

Federal money to help counties administer health care to low-income residents

By Darrell Smith, Sacramento Bee

Thousands of the north state's rural poor, including residents of the greater Sacramento area, will be able to access medical care in 2012 after more than 30 counties received federal approval and funding to expand their indigent health coverage.

The County Medical Services Program, or CMSP, a group of 34 mostly north state counties, received the green light to cover an additional 30,000 uninsured, low-income adults through Path2Health, a new indigent care program that launched Jan. 1.

Created as a prelude to federal health reform, Path2Health provides free health coverage for medically necessary services to uninsured adults in the 34-county network who are at or below 100 percent of the poverty line – about \$10,890 for a single person – and who do not qualify for Medi-Cal. It is one of a number of low-income health programs, or LIHPs, across the state that will “build a foundation for when health reform takes over” in 2014, said Lee Kemper, executive director of CMSP's governing board.

“We're starting to make it possible to make people eligible now,” Kemper said. “This is basically a network that will be a bridge leading to new coverage. This will make it possible for counties to implement health reform early.”

The federal government will match each dollar the 34 counties spend on Path2Health, but officials did not know how much that would be. CMSP will serve 90,000 low-income adults by the end of 2013, Kemper said.

Under the Affordable Care Act, low-income adults covered by LIHPs such as Path2Health will transition to either Medi-Cal or the state's Health Benefit Exchange in 2014.

The LIHPs go further than the indigent care programs that counties have long run under Medi-Cal. The LIHPs are managed-care plans with established health benefits and guidelines on coverage and access to basic and specialty care.

Rural administrators in CMSP say the federal matching dollars will help their counties – El Dorado, Nevada, Sutter and Yuba among them – to extend care to more of their neediest residents.

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