

To: Fellow Health Care Advisory Board Members
From: Ray Fusco
Subject: Thoughts from last meeting

At the end of the health care advisory board meeting with the County Commissioners statistics were quoted stating that 7.5% of the Manatee County population was at or below 100% of the Federal poverty level guidelines. It was further stated that this means there is an indigent health care need for approximately 23,000 people in Manatee County. We need to exam data very carefully before drawing conclusions about what the data tells us. If the 23,000 number is a statistic for the entire population of Manatee County then it is probable that 60% of the 23,000 are children who would be eligible for Medicaid, lowering the population to around 9,200 persons. A percentage of the remaining 9,200 people would also be disabled or pregnant making them eligible for Medicaid.

I suggest that the first step our advisory board should take is to define the eligibility requirements for persons that could receive assistance and then identify population groups in need of assistance in obtaining health care services. Reliable statistics for each population group can be obtained from various sources and strategies for assisting each group can be developed.

To this end I suggest the following as a starting point for discussion and refinement;

Eligibility for assistance: Manatee County resident, income at or below 200% of Federal poverty guidelines, not eligible for any other State or Federal health insurance program, and not an illegal alien.

Four groups of people that could meet the eligibility standards are presented with some suggested assistance programs for discussion;

Group 1: Persons at or below 100% of the Federal poverty level guidelines

- MCR health services, the County Health Department, Turning Points and any other appropriate agency would provide primary health care and any other services available by these agencies.
- The County would set up and manage a "Discounted Medical Plan" that would negotiate rates for the delivery of specialty and health care facility services for this patient population.
- The County will manage the eligibility process.
- The County will oversee the the care coordination process for the chronically ill in this group to ensure the quality and cost effectiveness of care.

Group 2: Persons between 133% and 100% of the Federal poverty level guidelines

- The persons in this group are eligible for the health insurance exchange.
- These individuals should be enrolled in a health insurance exchange Silver Plan.

- The high cost providers of services for the chronically ill patients in this group will create a fund to assist with the cost of the Silver Plan.
- The “Discounted Medical Plan” established by the County could apply to the patient responsibility portion of the Silver Plan.
- Awareness of the advantages of using MCR Health Services for the reduction of overall health cost should be presented to members of this population.

Group 3: Persons between 200% and 133% of the Federal poverty level guidelines

- The persons in this group are eligible for the health insurance exchange
- A requirement for any County assistance should be that the person enroll in the health insurance exchange program.
- Awareness of the advantages of using MCR Health Services for the reduction of overall health cost should be presented to members of this population.
- The “Discounted Medical Plan” established by the County could apply to the patient responsibility portion of the exchange plan.

Group 4: Regular Medicare enrollees at or below 200% of the Federal poverty level guidelines financially unable to obtain supplemental health insurance.

- Awareness of the advantages of using MCR Health Services for the reduction of overall health cost should be presented to members of this population.
- County “Discounted Supplemental Medical Plan” negotiated rates on a sliding fee scale basis for this population.