

Low Income Health Program Update  
Stakeholders Advisory Committee Meeting  
February 22, 2013

- Operational Status of Local LIHPs

There are currently 17 local programs that are providing health care services to eligible individuals residing in 51 counties. Two more local programs are scheduled to implement upon approval by the Centers for Medicare & Medicaid Services (CMS):

- Monterey County effective March 1, 2013
- Tulare County effective March 15, 2013

Five counties will not be implementing programs:

- Fresno, San Luis Obispo, Merced, Santa Barbara, and Stanislaus

- Enrollment Status

The monthly, point-in-time enrollment number as of November 30, 2012, is 515,372, and the cumulative unduplicated enrollment number as of September 30, 2012, is 642,192.

Some counties have made changes to their programs since implementation which will impact enrollment in these counties:

- Santa Cruz County (MediCruz Advantage Program) established an enrollment cap in its program during October 2012.
- Santa Clara County (Valley Care) has increased the upper income limit in its program from 75 percent to 133 percent FPL.

- Cost Claiming and Reimbursement Protocols

The protocols for determining allowable costs and claiming those costs for reimbursement of federal funds in the LIHP are developed by the Department of Health Care Services (DHCS) and CMS, and are approved by CMS. The cost claiming and reimbursement protocols for those local LIHPs using certified public expenditures to certify the program costs were approved by CMS in August 2012. This month, CMS approved the protocol for reimbursement of allowable program costs incurred by Federally Qualified Health Centers which are owned by the local LIHP.

DHCS and CMS are currently in negotiations regarding the protocols for the use of capitation rates for reimbursement of program costs, and the administrative activities costs incurred by the local LIHPs in the implementation of their programs.

- Federal Payments

The majority of the operational local LIHPs have received federal payments for reimbursement of health care services expenditures incurred for July 1, 2011 – December 31, 2012. These payments total approximately \$423,143,000.

- LIHP Transition

DHCS is continuing with transition planning. The Governor's budget proposal includes implementation of the ACA Medicaid optional expansion and offers two options for expansion. DHCS is working to determine where there would be differences in process and timing for transition activities for the two options.

The Administration has a stakeholder process specifically focused on the expansion options and the realignment discussion that is linked to the expansion options in the budget proposal. This discussion will address issues of relevance to the Medicaid optional expansion and these issues may affect the LIHP populations who are eligible for the Medicaid optional expansion. These meetings are public listening sessions that include a workgroup of about 40 stakeholders. The goal of the meetings is to discuss information that would affect the expansion option decision and hear stakeholders' ideas, questions and comments.

At this time, further webinars and meetings of the LIHP Transition Stakeholder Workgroup are on hold. DHCS will be contacting stakeholders to get thoughts on what makes sense for next steps for organized stakeholder engagement in light of the expansion options decision. While the expansion option meetings will address issues that may affect the LIHP population, more detailed work will still be needed with the LIHP transition stakeholders soon. Communications and outreach, continuity of care, and other items will continue to be key issues where we need to engage stakeholders.