
The data below is an initial snapshot of the population the advisory council defined at our last meeting. The data requires further filtering and mining to clarify the health care needs and utilization of the population. Examples of further filtering include applying severity of illness code filtering to patients with chronic illness to better define this subpopulation, filtering for citizenship, and/or legal residency status, filtering by departmental visits (OB, primary care, Podiatry, etc.). As the health care needs of the population are better defined evaluation of potential service requirements, costs and management solutions will be easier to recommend.

Mr. Fusco,

Here is the information that we have so far:

- 6,330 patients
- 767 Diabetics
- 77 COPD
- 1,333 Hypertension
- 32 CHF
- 29,148 Office Visits

The filters that were used were

- Manatee County Residents (Zip Codes 34201, 34203, 34202, 34205, 34207, 34209, 34208, 34211, 34210, 34215, 34212, 34217, 34216, 34219, 34221, 34222, 34250, 34251, 34281)
- Age 18 – 64
- Self Pay
- 100% of Poverty Level or Below (Slide A)

The remaining will need a little more time since they aren't based solely on diagnosis codes like the others (hospitalizations, dialysis, oncology).

Let me know if you have any questions.

2016 Federal Poverty Level Chart*

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the "federal poverty level" (FPL). Federally-facilitated Marketplaces will use the [2016 guidelines](#) when making calculations for the insurance affordability programs starting November 1, 2015.

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$11,770	\$16,242	\$17,655	\$23,540	\$29,425	\$35,310	\$47,080
2	\$15,930	\$21,983	\$23,895	\$31,860	\$39,825	\$47,790	\$63,720
3	\$20,090	\$27,724	\$30,135	\$40,180	\$50,225	\$60,270	\$80,360
4	\$24,250	\$33,465	\$36,375	\$48,500	\$60,625	\$72,750	\$97,000
5	\$28,410	\$39,205	\$42,615	\$56,820	\$71,025	\$85,230	\$113,640
6	\$32,570	\$44,946	\$48,855	\$65,140	\$81,425	\$97,710	\$130,280
7	\$36,730	\$50,687	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$56,428	\$61,335	\$81,780	\$102,225	\$122,670	\$163,360

*Chart is for 48 contiguous states and the District of Columbia; for Hawaii and Alaska please visit the website of the HHS Assistant Secretary for Planning and Evaluation (ASPE): <http://aspe.hhs.gov/poverty/14dpoverty.cfm>.

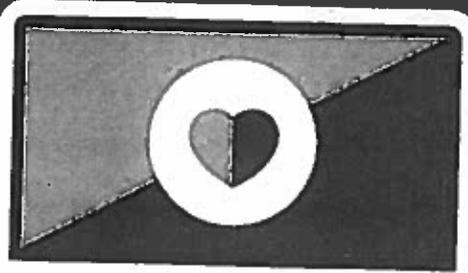
**Dollar amounts are calculated based on 100% column; rounding rules may vary across federal, state, and local programs.

Every year, the perimeters of the Federal Poverty Level (FPL) increase based on the cost of living. Families need to understand where they fall on the FPL so they know whether they are eligible for Medicaid in their state or whether they are eligible for a federal subsidy because they earn between 100 and 400 percent of the FPL, or whether they are eligible for a tax credit because they purchased a Silver plan and earn less than 250 percent of the FPL.

To qualify for Cost-Sharing, one must be enrolled in a Silver level plan through a Marketplace
 Cost-sharing reductions are not available for coverage purchased outside of the Marketplace.

Individuals and families with household income generally up to 250% of the FPL may be eligible to receive cost-sharing reductions. Household income is determined by calculating a consumer's modified adjusted gross income (MAGI). Members of federally recognized tribes may qualify for additional cost-sharing benefits.

Federal Poverty Level



Find out if you qualify for assistance.

 obamacarefacts.com

What are Federal Poverty Levels Used for?

Federal Poverty Levels (which are also called Federal Poverty Guidelines, Federal Poverty Line, or simply FPL) are used to see if you qualify for cost assistance (<http://obamacarefacts.com/obamacare-subsidies/>) when buying insurance through the State (<http://obamacarefacts.com/state-health-insurance-exchange/>) or Federal Health Insurance Marketplace (<http://obamacarefacts.com/insurance-exchange/health-insurance-marketplace/>).

Federal Poverty Levels are also used to help determine Medicaid (<http://obamacarefacts.com/obamacares-medicaid-expansion/>) and CHIP (<http://obamacarefacts.com/obamacare-chip-childrens-health-insurance-program/>) eligibility and to help determine eligibility for a number of other non-healthcare related assistance programs (see full list and more details on the guidelines below).

- The poverty level is based on household income and household size (details below).
- If you (or your family) make between 100% – 400% of the Federal Poverty Level you may qualify for premium tax credits (<http://obamacarefacts.com/insurance-exchange/premium-tax-credits/>) on the Health Insurance Marketplace.
- If you (or your family) make less than 138% of the Federal Poverty Level and your state expanded Medicaid (<http://obamacarefacts.com/obamacares-medicaid-expansion/>), you may qualify for Medicaid or CHIP. (**Note:** Medicaid eligibility is effectively 138%, not

133%. Also, CHIP eligibility may be considerably higher for children and parents, usually scaling down as children get older.)

- If you (or your family) make under 100% of the Federal Poverty Level (you are below “the poverty line”), and your state didn’t expand Medicaid, you may fall in the Medicaid Gap (<http://obamacarefacts.com/medicaid-gap/>) and have limited coverage options.
- If you (or your family) make between 100% – 250% of the Federal Poverty Level you may qualify for out-of-pocket cost assistance (<http://obamacarefacts.com/insurance-exchange/cost-sharing-reduction-subsidies-csr/>) on Silver plans (<http://obamacarefacts.com/silver-plan/>) sold through the Marketplace. The closer to 100%, the more it caps your out-of-pocket costs.
- Other assistance programs have unique eligibility guidelines. For instance the Life-line program (<http://obamacarefacts.com/how-to-get-an-obama-phone-or-internet/>) (the one where you can get a free or low cost “Obama phone” or broadband) uses 135% of the poverty level as a guideline.
- Cost assistance for the Affordable Care Act is based on household income (family income) (<http://obamacarefacts.com/modified-adjusted-gross-income-magi/>). Household or family income for the purposes of the ACA uses the equation of Modified Adjusted Gross Income (MAGI) of the head of household (and spouse if filing jointly) plus the Adjusted Gross Income (AGI), of anyone claimed as a dependent. If you are filing as single, you only count Modified Adjusted Gross Income.
- Tax credits (<http://obamacarefacts.com/obamacare-subsidies/>) can be taken in advance, based on of the Federal Poverty Level, and are adjusted on form 8962 (<http://obamacarefacts.com/premium-tax-credit-form-8962/>) at the end of the year.

A Quick Look at the Federal Poverty Level Guidelines Used for 2013, 2014, 2015, 2016, and Beyond

The tables below are simplified versions of the Federal Poverty Guidelines for 2013, 2014, 2015, and 2016 coverage (2017 guidelines will be printed around January 20 2017 in the Federal Register (<https://www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines>) by HHS (<https://aspe.hhs.gov/poverty-guidelines>)). You will find more detailed guidelines that show different percentages of the poverty level, monthly guidelines, and state-specific guidelines for Hawaii and Alaska further down the page.

TIP: The latest updated guidelines for 2016 are in, make sure to use the correct year’s guidelines based on what form you are filing out.

Cost-sharing Reductions Calculations Table

Reduction in Maximum Annual Limitation on Cost Sharing for 2016

Plan Variation (from 73% AV Silver Plan)	Income Range for Individuals	Individual Out-of-Pocket Maximum (Estimated 2016 limit: \$6,300)	Income Range for Family of Three*	Family Out-of-Pocket Maximum (Estimated 2016 limit: \$13,700)
94% AV Silver Plan Variation (for households with a MAGI between 100-150% of FPL)	\$11,770- \$17,655	\$2,250	\$20,090- \$30,135	\$4,500
87% AV Silver Plan Variation (for households with a MAGI between 150-200% of FPL)	\$17,655- \$23,540	\$2,250	\$30,135- \$40,180	\$4,500
73% AV Silver Plan Variation (for households with a MAGI between 200-250% of FPL)	\$23,540- \$29,425	\$5,200	\$40,180- \$50,225	\$10,400

American Indians/Alaska Natives with MAGI below 300% of FPL enrolled in a zero cost sharing plan variation have all cost sharing eliminated for EHB. American Indians/Alaska Natives with MAGI above 300% of FPL enrolled in a limited cost sharing plan variation have cost sharing eliminated for any EHB item or service that is furnished directly by the Indian Health Service, an Indian Tribe, Tribal Organization, Urban Indian Organization, or through referral under contract health services.

*Please review the 2015 Federal Poverty Chart in the Resources tab to find dollar ranges for the different percentages of FPL. These figures are higher in Alaska and Hawaii.

How do cost-sharing reductions work?

- Individuals and families with income between 100 percent and 250 percent of the federal poverty level (FPL) can also get help paying out-of-pocket costs for services covered by their plan. The extra help, known as “cost-sharing reductions,” lowers the out-of-pocket limit and increases the level of coverage under the plan.
- Unlike the premium tax credits, cost-sharing reductions can only be obtained with a Silver-level plan. If you buy a plan in another metal tier, you will not get the out-of-pocket help.
- Three levels of cost sharing reductions are based on an individual or families’ income level
- With cost-sharing reductions, the federal government should pay the insurer upfront.
- Cost-sharing charges are automatically reduced when an eligible individual enrolls in a Silver plan.
- Cost sharing reductions are not tax credits. Additionally, unlike premium tax credits, if your income goes up so that you would no longer qualify for cost-sharing reductions, you will not have to repay that out-of-pocket help when you file taxes.
- A Silver plan without this help would cover, on average, 70 percent of a person’s medical costs over the course of the year, with the consumer paying the rest in deductibles, co-pays and

co-insurance. A Gold plan covers, on average, 80 percent of a consumer's costs and a Platinum plan covers, on average, 90 percent of a consumer's costs. The cost-sharing reduction increases the generosity of the plan so that those with income between 100 and 150 percent FPL get a plan that is better than a platinum plan (covering on average 94 percent of costs). Those with income between 150 percent and 200 percent FPL get a plan that is almost as generous as a Platinum plan (covering 87 percent of costs), and those with income between 200 percent and 250 percent FPL get a plan that is slightly better than a Silver level plan (covering 73 percent of costs).

- See more at:

<http://workingamericahealthcare.org/how-do-cost-sharing-reductions-work#sthash.oUHIRnYO.dpuf>

Totals	5927		
Total of unique patients			
MCR Departments			
Total # of Patient visits:	28362	Hospital	208
Total # of Patients:	5890	Hospital Visits Patients the Visited	114
By Department			
Family Medicine visits:	15901	By Department	
Family Medicine patients:	4814	Manatee Memorial Hospital - Inpatient Visits	108
OB/GYN visits:	4999	Manatee Memorial Hospital - Inpatient Patients	69
OB/GYN patients:	1105	Manatee Memorial Hospital - ER Visits	22
Orthopedic Surgery visits:	124	Manatee Memorial Hospital - ER Patients	16
Orthopedic Surgery patients:	63	Manatee Memorial Hospital - Outpatient Visits	73
Internal Medicine visits:	1756	Manatee Memorial Hospital - Outpatient Patients	38
Internal Medicine patients:	726	Heart Care - Outpatient Visits	1
Psychology visits:	690	Heart Care - Outpatient Patients	1
Psychology patients:	141	DeSoto Memorial Hospital - Inpatient Visits	1
Dermatology visits:	118	DeSoto Memorial Hospital - Inpatient Patients	1
Dermatology patients:	68	Manatee Surgical Center Outpatient Visits	1
Psychiatry visits:	328	Manatee Surgical Center Outpatient Patients	1
Psychiatry patients:	78	Lakewood Ranch Medical Center - Outpatient Visits	1
Optometry visits:	740	Lakewood Ranch Medical Center - Outpatient Patients	1
Optometry patients:	390	Lakewood Ranch Medical Center - Outpatient Visits	1
Podiatry visits:	706	DeSoto Memorial Hospital - Outpatient Patients	1
Podiatry patients:	245		
Chiropractic visits:	765		
Chiropractic patients:	199		
Pediatric Medicine visits:	67		
Pediatric Medicine patients:	33		
Cardiology visits:	329		
Cardiology patients:	124		
Podiatric Surgery visits:	119		
Podiatric Surgery patients:	62		
Registered Dietitian/Nutritionist visits:	119		

Registered Dietitian/Nutritionist patients:	53
Diabetes Education visits:	80
Diabetes Education patients:	21
Care Management visits:	2
Care Management patients:	2
Orthopedics visits:	6
Orthopedics patients:	3
General Surgery visits:	36
General Surgery patients:	19
Pulmonary Disease visits:	11
Pulmonary Disease patients:	8
Licensed Clinical Social Worker visits:	8
Licensed Clinical Social Worker patients:	3
Other visits:	1458
Other patients:	973