

Manatee County Health Care Plan

presented to:

Board of County Commissioners

**Developed through the Collaboration of
Community Stakeholders**



April 9, 2013

PREAMBLE TO PLAN

There has been much discussion as to how the federal Affordable Care Act and potential state legislation will impact the County's ability to implement its Healthcare Plan. This discussion, along with the knowledge that the indigent care trust fund proceeds will soon expire, has brought us to this point. As part of an overall program titled "How Will We Pay", the indigent care sales surtax was proposed to reduce the County's dependence of property taxes.

The impact of the Patient Protection and Affordable Care Act is uncertain in Florida. Manatee County staff will continue to monitor its progress and update the local Plan, with approval by the Board of County Commissioners, as the provisions of the PPACA and its impact on our residents are better understood.

Manatee County currently spends over \$23 million per year on health care to pay for emergency services at local hospitals, provide prescription assistance, mental health and substance abuse services, state mandated jail medical services and Medicaid match and associated services for uninsured or underinsured Manatee County residents with income below 200% of the federal poverty level. The vision for this Plan is to create cost efficient services through a process where ill patients seek treatment at a local clinic or with a family physician, instead of going to the emergency room for everything.

This Preamble is being placed in the Plan document to assure the community that the County will be taking a measured approach as to how it moves forward with any new or changed methods of providing for indigent care. The current hospital funding agreements, approved in 2011, obligate the County to fund those programs through September of 2014. The result is that while the County will be adopting the following Healthcare Plan in anticipation of eventually converting how indigent care is provided to eligible residents, we will be essentially 'staying the course' in its funding of indigent health care needs. The County will continue to fund the programs we have traditionally been funding, at existing funding levels, as per the existing funding agreements. County's staff will continue to work with the local healthcare community and other stakeholders to monitor how the federal government completes its work on implementation of the Affordable Care Act, and how the State of Florida reacts with whatever companion legislation it may chose to adopt.

Indigent care funds available to the County, from either the trust fund proceeds or a sales surtax, will not be spent on new or expanded indigent care funding without a clear understanding of the County's role in the new healthcare world, and without action by the County Commission to authorize such expenditures. The Board of County Commissioners will review the progress of the Plan and the recommendations of the Healthcare Plan advisory committee to ensure fiscal and patient accountability.

Manatee County Health Care Plan

The mission of the Manatee County Health Care Plan is to assure, within available resources, the access and delivery of quality health care treatment and preventive services to the County's eligible, medically needy residents of all ages, who lack other health care coverage, and to develop and implement public health programs and policies that foster a healthy community. To accomplish this mission, the Plan will organize innovative forms of health care delivery and prevention-based policies and programs that are focused on early identification, prevention, wellness, health information exchange and cost effective delivery of patient-centered care to assure a healthier community. The Plan will offer access to a continuum of care (primary care, behavioral care, care management, specialty care, diagnostics, prescriptions, and hospital care) with the focus on prevention and early intervention rather than expensive emergency department and inpatient care. To lower cost and eliminate duplication, the Plan will primarily rely on existing systems and health care providers who subscribe to the principle of patient-centered medical homes providing a basis for the continuum of care for the enrollees to ensure that appropriate case management is provided when needed. The holistic approach looks at the overarching needs of the patient including physical health, mental health and substance abuse treatment while remaining cost effective.

This mission will be accomplished by focusing on the following goals:

- Promoting efficient and effective access to health care services within the County
- Giving special emphasis to health education, prevention, health screening, early intervention, and disease and case management with measurable outcomes
- Including innovative, research-based programs and policies that respond to the health needs of the community
- Promoting the use of the Patient-centered Medical Home Model
- Promoting care coordination among health and social service agencies
- Motivating and educating Plan participants to be responsible for their personal health
- Establishing information technology systems that support effective program management, accountability and the delivery of quality health care services
- Structuring reimbursement and other incentives to support achieving the above goals

Eligibility:

The eligibility for receipt of funds collected pursuant to the surtax shall be governed by the following criteria:

- Manatee County Residents with income up to 200% of the Federal Poverty Level (guidelines based on household size) at the time of application, who do not qualify for other state, federal or private insurance or benefits program.
- Verification of Manatee County Residence.

- Eligibility will be determined at all points of service by participating providers or through a centralized eligibility assessment and verification system used by all providers.
- Eligibility will be effective for 12 months and is valid for all providers included in the Plan.
- In special cases, eligibility for benefits may be determined by the Manatee County Community Services (Human Service) Department if it is in the best interest of the citizen, when proof of eligibility may be difficult to obtain, such as in the case of the homeless, persons with cognitive deficits or other medical conditions.

To ensure the efficient use of the Plan's limited resources, both the Plan and providers will participate in proactive campaigns and efforts to inform and qualify the general public and patients for any other health insurance or benefits for which they may be eligible. The Plan should be a reasonable last resort and cumbersome barriers should not be erected.

All eligibility criteria and definitions in the Plan shall be in compliance with F.S. 212.055(7) and Manatee County Ordinance 13-07 at all times. If at any time the Plan is found to be out of compliance with these regulations, Florida Statute or County Ordinance shall be the guiding document and the Plan shall be immediately updated to reflect the limitations outlined in law.

Services/Scope:

The Plan emphasizes primary and preventive services, early intervention, health education, case management and the coordination of health and social services. Enrollees in the Plan will have the benefit of receiving preventive care within a cost effective patient-centered model designed to improve outcomes for this community.

The Plan will fund a broad range of general health care services which may include but are not limited to:

- Primary Care
- Care Coordination
- Preventive Care
- Hospital Care
- Specialty Care
- Behavioral Health
- Substance Abuse and Addiction Treatment
- Dental Care

The Plan may include services rendered by:

- Physicians
- ARNPs and PAs
- Clinics

- Community and Specialty Hospitals
- Behavioral Health Centers
- Health Department
- Alternative Delivery Sites (such as surgical centers, rehabilitation centers and Skilled Nursing care for transitional care post inpatient prior to going home)
- At Least One Regional Hospital Where Appropriate
- At Least One Discount Pharmacy Where Available
- Hospice care delivered at home, or where necessary in a facility
- Other in-home service providers
- Governmental entities or programs

Agreements negotiated between the county and providers, including reimbursement provisions, shall:

- Take into account the cost of services to eligible patients
- Ensure that medical and specialty hospitals rendering a disproportionate share of indigent care are compensated for the additional burden.
- Provide other incentives to promote delivery of charity care among all providers.
- Require measurable cost containment initiatives, including but not limited to case management; utilization cost trend analysis of diseases/injury type; implementation of cost-sharing where appropriate to discourage medically unnecessary service use; safety and quality initiatives to identify and reduce costly duplication, adverse events and unnecessary services; incentives to clinicians, patients and families to remain compliant; and other demonstrated methods to ensure that the Plan delivers the most cost-effective, safe and high quality health care services.
- Assure that the services include preventive measures to improve and sustain enrollees' health, reduce incidence of relapse and co-morbidity, and lower treatment costs; the recognized keys to this goal are improvements in personal and family nutrition, enhanced physical activity, reductions in tobacco use and behavioral health components, such as health coaching, that reinforces compliance and positive health behaviors.

The Plan includes, and will support, innovative health care components that provide cost-effective alternatives to traditional methods of service delivery and funding. Standards of practice will be adopted concerning screening and clinical algorithms among all participating providers. The Plan also includes attention to medical discharge planning of vulnerable populations such as the homeless, disabled or incarcerated.

Plan Administration:

The County Administrator and his or her designee(s) are charged with ensuring this Plan is lawfully administered and that its terms are followed. The County Administrator is authorized to adopt such procedures, on line tools and forms as are needed to administer the Plan. Notwithstanding the foregoing, while this Plan is established by the Board of County Commissioners, it will only be effective if it is monitored by the community it serves. Therefore, by separate Resolution, the County Commission will

create a Manatee County Healthcare Plan advisory committee. The County will strive to include as members a broad spectrum of community stakeholders, including healthcare providers and institutions, public health officials, patient representation, and representation from the business and academic community. The advisory committee will be charged, among other things, with monitoring the County's implementation of the Plan, suggesting periodic refinements to the Plan, and making periodic reports on the Plan's impact to the County Commission.

Plan Components:

Prevention:

Prevention activities include those currently underway through the Manatee County Health Department to improve community health in addition to new strategies to be developed based on community needs. Current efforts, based on CDC best practices, focus on increasing physical activity, improving nutrition and food access, increasing breastfeeding, and reducing tobacco use. Prevention efforts also include implementing farm stands and community gardens in low-income neighborhoods with otherwise limited access to healthy foods; a Healthy Choices Restaurant Program; wellness and prevention workshops at local churches; and tobacco-free policies for worksites, schools, hospitals, and open spaces. In addition, the Health Department's worksite wellness program (Work Well Manatee) provides health screenings and vaccinations, individual consultations, lunch and learn sessions, and policy recommendations to County businesses. Providers participating in the Plan will actively promote prevention and screening campaigns. The advisory committee will be charged with involving a broad spectrum of community institutions and residents in prevention activities.

Patient-centered medical homes model

In order to construct a holistic, comprehensive system of care that ensures continuity, quality, safety and cost-effectiveness, a patient-centered medical home model serves as the foundation of the Plan. This model will contribute to eligible clients obtaining economic, educational, employment and social services and resources (behavioral health) for long term intervention and subsequent prevention.

Wherever possible, eligible persons accessing the emergency rooms will be assigned a medical home responsible for case management and a holistic approach to care. Persons with chronic disorders will be assigned to a primary care or specialist medical home. Persons with primary mental health or addictions diagnoses will be assigned to a behavioral health medical home. Participating emergency rooms shall be responsible for assuring linkages with a medical home willing to accept the patient.

Medical Providers will be prequalified for participation in the Network.

- Providers may submit service plans based on the services and programs provided which may include, but are not limited to:
 - Pharmacy
 - Hospital
 - Trauma Center

- Primary Care
- Clinic Space and Physicians
- Specialty Services
- Dental
- Mental Health and Addictions Services
- Others that meet the needs of the community

Based upon prequalification criteria, the County may enter into agreements for participation in the network with each individual organization to assure the availability of an accessible and comprehensive network of services.

- The Plan and/or Providers may propose innovative financing and payment models that promote Plan goals of diversion from emergency and inpatient care, implementation of case management and medical home care, collaboration with other network providers and participation in a health information exchange intended to enhance interoperability of health information. Such an exchange may be established by the Plan or be part of a regional or statewide program.
- Verification of individual eligibility will be possible through a centralized information system established by the Plan. This system will house all eligibility data from all providers and will permit providers to share eligibility information.
- All providers will be evaluated based upon their conformance to Plan requirements, participation in prevention activities and impact of deflecting non-emergency indigent patients from the emergency departments of local hospitals and into patient-centered medical homes

Statutorily Mandated Programs

The following statutorily mandated programs may be funded under this Plan:

- Manatee County jail inmates who are not otherwise insured or insurable will be assessed for eligibility upon processing after arrest
- Health Care Responsibility Act (HCRA) eligibility will be determined by the Manatee County Community Services (Human Services) Department based on Florida Statutes 154.306-316
- Intergovernmental Transfer programs such as Medicaid Low Income Pool, Buy-Back and Public Exemption Programs
- Statutorily Required Match for Community Alcohol and Mental Health Services
- Medicaid Match as Authorized by Law

Research Evaluation and Reporting

There will be prepared periodic assessments on trends which are fueling healthcare costs to inform future prevention campaigns and promote provider collaboration to divert care to appropriate non-emergency levels of care.

Participating agencies and providers will conduct and submit periodic reports to assist in the analysis of their portion of the Plan, enabling the County to evaluate the cost-benefit of each provider participant and publish comparative, period analysis of utilization, costs and trends.

Consumer evaluation of care, services and the operation of the Plan will be encouraged and facilitated. An on-line evaluation link on the county web site will elicit input from patients and their families. Providers will be required to inform the patients that they may provide feedback.

Community Health Campaign

Responsibility for personal health will be promoted to the public and encourage people to take advantage of preventive programs and policies available to the community and seek the proper medical attention, instead of waiting for an emergency to occur. Information will be made available on the websites of the County and participating institutions on where appropriate care is available. The public will be encouraged to proactively engage in self-care, such as regularly taking their medication and exercising. Special attention will be given to issues of maternal and child health, and alcohol and drug prevention.