

MISP Eligibility Criteria

BACKGROUND

Since it was first implemented in 1982, eligibility criteria for the San Luis Obispo County Medically Indigent Services Program (MISP) have evolved to address the needs of the County's medically indigent residents and to comply with regulatory obligations. The program was originally named the County Medical Services Program (CMSP) and renamed the Medically Indigent Services Program (MISP) at the start of 2014 in recognition of significant program changes and, in part, to end it being mistaken for the multi-county MISP consortium also named CMSP.

The Affordable Care Act (ACA) is transforming how health care is delivered, who is eligible for care, and how care is paid for – throughout the nation, in California, and in San Luis Obispo County. As of 2014, free or low-cost health coverage is available to most of the County's medically indigent residents, including those previously covered under the CMSP.

PURPOSE

While not necessary or prudent to duplicate health coverage already available by maintaining CMSP in its current form, the County should make assistance available to individuals who demonstrate through the Exchange that a financial or other hardship precludes them from obtaining coverage.

Significant changes to policies and practices are necessary to transform CMSP into the new Medically Indigent Services Program (MISP) that meets the County's current needs.

The Health Agency promulgates this policy to establish eligibility criteria for the San Luis Obispo County MISP.

DEFINITIONS

- ACA: Patient Protection and Affordable Care Act
- CCR: California Code of Regulations
- HHS: Department of Health and Human Services
- MAGI: Modified adjusted gross income
- MEC: Minimum essential coverage
- PRUCOL: Permanently residing in the United States under color of law
- FPL: Federal poverty level

POLICY

- A. It is the policy of the San Luis Obispo County MISP to establish and maintain standardized eligibility criteria as part of a fair and consistent process to identify and assist appropriate applicants.
- B. MISP is the payer of last resort. Eligible applicants have no other source of health coverage and are not eligible for other public health care assistance programs.

- C. MISP eligibility is based on an evaluation of financial resources, hardship, residency, age, and medical need, as demonstrated by the following set of verifiable criteria:
- Between the ages of 19 to 64 years old
 - Either a legal U.S. citizen or a PRUCOL alien
 - Resident of San Luis Obispo County for a minimum of 15 days
 - Current medical need for covered service
 - No other source of health coverage available
 - Income between 139% - 250% FPL
 - Limited assets per traditional, or non-MAGI, Medi-Cal criteria
 - Exempt from the individual shared responsibility payment imposed on individuals who do not maintain MEC due to a qualifying circumstance (per CCR Title 10, Chapter 12, Article 4, §6460.)
- D. MISP eligibility criteria are consistent with traditional, or non-MAGI, Medi-Cal policies and practices, except for the following criteria specific to MISP:
- Medical need
 - Applicants must have and identify a current qualifying medical need; however, it is not necessary for an applicant to obtain a diagnosis from a health care provider before submitting an application.
 - Current medical need may include qualified medical services received within the last 7 calendar days or the current month of the application date.
 - Medical need excludes general preventative care, such as check-ups and screenings, which is necessary to distinguish this program from a health care plan.
 - No other source of health coverage available
 - MISP is the payer of last resort. Applicants must not be eligible for Medi-Cal or other public health care assistance and have no other source of health coverage available, including third party payers such as Veterans Affairs, Workers' Compensation, or motor vehicle insurance coverage.
 - Applicants eligible for any health plan through the Exchange, including minimum coverage or catastrophic plans, are considered to have an available source of coverage.
 - Income between 139% - 250% FPL
 - MISP eligible income is based on current year FPL guidelines and household size. Should Medi-Cal income eligibility thresholds change, the MISP eligible income amounts shall always start just above the amount eligible for Medi-Cal.
 - Income and household size will be determined and verified according to Medi-Cal policy and practices.
 - Exemption from the individual shared responsibility payment for not obtaining MEC.

MISP applicants must demonstrate a qualified exemption, as determined by the HHS and the state Exchange, from the individual mandate for obtaining MEC.

REGULATORY REFERENCES

- Patient Protection and Affordable Care Act:
<http://www.hhs.gov/healthcare/rights/law/index.html>
- Department of Health and Human Services. 45 CFR Parts 155 and 156: Patient Protection and Affordable Care Act; Exchange Functions: Eligibility for Exemptions; Miscellaneous Minimum Essential Coverage Provisions:
<http://www.gpo.gov/fdsys/pkg/FR-2013-07-01/pdf/2013-15530.pdf>
- Internal Revenue Service 26 CFR Parts 1 and 602: Shared Responsibility Payment for Not Maintaining Minimum Essential Coverage:
<http://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21157.pdf>