



DEPARTMENT OF PUBLIC HEALTH

MEDICAL ASSISTANCE PROGRAM (MAP) OVERVIEW

- ❖ 1983 State Law transferred responsibility to provide health care for Medically Indigent Adults (MIA) to the county of residence
- ❖ Counties with population less than 300,000 had 2 options:
 - 1) Contracting with the DHCS to administer services for MIAs under the County Medical Services Program (CMSP)
 - 2) Independent Medically Indigent Services Program (MISP) with 70% funding from the State

MEDICAL ASSISTANCE PROGRAM (MAP) OVERVIEW

- ❖ Merced County opted to accept the MISP funding and implemented the Medical Assistance Program
- ❖ Health Care Realignment enacted in FY 1991/92 changed the funding sources for locally administered health care programs
 - MISP funds were no longer allocated to the county from the State's general fund
- ❖ Counties now receive sales tax and vehicle license fees as a dedicated source of funding for health care programs

MAP ELIGIBILITY CRITERIA

- ❖ Individuals ages 21 through 64, who are not:
 - Pregnant, blind or disabled and,
 - Eligible for any other coverage
- ❖ Must legally reside in Merced County
- ❖ Provide proof of FPL at 100% or below
- ❖ Undocumented aliens not eligible
- ❖ No minor children that would link the family to State Medi-Cal
- ❖ Eligibility Granted on "Medical Need Basis"
- ❖ Must have current/on-going need for medical services, as documented by Physician
- ❖ Granted eligibility for period of 7 days to 6 months
- ❖ Eligibility guidelines similar to Medi-Cal used

SCOPE OF BENEFITS

- ❖ Merced County contracted with Mercy Medical Center Merced (MMCM) to provide “Core” medical services to MAP members. Core Services include:
 - General Acute Care
 - Ob/Gyn, Intensive Care
 - Coronary Care, Clinical Laboratory
 - Radiology, Basic Emergency, Pharmacy

- ❖ MAP Members must use MMCM General Medicine & Family Care Clinic for primary care or specialty care services

SCOPE OF BENEFITS

- ❖ No prior authorization is required for visits to primary care or specialty care providers in either the MMCM General Medicine or Family Care Clinics

- ❖ Authorization required for referrals for:
 - Non-emergency hospital admissions and surgery,
 - Home Health services,
 - Durable Medical Equipment,
 - Prescriptions not on the MMCM Formulary,
 - Vision Care, and
 - All Specialty Care and other services performed outside MMCM

MAP PROGRAM FINANCING

- ❖ MMCM Healthcare Operating Agreement - 22% of HR monthly allocation
- ❖ 43% of remaining HR allocated to fund MAP Program:
 - Staff & operating expenses
 - Specialty Provider services & other medical services outside of Healthcare Operating Agreement

MAP PROGRAM DEBT

- ❖ Large portion of MAP costs from Specialty Care Provider Services not covered/provided by MMCM
- ❖ Prior authorization required for specialty care services
- ❖ Medical claims paid at Medi-Cal rates
- ❖ Leading up the Affordable Care Act in California MMCM contract, specialty care costs, increased enrollment, & decreased funding during recession main factors that contributed to growing MAP Debt
- ❖ Current Debt \$1.2 million for Specialty Care Services dating back to November 2012