Option	Description & Impacts	First Full Year Cost
Option 1 **Grant coverage for non-emergency services to those adult undocumented immigrants who meet <u>CMISP income and resource standards</u>.** This option reverses the December 2009 County action that eliminated the provision of non-emergency services for people who were not either a US citizen or qualified immigrant.	<u>Benefits:</u> • Undocumented immigrants would have access to non-emergency: primary care and pharmacy only at the County's clinic and lab, radiology, specialty, and hospital care at contracting providers <u>Eligibility/Share of Cost</u>: • No coverage of children as the CMISP program in 2009 only covered adults 21 to 64. If the action was only to reverse the 2009 decision undocumented children would not have coverage from the County. Undocumented children would still have coverage for preventive and follow-up care under the Child Health and Disability Prevention program, for specialty treatment under the California Children Services Program, and under emergency Medi-Cal. • Adults would have coverage for emergency care under Medi-Cal. • CMISP does not cover pregnant women. Undocumented pregnant women could get their pregnancy related care from Medi-Cal but would not be eligible for any other coverage. • Undocumented immigrants would **<u>not</u>** have access to County prenatal or pediatric care under this program. • There would be an asset test requiring people to have low non-exempt resources • Income eligibility for no cost coverage would be at 63% FPL ($600 a month) for a single person and 59% FPL ($750 a month) for 2 person family. People with higher incomes would be responsible for a share of cost before they became eligible for County coverage. • The number of people enrolling would be much lower as enrollment sites would be limited to the County clinic and hospitals. <u>Use of County Clinic for primary care</u>: • County clinic does not currently have the capacity to handle this increased volume of patients. The County would have to increase capacity at this clinic. • Primary care access would be limited to one location in the County, creating transportation problems for patients. Note that in the same 2009 action that limited coverage, the County also closed two County medical clinics. <u>Provider Network</u>: • With increased CMISP coverage, specialty and hospital contracting providers may want to renegotiate their contracts with the County. • If the County decided not to cover hospital services service cost could be reduced to $6.8 to $8.7 million. Due to lack of hospital coverage, undocumented immigrants may not have access to non-emergency but vital hospital treatments including lifesaving treatments or treatment that would prevent more costly emergency care. This may make contracting with specialty providers difficult.	Total Population=40,000 to 52,750[i] First year enrollment=5,500 to 7,000[ii] Estimate for first year: New annual Cost per enrollee= County Clinic $370 Hospital $274[iii] Specialty $515 Lab $5 Rx $60[iv] Total service cost $1,224[v] Services $6.7 to $8.6 million. Administration $1.4 to $1.7 million[vi] Eligibility $402,000 to $420,000[vii] **Total Cost for first year $8.5 to $10.7 million** Recommend using the high estimate. Costs will increase in subsequent years based on greater enrollment and other factors. *Estimates do not include dental, mental health, and alcohol and drug costs.*

Option	Description & Impacts	First Full Year Cost
Option 2 **Same <u>CMISP income and resource requirements</u> as Option 1, except <u>expand access to primary care</u> by contracting with local community clinics and providers**	<u>Benefits:</u> • Same as Option 1 except that primary care would also be available at contracting community clinics <u>Eligibility/Share of Cost</u>: • Same as Option 1 except that contracting would community clinics would increase enrollment locations and increase enrollment above option 1 but less than option 3. <u>Use of County Clinic for primary care:</u> • County clinic would be a provider in the network similar to the Low Income Health Program. • As community clinics would be able to provide increased access, there would be no need to increase capacity at the County clinic. <u>Provider Network:</u> • In addition to the County Clinic, the County would also contract with community clinics for additional primary care services. Primary care access would be available at multiple locations throughout the County, greatly increasing access and improving transportation issues for clients. • The County contracts with clinics could reimburse clinics on a per visit rate, at either the Medi-Cal rate or a county negotiated rate, or on a per member per month rate. • Including community clinics in this network would provide a far greater number of services to enrollees. • With increased CMISP coverage, enrollment, and primary care services being provided, specialty and hospital contracting providers may have a greater need to renegotiate their contracts with the County. <u>Other</u>: • If the County decided not to cover hospital services service cost could be reduced to $11.8 to $14.8 million. Due to lack of hospital coverage, undocumented immigrants may not have access to non-emergency but vital hospital treatments including lifesaving treatments or treatment that would prevent more costly emergency care. This may make contracting with specialty providers difficult.	Total Population=40,000 to 52,750[viii] First year enrollment=8,000 to 10,000[ix] Estimate for first year: Annual Cost per enrollee= County Clinic N/A – Use existing staff Community clinic $600[x] Hospital $414[xi] Specialty $515 Lab $5 Rx $60[xii] Total $1,594 Services $12.8 to $15.9 million. Administration $2.3 to $2.8 million[xiii] Eligibility $433,000 to $461,000[xiv] **Total Cost for first year $15.5 to $19.1 million** Recommend using the high estimate. Costs will increase in subsequent years based on greater enrollment and other factors. *Estimates do not include dental, mental health, and alcohol and drug costs*

Option	Description & Impacts	First Full Year Cost
Option 3 **Full Coverage similar to Medi-Cal at Medi-Cal Eligibility Levels** Offer coverage to those undocumented adult and children immigrants who meet Medi-Cal income standards with no asset test, adopt the Medi-Cal health benefit package, and utilize a broad network of providers to provide comprehensive coverage.	Benefits: • Undocumented immigrants would have access to: primary care, pharmacy, lab, radiology, specialty, hospital care, dental services and other Medi-Cal covered benefits with the exception of long term care. • The County could offer coverage for mental health services and alcohol and drug treatment; however those costs have not been included in this fiscal. Eligibility/Share of Cost: • This option would align the County coverage with Medi-Cal income levels; it would not provide any coverage for undocumented immigrants who would otherwise be eligible for Covered California. • This option is likely to attract the greatest enrollment and provide a greater volume of services. • Income eligibility for no cost coverage would be at 138% FPL ($1,343 a month for a single person and $1,809 a month for 2 person family). There would be no coverage for undocumented immigrants with incomes above this level. • There would not be an asset test requiring people to have low non-exempt resources • Unlike the option of expanding CMISP, this coverage would include children enabling these children to have access to comprehensive coverage. • The residual CMISP program would need to undergo a similar expansion. There should be very little cost for this expansion as everyone in the expanded residual group would already be covered by Medi-Cal. Use of County Clinic for primary care: • County clinic would be a provider in the network similar to the Low Income Health Program. Provider Network: • This option would require the County to establish a broad provider network, similar to what it had in its Low Income Health Program. The County could either do this directly or contract with a Medi-Cal managed care plan to provide this network. It is likely that all of the County's specialty care and hospital contracts would have to be renegotiated given this expansion. Other: • This option is the only option presented in this matrix that meets the advocate request to provide comprehensive coverage, but even this option does not address the concern that undocumented immigrants were left out of coverage under Covered CA.[xv] Of the options presented this option would also be most favored by healthcare stakeholders. • If the County decided not to cover hospital services service cost could be reduced to $31 to $39 million. Due to lack of hospital coverage, undocumented immigrants may not have access to non-emergency but vital hospital treatments including lifesaving treatments or treatment that would prevent more costly emergency care. This may make contracting with specialty providers difficult.	Total Population=44,000 to 58,000 First year enrollment=12,000 to 15,000 Estimate for first year: Annual Cost per enrollee=$3,000 Services $36 to $45 million. Administration $5.4 to $6.8 million[xvi] Eligibility $482,000 to $523,000[xvii] **Total Cost for first year $41.9 to $52.3 million** Recommend using the high estimate. Costs will increase in subsequent years based on greater enrollment and other factors. *Estimates do not include mental health and alcohol and drug costs*

Option	Description & Impacts	First Full Year Cost
Option 4 **Limited Coverage** for only those benefits that Medi-Cal or other state programs do not cover. Medi-Cal Eligibility Levels Requires providers to bill state first for non-coverage denial before billing County	Benefits: • Undocumented immigrants would have access to comprehensive services through state programs in combination with a County wrap-around program that would cover what the state does not cover such as Family PACT. • Combining state coverage through a number of programs with County wrap-around coverage would not provide coordinated care. • County coverage would include non-emergency: primary care, pharmacy, lab, radiology, specialty care, hospital care, dental services and other Medi-Cal covered benefits • The County could offer coverage for mental health services and alcohol and drug treatment; however those costs have not been included in this fiscal. Eligibility/Assets: • This option would align the County coverage with Medi-Cal income levels; it would not provide any coverage for undocumented immigrants who would otherwise be eligible for Covered California. • Income eligibility for no cost coverage would be at 138% FPL ($1,343 a month for a single person and $1,809 a month for 2 person family). There would be no coverage for undocumented immigrants with incomes above this level. • There would not be an asset test requiring people to have low non-exempt resources. • This option is not likely to attract as high of enrollment or provide as many services as option 3. Use of County Clinic: • There would be no change in the services provided at the County clinic. Provider Network: • This option would require the County to establish a broad provider network, similar to what it had in its Low Income Health Program. The County could either do this directly or contract with a Medi-Cal managed care plan to provide this network. • Unlike the option of expanding CMISP, this coverage would include children enabling these children to have access to coverage. Other: • This option best leverages state and federal funding by requiring that state coverage be used first before the County covers a service. However, there would still be a large shift from providers providing emergency treatments covered by the state to providing non-emergency care covered by the County. • Providers would have to bill multiple payers for full payment. For example, a hospital providing hospital care that was in part an emergency and in part non-emergent, may have to bill both the state and the County. In many cases, hospitals and other providers could use hospital Presumptive Eligibility to bill Medi-Cal for both emergency and non-emergency care. • The County or its claims processor would have to edit its claims to ensure that the state was billed and paid for services that it covers. • It is likely that all of the County's specialty care and hospital contracts would have to be renegotiated given this expansion. • The residual CMISP program would need to undergo a similar eligibility expansion. There should be very little cost for this expansion as everyone in the expanded residual group would already be covered by Medi-Cal. • There is likely to be very little savings by not covering hospital services under this option	Total Population=44,000 to 58,000 First year enrollment=10,800 to 13,500[xviii] Estimate for first year: Annual Cost per enrollee=$2,000[xix] Services $21 to $27 million. Administration $3.2 to $4 million[xx] Eligibility $433,000 to $461,000[xxi] **Total Cost for first year $24.6 to $31.4 million** Recommend using the high estimate. Costs will increase in subsequent years based on greater enrollment and other factors. *Estimates do not include mental health and alcohol and drug costs*

Option	Description & Impacts	First Full Year Cost
Option 5 **Contract with Community Providers** for only specialty care or primary and specialty care. Other services would be provided by state or in some cases by clinics and hospitals as part of their legal obligations to the extent possible	Benefits: • Undocumented immigrants would have access to services through state programs as well as those available by clinics and hospitals with the County filling a coverage gap for either specialty care or primary and specialty care. • Combining state coverage through a number of programs with limited County services would not provide coordinated care. • There would remain gaps in non-emergency care including primary care, pharmacy, lab, radiology, specialty care, hospital care, dental services and other Medi-Cal covered benefits. Eligibility/Assets: • The County could set an income level for people to receive these services with income being self-declared at the contractor's place of service. • There would not be an asset test requiring people to have low non-exempt resources as it would be too complex to administer at the place of service. • Under this option, people would not enroll in the program. • These contracts could cover adults only or children and adults. Use of County Clinic: • There would be no change in the services provided at the County clinic. Provider Network: • This option would require the County to select and contract with a limited number of community providers. • The County would want to develop and require performance and reporting standards. Other: • This option would allow the County to address some of the gaps in current coverage. • The County could control its fiscal liability by establishing contracts at specific dollar amounts. • This option would be easier to administer without the need for either claims process or a formal eligibility determination process. • The County would have to establish contract requirements, procure and award contracts, and monitor the contracts and provider performance. • If the County contracts only for specialty care, there may not be enough capacity to provide all needed primary care. • Due to lack of hospital coverage, undocumented immigrants may not have access to non-emergency but vital hospital treatments including lifesaving treatments or treatment that would prevent more costly emergency care. This may make contracting with specialty providers difficult.	Total Population=40,000 to 52,750[xxii] First year enrollment=8,000 to 10,000 Total Cost for first year $6 million

Option	Description & Impacts	First Full Year Cost
Option 6 **Contract with Private Entity or Community Based Organizations** for case management. Medical services would be provided as they are now by the state or in some cases by clinics and hospitals as part of their legal obligations to the extent possible	Benefits: • Undocumented immigrants would continue to have access to services through state programs as well as those available by clinics and hospitals with the County assisting individuals by coordinating their care and informing them of the services that are available. • This option would improve coordination of care. • No medical services would be covered by the County. • The County could include mental health services and alcohol and drug treatment in these contracts. Eligibility/Assets: • The County could set an income level for people to receive this coverage with income being self-declared at the provider's place of service. • There would not be an asset test requiring people to have low non-exempt resources as it would be too complex to administer at the place of service. • Under this option, people would not enroll in the program. • These contracts could cover adults only or children and adults. Use of County Clinic: • There would be no change in the services provided at the County clinic. Provider Network: • This option would require the County to select and contract with either an entity or community based organizations to provide case management. • The County would want to develop and require performance and reporting standards. Other: • This option does not address gaps in current coverage. • The County could control its fiscal liability by establishing contracts at specific dollar amounts. • This option would be easier to administer without the need for either claims process or a formal eligibility determination process. The County would have to establish contract requirements, procure and award contracts, and monitor the contracts and provider performance.	Total Population=40,000 to 52,750[xxiii] First year enrollment=8,000 to 10,000 Total Cost for first year $300,000 to $500,000

Option	Description & Impacts	First Full Year Cost
Option 7 **<u>Defer the County's decision</u>** until it sees if the state adopts proposed legislation to provide coverage to undocumented immigrants and the impact of the President's Executive Order and state PRUCOL on coverage of undocumented immigrants	• If the state adopts proposed legislation to cover undocumented immigrants, undocumented immigrants will be granted coverage resolving this issue on a comprehensive statewide basis without the need for county by county patchwork coverage. Further any state coverage would make people ineligible for County coverage. It is unknown if the state will place any fiscal mandates on counties that currently provide this coverage as it did for the Medi-Cal expansion. • The Legislature has begun a two year session and it is possible that the outcome of this legislation could be known by October 2015. However later in the year, this legislation could be held over for consideration in 2016. • In his budget Governor Brown has agreed to provide PRUCOL status to undocumented immigrants granted provisional legal status by the President's Executive Order and has not sought to change state law that already provides that coverage. • While the Governor has not provided funding for this coverage, in large part because there are too many unknowns in developing an estimated cost, Medi-Cal is an entitlement program and this coverage will be funded under current state law. • It could take considerable time for people to know the process and standards established by the U.S. Citizenship and Immigration Services for obtaining provisional legal status and to know how many people have applied and been granted this status. • The creation of provisions legal status and state PRUCOL coverage has the potential of significantly reducing County cost for any coverage program. This also raises a number of policy questions that will need to be resolved in any coverage option.	
Option 8 **<u>Decide to maintain the status quo and not offer coverage for undocumented immigrants.</u>** The County could decide to not expand services offered to undocumented immigrants.	For a variety of reasons the County could decide that it was not responsible or able to provide any new coverage or services • This coverage is discretionary, not mandated by state. • Action requires the use of County general fund and any coverage must fit into other County obligations. • The state's economy is recovering but based on history there is likely to be another recession and future County budget shortages. • The County could decide that this coverage is a state and federal issue. • The County may not want to risk the state taking any County funds dedicated to covering undocumented immigrants, as was done for medically indigent adults under AB 85, if the state decides at some date to provide this coverage.	No new coverage or cost

Notes:
Estimated costs are based on enrollment assumptions for year one with greater annual costs for subsequent years.
Cost estimates have not been reduced as the impact of the President's Executive Order and PRUCOL status as the impacts are unknown, but if implemented, it likely to not reduce County cost in the first few years and depending on the decisions made by the County could reduce cost by 10 to 40 percent over the long term.
Options 1/2, 3/4, and 5/6 have differing enrollment projections directly attributable to their structural differences.
There are numerous other options for coverage that would have different impacts and cost.

[i] Per the Public Policy Institute of California approximately 91 percent of the undocumented immigrants in the U.S. are adults, http://www.ppic.org/main/publication_show.asp?i=818. On January 29, 2015, the UC Berkeley Labor Center published a report that said in 2019 Sacramento County's population of undocumented immigrants would be 50,000. http://laborcenter.berkeley.edu/which-californians-will-lack-health-insurance-under-the-affordable-care-act/. The Building Healthy Communities Health Access Workgroup estimates that there are 65,000 undocumented immigrants in Sacramento County who are unable to qualify for health coverage by Covered CA or for non-emergency coverage by Medi-Cal. As population studies typically undercount the number of undocumented immigrants and actual enrollment almost always exceeds estimates, the UC Berkeley data shows that the County should assume that actual cost will be closer to the high estimate rather than the low estimate.

[ii] Assumes that limiting access to enrollment as CMISP does to the County clinic and hospitals would reduce the number of people enrolling by 50 percent as compared to full Medi-Cal like coverage.

[iii] This is based on the average cost for a Medi-Cal family member with full scope coverage.

[iv] This is based on the average cost for limited scope coverage for undocumented immigrants in Medi-Cal.

[v] Medi-Cal's experience is that when non-emergency services are covered a large portion of emergency care shifts to non-emergency care. Thus while there will likely be significant savings through having the state continue to cover emergency care, this savings will in part be mitigated by a shift in the nature of the care. The largest cost reduction is likely to be in hospital care, where hospitals will use hospital Presumptive eligibility for much of this care. Therefore, with the exception of care at the County Clinic, this estimate assumes that one third of the cost of full scope coverage will shift to the state under this option.

[vi] Assumes 15% administrative cost for County and contract health plan to operate the program

[vii] Estimate from County Department of Human Assistance

[viii] Per the Public Policy Institute of California approximately 91 percent of the undocumented immigrants in the U.S. are adults, http://www.ppic.org/main/publication_show.asp?i=818

[ix] Assumes that limiting access to enrollment as CMISP does to the County clinic, hospitals, and clinics would reduce the number of people enrolling by 25 percent as compared to Medi-Cal like coverage.

[x] Assumes that each enrollee would visit a community clinic four times in a year at a cost of $150 per visit.

[xi] This is based on the average cost for a Medi-Cal family member with full scope coverage.

[xii] This is based on the average cost for limited scope coverage for undocumented immigrants in Medi-Cal.

[xiii] Assumes 15% administrative cost for County and contract health plan to operate the program

[xiv] Estimate from County Department of Human Assistance

[xv] Providing coverage to replicate Covered CA would be very complex for a county to undertake as it would require the County to create a health care exchange with an operational web site and call center that would offer a choice of competing health plans and then to provide subsidies to assist people with incomes between 139 percent and 400 percent of the federal poverty level to be able to afford the cost of this insurance.

[xvi] Assumes 15% administrative cost for County and contract health plan to operate the program

[xvii] Estimate from County Department of Human Assistance

[xviii] Assumes that limiting coverage to only non-emergency services would reduce the number of people enrolling by 10 percent as compared to Medi-Cal like coverage.

[xix] Medi-Cal's experience is that when non-emergency services are covered a large portion of emergency care shifts to non-emergency care. Thus while there will likely be significant savings through having the state continue to cover emergency care, this savings will in part be mitigated by a shift in the nature of the care. The largest cost reduction is likely to be in hospital care, where hospitals will use hospital Presumptive eligibility for much of this care. Therefore, this estimate assumes that one third of the cost of full scope coverage will shift to the state under this option.

[xx] Assumes 15% administrative cost for County and contract health plan to operate the program

[xxi] Estimate from County Department of Human Assistance

[xxii] Per the Public Policy Institute of California approximately 91 percent of the undocumented immigrants in the U.S. are adults, http://www.ppic.org/main/publication_show.asp?i=818

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