

Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan - Community Plan

When:

Time: 7:30 AM - 9:00 AM

Date: July 23, 2013

Where:

Central-East County

1350 Arnold Drive, Conference Room #103, Martinez

Continental breakfast will be served

The agenda for the meeting is as follows:

l.	CALL TO ORDER and INTRODUCTIONS	J. Tysell, MD
II.	REVIEW and APPROVAL of MINUTES from previous meeting	J. Tysell, MD
III.	REGULAR REPORTS	
	Medical Director's Report Defer to new business	J. Tysell, MD
IV.	NEW BUSINESS	
	"Covered California" Health Benefit Exchange	P.Tanquary, MSSW, MPH, Ph.D
V.	Provider Concerns	J. Tysell, MD
VI.	Adjournment	

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan, dated January 22, 2013 and attached herein.

Our next scheduled meeting is:

Tuesday, October 22, 2013 7:30 AM – 9:00 AM

CPN Quarterly Meeting

CONTRA COSTA HEALTH PLAN

East/Central County
Quarterly Community Provider Network (CPN)
Meeting Minutes – July 23, 2013

Attending:

CCHP Staff: J. Tysell, MD, Chair; P. Tanquary, CEO, MPH, Ph.D.; B. Jacobs, FNP; M. Berkery, RN; L.M. Perez, Secretary

CPN Providers: S. M. Chang, MD; N. Essa, MD; P. Gharagozlou, MD; G. Graves, MD; A. Mahdavi, MD; C. Mayor, NP; Mostaghasi, T., MD; J. O'Meany, PA; H. E. Risgalla, MD; S. Sachdeva, MD; S. Shtivelman, MD; R. Tracy, MD; L. Yang, MD; J. G. Zimmerman, MD

Discus		Action	Accountable
	Meeting called to order @ 7:45 a.m.		J. Tysell, MD
I.	Agenda approved with no revisions.		J. Tysell, MD
II.	Review and Approval of Minutes from April 23, 2013: Minutes were approved as presented.		J. Tysell, MD
III.	Regular Reports: Medical Director's Report Pain Management and Opioid Prescribing New protocol being developed Deals specifically with Pain Management groups Sleep Studies CCRMC impacted May refer to Parham Gharagozlou, MD, CPN provider has specialty training in Sleep Medicine HEDIS Preliminary Report Update to follow as data compiled Provider Bulletin Review Highlighted coding and claims MD please share Bulletin with staff as they may benefit from new information		J. Tysell, MD
IV.	DOCUMENT UPDATES: Disease Management Referral Reviewed new referral form – available on website Use form for adult diabetes and obesity referral – to be followed up by Case Management POLST Document (Pink Form) Form goes along with Advanced Directives, Physicians review with patients – Place on "Frig" – EMTcheck "Frig" for Pink Form, available on website Immunization Update Update immunization for teens going into high school - Schools can refuse to admit students with delinquent		M. Berkery, RN M.Berkery, RN B. Jacobs, FNP
V.	 NEW BUSINESS: Presentation on Exchange "Covered California" for CCHP CCHP is one of only 13 plans statewide and one of three in the Contra Costa County (CCC) area chosen to be offered through Covered California, the new state insurance marketplace created by the Affordable Care Act (ACA) Reviewed the following information: 		P. Tanquary, CEO

	 Tax Credits and Tax Subsidies Grid – Health Care Reform Impact on CCC Grid – Covered California – Standard Benefit Plan Further education and training will be provided to providers, member services, marketing and advice nurses as changes occur CCHP 40th Anniversary Celebration on Friday, July 26th from 4:00-6 p.m. Join CCHP with Congressman George Miller, CCHS Director William B. Walker, MD, State Senator Mark DeSaulnier and two Board Supervisors Federal Glover and Karen Mitchoff as we celebrate 40 years as a Health Plan serving the residents of Contra Costa County 	
VI.	Provider Concerns:	Provider Relations Department
VII.	Adjourn:Meeting adjourned @ 9:00 a.m.	

Next meeting - October 22, 2013

CONTRA COSTA HEALTH PLAN

East/Central County
Quarterly Community Provider Network (CPN)
Meeting Minutes – April 23, 2013

Attending:

CCHP Staff: J. Tysell, MD, Chair; B. Jacobs, FNP; M. Berkery, RN; J. Galindo, RN, PHN; L.M. Perez, Secretary

CPN Providers: S.M. Chang, MD; G. Graves, MD; R. Gupta, MD; A. Mahdavi, MD; C. Mayor, NP; J. O'Meany, PA; S. Sachdeva, MD; I. Salceda, PA; J. Sequeira, MD; S. Shtivelman, MD; R. Tracy, MD; L. Yang, MD; J.G. Zimmerman, MD

Guests: D. Dooley, MD (CCRMC); L. Jensen, RN, (CCHP Quality Management)

Discus		Action	Accountable
	Meeting called to order @ 7:45 a.m.		J. Tysell, MD
I.	Agenda approved with no revisions.		J. Tysell, MD
II.	Review and Approval of Minutes from January 22, 2013: Minutes were approved as presented.		J. Tysell, MD
III.	Medical Director Report: Affordable Care Act Reimbursement for PCPs – State has not released rates or funding to health plans, projected for summer Claim payment delays were due to implementation of new data base. Reimbursement will be current by end of May. Provider Web Portal includes - Member eligibility Claims status Provider panel information Healthy Families Transitioned to Medi-Cal in March Kaiser transitioned in April Members now have Denti-Cal Members retained their PCPs Mental health referrals & treatment discussed Quality Improvement Dr. Yasul will be replacing Dr. Kaji in working with CCHP Quality Management Integrated Pain Management (IPM) IPM, CCRMC, Pain Management staff and LifeLong met to discuss policy and consultation services Immunization Update Revised advisory guidelines from CDC re: Tdap update for pregnant women Background information on Gardnerella vaccine for cervical cancer from HPV distributed CCHP/NCQA Accreditation Pending Anticoagulant monitoring is pending at CCRMC may soon include members of community providers Surgery – Orthopedic Referrals Working with existing groups to accept CCS orthopedic cases		J. Tysell, MD J. Tysell, MD
	Pediatric Obesity Overview CCHP has Disease Management Unit (DMU)		D. Dooley, MD

	Diabetic management and Peds Obesity under NCQA proposed guidelines - DMU will track referrals to treatment programs if notified by PCP – reports go back to PCP if not registered in treatment program - Developing classes with community and some medical groups on weight management. Classes in English and Spanish – all parts of county to be included	L. Jensen, RN
V.	 Adjourn: Meeting adjourned @ 9:00 a.m. 	J. Tysell, MD

Next meeting – July 23, 2013



NEWS RELEASE

TOM TORLAKSON
State Superintendent
of Public Instruction

Release: #12-48 May 15, 2012

Contact: Giorgos Kazanis E-mail: communications@cde.ca.gov Phone: 916-319-0818

State Schools Chief Tom Torlakson Urges Parents to Vaccinate Children and Prevent Whooping Cough

SACRAMENTO—State Superintendent of Public Instruction Tom Torlakson today urged parents of students entering the seventh grade to vaccinate their children to protect them against whooping cough as required by California law.

"I call on all parents to act as soon as possible and ensure their children receive this important vaccination," Torlakson said.
"Taking a few minutes now will help protect your child's health, and help them get off to a smooth start in the next school year."

"In 2010, 9,000 Californians were diagnosed with pertussis and 10 infants died from the disease. Due to the collective statewide vaccination efforts this past year, pertussis cases are dramatically lower in California," said Dr. Ron Chapman, Director of the California Department of Public Health. "If your child has not yet been vaccinated, please do so immediately."

Assembly Bill 354, which was signed into law in September 2010, required all students entering or advancing to grades seven through twelve in the 2011–12 school year to show proof of immunization with a whooping cough (pertussis) vaccine booster called tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap). The new requirement affects all students—current, new, and transfers—in public and private schools.

For the 2012-13 school year and future years, the pertussis booster immunization requirement applies to students entering or advancing into the seventh grade. If they haven't done so already, current sixth graders should receive a pertussis booster shot as soon as possible to protect themselves. Unlike the previous school year, there is no grace period in the current law.

Pertussis, also known as whooping cough, is a highly contagious disease that can be debilitating at any age and lethal to infants. California's current pertussis epidemic has killed 10 babies and stricken more than 11,000 people. Whooping cough gets its name from the gasping "whoop" sound children make after coughing.

For more information on pertussis and Tdap, please visit the <u>Pertussis (Whooping Cough) Vaccine Requirement - Health Services & School Nursing</u> Web page as well as the California Department of Public Health Shots for School [Note: The preceding link is no longer active.] Web site.

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<u>Tom Torlakson</u> — State Superintendent of Public Instruction Communications Division, Room 5206, 916-319-0818, Fax 916-319-0100

California Department of Education 1430 N Street Sacramento, CA 95814

Last Reviewed: Wednesday, May 15, 2013

Referral Form Contra Costa Health Plan Disease Management Program Phone: 925-313-6968 Fax: 925-313-6870

Program Description/Referral Guidelines

Program Description: Contra Costa Health Plan's (CCHP) Disease Management Program is aimed at improving the health outcomes for people with diabetes and for children with obesity. The program uses a multi-faceted approach to achieve the best possible therapeutic outcomes based on assessment of program participant needs, evaluation, ongoing care monitoring, and tailored program participant/practitioner interventions.

Referral Guidelines:

- Pediatric Obesity-children must be ages 2-11, with a BMI%ile greater than or equal to 95
- Diabetes- All members with type I or II diabetes ages 18-75 are eligible

	Patient Information-	Diabetes Refei	rral	
Patient Name:	DO	В	MR#	
HgbA1c	BP:	Phone Number	r:	
Address:				
Email Address:		Language spok	ken:	
	Patient Information-Ch	ild Obesity Re	ferral	
	~			
Patient Name:	DOE	3	MR#	
Recorded Weight:	Recorded Height:		BMI %ile	
Address				
Email Address:		Phone number:		
Parent's Name:		Language spoken by parent:		
	Provider Info	ormation		
Provider Name:	Phon	e number:		
Fax number	Email	I Address:		
Commonts/Concorn	e.			

^{*} indicates default algorithm component

¹ MPL+Minimum Performance level: National Medicaid 25th %ile

² MPL:High Performance level: National Medicaid 90th %ile

PRESENTATION ON EXCHANGE "COVERED CALIFORNIA" FOR CCHP



A Division of Contra Costa Health Services

A Culture of Caring for over 40 years

INCLUDED IN THIS PACKET:

COVERED CALIFORNIA - CONTRA COSTA COUNTY COMPETITORS

TAX CREDITS AND TAX SUBSIDIES - WHAT IT MEANS

GRID - HEALTH CARE REFORM IMPACT ON CONTRA COSTA COUNTY

GRID - COVERED CALIFORNIA - STANDARD BENEFIT PLAN

JULY - AUGUST, 2013

Rating Region 5

Contra Costa



The table below is an example of the rates a 40 year old single individual might pay in Region 5 for a Silver Plan. That amount is shown in each box at the top and in black. The federal subsidies are shown in green. Starting this fall, individuals and families will be able to determine the exact amount they would pay based on family size, age and income. FPL = Federal Poverty Level

Plan	150 FPL	200 FPL	250 FPL	400 FPL
Blue Shield PPO	\$38	\$102	\$174	\$328
	\$289	\$226	\$154	\$0
Kaiser Permanente	\$57	\$121	\$193	\$347
	\$289	\$226	\$154	\$0
Contra Costa Health Plan HMO	\$63 \$289	\$126 \$226	\$198 \$154	\$352 \$0
Health Net PPO	\$73	\$136	\$208	\$362
	\$289	\$226	\$154	\$0
Anthem	\$77	\$140	\$212	\$366
PPO	\$289	\$226	\$154	\$0

HMO – Health Maintenance Organization

PPO - Preferred Provider Organization

For further explanation, see the glossary on pg. 80

Rating Region 5

Contra Costa

If you are one of the 2.6 million uninsured Californians who does not qualify for a subsidy, you can still purchase high quality affordable health insurance through Covered California. The table below is an example of the rates in Region 5. Starting this fall, individuals and families will be able to determine the exact amount they would pay based on family size, age and income.

	25 YEAR OLD	
Plan	Catastrophic	Bronze
Blue Shield PPO	\$204	\$215
Kaiser Permanente HMO	\$203	\$205
Contra Costa Health Plan HMO	\$174	\$237
Health Net PPO	\$150	\$249
Anthem PPO	\$186	\$217

		40 YEAR OLI		
Plan	Bronze	Silver	Gold	Platinum
Blue Shield PPO	\$273	\$328	\$390	\$447
Kaiser Permanente HMO	\$261	\$347	\$426	\$458
Contra Costa Health Plan HMO	\$301	\$352	\$398	\$448
Health Net PPO	\$317	\$362	\$411	\$463
Anthem PPO	\$276	\$366	\$444	\$515

COVERED CALIFORNIA - STANDARD BENEFIT PLAN

				SI	SILVER COPAY PLAN	PAY PLA	2			BRONZE	NZE	PLATIN
		100%-150% FPL	%-150% FPL	150%-200% FPL	200% PL	200% - 250% FPL	%-250% FPL	250% - 400%	1NDIVIDUAL 50% - 400%	PLAN	Ž	COPAY P
ACTUARIAL VALUE - FINAL AV CALCULATOR	GALCULATOR COSTS INSURANCE COMPANY PAYS	94.9%	9%	87.8% 12.2%	8%	73.3% 26.7%	3%	68.3% 31.7%	3% 7%	60.4% 39.6%	1 %	88% 12%
OVERALL DEDUCTIBLE FOR SINGLE INDIVIDUAL *		\$0	<u> </u>	NIA	>	N/A	> -	N/A	A	\$5,000 INTEGRATED	PUCTIBLE	\$0
OTHER DEDUCTIBLES FOR SPECIFIC SERVICES	C SERVICES							3	3	N		80
MEDICAL BRAND DRUGS	RUGS	\$0				50 4	50	\$250	50	N/A	,	\$0
DENTAL			°		°	\$0	°	\$0	°	\$0		\$0
(For Si	(For Single Individual*) Out-of-pocket limit on expenses:	\$2,250	ı		250	\$5,200	200	\$6,350	350	\$6,350	350	\$4,00
COMMON MEDICAL EVENT	Service Tyre	MEMBER COST SHARE	APPLIES	COST	APPLIES	COST	APPLIES	COST	DEDUCTIBLE APPLIES	COST	DEDUCTIBLE APPLIES	COST
	PRIMARY CARE VISIT TO TREAT AN INJURY OR ILLNESS	\$3	_	\$15		\$ 40		\$4		\$60	AFTER 1st 3 NON- PREVENTIVE VISITS	\$20
VISIT TO A HEALTH CARE PROVIDER'S OFFICE OR CLINIC	SPECIALIST VISIT	\$5		\$20 \$15		\$50 \$40		\$65 \$45		\perp	××	\$40 \$20
	PREVENTIVE CARE / SCREENING / IMMUNIZATION	NO COST SHARE		NO COST SHASE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE
の日本のでは、 19 mm を持ちのできます。 アンス・アンス・アンス・アンス・アンス・アンス・アンス・アンス・アンス・アンス・	LABORATORY TESTS	\$3	de malije gregorije de en gregorije de en de en	1 8	19年間の中間は12世界の間報の12年の別の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	\$40	AND THE PERSON OF THE PERSON O	\$45	1000 mg (1000 mg)	30%	×	\$20
TESTS	X-RAYS AND DIAGNOSTIC IMAGING	\$5	-					\$65		30%	××	\$40
行を確認を行って、公司を確認を通信の時で、人で、日本でのの数数をおける	MAGING (CIPE I SCANS, MKIS)	23	Charles and the second	4100	の の の の の の の の の の の の の の の の の の の	\$20	医神经 经商品特别 阿尔	\$25	of Securities of second self-	\$25	×	85
DRUGS TO TREAT ILLNESS OR	PREFERRED BRAND DRUGS	\$5		\$15	×	\$30	×	\$50	×	\$50	×	\$15
CONDITION	NON-PREFERRED BRAND DRUGS SPECIALITY DRUGS	10%		15%	××	20%	××	20%	××	30%	××	10%
OUTPATIENT SURGERY	FACILITY FEE (E.G., ASC) PHYSICIAN/SURGEON FEES	10%		15%	-	20%	-	20%	×	30%	××	\$250
	EMERGENCY ROOM SERVICES (WAIVED IF ADMITTED) EMERGENCY MEDICAL TRANSPORTATION	\$25 \$25		\$75 \$75	××	\$250 \$250	××	\$250 \$250	××	\$300 \$300	××	\$150 \$150
NEED IMMEDIATE ATTENTION	URGENT CARE	\$6		\$30		\$80		\$90		\$120	AFTER 1st 3 NON- PREVENTIVE VISITS	\$40
HOSPITAL STAY	FACILITY FEE (E.G., HOSPITAL ROOM) PHYSICIAN / SURGEON FEE	10%		15%	×	20%	×	20%	×	30%	×	\$250 PER DAY UP TO 5 DAYS
	MENTAL/BEHAVIORAL HEALTH OUTPATIENT SERVICES	ដ	_	\$15	_	\$40	_	\$45		\$60	AFTER 1 ⁵⁷ 3 NON- PREVENTIVE VISITS	\$20
MENTAL HEALTH, BEHAVIORAL	MENTAL/BEHAVIORAL HEALTH INPATIENT SERVICES	10%	_	15%	×	20%	×	20%	×	30%	×	\$250 PER DAY UP TO 5 DAYS
NEEDS	SUBSTANCE USE DISORDER OUTPATIENT SERVICES	2	_	\$15		\$40		\$ 45		\$60	AFTER 1st 3 NON- PREVENTIVE VISITS	\$20
	SUBSTANCE USE DISORDER INPATIENT SERVICES	10%		15%	×	20%	×	20%	×			UP TO 5 DAYS
	PRENATAL AND POSTNATAL CARE	NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE
PREGNANCY	DELIVERY AND ALL INPATIENT SERVICES PROFESSIONAL	10%			×	20%	×	20%	×	30%		\$250 PER DAY UP TO 5 DAYS
	HOME HEALTH CARE REPART TATION SERVICES	ន ន	_	\$15				\$45 \$45		30%	××	\$20 \$20
HELP RECOVERING OR OTHER	HABILITATION SERVICE	\$3		\$15		11		\$45		30%		\$20 \$150 PER DAY
SPECIAL HEALTH NEEDS	SKILLED NURSING CARE DURARLE MEDICAL EQUIPMENT	10%	_	15%	×	20%	×	20%	×	30%	××	UP TO 5 DAYS
	HOSPICE SERVICE	NO COST CHASE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE
	EYE EXAM (DEDUCTIBLE WAIVED)	0%		0%		0%		0%		4 BAIR BEB		0%
CHILD NEEDS DENTAL OR EYE	GLASSES	YEAR				PER YEAR		PER YEAR		YEAR		YEAR
	DENTAL CHECK-UP-PREVENTIVE & DIAGNOSTIC DENTAL RESTORATIVE AND ORTHODONTIA SERVICES	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED	L STANDARD PLAN	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED	. STANDARD PLAN TTACHED	PEDIATRIC DENTAL DESIGN A	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED	L STANDARD PLAN	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED	TACHED	DESIGN ATTAC
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<u>!</u>		WHILE YOU HA	WHILE YOU HAVE TO PAY A MONTHLY PREMUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY) AND COST-SHARE SUBSIDY) ARE LOW.	Y PREMIUM, YOUR CC -SHARE SUBSIDY) AF		WHILE YOU H MONTHLY PREMIL (DUE TO FEDER) COST-SHARE LOV	WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY AND COST-SHARE SUBSIDY) ARE LOWER.	WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY AND COST-SHARE SUBSIDY) ARE REDUCED.	M, YOUR COPAYS L SUBSIDY AND SUBSIDY) ARE CED.	PREMIUM WITH SUBSIDIY, NEARLY ALL CARE IS SUBJECT TO DEDUCTIBLE OF \$5,000/YEAR WITH EXCEPTION OF 3 NON-PREVENTIVE VISITS/YEAR TO M.D. OR URGENT CARE.	BSIDIY, NEARLY TO DEDUCTIBLE TH EXCEPTION OF EVISITS/YEAR TO ENT CARE.	WHILE YOU HAVE NO YOUR PREMIUMS AND STILL HIG
5	DID YOU KNOW:	0	OUT-OF-POCKET EXPENSES STOP AT \$2,250 / YEAR	ET EXPENSE 250 / YEAR	Ö	OUT-OF-	OUT-OF-POCKET	OUT-OF-POCKET EXPENSES STOP AT	POCKET STOP AT	THEN CO-PAYS ARE HIGH UNTIL	PAYS ARE JUTIL	EXPENSES \$ \$4,000 / \
						\$5,200	\$5,200/YEAR	\$6,350 / YEAR	YEAR	\$6,350 / YEAR	/ YEAR	

HEALTH CARE REFORM IMPACT ON CONTRA COSTA COUNTY

100% Federal funding to eq 95% of subsidies available under Exchange		100% Federal funding	50% Federal funding	50% Federal Funding	50% Federal Funding	Federal Funding to States
Helps prevent churning between low income groups and helps families to rema same Health Plan for continuity of care Allows former Safety Net patients to remain in Public Hospital Networks Much higher participation of uninsured due to lower premium costs	Helps prevent churning between low income groups and helps families same Health Plan for continuity of care Allows former Safety Net patients to remain in Public Hospital Networks Much higher participation of uninsured due to lower premium costs	 Helps prevent churning between low invalent same Health Plan for continuity of care Allows former Safety Net patients to rer Much higher participation of uninsured 	Existing	State Budget decreases rates CCHP pays For Health Families	Existing	Benefits
Contra Costa Health Plan/ E Cross	Contra Costa Health Plan/ Blue Cross	Contra Costa Health Plan and Blue Cross	Contra Costa Health Plan and Blue Cross	CCHP (Kaiser) Blue Cross	CCHP (Kaiser) Blue Cross	Health Plans
22,124		17,030	28,433			*Self-reported data uninsured in Contra Costa County
• <u>CCHP</u> HCC - (2,000)			• <u>CCHP</u> HCCI – 2,000			
		• <u>CCHP</u> In-Home Support Services (IHSS) Providers – (2,000)	• CCHP In-Home Support Services (IHSS) Providers – 2,000			
		 <u>CCHP</u> Expanded Medi-Cal – (10,000) 	 <u>CCHP</u> Expanded Medi-Cal – (MCE) 10,000 			
			121,130 CPN – 32,217 Kaiser – 19,122 RMC – 69,791	4/1/2013 8000 Kaiser Healthy Families to CCHP Medi-Cal (assignment back to Kaiser)		
139% - 200% FPL	 Individuals who are terminated from Medi- Cal to Bridge 		• CCHP Medi-Cal 92,070 CCHP TOTAL:	3/1/2013 4000 CCHP Healthy Families transition to Medi-Cal	Medi-Cal	Populations Served
\$47,100	\$47,100	\$31,322	\$23,550	\$23,550	\$23,050	Family of 4:
\$22,980	\$22,980	\$15,282	\$11,490	\$11,490	\$11,170	 Single Individual:
						Yearly Income: Based upon 2013 Data
139%- <u>200%</u> FPL	139%- <u>200%</u> FPL	101% - <u>138%</u> FPL	100% FPL	100% FPL	100% FPL	FPL (Federal Poverty Level)
		(MCE)		Hallsitions		
BRIDGE	Skinny Bridge	Medi-Cal Expansion	Current CCHP Membership	Medi-Cal & Healthy Families	Medi-Cal	
2014 — EXCHA		2014 – ACA		2013	2012	

^{*} American Community Survey, U.S. Census Bureau 2009-2011

Patricia Tanquary, MSSW, MPH, PhD