



Limited Benefit Health Insurance Product

LIP Council Meeting – Tampa January 11, 2008



Vision

- Thru Public/Private Partnership -- jointly design a low cost but comprehensive insurance product
 - designed to meet <u>public health requirements</u>
 - builds capacity (and sustainability) of <u>safety net providers</u> hospitals & clinics
 - operates as a <u>private sector insurance product</u>
- Accessible for Lowest Income leveraging LIP funds to subsidize premiums
- Pilot Implementation up to 3 years to refine the program





Product Parameters

Framework

- Builds on Existing Limited Benefit Market presence
- Insurer assumes the risk, not county government, not providers

Operations

- <u>Comprehensive Services:</u> primary, specialty care, inpatient services, pharmacy benefits, behavioral health & dental
- Capped (limited) Expenditures -- Limited Benefit Insurance Product
- Machine readable, paperless, POS
- Broad Insured Pool risk leveraged by broader client pool than just the indigent (available to all county uninsured)
- Includes Utilization/Education Services -- Chronic Disease Mgt & ER Diversion to increase health care efficiencies and health outcomes
- <u>Enrollment Assistance</u> including through Internet, phone-based, and Safety-nets among others





Target Population

- Subsidized pop. up to 200% FPL
- Open to all others (who don't qualify for public programs) because it would cover some pre-existing conditions and provide more comprehensive services...it will be more marketable than traditional limited benefit programs





Goals

Develop a National Model Private Health Insurance Product that Utilizes the Best of Private & Public Sector Expertise

- Increase the Number of Insured
- Increase Number of residents having a "medical home"
- Reduce Demand for Charity Care
- Reduce Avoidable ER Use
- Ultimate System Goal -- increase viability of Safety Net Providers (hospitals & clinics) by replacing financial drain with revenue source

Long-term Goal → <u>Healthier Residents</u>

