



Frequently Asked Questions Last Updated July 5, 2011

What is the Low Income Health Program (LIHP)?

On November 2, 2010, the federal government approved California's five year, "Bridge to Reform" Section 1115 Medicaid waiver proposal. Through the Section 1115 waiver, California created the Low Income Health Program (LIHP) which will advance program changes that will help the state transition to the federal reforms that will take effect in January, 2014 related in particular to Medi-Cal expansion

LIHP is a Federal – State – County program designed to expand health care coverage for uninsured adults and to provide a bridge to national Health Care Reform, which will be more fully implemented in 2014. Alameda County submitted a proposal to the State in order to participate in the program.

Through LIHP, county dollars can be used to leverage federal matching dollars for covered services provided to active enrollees. For every county dollar spent on eligible health services to participants through January 2014 the County can receive a fifty cent reimbursement. This funding provides an opportunity to enhance collaboration among local health care providers, expand health care services, and to improve the overall health of Alameda County's residents.

What is the Health Program of Alameda County (HealthPAC) and how is it related to LIHP?

The Health Program of Alameda County (HealthPAC) is the name for the Alameda County program that includes, but is not limited to the State approved Low Income Health Program (LIHP). The LIHP in Alameda County includes the Medicaid Coverage Expansion (MCE) and the Health Care Coverage Initiative (HCCI) as defined in the Section 1115 waiver described above. HealthPAC also includes a county only program for uninsured individuals that do not qualify for the State program.

With HealthPAC, enrollees choose a Medical Home to go to not only when they're sick, but for regular and preventive care. HealthPAC offers a limited network of providers, meaning there are certain places enrollees can go for health care. Enrollees will receive a HealthPAC card and have access to the HealthPAC Customer Service Center for questions and assistance. The Customer Service Center phone number is (877) 879-9633.

How does HealthPAC relate to CMSP/ACE?

As of July 1, 2011 the County Medically Indigent Services Program/ Alameda County Excellence (CMSP/ACE) program is changing its name to HealthPAC (Health Program of Alameda County). Individuals who have been enrolled in CMSP or ACE will keep their benefits if they are still eligible.

Why is HealthPAC important?

President Obama's Affordable Care Act (health care reform) is shifting health care delivery towards "accountable care" – improving access, providing cost effective services and ensuring quality (outcomes) for defined populations. HealthPAC serves as Alameda County's bridge to health care reform and will:

- Increase funding to provide more primary care and behavioral health services to the uninsured and low income residents.
- Provide an opportunity to invest in strategies that will help Alameda County and its health care providers prepare for health insurance expansion under national health care reform in 2014.
- Allow the County to define its role as a public health care leader, as private sector competition increases for funding to coordinate and provide health care services to low income residents.

Who is eligible to enroll in HealthPAC?

Alameda County residents, with household incomes below 200% of the Federal Poverty Level, that have no or inadequate health coverage and are not eligible for other health care plans or programs. Individuals must also complete an enrollment process and a HealthPAC application. Enrollment questions can be directed to Behavioral Health Care Services Provider Relations at (800) 878-1313.

HealthPAC includes three populations of individuals that must also meet county residency requirements:

1) HealthPAC Medi-Cal Coverage Expansion (MCE)

Individuals meeting the criteria of the Medi-Cal Coverage Expansion (MCE) population, which are individuals between the ages of 19 and 64 who have family incomes at or below 133 percent of the Federal Poverty Level (FPL), are not eligible for Medicaid or CHIP, are not pregnant, and who are a United States citizen or have been a legal permanent resident for at least five years;

2) HealthPAC Health Care Coverage Initiative (HCCI)

Individuals who meet the criteria of the Health Care Coverage Initiative (HCCI) population, which are individuals between the ages of 19 and 64 who have family incomes above 133% FPL through 200% of the FPL, are not eligible for Medicaid or CHIP, are not pregnant, and are a United States citizen or have been a legal permanent resident for at least five years; and

3) HealthPAC County

Individuals enrolled in HealthPAC who are not eligible for MCE or HCCI and are between 0 and 200% of the FPL.

HealthPAC MCE is for individuals who will be eligible for Medi-Cal in January 2014 and HealthPAC HCCI is for individuals who will be eligible for the Health Exchange and associated subsidy programs in January 2014.

How does someone enroll in HealthPAC?

Individuals can enroll in HealthPAC through designated enrollment sites identified on the HealthPAC informational brochure. In addition, some behavioral health care providers will be expected and trained to help enroll eligible individuals served within their specific programs. Alameda County Behavioral Health Care Services will be contacting these contracted providers directly. If your organization would like to receive enrollment training, please contact your appropriate program liaison.

How does someone know if they are enrolled in HealthPAC?

HealthPAC applicants will no longer receive a card at the time they apply. HealthPAC will mail enrollee's a new ID card and participant handbook after an applicant is approved for the program. Current CMSP/ACE enrollees do NOT need to get a new card. They should keep using their existing CMSP/ACE card until it is time to renew. HealthPAC Customer Service (**1-800-879-9633**) will be available to HealthPAC enrollees from 8 a.m. -5 p.m. Monday through Friday. This number can be contacted to check on an individual's current enrollment status.

What is 200% of the federal poverty level?

2011 Federal Poverty Level

The benefit levels of many low-income assistance programs are based on these poverty guidelines. Find your family size and monthly or yearly income below to determine your FPL percentage category. Note: Pregnant women count as two people for the purpose of this chart.

48 Contiguous States and the District of Columbia

Family Size	% Gross Yearly Income									
	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$2,723	\$5,445	\$8,168	\$8,821	\$10,890	\$14,484	\$19,058	\$21,780	\$27,225	\$32,670
2	\$3,678	\$7,355	\$11,033	\$11,915	\$14,710	\$19,564	\$25,743	\$29,420	\$36,775	\$44,130
3	\$4,633	\$9,265	\$13,898	\$15,009	\$18,530	\$24,645	\$32,428	\$37,060	\$46,325	\$55,590
4	\$5,588	\$11,175	\$16,763	\$18,104	\$22,350	\$29,726	\$39,113	\$44,700	\$55,875	\$67,050
5	\$6,543	\$13,085	\$19,628	\$21,198	\$26,170	\$34,806	\$45,798	\$52,340	\$65,425	\$78,510
6	\$7,498	\$14,995	\$22,493	\$24,292	\$29,990	\$39,887	\$52,483	\$59,980	\$74,975	\$89,970
7	\$8,453	\$16,905	\$25,358	\$27,386	\$33,810	\$44,967	\$59,168	\$67,620	\$84,525	\$101,430
8	\$9,408	\$18,815	\$28,223	\$30,480	\$37,630	\$50,048	\$65,853	\$75,260	\$94,075	\$112,890

How does HealthPAC benefit the clients we serve?

Currently uninsured and inadequately insured individuals only have access to crisis/emergency and other limited services unless they are deemed eligible for BHCS specialty mental health services, such as service teams or other special health care programs. HealthPAC will enable Alameda County to serve a larger number of clients and offer a wider range of outpatient services. HealthPAC enrollees will have access to both behavioral health and primary care services.

What is a Person-Centered Medical (Health) Home?

Person-centered health care is focused on the whole person – both their physical and behavioral health care needs – across all stages of life and includes acute, chronic, preventive and end of life care. HealthPAC enrollees have a Medical Home. A Medical Home is the health care facility – in most cases, a clinic – that will provide HealthPAC enrollees with basic health care, keep track of their health information and help coordinate their health care services. Some of these services may include:

- Wellness check-ups and preventive services
- Care when enrollees are sick or injured
- Care for ongoing health issues, such as asthma or diabetes
- Behavioral health services and health education
- Prescriptions for medications

What is included in the HealthPAC Behavioral Health Benefits Package?

- BHCS will continue to provide specialty mental health services and support will be given to help primary care expand its mental health services
- Eligibility is similar to Medi-Cal: individuals need a DSM diagnosis, an impairment in life functioning and behavioral health needs that cannot be treated in primary care
- Minimum benefits include up to 10 days per year of acute inpatient hospitalization, psychiatric medications, up to 12 outpatient encounters per year – BHCS can expand beyond these benefits if medically necessary
- Covered services include assessment, individual or group therapy, crisis intervention, medication supports, day rehabilitation, crisis stabilization, crisis residential and targeted case management.
- Substance Use Disorder services are not covered except when addressed as part of treatment for co-occurring mental health and substance use disorders.

What does this mean for BHCS? What are the HCSA/BHCS implementation strategies?

- Expand funding for some individual and group providers
- Expand psychiatric care/medication support and consultation for clients/consumers
- Develop a Level 2 adult service capacity, with time-limited targeted case management and other outpatient mental health services
- Identify and connect County residents with a Medical Home
- Increase involvement and collaboration with primary care: promote integrated behavioral health care in primary care, improve primary care for those with serious mental health issues and create stronger behavioral health consultations services for primary care
- Expand benefits enrollment capacity and health insurance billing/finance capacity
- Shift some BHCS programs to a Federally Qualified Health Center (FQHC), to eliminate the local/county match requirement and save county dollars
- Develop greater health assessment and service capacity for uninsured individuals with disabilities and help them obtain disability benefits

Who can I contact for additional information?

People can go to <http://achealthcare.org/> to learn more about the program, the HealthPAC Network and access the participant/enrollee handbook.

If you are interested in receiving e-mail updates about HealthPAC you can request that you be added to an e-mail distribution list about the program. Send your request via email to HealthPACbulletin@acgov.org

Other contact resources include -

HealthPAC Customer Service Center: (877) 879-9633

*Behavioral Health Provider Relations for LIHP enrollment and eligibility questions:
(800) 878-1313*

*Health Care Services Agency general public health insurance enrollment support:
(800) 422-9495*