



*Delivering Excellence Every Day*



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association



# Miami-Dade **Blue** Health Plan

***Premium Assistance Program***

LIP Council Conference Call Meeting  
January 9, 2009





# Vision

- **Thru Public/Private Partnership** – joint design of a low cost, comprehensive insurance product
  - implemented by Blue Cross Blue Shield of Florida (effective 7/1/09)
  - partnered in the design, marketing & evaluation by Miami-Dade County
  - builds capacity and sustainability of safety net providers – hospitals & FQHCs
  - designed to meet public health requirements
  - operates as a private sector insurance product
- **Accessible for Lowest Income** – provide premium assistance for those with incomes < 200% FPL (as many as funds will cover)
- **Pilot Implementation** – 3 year pilot (from 7/1/09) to refine the model

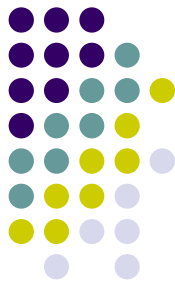


# Outcome Goals

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

- Increase the number of insured individuals & small group market (ages 19-64)
- Increase number of residents having a “medical home”
- Reduce demand & costs for charity care
- Reduce avoidable ER use
- Ultimate system goal -- increase viability of Safety Net Providers (hospitals & FQHCs) by replacing financial drain with revenue source

*Long-term Goal → Healthier Residents*



# MD Blue health plan – key benefits & costs<sup>1</sup>

## Individual

### ❖ Monthly Premium:

\$110 male age 35

\$122 female age 35

### ❖ Unlimited Office-based Services

\$50 BCBSF Allowance (towards Discounted office visit -- member pays balance)

### ❖ Lifetime Max -- \$5 million

After \$2,500 out-of-pocket

90/10% inpatient split till \$2,500 reached

### ❖ Add'l Benefits:

- ✓ Dental
- ✓ Pharmacy
- ✓ Behavioral Health
- ✓ Hospice & Skilled Nursing Facility

## Group

### ❖ Monthly Premium<sup>2</sup>:

\$236 male age 35 (½ paid by employer)

\$236 female age 35 (½ paid by employer)

### ❖ Unlimited Office-based Services

\$50 BCBSF Allowance (towards Discounted office visit -- member pays balance)

### ❖ Lifetime Max -- \$5 million

After \$2,500 out-of-pocket

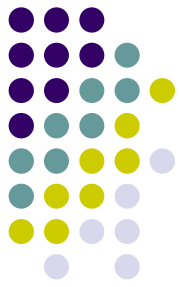
90/10% inpatient split till \$2,500 reached

### ❖ Add'l Benefits:

- ✓ Dental
- ✓ Pharmacy
- ✓ Behavioral Health
- ✓ Hospice & Skilled Nursing Facility

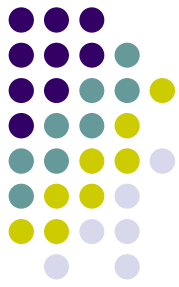
<sup>1</sup> see Key Points, Benefits Overview Matrix & Proposed Rates (Attachments A, B, and C) for detail

<sup>2</sup> group rates assume 50/50 mix male/female age-averaged @35



# Premium Assistance Program

- **Assistance** – \$1,200 per person/per year
  - **Who Assisted** – Individuals with incomes below 200% FPL
  - **How Operated** – Partnership with Primary Care Safety Net Providers
  - **Target LIP Funding Request:**
    - \$1.2 million ≈ 1,000 Patients @ 10 FQHCs/clinics (≈ 100 @ each Facility)
    - Alternative – \$800,000\* ≈ 667 Patients @ 6 FQHCs/clinics (≈ 111 @ each Facility)
- \* correlates to DOH presentation request @ December LIP Council meeting



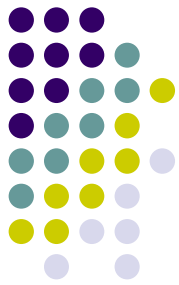
# Assistance

- \$100 per person/per month (assumes a minimum premium of \$100)
- Dependent on being qualified for MD Blue & continued assistance dependent on remaining member in good standing (validated regularly)
- Dependent on having chosen one of the participating FQHCs/clinics as a medical home



# Who Assisted

- Individuals with incomes up to 200% FPL
- Eligible for Assistance:
  - County Residents
  - Unemployed (but able to pay cost-share)
  - Self employed
  - Employed and covered by group
  - Those not meeting State Medicaid qualifications



# How Operated

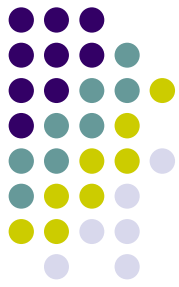
- Participating Safety Net Health Centers (FQHCs & JMH clinics) carry out means testing & enroll members in Premium Assistance Program (also validate Medical Home source)
- Community-based fiduciary submits monthly assistance payments to MD Blue (local foundation has offered to serve this function)
- Twice a year reporting on number receiving assistance





# Funding

- Dollar for Dollar Assistance = each unit contribution of \$1,200 supports one member
- Also seeking corporate contributions & private grants
- Assumes portion of current JMH IGT is earmarked as MDC match for this non-hospital LIP usage



# Outcomes Monitoring & Evaluation

- **A unique dataset comprised of enrollees claims data & demographic information**
  - Provided to the County for analysis
  - HIPPA compliant & de-identified
- **Allows evaluation of usage patterns (who, what, where, & why)**
  - Enrollee demographics by service utilization, facility (e.g. FQHC/clinic, ER) & diagnosis codes
- **Coverage/Access analysis**
  - Enrollment rate
  - Enrollee demographics
  - Geographic coverage of enrollees & providers
- **Determine financial benefits to the providers & enrollees**
  - Relief from charity care of previously uninsured patients
- **Monitor Emergency Room utilization for ambulatory care sensitive conditions**
  - Allowing targeted educational intervention on more appropriate ways to access care
  - Analyze rate of ER usage
- **Chronic Disease Management Program usage**