

Ground-up Health Reform Initiatives – DC Alliance

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Clifford E. Barnes, JD, MBA Epstein Becker & Green, P.C.



Overview

- In response to an RFP to provide services to uninsured population served by DC General Hospital, the Healthcare Alliance Program was born on May 31, 2001.
- The Alliance was developed through a contract with the District of Columbia Government.



Overview

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 The Alliance was an organization of individual providers, community health centers, a managed care organization, a local hospital with leadership by Greater Southeast Community Hospital, a subsidiary of **Doctors Community Healthcare** Corporation.



Overview

- Alliance Program envisioned to be a two part program.
- The First part of Alliance Program was a Fee-For-Service Preferred Provider Program.
- The Second part of Alliance Program is a Managed Care Program.
- Today, both parts have been implemented.



PPO Alliance Program Highlights

- Created a primary care-based, fee-forservice approach to providing healthcare for the District's uninsured indigent population.
- Introduced case and disease management programs for this population.
- Utilized providers with proven trackrecord for caring for this population.



PPO Alliance Program Highlights

- Supported, not supplanted, the efforts of existing non-profit providers.
- Introduced information management and technology systems which will provide data that can be used to track and quantify healthcare trends in this population.



PPO Alliance Partners

- Greater Southeast Community Hospital ("GSCH")
- Children's National Medical Center ("CNMC") and George Washington University Hospital ("GWUH")
- Unity Health Care ("Unity")- Operates
 Federally Qualified Health Centers in the District



PPO Alliance Partners

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 Chartered Health Plan ("CHP")- Medicaid Managed Care and Administrative Services Organization





PPO Alliance Eligibility

- Program clients must be District of Columbia residents without other forms of health insurance; and
- Family Income at or below 200% of the federal poverty level
 - Family of one--\$17,180
 - Family of two--\$23,220.



PPO Alliance Enrollment

- Enrollment is managed by CHP, the administrative services organization.
- All prior patients of the public healthcare system were automatically enrolled pending verification of eligibility.



PPO Alliance Enrollment

- Patients who present themselves at an Alliance member facility are interviewed, and if they provide information demonstrating eligibility, they are enrolled for 30 days.
- During the 30 days, CHP verifies eligibility which usually involves the patient providing documents that establish eligibility.



PPO Alliance Enrollment

- After eligibility is determined, patients are provided with a membership card and are given the opportunity to select a primary care provider.
- Ineligible patients are either referred to other programs for which they might be eligible or provided with a sliding fee schedule for future services.



PPO Patient Options: Physician Access for Primary Care

- Community Health Centers
 - Ambulatory Care Center ("ACC")
 operated by GSCH at former District public hospital site.
 - 6 Alliance Clinics, former public health clinics now managed by Unity, and Unity's own 15 Clinics
 - 4 CNMC Clinics



PPO Patient Options: Physician Access for Primary Care

- Patients also have access to CHP's 980 physician network and 9 of the District's Non-Profit Clinic Consortium clinics and centers.
- Most of these facilities provide obstetrical and pediatric care as well.
- The Alliance maintains pharmacies at most of its locations.



PPO Patient Options: Physician Access to Specialty Services

- ACC operated by Greater Southeast Community Hospital
 - Recent enhancements include the addition of Asthma, Diabetes and Hypertension Clinics
- GSCH Specialty Services





PPO Patient Options: Physician Access to Specialty Services

- Children's National Medical Center
 Specialty Services
- George Washington University Hospital Obstetrical Service





PPO Patient Options: Access to Emergency Services

- Emergency services are provided by GSCH at its main location and at a standalone, 24 hour Emergency Room located at the former public hospital site operated by GSCH.
- Emergency services can also be obtained at GWUH.



PPO Patient Options: Inpatient and Trauma Services

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 In patient and trauma services are provided by GSCH, CNMC, GWUH, Howard University Hospital, Providence Hospital, and Washington Hospital Center.





PPO Contractor Responsibilities

- GSCH as the prime contractor has general responsibility for:
 - Management of the contract and the provision of required services;
 - Management of the provider network;
 - Management of the information systems.



PPO Protections for State

- Disbursing Agent
- Budget Reconciliation within 90 days of the end of any contract year
- Incentive Payments for contractor to spend less than the budget
- Performance Bond from the contractor
- Maintenance of Effort and right to audit
- Operating Committee



PPO Protections for State

- Appointment Standards, ER, Urgent Care, routine appointment schedule, and office waiting time
- Reporting Requirements
- Performance Standards



PPO Funding

- The program is funded using the following:
 - Prior direct subsidies to the public hospital and clinics;
 - Prior Disproportionate Share payments to public hospital; and
 - Various agency appropriated budgets for healthcare services.



PPO Results

- The District started treating patients' diseases instead of simply reacting to intermittent crises.
- The District could track its indigent patient population and its healthcare utilization.
- The District reduced its healthcare costs.



PPO Results

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 The District improved the fiscal viability of its existing private healthcare providers.





PPO Benefits

- Residents receive access to quality healthcare.
- District government is able to control costs through established budgets and risk sharing arrangements.
- District consistently spent less than 70% of its 2001 budget for DC General.



PPO Benefits

- District government is relieved of risks of running a healthcare delivery system, including:
 - annual cost overruns and adverse audit consequences,
 - public employee personnel and labor relations issues, and
 - professional liability issues.



PPO Benefits

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 The District is now in a better position to manage the overall District healthcare system by focusing in on planning and financing issues as well as enforcing quality standards and other regulatory requirements.





Managed Care Alliance Program

- The PPO Alliance Program had developed the necessary actuarial data to facilitate the start of a Managed Care Alliance Program.
- On May 31, 2006, approximately 5 years after the Alliance PPO Program began, it ended with the advent of the Managed Care Alliance Program.



Managed Care Alliance Program Partners

- Broader network than PPO Program for Primary Care, Specialty Care and hospitals providers.
- Examples of broader network:
 - PPO Program has 15 Dental providers
 - Managed Care Program has 60 Dental providers
 - Emergency and inpatient services are available at all DC hospitals
 - Providers compensated for evening hours.



Managed Care Alliance Program Eligibility and Enrollment

- Family Income remained at or below 200% of the FPL.
- Members have to enroll in managed care plan to receive services; no longer presumptive eligibility.



Managed Care Contractor Responsibilities

- Management of this total risk for enrollees.
- Management of the Provider Network.
- Management of the Information Systems.





Alliance Issues Applicable to Programs for Poor Uninsured

- Alliance data shows a significant number of inpatient incidence of illness is alcohol and drug related.
- Nether the PPO or Managed Care programs can provide behavioral health and substance abuse as such services are provided by Department of Mental Health.
- Should transfer from a fee-for-service program to a managed care program be related to the level of patient compliance?



For More Information

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Contact:

Clifford E. Barnes, JD, MBA Epstein Becker & Green, P.C. 1227 25th Street, N.W., 7th Floor Washington, DC 20037 Phone: (202) 861-1856

E-mail: cbarnes@ebglaw.com

