

White Paper on Manatee County (MC) Health Care Budget for 2016-2017

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Overriding Principle: MC should not enter the health care business, but should continue to financially support health care facilities which provide care to the medically needy with accountability/documentation provided to MC on a regular basis verifying proof of service to the medically needy by the provider organizations and physicians.

- 1) As a whole, health care providers (Blake, Centerstone, County Health Department, Manatee Memorial, MCR, Turning Points and We Care Manatee plus individual physicians) provide a very good level of service to the medically needy in Manatee County – perhaps among the best in the State of Florida. This is a function of the numerous MCR offices located throughout MC (including the poorest neighborhoods) as well as Centerstone, County Health Department, Manatee Memorial, Turning Points and We Care Manatee being located either in or proximate to the poorest neighborhoods. The four poorest neighborhoods in MC are Samoset, W. Samoset, South Bradenton and Bayshore Gardens. To further improve service, I recommend that MCR hire a few more primary care doctors and extend their hours of operation into the evening and stay open longer on Saturday and Sunday. Perhaps, this initiative can be supported by MC in return for more primary care doctors and extended hours at MCR.
- 2) Much discussion at the Health Advisory Board meetings has centered on chronic care and ways to improve care as well as reduce the “repeaters” who are inefficiently burdening the system. Again, the response by MC has been promising with the initiation of the Paramedicine program administered by Jimmy Crutchfield which will help to address the issue of chronic repeat visits. Also, the Health Information Exchange which allows the sharing of patient data between providers is an excellent step forward. If MCR decides to join the Health Information Exchange, this would further improve inter-provider communication. Providing additional support for improving chronic care is the consultant’s recommendation for additional case workers at individual provider sites. It may be that each provider feels fully equipped in terms of case worker staffing, but if they don’t, MC could offer support. Cost of five case workers at an annual salary of \$60,000/ year is \$300,000.
- 3) ACA Deductible Support Program – At the Health Advisory Board meetings and the County Commissioner’s consultant meeting in August, mention was made about premium support for ACA Bronze and Silver plans. The problem is that premium support doesn’t get the patient through the deductible which ranges between \$1,000 and \$6,000 per individual plan member. So, medically needy people may be able to afford

the monthly premium, because it is heavily tax-subsidized, but can't afford the deductible because it is not tax-subsidized. As a result, they don't go to the doctor unless absolutely necessary.

To address the patient health care affordability issue, I am proposing a \$500.00 annual voucher for each legal citizen in MC with a verifiable income between 100 and 200% of the Federal Poverty Level (FPL). Note: patients at 100% or less of FPL are covered by Medicaid. The voucher would consist of 5 - \$100.00 visit vouchers which could be used at any dental/ health care office willing to accept them. Patient qualification for the vouchers could be done at Blake, Manatee Memorial, MCR and MC, since they already have programs in place for qualifying patients based on income. Once qualified and in possession of the 5-part voucher which clearly identifies the patient by name and social/driver i.d., the patient could use the voucher for him/herself and any immediate family dependent 18 years of age and younger at any dental/medical office willing to accept the voucher as full payment for health services rendered.

After verifying the identity of the voucher holder, the provider would forward the voucher along with the anonymous patient treatment bill to MC for reimbursement on a timely basis. Assuming 5,000 citizens take advantage of the voucher, first year cost would be \$250,000 plus printing and administration of \$50,000. Additional funds could be earmarked for future years if the program takes off.

- 4) Recommended budget for currently unallocated funds if these initiatives are adopted is shown below:

	2015-2016	2016-2017
Blake	\$500,000	\$525,000
Manatee Mem.	\$3,525,000	\$3,750,000
Physician payments	\$1,303,822	\$1,350,000
Bach Center	\$41,532	\$43,000
MCR – \$430,500 already allocated for 2016-2017		
Turning Points	\$200,000	\$225,000
Marchman	\$450,000	\$480,000
Rape Crisis – Adult	\$52,343	\$60,000
We Care Manatee - \$74,975 already allocated for '16-'17		\$25,000 additional
Billing Software	\$150,000	\$160,000
HIE Network	\$8,500	\$10,000
Diabetes -	\$55,000	already fully funded for 2016-2017
Five Caseworkers (new)		\$300,000
Deductible Support Program (new)		\$300,000

Total	\$6,286,000	\$7,228,000
Remaining Unallocated Funds for 2016-2017		\$668,360

Conclusion: Even with the addition of 5 caseworkers and the Deductible Support Program, there are \$668,360 additional funds available to support health care in Manatee County for fiscal year 2016-2017. Perhaps, additional funds could be allocated to the budget categories shown above or other health care categories shown in the overall health care budget for 2016-2017 ???

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