

Protect Medicaid DSH Funding

Medicaid DSH Funding is Essential for California's Public Health Care Systems

Medicaid Disproportionate Share Hospital (DSH) payments are critical for public health care systems, ensuring that low-income individuals across California can receive timely high-quality health care services.

- As part of the 1115 Medicaid waiver, California's public health care systems were granted additional flexibility in the use of DSH funds to create the Global Payment Program (GPP), which allowed county public health care systems to restructure how care is delivered to the uninsured.
- To shift care from emergency departments to more appropriate primary and preventive care settings, public health care systems implemented a range of innovative services to improve access, including the use of non-traditional services (See Page 2).
- Initial evaluation results demonstrate early successes with declines in inpatient hospitalization and expansion in primary care.
- University of California medical centers also use DSH funds for Medicaid and uninsured populations to expand access to primary care, specialty care, and tertiary services (through other non-GPP venues).

The Impact of Medicaid DSH Cuts

- Congress acknowledged the importance of Medicaid DSH funding by delaying scheduled cuts over the last few years. However, the cuts are scheduled to take effect starting November 22, 2019, absent federal action.
- Public health care systems, which rely on Medicaid DSH funds, stand to lose an estimated \$330 million in federal funding in the first year of the proposed DSH cuts, which will double in 2020.
- Roughly 3.5 million individuals in California remain uninsured, and Medicaid DSH funds are critical to ensure public health care systems can continue to provide adequate access to health services.

Take Action

- In July, the House Energy and Commerce Committee approved a package of health bills that included an amendment to eliminate Medicaid DSH cuts in FYs 19-20 and 20-21, and reduce FY21-22 cuts to \$4B instead of \$8B currently in statute. However, the legislation has not yet passed the full Congress.
- **We urge you to take action before the end of this calendar year and eliminate the scheduled Medicaid DSH cuts from taking effect** so that public health care systems can continue to provide critical health care services to those greatest in need.

Prevent Medicaid DSH Cuts

- **Protect** over \$330M in funding for public health care systems, cuts will double in year two
- **Ensure** timely high-quality care for low-income and uninsured individuals continues
- **Safeguard** public health care systems' delivery transformation and innovative efforts

Global Payment Program: Levers to Improve Care for Uninsured Patients

Using Medicaid DSH funds, four key themes emerged as central in the Global Payment Program:



Access to Care

Increasing capacity and reducing wait times using a range of strategies such as expanded hours, same day appointments, mobile outreach, community health workers, and hiring new providers



Non-traditional Services

Expanding non-traditional services -- innovative services typically not reimbursed by Medicaid that include telehealth, eConsults, health coaching, and others -- to provide more appropriate and efficient care



Data Infrastructure

Improving data collection for care coordination including capturing new services, data sharing across agencies and departments, and developing new policies, procedures, and workflows



Partnerships

Enhancing relationships with other care delivery partners, such as behavioral health and community organizations, is critical for coordinating care and services

Public Health Care Systems' GPP Highlights

Alameda



Administers a human rights clinic for recently displaced individuals, specializing in trauma-informed primary care, psychological evaluations, and behavioral health treatment



Arrowhead

Expanded services for uninsured patients to include outpatient surgery and additional clinics in rural areas



Contra Costa

Implemented telephone nurse advice with call-back protocols so that 75% of patients can receive care without going to the emergency department

Kern



Offered mobile wellness events, providing health screening and education to rural community members



Los Angeles

Opened new clinics and increased access to primary care using expanded care teams with community health workers



Natividad

Expanded access to services, including primary care, lab, pharmacy, and radiology

Riverside



Partnered with local churches to offer behavioral health events with education, screening, and referrals to county programs



San Francisco

Conducts street group outreach to actively engage homeless uninsured patients



San Joaquin

Improved care efficiency through team-based care, including coaches and mental health outreach workers

San Mateo



Launched a new patient connection center that bridges patients to social services and provides warm hand-offs between providers



Santa Clara

Standardized data elements across multiple agencies and systems allowing for improved service tracking and care coordination



Ventura

Enlisted community health workers to visit schools and community events providing referrals and outreach