

Contra Costa CARES: Pathway to Medi-Cal

CARES 2022 PLANNING GROUP – February 3, 2022

What is Contra Costa CARES?

In 2015 Contra Costa County and local hospital systems came together with our community health centers and advocates to develop a system of primary and preventive care for uninsured residents of Contra Costa County – those who were not eligible for coverage expansion under the Affordable Care Act. In collaboration with these stakeholders, the Contra Costa Health Plan (CCHP) established a pilot program, Contra Costa CARES, for the purpose of providing primary care services to the remaining uninsured, income-eligible for Medi-Cal residents of Contra Costa County. CCHP coordinates the program for primary care services with three community health center providers: La Clínica de la Raza, Lifelong Medical Care, and Brighter Beginnings. The health centers receive a capitated payment on a per member per month basis for a basic scope of primary and preventive services. Enrollment is now capped at 4,464 members and community health center providers payments have not changed since CARES' inception.

How is Contra Costa CARES funded?

The Contra Costa CARES budget has historically included a County General purpose revenue contribution of \$250,000, CCHP revenue contribution of \$500,000, and \$750,000 in private hospital matching donations for a total annual program of \$1,500,000. The private hospital system funding of the program ended in fiscal year 2021/22.

	Hospitals (John Muir Health, Kaiser, Sutter)	Contra Costa County
2015 – 2016	500,000	500,000
2016 – 2017	249,500	250,000
2017 – 2018	750,500	750,000
2018 – 2019	750,000	750,000
2019 – 2020	625,000	750,000
2020 – 2021	875,000	750,000
2021 – 2022		750,000
Total	3,750,000	4,500,000

Annual Funding & Sources

Current Total:
8,250,000

In addition to the \$750,000 dollars the County has historically budgeted, the County Administrator recommended a one-time addition of \$750,000 be allocated from Measure X funding. This recommendation was accepted by the County Board of Supervisors in November 2020.

As of December 2021, there was \$1,115,713 in unspent funds remaining in the Contra Costa CARES program. With the addition of the \$750,000 of the one-time Measure X allocation and the \$750,000 in the Health Services FY 2022-2023 proposed budget and the County's projected commitment of another \$750,000 for FY 23-24, the amount of funding currently available for the Contra Costa CARES Program through December 2023 would be \$3,365,713.

With the existing \$3,365,713 in projected funding, the current program can be maintained with the current enrollment cap of 4,464 through December 2023 when individuals on CARES will be eligible for Medi-Cal. Contra Costa CARES has very strong community support, high satisfaction from participants and funding has been given high priority by the Measure X Community Advisory Board.

What is the future of Contra Costa CARES?

The Governor and Legislature have acted to allow income-eligible immigrants ages 50 and over to be enrolled in Medi-Cal beginning May 2022 thus reducing the demand for the CARES program. In January 2022 the Governor announced further intention of expanding eligibility to enroll income-eligible immigrants of all ages in Medi-Cal beginning January 2024. These changes will allow the CARES program to sunset at the end of December 2023 because all income-eligible residents will be eligible for full scope Medi-Cal.

Major State Policy Landscape Changes

The following policy changes will impact the CARES program in positive ways:

- Current State Budget expands Medi-Cal to income eligible residents over 50 years of age in May 2022 – 889 current CARES members would become eligible.
- Proposed State Budget for FY 22-23 expands Medi-Cal to income eligible residents 26-49 years of age in January 2024.
- Proposed State Budget closes the gap on all income eligible residents regardless of immigration status.
- Proposed State Budget will allow CARES Program to sunset in 18 months when all CARES participants will be eligible for Medi-Cal.

At the direction of Chair Mitchoff and Supervisor Gioia, the Health Services Department contracted with Pacific Health Consulting Group (Bobbie Wunsch, Founder and Partner) to facilitate a process with stakeholders to gather data and ideas about possible improvements to the CARES program to support low-income community residents to begin the transition to Medi-Cal and to address the unmet health needs of the remaining uninsured during the months leading up to January, 2024 when they will be eligible for Medi-Cal. Over the last several months, the CARES 2022 Planning Group has met six times.

The goals of the planning group included:

1. Understand current policy environment for and numbers of remaining; uninsured/undocumented residents of Contra Costa County aged 26-49;
2. Learn about current utilization and funding for CARES program;
3. Provide options for future of CARES program, potentially including benefits and funding; and
4. Offer options to the Contra Costa County Board of Supervisors for their consideration on the future of the CARES program.

The CARES 2022 PLANNING GROUP¹ set out to develop priorities for improvements in the CARES program recognizing CARES as a Pathway to Medi-Cal for Immigrants in Contra Costa County was needed given the coverage expansion proposals at the state level. The planning group has created a set of priorities for the next 18 months for the CARES Program for consideration by the Board of Supervisors.

Priorities for Changes and Financial Modeling for the CARES Program

Contra Costa CARES currently serves as a vital bridge to the planned expansion of Medi-Cal in 2022 and 2024 for low-income immigrants living in Contra Costa

¹ CARES 2022 PLANNING GROUP MEMBERS

- Contra Costa Health Services, Contra Costa Health Plan and Contra Costa EHSD
- La Clinica de la Raza, LifeLong Medical Care and Brighter Beginnings and Redwood Community Health Coalition (formerly Community Clinic Consortium)
- Hospital Council of Northern California
- Operation Access
- Community Advocates including United Latino Voices, Contra Costa Immigrant Rights Alliance and #One Contra Costa
- CARES Member

County and paves the way for additional enrollment in Contra Costa Health Plan. As of January 1, 2024, Contra Costa Health Plan will become a county-organized health system, resulting in an increase in membership as the only Medi-Cal plan in the county. With the inclusion of additional eligible populations in Medi-Cal, there would also be an increase in patients served by the community health centers. In order to prepare for both of these increases, it would be prudent to support community health centers in expanding capacity now to prepare for these changes.

The CARES Planning Group, after extensive discussions, proposes the following three priorities for changes in the Contra Costa CARES Program over the next 18 months:

- Priority #1 - Increased Payment to Providers AND Lifting the Cap with Community Outreach
- Priority #2 - Addition of Integrated Behavioral Health
- Priority #3 - Addition of Dental Services

The financial modeling was built on these planning assumptions:

- Existing CARES members over 50 years of age will transition to Medi-Cal by May 2022 and will not be part of the on-going CARES program.
- Existing CARES members 26-49 years of age will continue on the program (2,697 members as of May 2022).
- While we cannot predict the overall increase in enrollment, for costing purposes, we calculated costs for an enrollment target at 46% of the remaining income-eligible uninsured. This is an aggressive but realistic goal needing community outreach and enrollment support. Given the current capacity in the CARES Program and estimates of remaining uninsured, capacity in the current CARES Program would need to expand up to 8,200 members to accommodate this new enrollment target.
- We project that the current County contribution to CARES will continue through FY 23-24.
- Data analysis and evaluation to assess program outcomes and impact will be included to demonstrate the value of the program overall.
- Beginning in Fall 2023, EHSD will partner with health centers to assist and facilitate transition to full scope Medi-Cal to ensure a smooth process of

ensuring that CARES members will have Medi-Cal by the beginning of 2024 and will be enrolled in Contra Costa Health Plan. By January 2024, the CARES program will sunset.

Priority #1 - Increased Payment to Providers AND Lift the Cap with community outreach

- Increase the health center provider payments from approximately \$168.00/visit (static since 2015) to \$200.00/visit or the capitated equivalent of \$28.00 Per Member Per Month to \$33.33 Per Member Per Month. This rate would still – on average – be 25% less than what the health centers receive from Medi-Cal.
- Lift the cap on CARES enrollment to make primary and preventive care available to all income-eligible residents who do not qualify for existing health coverage programs. For financial modeling and cost estimates, we used an enrollment target of an increase in the CARES capacity to 8200 members.
- In order to increase enrollment, outreach and community engagement are a critical component to educate community members about CARES and its pathway toward full-scope Medi-Cal and expanded benefits. The outreach and community engagement efforts will involve health centers and grass-roots community-based organizations.

Priority #2 – Add Integrated Behavioral Health to primary care capitation as a new benefit

- Currently the CARES Program includes an average of 2 primary care visits per year
- Adding the essential services of integrated behavioral health – especially important in the aftermath of the COVID-19 pandemic - will add an

additional 1 visit to the program per patient based on experience in the health centers and at Contra Costa Health Plan for this age group 26-49

- Adding integrated Behavioral Health as a CARES benefit will increase the Per Member Per Month to \$50.33 Per Member Per Month at the increased rate of \$200/visit

Priority #3 – Add Dental to benefits

- Dental services are among the most needed and sought after services for uninsured and low-income patients in the health centers and throughout the county
- The planning group proposes adding primary dental benefits which include dental exams, cleanings, sealants, fluoride application, palliative care, urgent evaluations, simple extractions, root canals, and routine fillings, etc.
- Adding dental benefits will be calculated on a fee-for-service basis allocated based on an average of 2 visits per year for each CARES member, similar to utilization in the health centers, and billed on a claims basis to Contra Costa Health Plan when visits occur.

Funding and Costs for CARES Program Priorities

Currently there is a carry-over balance of unspent funds in the CARES Program of \$1,115,713 as of December 2021. In addition, there is a county contribution and projected ongoing commitment of \$750,000 for fiscal years 22-23 and 23-24. Additionally, there is a one-time allocation of \$750,000 from Measure X funds for CARES recommended by the County Administrator and approved by the Board of Supervisors in November 2021. The options below take into account this existing and projected funding of \$3,365,713.

FUNDING AVAILABLE/ALLOCATED

	Balance forward	2022	2023 projected
Current carryover and balance as of 12/21:	\$1,115,713		
County contribution		\$750,000	\$750,000
Measure X allocation for CARES		\$750,000	
TOTAL AVAILABLE:		\$2,615,713	\$3,365,713

- Priority #1 - The cost of increasing the provider payments and lifting the cap would result in an additional \$1,553,794 cost to the County.

Financial modeling was developed using the target enrollment of 46% of the remaining income-eligible uninsured (8200 members).

In order to accomplish reaching the target of 46% of the remaining income-eligible residents and many others, ready to transition to Medi-Cal through outreach and community engagement will require an additional financial commitment of approximately \$800,000.

- Priority #2 – the addition of an integrated behavioral health benefit – will result in additional visits for CARES members – and result in an additional cost of \$4,862,994.

- Priority #3 – the additional of dental services to the CARES program will result in the need for an additional allocation of \$8,142,994 for the program.
- In addition, there would be a cost of \$100,000 to support the Redwood Community Health Coalition (formerly the Community Clinic Consortium) to conduct data analysis and evaluation on the population health outcomes of the program.

SUMMARY OF PRIORITY COSTS

	Cost for current CARES capacity (4,464)	Add'l cost for expanded CARES capacity for 18 months (3,736)	Additional Funding Required*
Priority #1 – Increase provider payment and Lift Enrollment Cap with Community Engagement and Outreach Component			
• Cost of increased primary care capitation	\$2,678,132	\$2,241,375	(\$1,553,794)
• Cost of community engagement & outreach	\$300,000	\$500,000	(\$2,353,794)
Priority #2 - Add Integrated Behavioral Health to primary care capitation	\$1,365,984	\$1,143,216	(\$4,862,994)
Priority #3 – Add fee-for-service dental benefit	\$1,785,600	\$1,494,400	(\$8,142,994)
Data Analysis and Evaluation		\$100,000	(\$8,242,994)

*Assuming **\$3,365,713** in projected funding

Background and Planning Process

Current State of CARES

The CARES 2022 Planning group reviewed historical program enrollment and utilization data as well as enrollee demographics over the last five years and found that enrollment averaged 3,380 over that time and ranged from a low 2574 (2017) to a high of 4098 (2020). The program currently has an enrollment upper limit of 4,464 members.

Of the current 3,586 enrollees of CARES, 889 are 50 years and older and will be eligible for full-scope Medi-Cal as of May 2022. This leaves 2,697 enrollees who are 26-49 years in the CARES Program and additional enrollment capacity of 1,767 additional enrollees as of May 2022 (Appendix A).

Current CARES members are 92% Latinx residents of Contra Costa County.

Remaining Uninsured in Contra Costa County

The planning group reviewed data for the numbers of remaining uninsured in Contra Costa County between 26 – 49 years of age which will be the focus of the CARES Program after May 2022 when income-eligible residents of Contra Costa County over 50 years of age along with those under 26 years of age will be eligible for full scope Medi-Cal. Although it is difficult to get a precise number of remaining uninsured, the planning group reviewed data from three sources – community health centers, Contra Costa County Employment and Human Services (EHSD) and the UC Berkeley Labor Center. EHSD estimated 12,000 people who are known to the EHSD because they are currently accessing emergency Medi-Cal (a very limited scope of services); the UC Berkeley Labor Center also estimated approximately 12,000 (Appendix B).

The health centers also provided an estimate that there are approximately 3,800 income-eligible individuals who are currently receiving health care services at the health centers and qualify for Contra Costa CARES but are not yet enrolled. However, many of these individuals are also counted in the EHSD estimates because of enrollment in limited scope emergency Medi-Cal.

Satisfaction and Quality in CARES

The planning group also reviewed satisfaction with the Contra Costa CARES program by its participants and reported health care needs for those in the program. In every question, CARES respondents reported above 70% satisfaction and often much higher. The overall survey results were overwhelmingly positive with both high satisfaction and quality ratings (Appendix C).

Provider Payments

The group reviewed cost estimates using managed care methodology - Per Member Per Month (PMPM), Per Member Per Year (PMPY) and capitation payment methods - including current provider payments for the CARES program and Medi-Cal. The provider PMPM rate has remained the same since the inception of the program in 2015. The PMPM rate of \$28 was originally calculated on \$168.00/visit which is approximately 61% of the Medi-Cal rate that health centers currently receive. The planning group reviewed the analysis for increasing the PMPM rate to \$33.33 which would be the equivalent of \$200.00/visit - still well below the average reimbursement rate that health centers receive for Medi-Cal patients or approximately 73% of the health centers' average Medi-Cal reimbursement rates.

Expanding Benefits

The planning group also reviewed additional essential benefits that were identified by current CARES participants as important as well as other benefits that are included in Medi-Cal.

Currently CARES participants make approximately 2.1 primary care visits annually to the health centers compared to Medi-Cal beneficiaries enrolled in Contra Costa Health Plan who make 2.4 primary care visits and 2.74 visits when including integrated behavioral health services. Throughout the United States it has been well documented that uninsured individuals make many fewer visits for health care services than those that are insured, including on government programs like Medi-Cal.

Integrated Behavioral Health

Increasingly, the definition of primary care means the ability to access not only physical health services but behavioral health with the primary care provider. Community health centers are participating in a CCHP integrated behavioral health pilot and offering behavioral health visits with clinicians onsite. In CARES, there is currently an opportunity to include this important service in the capitated primary care rate and benefit package. The planning group reviewed utilization rates of behavioral health services at the community health centers, and utilization patterns indicated less than 1 additional visit per year for these services. In Contra Costa Health Plan, Medi-Cal beneficiaries ages 26-49 make 2.74 visit per year including integrated behavioral health. Using 1 additional visit per year, a PMPM rate inclusive of this benefit was calculated. Adding integrated behavioral health services would increase the PMPM to \$50.33.

Specialty Behavioral Health is provided by Contra Costa Health Services Behavioral Health and will not be included in the CARES benefits.

Dental

Dental services are a serious unmet need as identified by not only the CARES participants but by the uninsured population as a whole. However, dental services are difficult to include in a capitated rate. Therefore, we calculated the cost of this benefit on a fee-for-service basis based on 2 dental visits per year at the visit rate of \$200.00/visit, paid on a claims basis. In the health centers, patients make on average of 2 dental visits per year. Dental services are not part of the Contra Costa Health Plan services array so a comparison to CCHP utilization is not possible for dental services.

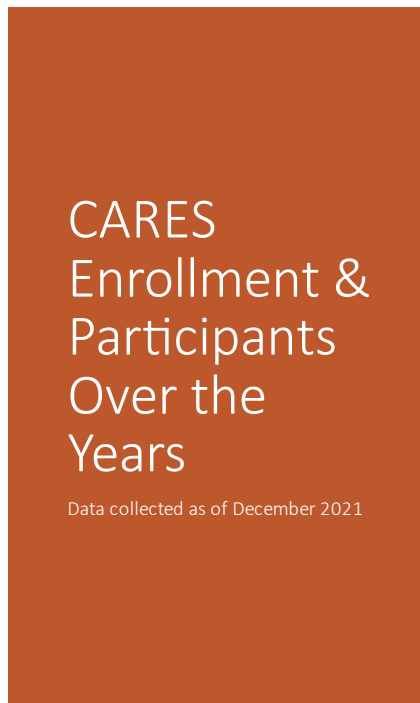
Additional Essential Benefits

The planning group also reviewed information on costs and provider capacity for additional essential benefits including vision and specialty care which are part of the Medi-Cal program. At this time, these benefits are not included in the priorities due to provider capacity and the short timeframe ahead for the CARES Program.

Summary

In summary, the CARES Planning Group was tasked with developing options for the Board of Supervisors for the remainder of the Contra Costa CARES Program. We offer these priorities in anticipation of approval of the coverage expansion component of the Governor's FY 22-23 state budget and the foresight of the Board of Supervisors to use the CARES Program as a pathway for CARES participants to the Medi-Cal Program and enrollment in the Contra Costa Health Plan in January 2024.

Appendix A



1. CARES Enrollment
 - i. 2016: 3162
 - ii. 2017: 2574
 - iii. 2018: 3289
 - iv. 2019: 3574
 - v. 2020: 4098
 - vi. 2021: 3586
2. Clinical Encounters
 - i. 2016: 5392
 - ii. 2017: 5093
 - iii. 2018: 7884
 - iv. 2019: 9319
 - v. 2020: 8356
 - vi. 2021: 9031
3. Patient Demographics
 - i. 59% Female, 41% Male
 - ii. 92% Latinx
 - iii. Age Breakdown:
 - i. 26-33: 5%
 - ii. 36-50: 58%
 - iii. 51-64: 25%
 - iv. 65+: 5%
4. Visits per Patient
 - i. 2016: 1.7
 - ii. 2017: 2.0
 - iii. 2018: 2.3
 - iv. 2019: 2.6
 - v. 2020: 2.0
 - vi. 2021: 2.4

Appendix B

UC Berkeley Labor Center estimates:

Undocumented and uninsured residents of Contra Costa County
November 8, 2021

We estimate that between 18,000 and 25,000 undocumented residents under age 65 will be uninsured after May 2022 when Medi-Cal is expanded to low-income adults ages 50+ regardless of immigration status. This estimate includes residents with income at or below 138% FPL if they are ages 26-49 and residents of all ages with income above 138% FPL (or above 266% FPL for children).

- Contra Costa's share of the statewide undocumented population (1.65%-2.30%) is applied to the estimated 1.072 million undocumented Californians will be uninsured after the May 2022 expansion and rounded to the nearest 1,000.
- The range to reflect the uncertainty in Contra Costa's share of the statewide undocumented population, from a low of 1.65% using California Health Interview Survey 2016-2019 estimates of uninsured non-citizens in the county and state to a high of 2.30% using Migration Policy Institute estimates of the undocumented population in the county and state.
- An estimated 1.072 million undocumented Californians will be uninsured after the May 2022 expansion, using a pre-expansion estimate of 1.27 million undocumented and uninsured Californians ages 0-64 from the UC Berkeley-UCLA California Simulation of Insurance Markets (CaSIM) model, adjusted down by the Legislative Analyst's Office estimate that 198,000 adults ages 50-64 would enroll in the Medi-Cal expansion. Note that this estimate does not include any undocumented seniors over age

65+ due to data limitations, but this does not have a significant impact on the estimate as only 2% of undocumented Californians are ages 65+ and most will be eligible for the Medi-Cal expansion in May 2022 based on income, according to UCLA analysis.

We estimate that approximately 10,000 undocumented Contra Costa County residents ages 26-49 with low-income (at or below 138% FPL) will be uninsured after the May 2022 Medi-Cal expansion.

- This estimate starts with 904,974 restricted-scope enrollees ages 26+ in May 2021 according to DHCS enrollment data. Those enrolled in restricted-scope Medi-Cal make up the vast majority of those who would be eligible for Medi-Cal but for immigration status. The estimate is then increased by approximately 7% to reflect how many additional adults are eligible for restricted scope Medi-Cal but not enrolled, based on estimates from the Legislative Analyst’s Office.
- We then excluded the share of adults ages 50+ who will become eligible for full-scope Medi-Cal in May 2022, extrapolating from LAO estimates, and further adjusted the estimate down to reflect that 89% of low-income undocumented adults are uninsured according to UCLA analysis, for a statewide estimate of 645,000 undocumented and uninsured Californians ages 26-49 with low-income.
- Lastly, we applied Contra Costa County’s 1.50% share of statewide restricted scope enrollment in May 2021 from DHCS enrollment data to the 645,000 undocumented and uninsured low income Californians ages 26-49, and rounded to the nearest 1,000.



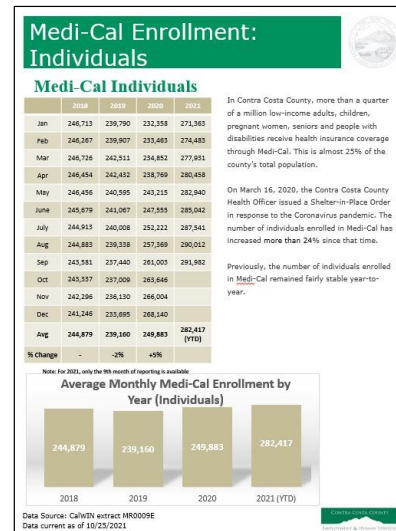
Remaining Uninsured and Undocumented Residents of Contra Costa County



CONTRA COSTA COUNTY EMPLOYMENT & HUMAN SERVICES DEPARTMENT
CONTRA COSTA CARES PLANNING GROUP | NOVEMBER 12 2021 (rev. 11-22-21)

Medi-Cal Enrollment in Contra Costa County

- Nearly 292,000 individuals were enrolled as of September 2021
- Of these, approximately 65,000 were non-U.S. Citizens (with varied immigration status)



Number of Contra Costa County Non-U.S. Citizens Enrolled in Medi-Cal as of September 30, 2021: by Age Group and Immigration Status					
	Age Group				Total
	Under 19	19-25	26-49	50 and Over	
Lawful Permanent Residents (LPRs)	2,451	1,891	8,700*	14,171	27,213
Total "Undocumented"	4,540	3,187	20,346	5,876	33,949
- Undocumented	3,691	2,022	11,467	1,943	19,123
- Claiming PRUCOL	849	1,165	8,879*	3,933	14,826
Asylee, Refugee, etc.	820	547	1,821*	477	3,665
Unknown or Not Found	87	45	84	34	250
Total	7,898	5,670	30,951	20,558	65,077

Source: CalWIN

Will remain "uninsured" / restricted scope after May 2022

Full Scope Benefits began May 2016

Full Scope Benefits began January 2020

A mix of Full Scope* (19,400) and Restricted (11,551) Benefits

Will be on Full Scope Benefits beginning May 2022



Definitions and Notes

- PRUCOL (Permanently Residing Under Color of Law)
 - A non-citizen living in the United States who can attest that they are living in the U.S. with the knowledge of the Department of Homeland Security (DHS) and that DHS does not intend to deport them.
 - While individuals can decide if they no longer want to claim PRUCOL, PRUCOL cases generally remain in place, if otherwise eligible.
 - When PRUCOL individuals enter age 26, with the PRUCOL status in place, they will be able to retain their full scope coverage, if otherwise eligible.
- Age 26 – 49
 - “Undocumented” and “Claiming PRUCOL” are both considered to be undocumented immigrants within the general population. However, for the purpose of estimating the number who remain uninsured (i.e., restricted scope Medi-Cal), the relevant figure is **11,467** Undocumented individuals.
- Administrative actions related to the COVID pandemic have prevented discontinuances (no negative actions).



One Approach to Estimating Remaining Uninsured: Percentage of Total Already in System

- IF
 - 75% to 90%(+)* of 26-49 year old undocumented / uninsured population are already in our system:
 - **11,467 => 12,740 to 15,300** remaining undocumented / uninsured after May 2022

This is one marker to consider. Other methods may provide additional frames.

*State and LAO have applied these factors in previous estimates.

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Appendix C

CARES Satisfaction & Quality Outcomes

The 2021 Annual CARES Survey was completed by 118 CARES participants in all three health centers

Survey Results:

1. Overall, 74% of respondents report that their experience in CARES is excellent.
2. 71% of respondents reported having to reduce spending to be able to cover healthcare costs before joining CARES
 - a. 96% of those respondents reported that being in CARES has helped with this problem
3. 85% of respondents reported that being in CARES has helped them during the pandemic
4. Patients top remaining needs are dental care, vision care, and medicine.

