the CARES primary care only program.
  - The Contra Costa CARES program was a primary care program in which care was provided by community clinics. The CARES annual budget amount of \$1.5 M does not reflect costs of services provided to clients by the County hospital and health centers. The estimated cost incurred by CCRMC to provide uncompensated care to both documented and undocumented patients in FY 22-23 was \$47.9M.
  - The program budgets for services, for counties San Mateo and Alameda, both counties with comprehensive programs that provided budgets, are approximately \$200 per enrollee per month. Note that programs do not actually use a per member per month methodology for the program.
  - The Contra Costa CARES program paid contractors \$56 per member per month for the primary care program. This does NOT include uncompensated care costs incurred by the County for inpatient, specialty, and emergency care (the more costly services).
5. For counties that have enrollment fees, the revenue covers a very small percentage of the cost.
  - Enrollment fees can make the cost to the participant more comparable to that of Covered California.

#### Current Status of Contra Costa County Coverage Programs

The Basic Health Care Program is a temporary health coverage program for low-income Contra Costa County residents up to 300% of the FPL who do not have other health insurance. Health care services are provided at the Contra Costa Regional Medical Center (CCRMC) and Health Centers. Since 2009, undocumented immigrants have been excluded from the program.

The Contra Costa CARES program was launched in 2015 to provide healthcare to people not eligible for Medi-Cal. It was a free primary health care program for Contra Costa residents 0-138% FPL who were not eligible for any other health insurance. People received free preventative healthcare services from three clinics: La Clinica de la Raza, LifeLong Medical Care, and Brighter Beginnings. CARES program participants accessed specialty medical services through Operation Access or through the emergency room services at Contra Costa Regional Medical Center. The CARES program was initially funded by Kaiser Permanente, Sutter, and John Muir Health, Contra Costa Health Plan, and the County General Fund. The hospitals ceased funding the program and additional funds were provided via Measure X funding. An estimated 47% of costs for care were for chronic conditions.

CARES utilization data indicates that between December 2015 and June 2023 (See Appendix 3: CARES Utilization Data):

- 8,210 individuals were enrolled in CARES,
- 45,087 visits were provided, and
- 47% of visits were for chronic conditions.

As part of the outreach and education efforts for the CARES program, stories were collected from applicants. The experiences and voices of the CARES population emphasize the unique challenges immigrants face when accessing care, such as:

- needing medical attention for a hernia, but fearing the high cost,
- not seeking care due to needing money for basic necessities such as food and bills, and
- fear of harming their immigration status.

See Appendix 4: Stories from CARES applicants, for more detail.

As of January 1, 2024, approximately 11,000 undocumented adults aged 26-49 in Contra Costa were transitioned from restricted scope to full scope Medi-Cal. The CARES program ended at this time, as all CARES enrollees became eligible for full-scope Medi-Cal.

However, approximately 54,000 people continue to be uninsured in Contra Costa (See Appendix 1: EHSD Contra Costa Uninsured Estimates) across all income levels. While the Basic Health Care Program continues to serve people who are low-income and uninsured, it requires that people be permanent legal residents of Contra Costa County.

### **Recommendations for Contra Costa County**

The research and discussions of the Healthcare Options Workgroup to improve access to high quality and affordable health care and promote equity resulted in a recommendation to:

- 1) expand the Basic Health Care Program by eliminating the “legal permanent residency” requirement (see Appendix 5: Contra Costa Regional Medical Center and Health Centers Program Eligibility and Review Process for more information about the Basic Health Care Program), and
- 2) expand primary care access for people between 138% to 300% of FPL.

Recommendations for program eligibility, covered services, and network are as follows:

#### ***1. Recommended Eligibility: For Contra Costa County residents:***

- a. ***With incomes between 138% and 300% FPL*** <sup>5</sup> Very low-income residents have limited resources to pay for unsubsidized health care. The annual salary for a household of one at 300% of the FPL is \$45,180. For a family size of one, this is considered “very low income,” approximately 50% of median family income, and significantly below what is considered a “living wage.”<sup>6</sup> (See Appendix 5, Income and Poverty Information, for more income information by household size and FPL level.) In surveys conducted by #OCCC partner organizations, Contra Costa residents identified cost as a major barrier to accessing healthcare with some residents expressing that they don’t go to the doctor because of the expense – needing resources to cover necessities.

*Sandra, one of the CARES pre-enrollment applicants shared, “I would like to acquire these services because sometimes I don’t feel good and would like to go to the doctor, but it can be very expensive and therefore I don’t seek medical attention because I might need that money for something more necessary.”*

The proposed income range is for people who all fall below the living wage in Contra Costa County. The living wage estimate shows how much a household must have to support themselves and includes factors such as food, childcare, housing, etc.<sup>7</sup> See Appendix 6 for a chart of Living Wage in Contra Costa by family size. The chart below shows income levels for a household size of one.

<b>Annual Income</b>	<b>Description</b>
\$51,800	Very Low (50% of Median Family Income): Contra Costa
\$46,488	2024 Contra Costa Living Wage
\$45,180	300% Federal Poverty Level
\$31,050	Extremely Low (30% of Median Family Income): Contra Costa
\$30,120	200% Federal Poverty Level
\$20,781	138% Federal Poverty Level

AND

- b. ***Who are NOT eligible for any other program such as Medi-Cal and not on other insurance (regardless of documentation status).***

2. ***Recommended Covered Services: Comprehensive (including primary care, specialty medical care, emergency, and inpatient services).*** A comprehensive program provides better service to people accessing the program and is more similar to the scope of services offered through Medi-Cal or Covered California (since it is not insurance, the

<sup>5</sup> The federal government and the State of California fund Medi-Cal for households between 0% and 138% FPL.

<sup>6</sup> The 2024 living wage for Contra Costa County is \$98,301 for one adult and one child or \$71,323 for two adults.

<sup>7</sup> Livingwage.mit.edu



program will differ than insurance programs, as it will have a more limited network and be restricted to services provided by that network). If specialty medical services are not offered, then primary care providers may refer people directly to emergency care, which may not be appropriate and could be more costly overall. This comprehensive coverage program would be different from the CARES program, which only provided primary care.

3. ***Recommended Network: Community clinics, Contra Costa County Health Center Clinics, and Contra County Regional Medical Center.*** The CARES program was designed for clients to receive primary care at three community clinics. A broader network that includes the Contra Costa County Ambulatory Clinics and the Contra Costa Regional Medical Center is needed to provide specialty medical and inpatient services so that community members can receive services and referrals between healthcare systems seamlessly without experiencing gaps in care. In addition, patients will have more options to choose a health home that meets their health needs and conditions.
  - a. An alternative option would be to limit the network to the Contra Costa County Health Center and Contra Costa County Regional Medical Center. This option would not require funding with the Community Clinics for this program; however, it would also provide less choice, reduced access, and in some instances impact existing source of care for participants, therefore it is the workgroup supports a network that includes the Community Clinics.

#### Cost Estimated for Recommendation

The costs of a comprehensive program are NOT all *new* costs. Most of the costs are already being incurred by the Contra Costa Regional Medical Center via uncompensated costs. In FY 2022-23 the medically indigent/patient assistance cost incurred by CCRMC for both documented and undocumented patients was approximately \$47.9M. If the eligibility for the Basic Health Care Program is expanded, it is anticipated that the County Health Center Clinic primary care costs and CCRMC specialty, emergency and inpatient costs for new program participants will be covered with existing hospital medically indigent funding generated by a decrease in the number of uninsured between 0 and 138% FPL and an expected reduction in emergency room services for the target population that will now have access to primary care.

The proposed program includes an estimated cost of \$750,000 annually for providing primary care to approximately 1,100 enrollees through the community clinics. These cost projections do not include the administrative costs of running a program. Administrative costs in other counties range from \$2 million to \$7 million, approximately 5% to 10% of program costs; however, the administrative costs vary considerably based on contracting and payment structure, the enrollment system, and collection of fees. It is anticipated that in Contra Costa, the majority of these costs can be provided pro bono.

CCH is currently funding \$600,000 for outreach and education: \$300,000 to the community clinics, and \$300,000 to community-based organizations.

	<b>New Costs for Comprehensive Program</b>
FPL Range	138-300%
Estimated Number of New People Eligible for the Program (not previously eligible for the Basic Health Care Program) <sup>8</sup>	10,500
Total Enrollment Estimate <sup>9</sup>	5,250
Initial Enrollment Estimate (Year 1) <sup>10</sup>	3,000
Projected Number Enrolled at CCRMC Network	1,900
Projected Number Enrolled at Community Clinics <sup>11</sup>	1,100
Estimated New Annual Program Cost for Community Clinics <sup>12</sup>	\$750,000

### Next Steps

If the proposed recommendation is approved by the Board of Supervisors, other critical implementation elements, including administrator, enrollment system, provider payment structure, enrollment and/or participant fee structure, referral mechanisms and coordination of care, and outreach and education would be developed by Contra Costa Health including recommendations on how to leverage existing programs such as the Basic Health Program as feasible and in collaboration with partners such as Aliados and community clinics. If the Board of Supervisors decides to move forward with a program, Contra Costa Health recommends:

- 1) Immediately:
  - a. Eliminating the residency requirement for Basic Health Care Program, and
  - b. Community Clinics seek sustainable funding such as Measure X for primary care, \$750,000 annually, with support of the Stakeholder Workgroup including CCH.
- 2) Phase in: CCH will engage Community Clinics, CCRMC, and Health Plan partners to develop enrollment system, participant fee structure and referral mechanism from the community clinics to the CCRMC network, and
- 3) On-going: CCH will continue to track and evaluate enrollment, program costs and funding needs as the program is established.

<sup>8</sup> The estimated number of undocumented Contra Costa County residents who fall between 138 and 200% FPL is 2,100 and the estimated number of undocumented Contra Costa County residents who fall between 138 and 250% FPL is 7,200.

<sup>9</sup> The total enrollment estimate assumes that a maximum of 50% of those who are eligible would enroll in the program.

<sup>10</sup> The initial enrollment estimates are for the first year of the program is provided for budgeting purposes. As the program grows an assessment will be done on whether additional resources are needed and available.

<sup>11</sup> An estimated 1,100 enrollees would be seen at the community clinics, the balance of the enrollees would receive primary care though the county clinics dependent on if funding is identified and program enrollment.

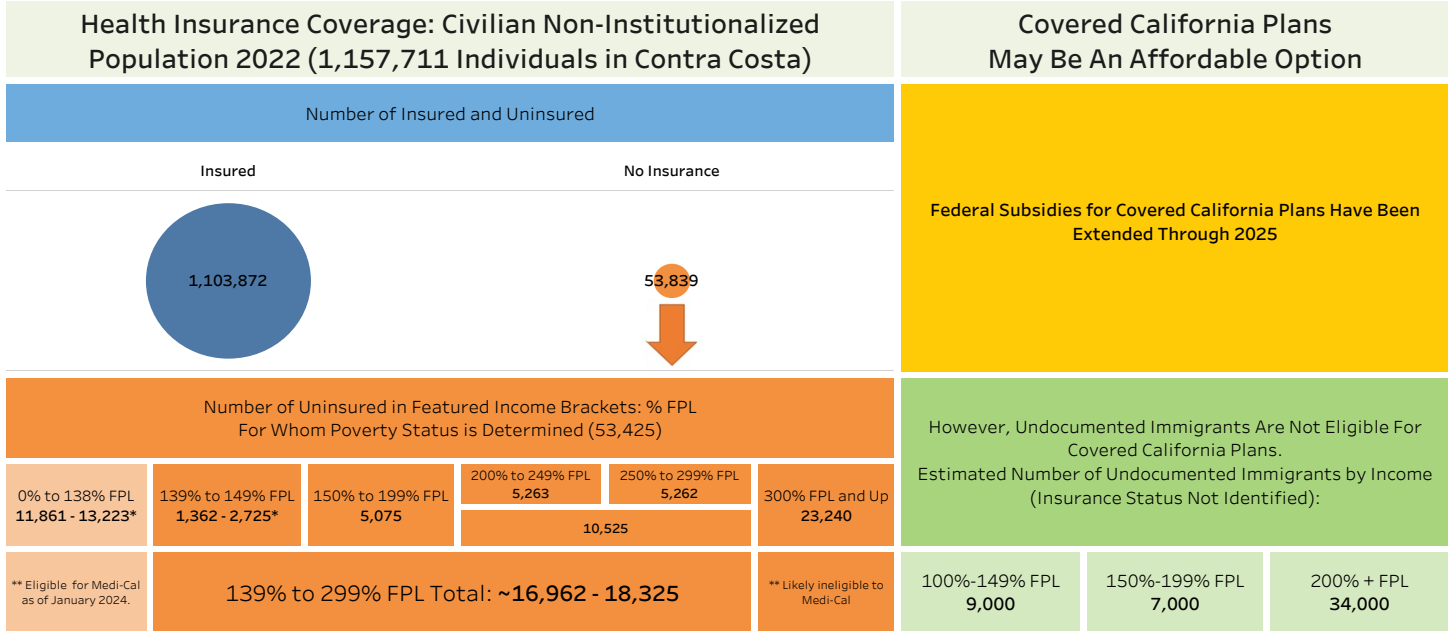
<sup>12</sup> The estimated cost for primary care at the community clinics is \$56 per member per month. The comprehensive services at CCRMC and county clinics can be covered with the existing hospital funding dedicated towards indigent care.

# Appendix 1: EHSD Contra Costa County Uninsured Estimates

## Health Insurance Analysis for Health Care Options Discussion

Up to 18,000 Uninsured individuals in Contra Costa County are estimated to be in income brackets between 139% and 299% FPL. Of those, as many as 2,700 are in the FPL bracket just above Medi-Cal eligibility (139-149% FPL).

**Purpose:** As of January 1, 2024, individuals in California who meet income requirements (up to 138% Federal Poverty Level/FPL) are eligible for full scope Medi-Cal, regardless of immigration status. The Contra Costa County Board of Supervisors has requested an overview of the population in income categories above 138% FPL, in order to gain an understanding of the number of individuals who may remain uninsured after the January 2024 Medi-Cal Expansion. Contra Costa Health Services (CCHS) asked the Policy and Planning division of the Employment and Human Services Department (EHSD) to assist with the data request, with a particular emphasis on those in the lower income ranges above Medi-Cal eligibility: > 138% FPL.



## Estimated Population of Uninsured, Undocumented, Ineligible for Medi-Cal (Individuals)

**Purpose:** As of January 1, 2024, individuals in California who meet income requirements (up to 138% Federal Poverty Level/FPL) are eligible for full scope Medi-Cal, regardless of immigration status. The Contra Costa County Board of Supervisors has requested an overview of the population in income categories above 138% FPL, in order to gain an understanding of the number of individuals who may remain uninsured after the January 2024 Medi-Cal Expansion.

In March 2023, the UCLA Center for Health Policy Research and UC Berkeley Labor Center estimated that 520,000 people statewide will remain “uninsured, undocumented, ineligible for Medi-Cal and without an offer of affordable job-based coverage” in 2024. Of these, an estimated 80,000 reside in the Greater Bay Area. The chart below shows an estimate of this group for each Bay Area county, assuming proportions similar to percentage of the population. By this estimate, approximately 12,000 Contra Costa individuals would remain “uninsured, undocumented, ineligible and without an offer of affordable job-based coverage in 2024.” An estimate of Income and Age brackets from the UCLA/UC Berkeley report is also shown below.

**Covered California Rating Region: Greater Bay Area**

Counties	2022 Population*	Percentage of Region Population	Estimated Uninsured, Undocumented, Ineligible for Medi-Cal and Without an offer of affordable job-based coverage, 2024 ** (If same percentage as population)
<b>Greater Bay Area Region: 80,000 **</b>			
Alameda	1,628,997	21.7%	17,338
<b>Contra Costa</b>	<b>1,156,966</b>	<b>15.4%</b>	<b>12,314</b>
Marin	256,018	3.4%	2,725
Napa	134,300	1.8%	1,429
San Mateo	729,181	9.7%	7,761
San Francisco	808,437	10.8%	8,605
Santa Clara	1,870,945	24.9%	19,914
Solano	448,747	6.0%	4,776
Sonoma	482,650	6.4%	5,137
<b>Region Total</b>	<b>7,516,241</b>	<b>100.0%</b>	<b>80,000</b>

Demographics of those who are Undocumented, Ineligible for Medi-Cal and Without an offer of affordable job-based coverage, 2024 Statewide	
Source: UCB-UCLA CaSIM v 3.51**	
<b>Income</b>	
Up to 250% FPL	36%
251 - 400% FPL	30%
401 + % FPL	34%
<b>Age</b>	
Under 30 years	31%
30-64 years	69%

\* **Source:** U.S. Census Bureau Quick Facts  
 \*\* **Source:** UCLA Center for Health Policy Research and UC Berkeley Labor Center: Policy Brief March 2023  
*California's Uninsured in 2024: Medi-Cal expands to all low-income adults, but half a million undocumented Californians lack affordable coverage options*

Report generated 2.7.2024



## Appendix 2: Bay Area Health Care Coverage Programs

This information was collected through interviews with program staff and review of publicly provided information in December 2023 and January 2024. Some counties are starting to consider changes to their programs as they review the impacts of changing enrollment.

	<b>Alameda</b>	<b>San Mateo</b>	<b>San Francisco</b>	<b>Santa Clara</b>	<b>Contra Costa</b>
Program Name	<a href="#">Health Program of Alameda County [HealthPAC]</a>	<a href="#">San Mateo Access and Care for Everyone (ACE)</a>	<a href="#">Healthy San Francisco</a>	<a href="#">Healthcare Access Program (HAP)</a>  <a href="#">Primary Care Access Program (PCAP)</a>	Basic Health Care and Contra Costa CARES
Administrator	Alameda County Health Care Services Agency	Health Plan of San Mateo	San Francisco Health Plan	HAP: County of Santa Clara Health System  PCAP: Valley Health Plan (VHP)	Contra Costa Health
Eligibility (post 1/1/24)	<ul style="list-style-type: none"> <li>• 139-200% FPL, AND</li> <li>• 19 or older, AND</li> <li>• NOT eligible for a Covered California Subsidy</li> <li>• NOT eligible for full-scope Medi-Cal or Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• 139-200% FPL</li> </ul> <p>IF eligible for Covered California subsidy, you can enroll May-Dec (NOT during Covered California open enrollment)</p>	<ul style="list-style-type: none"> <li>• Under 500% FPL,</li> <li>• 19 or older, AND</li> <li>• NOT eligible for full-scope Medi-Cal or Medicare<sup>13</sup></li> </ul>	<p><u>HAP</u></p> <ul style="list-style-type: none"> <li>• Under 650% FPL</li> <li>• AND</li> <li>• Self-Pay or High Medical Cost Patient</li> </ul> <p><u>PCAP</u></p> <ul style="list-style-type: none"> <li>• Under 650% FPL,</li> <li>• 19 and older, AND</li> <li>• not eligible for or currently covered by full scope Medi-Cal, Covered California, Employer sponsored</li> </ul>	<p>Basic Health Care</p> <ul style="list-style-type: none"> <li>• 0-300% FPL</li> <li>• Not eligible for Medi-Cal or Medicare</li> <li>• Citizen or legal resident of Contra Costa County</li> <li>• Asset test</li> </ul> <p>CARES (program ended 12/31/23) Program eligibility was:</p> <ul style="list-style-type: none"> <li>• 0-138% FPL</li> </ul>

<sup>13</sup> People who are eligible for Covered California are informed that Healthy San Francisco is NOT insurance.

	Alameda	San Mateo	San Francisco	Santa Clara	Contra Costa
				health insurance or dependent care coverage, Individual and Family Plan (IFP), or Medicare	<ul style="list-style-type: none"> <li>NOT eligible for full scope Medi-Cal or Medicare.</li> </ul>
Enrollment: 2023	17,000	22,500	15,000 <sup>14</sup>	<ul style="list-style-type: none"> <li>HAP: 2,900 (CY 2023)</li> <li>PCAP: 7,500 (as of Dec. 2023)</li> </ul>	CARES 3,000
Estimated Enrollment: post 1/1/24	9,000	3,000	6,000	<ul style="list-style-type: none"> <li>HAP: N/A</li> <li>PCAP: 5,000</li> </ul>	Don't know
County Pop Size (2023)	1,733,977	778,239	894,584	1,982,645	1,146,536
Covered Services	Similar to Medi-Cal scope of services including dental and vision services and pharmacy.	Similar to Medi-Cal but limited to only emergency dental (only what is offered in-network). Includes pharmacy.	Similar to Medi-Cal scope, but NO vision and NO dental. Includes pharmacy.	<p>HAP: Medically necessary services and supplies provided by County of Santa Clara Health System.</p> <p>PCAP: Provides access to primary care, preventive care, pharmacy, and some screening and diagnostic services from primary care clinic. ED, hospital, specialty care and urgent care provided by County of Santa</p>	<p>Basic Health Care: Primary care including mild to moderate behavioral health provided at ambulatory care clinics, specialty medical care, hospitalization</p> <p>CARES: Primary care including mild to moderate behavioral health</p>

<sup>14</sup> Program breakdown: 0-138% FPL- 57%, 139-200% FPL-19%, 201-300%FPL- 17%, over 300% FPL-7%

	Alameda	San Mateo	San Francisco	Santa Clara	Contra Costa
				Clara Health System covered.	
Network	County Hospital + Community-based clinics	County Hospital+ Community-based clinics	County Hospital+ Community-based clinics	HAP: County Hospital and County clinics  PCAP: Community-based clinics + County Hospital and Clinics	Basic Health Care: County Hospital + County Health Centers  CARES: Community-based clinics
Annual Budget [ <i>prior to</i> 2024 Medi-Cal expansion]	\$67.6M <ul style="list-style-type: none"> <li>60% services</li> <li>40% system improvement</li> </ul>	\$52.5M	\$70M	N/A	Community Clinics: \$1.5M  CCRMC Medically Indigent: \$47.9M
Revenue Sources	<ul style="list-style-type: none"> <li>91 % General Fund</li> <li>9% Measure A (local tax measure)</li> </ul>	General Fund	<ul style="list-style-type: none"> <li>84%, General Fund (DPH)</li> <li>4%, Enrollment and POS fees</li> <li>2%, Employer Health Care</li> <li>8%, Private Medical Homes</li> <li>2%, Non-profit charity care</li> </ul>	General Fund	Basic Health Care: <ul style="list-style-type: none"> <li>GPP</li> <li>County General Fund</li> </ul> CARES: <ul style="list-style-type: none"> <li>50% Measure X</li> <li>33% CCHP</li> <li>17% General Fund</li> </ul>
Administrative Costs	\$3.2M	\$2.4M	\$7M	N/A	In-kind
Enrollment Fees	None	\$360 per year	\$60-\$450 per person per quarter (for 101-500% FPL); No fee for 0-100% FPL	None	None
Point of Service Fees	Co-pays range from \$5-\$100 depending on service and income level	Co-pays are \$10-\$15 for primary care. \$75 for	Co-pays range from \$5-\$200 depending on	HAP – 100% discount on charges for those earning less than 400%	None

	<b>Alameda</b>	<b>San Mateo</b>	<b>San Francisco</b>	<b>Santa Clara</b>	<b>Contra Costa</b>
		ER. \$300 for same day surgery.	service and income level.	FPL and discounts for those with income above 400% FPL.  PCAP – Co-pays may apply for services provided by community clinics.	
Ages Served (2023)	<ul style="list-style-type: none"> <li>• 1%, 19-24</li> <li>• 64%, 25-44</li> <li>• 31%, 45-54</li> <li>• 4%, 55-64</li> <li>• 1%, 65+</li> </ul>	<ul style="list-style-type: none"> <li>• 1% 19-25</li> <li>• 95% 26-49</li> <li>• 4% 50+</li> </ul>	<ul style="list-style-type: none"> <li>• 3%, 18-24</li> <li>• 50%, 25-44</li> <li>• 26%, 45-54</li> <li>• 16%, 55-64</li> <li>• 5%, 65+</li> </ul>	N/A	CARES: <ul style="list-style-type: none"> <li>• 4%, 20-29</li> <li>• 78%, 30-49</li> <li>• 14%, 50-59</li> <li>• 4%, 60+</li> </ul>



# Appendix 3: CARES Utilization Data Pulled from CARES reports (provided by Aliados Health)

## Year 1 - 2016

La Clínica, LifeLong Medical Care, and Brighter Beginnings provided 5,174 primary care visits to a total of 2829 CARES enrollees

Figure 4. Patient visit data shows that diabetes and hypertension-related services are the most common type of care provided

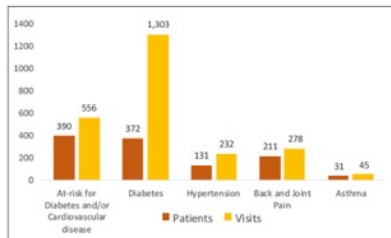
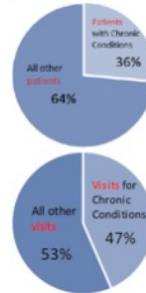


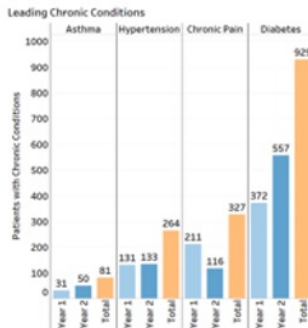
Figure 5. Diagnosis and treatment of chronic conditions makes up a significant proportion of visits



## Year 2 - 2017

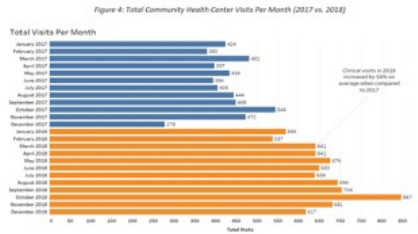
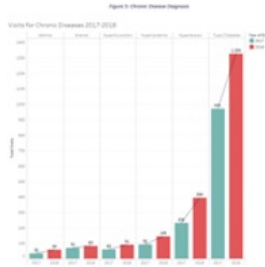
- From the program's inception to-date (December 1, 2015 to November 30, 2017), 3,996 individuals have enrolled in CARES, accounting for 10,413 visits.
- 49% of CARES participants who have been seen for visits are living with chronic conditions.
- The most common diagnoses include asthma, diabetes, hypertension, and chronic pain of the back, joints, and muscles.
- 20% of all CARES visits were related to diabetes diagnosis and management, and 29% of CARES participants with visits were seen six or more times while enrolled.
- Nearly 20% of visits from the inception of the program involved prevention, monitoring, or immunizations, and 6% were related to mental health.

Figure 6. Most common chronic condition diagnoses for CARES enrollees with visits (December 1, 2015 to November 30, 2017).



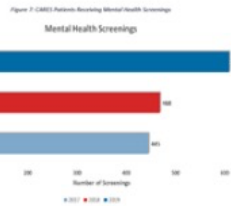
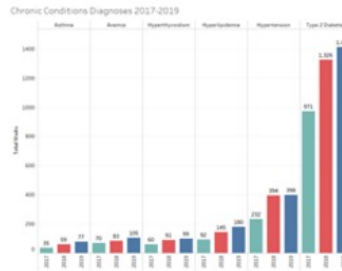
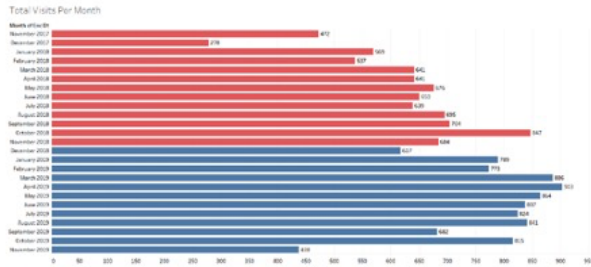
# Year 3 - 2018

- Since the beginning of the program (December 1, 2015 to November 30, 2018), a total of 5,558 individuals have joined CARES.
- Of these patients, 3,474 (63% vs. 54% in year 2) have had a primary care visit with a total of 18,386 visits since the inception of the program. More than half of these patients have a chronic disease related diagnosis.
- 20% of CARES enrollees are high utilizers (6+ health center visits)
- To date, CARES participants have received more than 770 flu immunizations and more than 220 mental health related visits. From 2017 to 2018, related appointments for immunizations and mental health visits have gone up by 250% and 50% respectively.



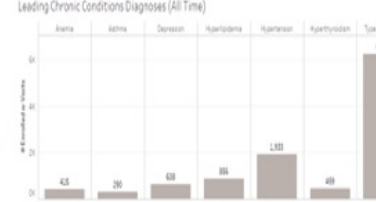
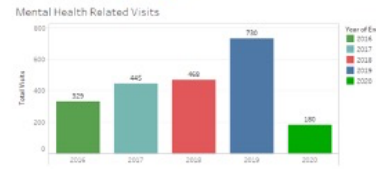
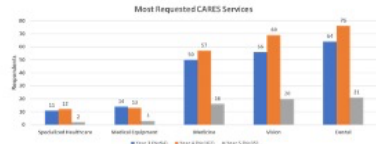
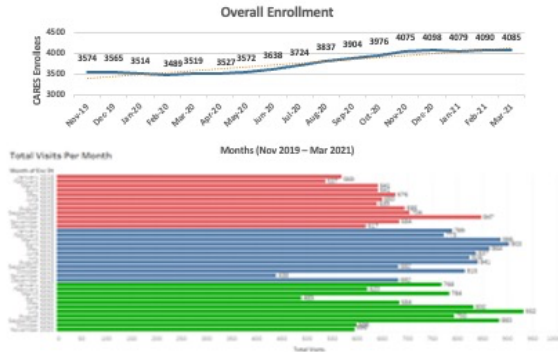
# Year 4 - 2019

- Since the beginning of the CARES program (December 1st, 2015), a total of 7,365 individuals have enrolled, and 27,133 primary care visits have been provided
- In Year 4, 583 specialty care appointments were coordinated for 171 CARES members, resulting in 212 surgical and diagnostic services.
- CARES saw a substantial increase in program enrollment in year three, with 3,289 enrollees as of January 1st, 2019, up from 2,574 enrollees on January 1st, 2018. The trend continued into year four with program enrollment increasing up to 3,736 enrollees by June 1st, 2019.



## Year 5 - 2020

- Since the beginning of the CARES program (December 1st, 2015), a total of 8,210 individuals have enrolled and 36,113 primary care visits have been provided
- 64% of the total enrollees having one visits with a primary care provider. This is up from 62% in year four, and just 49% in year two



## Year 6 - 2021

- Since the beginning of the program (December 1st, 2015), a total of 8,210 individuals have enrolled and 45,087 primary care visits have been provided.
- Patient engagement has also continued an upward trend with 74% of the total enrollees having at least one visit with a primary care provider.
- 3,574 program participants in 2019 -> 3,586 enrollees as of November 2021 (halted automatic renewals in June 2021)



Figure 1: Total Visits per Month 2021

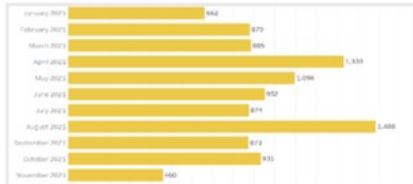
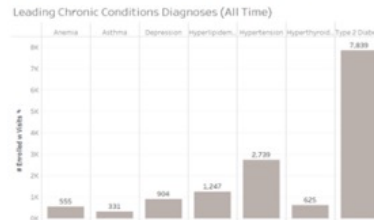
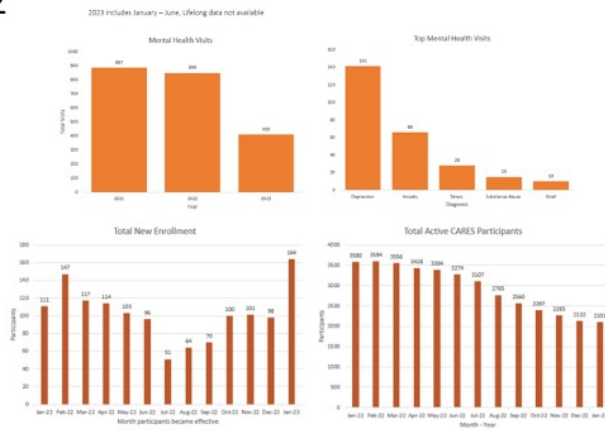


Figure 8: Leading Chronic Conditions of CARES Patients



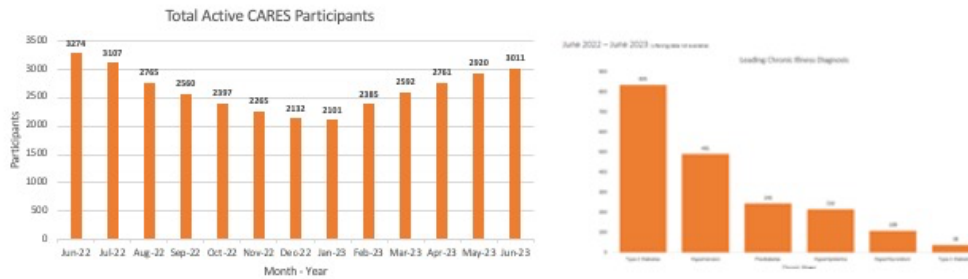
## Year 7 - 2022

- Partial data – at time of analysis LifeLong data was not completed / included (~40 - 45% of CARES population)



## Year 8 - 2023

- Analysis up until June 2023 (Also missing LifeLong data for chronic illness diagnosis: ~40 - 45% of CARES participants)




## Appendix 4: Stories from CARES Applicants

Healthy Contra Costa #OneContraCosta

### The Voices of Contra Costa's Immigrant Communities

#### Stories from CC CARES Applicants

 While outreaching and educating the community about the CARES program, Outreach Team CBOs collected data on the experiences and perspectives of undocumented residents in Contra Costa County. The information and stories shared in this report reflect tens of thousands of **Contra Costa residents who have faced discrimination and been denied care, all while contributing to the county's culture, economy, and community.** By uplifting the experiences and voices of the CARES population, Contra Costa's healthcare systems can understand the unique challenges immigrants face when accessing care and develop innovations to meet these needs, increasing access to healthcare for all residents in the process.

**Jorge M.**  
**Richmond CA.**  
Jorge is not eligible for full-scope Medi-Cal because he makes around \$50,000-\$74,999 a year, which is over the FPL eligibility. He currently has a hernia that he can't afford to operate; in addition he constantly has back pain which causes him a lot of discomfort and at times has to miss work due to not being physically able to.

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

**Sandra Z.**  
**Brentwood CA.**  
Sandra is not able to get medical attention because of the financial cost and only goes to a health center when she really needs to because she is unable to prioritize her health.

*"I would like to acquire these services because sometimes I don't feel good and would like to go to the doctor but it can be very expensive and therefor don't seek medical attention because I might need that money for something more necessary."*

**Elena B.**  
**Antioch CA.**  
Elena utilizes RotaCare clinics and only has access to Emergency Medi-Cal. Due to the lack of information and the stigma of immigrants Elena believes she does not have the right to medical insurance.

*"Not informed and because of our immigration status we think that we don't have the right to medical insurance"*

**Aurora R.**  
**Concord CA.**  
Aurora currently goes to La Clinica de la Raza but has to pay to receive medical attention. She has been diagnosed with high blood cholesterol but due to her income she can't afford to pay both her living expenses and medical fees.

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



*"Just try taking home remedies or over-the-counter products. Right now I have headaches, I start to cry, I feel like my body is falling asleep"*

**Maria D**  
**Richmond CA.**

Maria has limited information about how to get care at community clinics. She doesn't believe she can get any services due to being undocumented and because with her low income, would not be possible to pay out of pocket.

**Julia C.**  
**Brentwood CA.**

Julia lives in a household of 6 and is in the wage range of \$35,000-\$49,000/year. She sometimes suffers from depression due to stress but does not know how and where she can get help.

*"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"*

*"I have health problems. Its pulmonary fibrosis and problems with my respiratory system."*

**Maria C.**  
**Pittsburg CA.**

Maria does not have health coverage for herself or her 10-year-old daughter. She has not applied for help due to fear and the cost of health centers.

**Jessica M.**  
**Bay Point CA.**

Jessica, although, needs to see a doctor for reoccurring back pain, is left with the only choice of not seeking care due to her immigration status and fear. This is a common theme that many in our undocumented community experience.

*"Fear of harming my immigration process. fear of not understanding what they tell me because I don't know the language."*

*"I have been buying medication over the counter, but at this point I need to see a doctor because I have issues with my kidney."*

**Carlos P.**  
**Brentwood CA.**

Carlos is a low-income community member living in a 4 person household. When he previously had insurance the payment was high and it was not covering enough.

**Valeria Y.**  
**Pleasant Hill CA.**

Valeria makes under \$15,000 year. While trying to seek medical attention at La Clinica De la Raza she was told that they are currently not accepting new clients and it was unlikely she will be accepted soon. Many community clinics are faced with having to turn away clients because of capacity.

*"They are not accepting new patients and they told me that there's a low probability of them accepting me"*

## Appendix 5: Contra Costa Regional Medical Center and Health Centers Program Eligibility Review Process

CONTRA COSTA REGIONAL MEDICAL CENTER  
HOSPITAL AND HEALTH CENTERS

HOSPITAL POLICY: NO. 610  
ATTACHMENT A

### Contra Costa Regional Medical Center (CCRMC) and Health Centers (HCs) Program Eligibility Review Process

CCRMC and HCs has developed an application and eligibility review process that screens all applicants for eligibility in public health coverage programs including Medi-Cal and Family PACT. Applicants who are determined to be ineligible for public health coverage programs are automatically screened for eligibility in the following programs available through Contra Costa Health Services: Basic Health Care, the Sliding Fee Scale Program, the Charity Care Program, and the Discount Payment Program.

This review process is designed so that one application form can be used to determine eligibility for applicable program coverage. Program eligibility is based on a combination of family size, income, assets, and residency requirements. The eligibility requirements of the various programs are summarized in the table below.

<b>Program Name</b> <i>Eligibility Requirements</i>	<b>Basic Health Care Program (BHC)</b>	<b>Sliding Fee Scale Program</b>	<b>Charity Care Program</b>	<b>Discount Payment Program</b>
<b>County Resident</b>	Yes	No	Yes	No
<b>Citizenship</b>	Adults must be US Citizens or legal permanent residents. Children under age 19 may apply regardless of immigration status.	None	None	None
<b>Income</b>	Maximum 300% of FPL	Maximum 200 % of FPL	Maximum 400% of FPL	Maximum 400% of FPL
<b>Assets Test</b>	\$2,000 individual; \$3,000 family	None	\$2,000 individual; \$3,000 family	None
<b>Age Restriction</b>	None	None	None	None
<b>Other</b>			Out of pocket medical expenses in the prior 12 months exceed 10% of family income	Out of pocket medical expenses in the prior 12 months exceed 10% of family income

**Basic Health Care (BHC):** Basic Health Care is a temporary health coverage program for low-income, uninsured United States citizens or permanent legal residents of Contra Costa County. Eligible applicants must be a legal permanent resident of Contra Costa whose household financial resources and/or income does not exceed 300 percent of the federal poverty level, and whose liquid assets including retirement accounts do not exceed \$2000 for an individual or \$3000 for a family.

**Sliding Fee Scale Program:** This program is intended to minimize financial barriers for homeless individuals and families with incomes at or below 200% of the federal poverty level. This allows individuals and families to receive health care services for a fee that is adjusted based on their ability to pay.

**Charity Care Program:** Uninsured or underinsured individuals who do not qualify for government sponsored health benefits or Basic Health Care programs may qualify for fully discounted (free) medical care under the Charity Care Program. This program is only available to residents of Contra Costa County.

Uninsured patients are financially qualified to receive fully discounted (free) medical care when their family income is at or below 150% of the federal poverty level and their net allowable assets do not exceed \$2,000 for an individual or \$3,000 per family.

Underinsured patients are financially qualified to receive fully discounted (free) medical care if they do not receive a discounted rate on their medical bill as a result of third-party coverage, if their family income is at or below 150% of the federal poverty level, if their net assets do not exceed \$2,000 for an individual or \$3,000 per family, and if they have out-of-pocket medical expenses in the prior 12 months (whether or not at CCRMC and HCs) that exceeds 10% of the family income.

**Discount Payment Program:** Uninsured or underinsured individuals who do not qualify for government sponsored health benefit, Basic Health Care, or the Charity Care programs may qualify for partially discounted medical care under the Discount Payment Program. There is no assets test and no residency or citizenship requirement.

Uninsured patients are financially qualified to receive a discount on their medical bills when their family income is at or below 350% of the federal poverty level.

Underinsured patients are financially qualified to receive a discount on their medical bills if they do not receive a discounted rate on their medical bill as a result of third-party coverage, if their family income is at or below 350% of the federal poverty level, and if they have out-of-pocket medical expenses in the prior 12 months (whether or not at CCRMC and HCs) that exceeds 10% of the family income.



**Appendix 6: Income and Poverty Information**

% 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
Low Income (80% of median family income)	\$ 78,550	\$ 89,750	\$ 100,950	\$ 112,150
Median Income	\$ 103,550	\$ 118,300	\$ 133,100	\$ 147,900

<https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/income-limits-2023.pdf>

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