

Community, Collaboration, and Connection

HPSJ Overview

About Us

As the leading Medi-Cal managed care plan in San Joaquin and Stanislaus Counties, HPSJ offers a broad network of health care providers to deliver access to comprehensive health care services.

HPSJ has decades of experience serving our community by ensuring access to quality health care and working closely with members, providers, and partners to coordinate care and effectively deliver health improvement programs and services.

Vision

Continuously improve the health of our community.

Mission

We provide healthcare value and advance wellness through community partnerships.

Locally Based, Locally Governed

San Joaquin County Health Commission

We are governed by a local, independent and public commission subject to the Brown Act which means we operate with transparency to serve the underserved.



- Local Physicians
- Community Representatives
- Hospital Representative
- County Supervisors
- County Administrator
- County Health Care Services Director

Local Staff

HPSJ is powered by over **340 local employees** who live in and are part of the communities we serve.

Benefits and Services We Provide



Doctor Visits



24-hr Nurse/Physician Advice Line



Wellness Visits



Immunizations



Specialty Care



Vision



Hospital Care



Behavioral Health



Pharmacy



Medical Equipment



Emergency Care



Transportation



Laboratory and X-Ray



Language Assistance

Our Members, Serving 335,000

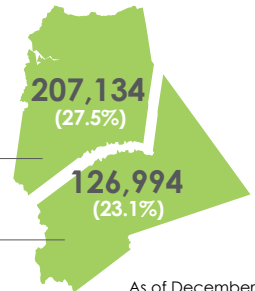
Local Residents

Residents Served by HPSJ

(Percent of County Population)

San Joaquin
County

Stanislaus
County



As of December 2019

The Communities We Serve

Our Membership by Population

Children and Families



64%

Elderly, Blind, and Disabled



7%

Medi-Cal/Medicare Dual Eligibles



3%

Adult Medi-Cal Expansion



26%



- Latino – 50.3%
- Caucasian – 20.2%
- Asian/Pacific Islander – 13.3%
- African American – 7.4%
- Other – 8.5%

Our Members by Gender



53.7%



46.2%

Our Members by Age



- 0 to 18
- 19 to 64
- 65 & up

50.2%
48.6%
1.1%

As of Dec. 2018

Our Providers, Our Partners

HPSJ has a long history of serving our members in partnership with safety-net and traditional Medi-Cal providers.

Our Network



350+
Primary Care
Providers



710+
Physician
Specialists



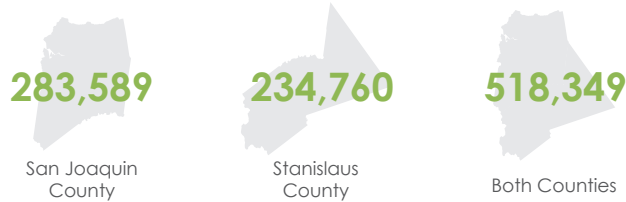
19
Hospitals



5
Federally Qualified
Health Centers

TEN FAST FACTS- Medi-Cal in San Joaquin & Stanislaus Counties

1 Medi-Cal covers over 518,000 residents in San Joaquin & Stanislaus Counties¹



2 About 40% of San Joaquin & Stanislaus County residents have Medi-Cal coverage²



3 Medi-Cal covers 1 in 2 births in the state³



4

Medi-Cal covers kids:

- children ages 0-5
- children ages 6-12
- children and youth ages 13-18

San Joaquin and Stanislaus County
66%
62%
53%

5 58% of Medi-Cal enrollees in San Joaquin & Stanislaus Counties are **families with children**⁷



6

Medi-Cal covers nearly **1 in 5 seniors** in California. Medi-Cal covers 18% of residents age 65+ in San Joaquin & Stanislaus Counties⁸



7

Medi-Cal covers nearly **3 in 5 nursing facility residents** in the state⁹



8 Medi-Cal covers 1 in 2 disabled residents in San Joaquin & Stanislaus Counties¹⁰

64% San Joaquin County
48% Stanislaus County
57% Both Counties



9

In California, more than **2 in 3 Medi-Cal adults** are in the labor force¹¹

→ In San Joaquin and Stanislaus counties, nearly 63% of the adult Medi-Cal population are in the labor force¹²



59%
San Joaquin County

70%
Stanislaus County

63%
Both Counties

→ Of those adults not working statewide:¹³



28%
Ill or disabled



36%
Taking care of home or family



18%
In school

10 Nearly **1 in 5 adult** Medi-Cal enrollees in San Joaquin and Stanislaus County does NOT have a car for regular use¹⁴

26% San Joaquin County
10% Stanislaus County
17% Both Counties



¹Calculations based on information from the Medi-Cal Managed Care Enrollment Report by California Health and Human Services, January 2020

²Ibid; County populations using U.S. Census July 2017

³Health Management Associates & Kaiser Family Foundation, Oct. 2016

⁴Department of Health Care Services, Jan. 2016

⁵California Health Interview Survey, 2016

⁶Department of Health Care Services, Oct. 2015

⁷California Health Interview Survey, 2016

⁸Ibid

⁹Public Public Policy Institute of California, Nov. 2015

¹⁰California Health Interview Survey, 2016

¹¹Bay Area Council Economic Institute, June 2016

¹²Ibid

¹³Kaiser Family Foundation, Jan. 2018

¹⁴California Health Interview Survey, 2007

Contact:

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209-933-3616
February 2020

Overview

One in three Californians receive their health care through California's Medicaid program (Medi-Cal).

- ◆ Now with over 12.7 million enrollees, there has been a big shift to managed care and away from fee-for-service.
- ◆ Overall, the share enrolled in Medi-Cal managed care has grown to over 82 percent (roughly 10.4 million people).
- ◆ Of those enrolled in Medi-Cal managed care, about 70 percent are enrolled in local, public, not-for-profit plans like Health Plan of San Joaquin (HPSJ).

This fact sheet provides an overview of the Medi-Cal program, the difference between managed care and fee-for-service, the different county-specific models of managed care, and how HPSJ fits into the overall program.

Medi-Cal Delivery Systems

For most beneficiaries, Medi-Cal is delivered through managed care plans, primarily through local plans like HPSJ. Alternatively, Medi-Cal can be delivered directly through the state in a system called fee-for-service.

Medi-Cal Managed Care

In Medi-Cal Managed Care, care is coordinated through the member's primary care physician or clinic and a network of hospitals and specialists.

Medi-Cal Managed Care offers:



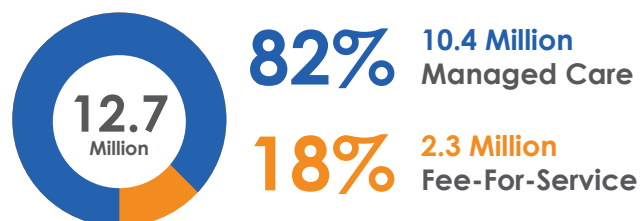
Medi-Cal pays the managed care plan a monthly fee for each enrolled member, called capitation. Because capitation rates are fixed payment rates, the state can better control costs and maintain budget predictability in managed care.

Medi-Cal Managed Care Oversight

The Department of Health Care Services (DHCS) administers and oversees the Medi-Cal program.

The Department of Managed Health Care (DMHC) licenses and regulates all health plans, including Medi-Cal managed care plans with a few exceptions.

Estimated Medi-Cal Enrollment



Source: Department of Health Care Services, September 2019

Medi-Cal Fee-For-Service

Unlike Medi-Cal Managed Care, fee-for-service means:

- ◆ beneficiaries must find physicians and specialists willing to accept Medi-Cal on their own
- ◆ no provider coordinates a patient's overall care
- ◆ incentives for quantity over quality, volume over value

Medi-Cal fee-for-service pays providers for each service, which results in a financial structure based on quantity of care rather than quality. Beyond reducing provider reimbursements, the state has few mechanisms for controlling costs in fee-for-service.

Managed Care Carve-Outs

In the current Medi-Cal system, a number of services are "carved out" of managed care and are instead typically provided through fee-for-service Medi-Cal. Major carve-outs include:

- Specialty mental health
- Substance use disorder treatment services
- Dental care, known as Denti-Cal
- California Children's Services
- Long-term care (until January 2021)
- Home and community-based waiver services

Managed care plans, like HPSJ, include information about carved-out services in our member services guide. We also provide referral and coordination of care to carved-out providers.

Medi-Cal Growth at a Glance

Medi-Cal Coverage Before ACA



low-income children and families



pregnant women



seniors and persons with disabilities



Medi-Cal Today



childless adults



income limits raised for children and families



undocumented children and young adults (up to age 26)



former foster youth (up to age 26)

2020 Income Guidelines For Medi-Cal			
Family Size	Adults (138% FPL)	Pregnant Women/ Infants (322% FPL)	Children (266% FPL)
1	\$17,237	\$40,218	\$33,224
2	\$23,336	\$54,451	\$44,981
3	\$29,436	\$68,683	\$56,738
4	\$35,535	\$82,915	\$68,495

2013		2020	
California	HPSJ	California	HPSJ
→ 1 in 5 Californians	→ 1 in 7 of county residents	→ 1 in 3 Californians	→ Covers more than 1 in 4 residents of San Joaquin and Stanislaus counties
→ 8.4 million enrolled in Medi-Cal, of which 5.7 million (67%) are in Managed Care	→ 183,000 members	→ Over 12.7 million enrolled in Medi-Cal, of which, 10.4 million (82%) are in Managed Care	→ Over 334,000 members served

Medi-Cal Managed Care Models

Models of Medi-Cal Managed Care Varies by County

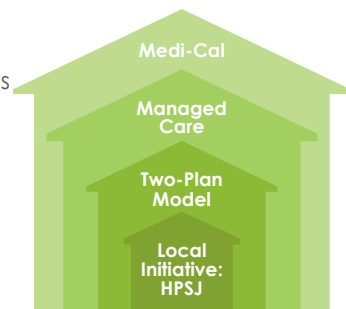
Managed care is available in all 58 counties including rural areas. Counties follow one of three main models.

- Two-Plan Model.** This model is comprised of a publicly-run entity (a "Local Initiative") and a commercial plan. In a similar model called the Regional Expansion Model, DHCS contracts with two commercial plans in each county.
- County Organized Health System (COHS).** A health plan created and administered by a County Board of Supervisors. Within a COHS county, all managed care enrollees are in the same plan.
- Geographic Managed Care (GMC).** In this model, DHCS contracts with a mix of commercial and non-profit plans that compete to serve Medi-Cal beneficiaries.

HPSJ serves as the Local Initiative in San Joaquin and Stanislaus Counties.

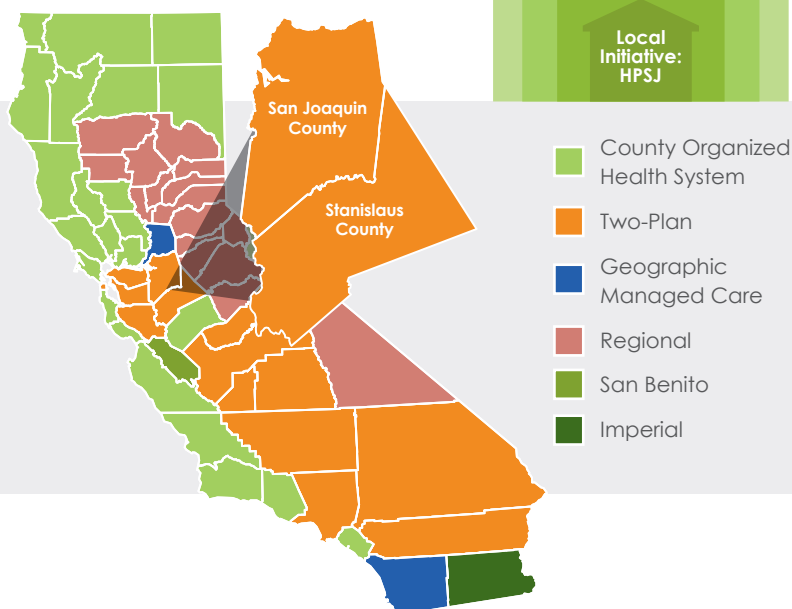
Two-Plan Model

- The Local Initiative (LI) health plan competes with a Commercial Plan (CP)
- LI plans are locally developed, county sponsored, and accountable to the public
- Newest (1993) and most commonly used model
- Allows consumer choice and public engagement
- 9 LI plans across the state
- Over 5 million people enrolled in LI plans across 14 two-plan counties



San Joaquin & Stanislaus

San Joaquin and Stanislaus counties are Two-Plan counties, and HPSJ is the Local Initiative plan. Local Initiative plans are public entities and work collaboratively with county public hospitals and safety-net providers to support the safety-net delivery system. As is the case for HPSJ, Local Initiative plans enjoy strong local support and generally provide coverage for a significantly higher proportion of Medi-Cal beneficiaries, with commercial plans in their service areas playing a smaller role.



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