

Fact sheet: Medically Indigent Services Program (MISP)

Background

Nonprofit Community Medical Centers serves as the Central Valley's largest "safety-net" provider. In fiscal year 2009-10, Community provided nearly \$174 million in uncompensated care and services to the medically underserved and as a benefit to the community – actual costs for which it was not reimbursed.

At Community's flagship hospital, Community Regional Medical Center, more than 70% of patients are covered by government programs – Medicare, Medi-Cal or the Medically Indigent Services Program (MISP). These programs have restrictions on what they provide.

- Medicare is a federally funded program primarily for people ages 65 and older irrespective of income.
- Medi-Cal is California's version of the Medicaid program, providing health coverage for those younger than 21, pregnant women, and adults who are older than 65 or who have disabilities. People qualify for Medi-Cal based on income, property values and family size. The federal poverty level is often used as a guide. Some people qualify for both Medicare and Medi-Cal.
- MISP provides acute care for low-income, uninsured California adults between the ages of 21 and 64 who are not eligible for Medi-Cal. The state's 58 counties have significant discretion in setting funding, eligibility and service levels.

History of MISP in Fresno County

Until 1996, this program operated at Fresno's county hospital and clinics. Then, Fresno County and Community entered into a 30-year agreement in which Community agreed to:

- Build a new downtown burn and Level 1 trauma center, which it did and fully occupied in 2007.
- Maintain access to ambulatory care services at the same level, which it has.
- Provide medical services to the county's MISP and certain inmate populations, which it has.

The county makes an annual payment to Community for MISP services, with a small cost-of-living adjustment. The current payment is about \$19 million.

MISP patients are treated at Community Regional and ambulatory clinics either operated by or under contract to Community.

Covered services in Fresno generally mirror those offered by Medi-Cal. Some elective procedures as well as mental health services are not covered by the contract between Community and Fresno County.

Annual MISP volumes have fluctuated, but over the term of Community's contract volumes have basically held steady.

How the process works

The Fresno County Board of Supervisors establishes the criteria for determining which applicants qualify for MISP. Community employees or those contracted by Community process the applications and provide the care.

Fresno County's criteria differ from other counties. For example, twice in 2010 the county increased its monthly income eligibility level for an individual to receive free medical care. Fresno also requires applicants to have a medical need, proof of county residency and proof of income and expenses. Eligibility is granted for 30 to 90 days and may be renewed. Depending on income, a share of costs may be required.

MISP by the numbers

Annual Fresno County payment to Community for MISP care:	\$19 million
Estimated Community cost* for MISP care:	\$77 million
Hospital/clinics:	\$64 million
Physicians:	\$10 million
Pharmacy:	\$3 million
Estimated Community loss* on MISP care:	\$58 million
MISP annual enrollment: (average)	13,000 patients

Top five MISP diagnoses by cost: chest pain, abdominal pain, coronary atherosclerosis, heart attack and diabetes.

(*12 months ending 12/31/10)