

IMPACT OF FEDERAL HEALTH REFORM + 1115 WAIVER ON PATIENT DEMAND AND FACILITY CAPACITY

Presentation to the Health Care Services Master Plan Task Force
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Presentation Objectives

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1. Provide overview of Health Reform and 1115 Waiver with focus on access and underserved.
2. Present San Francisco's opportunities and challenges in responding to patient demand under Health Reform.
3. Initiate discussion of policy considerations – specific to both the HCSMP and broader health planning efforts – relevant to preparing San Francisco for Health Reform.

Presentation Preview

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- Health Reform
- California's 1115 Medicaid Waiver
- Legislative Impact on San Francisco
- Summary + Policy Considerations

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Health Reform



Overview

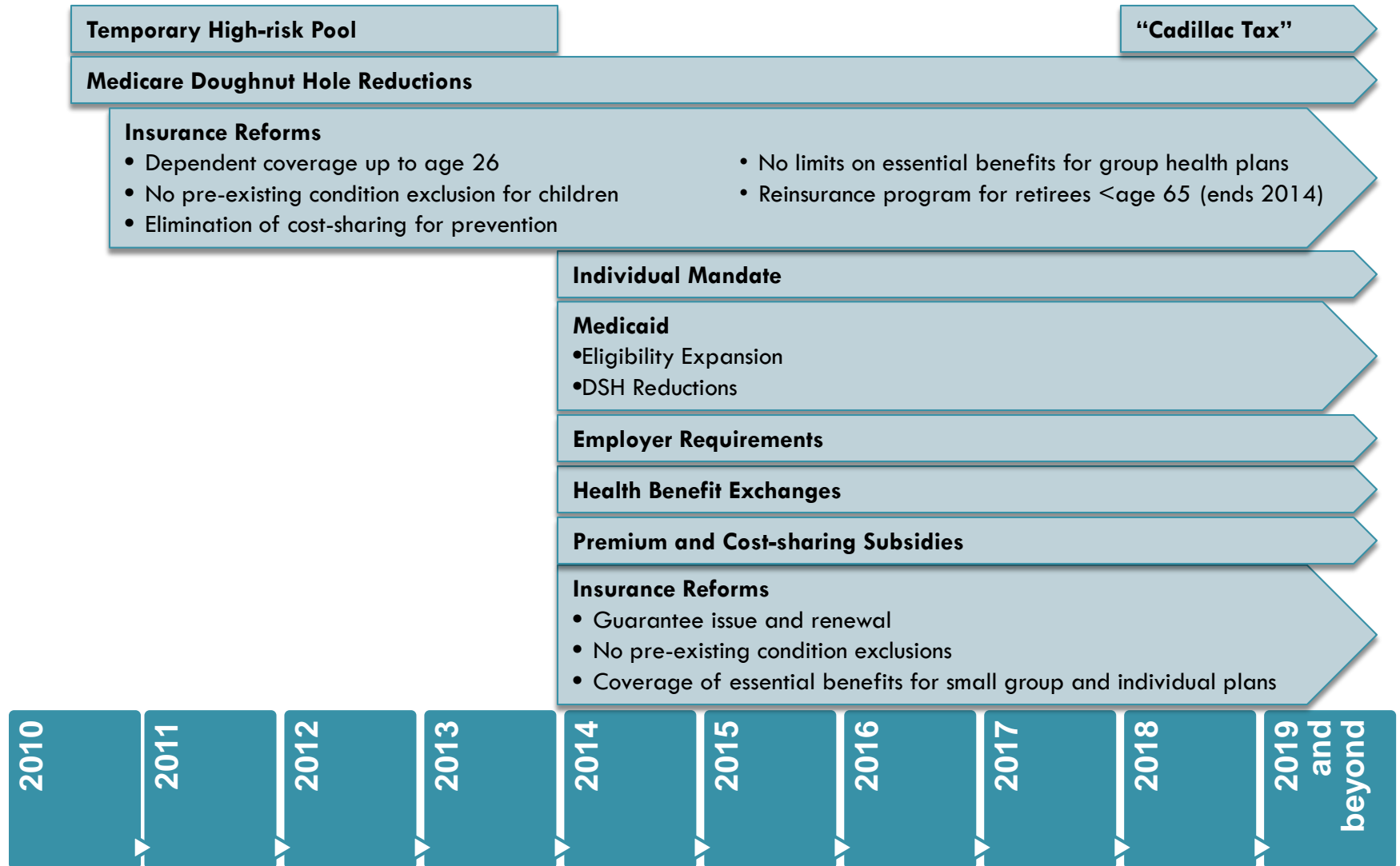
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- Health Reform signed into law in March 2010
- Multi-pronged approach to health reform
 - ▣ Individual Mandate
 - ▣ Increased access to health insurance
 - ▣ Health insurance industry reforms
- 92% of US residents will have insurance by 2016



Major Components of Health Reform

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Individual Mandate

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- As of 1/1/14, most US residents required to have health insurance
- Exceptions:
 - Undocumented Immigrants
 - Financial Hardship
 - Lowest Cost Plan > 8% Income
 - Income Below Tax Filing Threshold
 - Religious Objections
 - American Indians
 - Those Uninsured < 3 Months
 - Incarcerated Persons



Health Benefit Exchange

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- Health insurance marketplace
- Essential Benefits (TBD)
- 4 coverage levels + catastrophic plan
 - ▣ Bronze
 - ▣ Silver
 - ▣ Gold
 - ▣ Platinum
- Subsidy if income between 133-400% FPL

Eligibility: CA Health Benefit Exchange

- US citizens
- Legal immigrants
- Employers with < 100 employees

Medicaid Expansion

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36,000 – 49,800

Estimated range of new Medi-Cal beneficiaries in San Francisco following Health Reform. San Francisco's current Medi-Cal enrollment is about 125,000.

- 0 -133% FPL
- Extends to childless adults without disabilities
- Asset test eliminated except for seniors in long-term care
- State must maintain current eligibility

Basic Health Plan

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- State option
- Essential Benefits required (TBD)
- For uninsured between 133-200% FPL
 - ▣ Eliminates eligibility for subsidies on the California Health Benefit Exchange (CBHE)
- Must be less costly than CBHE

California has not yet determined if it will offer a Basic Health Plan.

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California's 1115 Medicaid Waiver



Overview

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- Bridge to Reform
- Effective November 1, 2010 – October 31, 2015
- Expands coverage to more uninsured adults
- Preserves county-based safety net
- Improves care coordination for vulnerable populations
- Promotes transformation of the public hospital delivery system

Federal support for California's 1115 Waiver must be **budget neutral**.

Seniors and Persons with Disabilities

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- Medi-Cal Managed Care required
 - SF enrollment began June 2011
 - Better care coordination + better management of chronic conditions
 - More cost-effective

16,000 – 20,000

Estimated number of San Francisco seniors and persons with disabilities (SPDs) on Medi-Cal.



Low Income Health Program

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- SF PATH
 - ▣ 15,000 enrollees expected
 - ▣ Serves new enrollees with incomes between 0-25% FPL
 - ▣ Serves former Healthy SF enrollees up to 200% FPL
 - ▣ SFDPH medical home
 - ▣ Subject to managed care requirements + access standards

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Legislative Impact on San Francisco



Impact on Uninsured Nonelderly*

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Of San Francisco's currently uninsured (117,000) nonelderly (ages 0-64):

- 49,800 eligible for Medi-Cal
- 28,800 eligible for *subsidized* coverage on CHBE
- 19,900 eligible for *unsubsidized* coverage on CHBE
- 18,600 ineligible because of citizenship status



* California Health Interview Survey

Remaining Uninsured

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64,400

Estimated number of all San Franciscans – regardless of age – who will remain uninsured as of 2016.

* The Congressional Budget Office estimates that 92% of San Franciscans will be insured as of 2016.

SF Better Positioned Than Other Counties to Implement Health Reform

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32,600

Estimated number of current Healthy SF enrollees who will be eligible for Medi-cal or subsidized insurance on the CHBE come 2014.

Healthy SF prepares us for Health Reform:

- E-enrollment system
- Expanded provider network for uninsured
- Medical home model
- Data collection efforts

Nearly half of SF's existing nonelderly uninsured served by existing capacity.

SF Exceeding PCP Benchmarks but Physician Population Aging

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- SF exceeds national benchmark for PCPs*

San Francisco	National Benchmark	California
401:1	631:1	847:1

- However, state data indicate that many PCPs may be nearing retirement.
 - ▣ Nearly 30% of California's physicians ≥ 60 – higher than any other state.

* County Health Rankings, Robert Wood Johnson Foundation; 2009 HRSA Resource File

Expanded Medi-Cal Population Faces Access Barriers

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California physicians less likely to serve Medi-Cal populations:*

- Only 57% of California physicians accepting new Medi-Cal patients.
- 25% of California physicians provide care to 80% of Medi-Cal patients.

* Bindman A., Chu P., Grumbach, K. *Physician Participation in Medi-Cal*, 2008.

SF Faces Risks Financial Loss if Timely Access Standards Not Met

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Clinical Service	DMHC Standard*	Federal 1115 Standard^
Urgent Care: No Authorization	48 Hours	48 Hours
Urgent Care: Prior Authorization	96 Hours	96 Hours
Primary Care (Non-Urgent)	10 Business Days	30 Business Days (through 6/30/12); then 20 days (7/1/12 – 12/31/13)
Specialty Care	15 Business Days	30 Business Days
Mental Health	10 Business Days	No Access Standards
Ancillary	15 Business Days	No Access Standards
Nurse Advice	Provision of 24/7 Phone Triage or Screening Services	Services Made Available 25/7 When Medically Necessary

Unclear if Federal/State Efforts Enough to Bridge Provider Supply Gap

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- Federal (Examples)
 - ▣ National Health Service Corps
 - ▣ Prevention + Public Health Fund
- State (Examples)
 - ▣ HRSA Grant (\$150K)
 - ▣ Health Workforce Development Council
 - ▣ Data Collection

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Number of SF institutional Health Professional Service Areas (HPSAs) Identified by HRSA. These HPSAs are eligible for National Health Services Corps personnel and other federal incentives.

Specialty Care Access to Remain Issue for Vulnerable Populations

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California's Most Difficult-to-Access Specialties

- Orthopedics
- Gastroenterology
- Neurology
- Dermatology
- Cardiology
- Endocrinology
- Ophthalmology
- Rheumatology

- Large number of providers but limited access
 - ▣ Too few specialists accept Medi-Cal and uninsured patients
 - ▣ Existing referral systems inefficient
- Pilot programs have improved access but not enough

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Summary + Policy Considerations



Summary

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- SF better positioned than other counties to implement Health Reform because of Healthy San Francisco.
- SF lacks the primary care workforce needed to serve the expanded Medi-Cal population and those who will remain uninsured.
- Many primary care providers are reluctant to accept new Medi-Cal and uninsured patients. This is likely to continue under Health Reform.
- There are financial implications for failing to meet the timely access standards set forth by the 1115 Waiver.
- Specialty care access is and will likely remain an issue after Health Reform implementation.
- SF's safety net will remain a pivotal resource for the uninsured and those on Medi-Cal.

Preliminary Policy Considerations for Discussion

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□ **HCSMP-Specific**

- Incentivize development of primary and specialty care facilities that serve uninsured and Medi-Cal.

□ **Relevant to Broader Health Planning Efforts**

- Extend the increased Medi-Cal primary care reimbursement rate beyond 2014.
- Increase provider participation in Medi-Cal and CHBE.
- Increase flexibility between primary and specialty care provider roles.
- Use NPs and PAs to fullest extent of training.
- Preserve Healthy SF and maintain program's provider network.

QUESTIONS + TASK FORCE DISCUSSION

Thank you!