

# Advancing Coordinated Care for the Uninsured: A Bold Vision for California

## Overview

In its 1115 Medi-Cal waiver proposal, California proposes to renew and expand care for the uninsured through a five-year plan for the **Global Payment Program (GPP)**, which, since 2016, has played an important role in sustaining and improving care for this vulnerable population. Through the GPP, California's public health care systems are expanding primary and preventive services for the uninsured and decreasing potential delays in care and emergency room use. Building on the program's initial success, the State now proposes to add more comprehensive "whole person care" services to recognize and address patients' holistic needs.

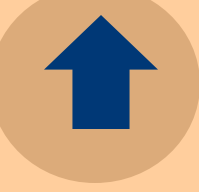

## How Does it Work?

In 2016, the GPP was created by combining two federal funding sources that public health care systems had previously received to serve the uninsured - Medicaid Disproportionate Share Hospital (DSH) and Safety Net Care Pool (SNCP) - and restructured this funding to incentivize more cost-effective and higher value care. A point value system rewards health systems for providing more preventive and primary care services and disincentivizes inpatient and emergency services. The GPP represented the first payment effort of its kind to use Medicaid DSH to encourage increased access to preventive care for the uninsured, who are disproportionately low-income patients of color.

## Successes to Date

An independent evaluation of the current GPP structure found that it has been successful in rewarding cost-effective care, rather than volume of services. For example, GPP reported an increase in outpatient services and a decrease in inpatient and emergency services. Other key findings include a 42% increase in the use of non-traditional outpatient services, including services such as telehealth, e-consults, and health coaching, and an overall increase of 6% in the number of uninsured patients served over the first three years of the program.

### Early GPP Results (Years 1-3)

-  42% increase in use of non-traditional outpatient services
-  6% increase in the number of uninsured patients served over the first three years

## Continued Need for Federal Funding to Maintain the GPP

Unfortunately, the COVID-19 pandemic has only grown the ranks of the uninsured. At a minimum, California needs another five years of funding to care for this population. The State is therefore seeking federal support to continue the two funding components, DSH and the SNCP, in order to continue serving the uninsured in more appropriate settings.

## New Equity Sub-Pool: Expanding Services and Social Supports to Uninsured Populations

As it looks to possibilities to further improve care, the State is seeking to expand the scope of the GPP with a separate Equity Sub-pool that specifically addresses a broader array of health and social needs for the uninsured, all with the goal of improving overall health and preventing more costly health interventions.

Under the proposed GPP Equity Sub-pool, public health care systems would be able to earn an additional \$225 million in annual federal funds by providing pre-approved social services and activities. Points could not be earned through the substitution of other existing GPP services, such as inpatient care. The services would create a more holistic “whole person” response to the circumstances impacting vulnerable communities.

CAPH is interested in the inclusion of these services in the Equity Sub-pool:

<b>Population Health and Case Management</b>	<b>Supporting Community-Based Living</b>	<b>Other Social Supports</b>
<ul style="list-style-type: none"> <li>• ACEs screening</li> <li>• Social needs screening</li> <li>• Referral to case manager within 30 days of identified need</li> <li>• Individualized care plan developed together with patient and care team</li> <li>• Discharge care plan when transferring from one setting to another</li> <li>• Multi-disciplinary street outreach teams</li> <li>• Inmate 30-day pre-release services</li> </ul>	<ul style="list-style-type: none"> <li>• Housing transition navigation services</li> <li>• Housing deposits</li> <li>• Housing tenancy and sustaining services</li> <li>• Short-term post-hospitalization housing</li> <li>• Caregiver respite</li> <li>• Day habilitation programs</li> <li>• Nursing facility transition/diversion to assisted living facilities</li> <li>• Community transition services/nursing facility transition to a home</li> <li>• Personal care and homemaker services</li> <li>• Environmental accessibility adaptations (home modifications)</li> <li>• Meals/medically tailored meals</li> <li>• Asthma remediation</li> </ul>	<ul style="list-style-type: none"> <li>• Legal services</li> <li>• Benefits advocacy</li> <li>• Food insecurity supports</li> <li>• Transportation</li> <li>• Incentives (e.g., gift cards, cell phones)</li> </ul>

### **Continued Need for Federal Funding to Maintain the GPP**

California’s public health care systems strongly support the State’s proposal for a five-year renewal of the Global Payment Program at continued funding levels, and the addition of an Equity Sub-pool. Caring for our uninsured in a holistic and equitable way should be a shared priority across local, state, and federal governments.