

San Mateo Access and Care for Everyone Program (ACE) Fact Sheet

Overview: The Health Plan of San Mateo and ACE

The San Mateo Access and Care for Everyone (ACE) Program is San Mateo County's solution for providing comprehensive and coordinated health care coverage to its indigent residents. Funded through a combination of Federal and County dollars, including dollars received under California's Health Care Coverage Initiative, the ACE Program provides unified administration of two distinct indigent care programs that is virtually seamless to its enrollees. The Health Plan of San Mateo (HPSM) is the third-party administrator for the ACE Program, which applies principles and practices of managed care to improve quality, cost, and customer satisfaction.

Who are Our Participants?

The ACE Program serves more than **24,800** adult residents of San Mateo County, age 19 or older, with incomes at or below 200% of the federal poverty level.¹ The majority of participants represent underserved minority groups who also require language assistance, with a predominance of Spanish-speaking Hispanic individuals.² Detailed demographic information is provided in the table to the right.

ACE participants have a high level of financial hardship. Approximately 65% of participants maintain incomes of 100% of the federal poverty level or lower. These individuals receive care under the ACE Program at no cost.

What Services Does the ACE Program Cover?

The ACE Program provides a comprehensive array of services, including:

- Doctor visits
- Medical supplies
- Health education
- Prescription drugs
- Hospital services
- Vision services
- Physical therapy, speech therapy, occupational therapy
- Emergency services only at the San Mateo Medical Center

Services are subject to coordination of benefits and availability of coverage through other payers. Services must be provided by a San Mateo ACE Provider or through an approved referral to a non-ACE location.

¹ Additional age, asset, and residency requirements may apply.

² It should be noted that significant differences exist in population characteristics between participants qualifying for coverage under the federally funded Coverage Initiative and those who qualify through County funded indigent care programs.

What Makes the ACE Program Special?

The ACE Program embodies the innovation, collaboration, and political will of local public and private partners to achieve a coordinated system of care for low-income residents of San Mateo County. From 2006 to 2008, representatives from San Mateo County, HPSM, private hospitals, provider groups, city governments, the business and labor communities, community advocates, and local foundations came together to participate on the San Mateo County Blue Ribbon Task Force (BRTF) on Adult Health Care Coverage Expansion and explore options for achieving comprehensive health care coverage in the County. Among its broad scope of actions, the BRTF recommended that HPSM provide unified administration of the County's indigent care programs through a consolidated ACE Program. In accomplishing this goal, San Mateo County and HPSM have achieved the following:

Broad coverage. The ACE Program provides health care coverage to almost all adult residents who have incomes of 200% of the federal poverty level or lower.³

Low-cost health care services. Prescription copayments are \$7 and most office visit copayments are \$10. Individuals with incomes at or below 100% of the federal poverty level receive care at no cost.

Comprehensive care management services. The San Mateo Medical Center offers ACE participants access to its Innovative Care Clinic, to maximize outcomes for individuals with chronic disease.

Managed care infrastructure. HPSM applies principles of managed care to achieve improved outcomes for ACE patients and reduce costs for San Mateo County. Services related to these principles include:

- A customer service center that responds to participant questions and provides assistance to participants who need help. Comprehensive participant materials also provide detailed program information for participants to reference.
- Operation of quality initiatives that promote improved health outcomes. Participants also have access to HPSM's 24-hour nurse advice line.
- Acceptance and resolution of participant grievances and appeals using standardized processes.
- Assignment to primary care provider offices to centralize participants' care.
- Management of an expanded provider network that increases access to specialty and hospital providers. In addition, San Mateo County and HPSM in partnership have secured the commitment from these providers to provide necessary health care services at reduced rates, leading to significant cost-savings for the indigent care program.
- Review of requests for referrals and prior authorization to ensure that appropriate utilization management practices are applied. HPSM also conducts concurrent and retrospective review of inpatient stays to ensure medical necessity of services covered.
- Tracking of costs and utilization to enable comprehensive reporting down to a participant level. Accurate reporting allows for performance assessment as well as financial and strategic planning.

³ Asset requirements may apply in some cases.

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