

2016 EVALUATION

CHATHAM COUNTY
SAFETY NET PLANNING COUNCIL

Presentation to
Chatham County Commissioners

December 15, 2017

Uninsured in Chatham County

2016 Estimated Population: 289,082

Adults between 18 and 64 years: 184,145 (63.7% of total population)

- approximately 34,619 people, were without health insurance (18.8%)
 - 19-25 years old: 17.1% living without health insurance.
 - 26-34 years old: 18.2% living without health insurance
- By Ethnicity:
 - Hispanic young adults: 27.1% uninsured

Children (0-19 years): 6.3% (3,969) have no health insurance, of which it is estimated that 83% (3,294) are eligible for Georgia's public health insurance programs, Right from Start Medicaid and PeachCare for Kids

Coastal Campaign

July 2016: CHIPRA FUNDING

- Expanded Campaign efforts to Bryan, Effingham, Liberty, Long and McIntosh Counties
- New partners include:
 - Diversity Health Center (FQHC)
 - 3 Rivers Library system
 - Family Connections (Liberty Long and McIntosh Counties)
- Hired 2 full time mobile enrollers

As of November 2017, we have assisted a total of 3,047 families, providing application services for 4,371 children and teens in Chatham County.

Federal Funding | Local Impact Affordable Care Act (ACA)

Enrollment began in 2013.

- Allowed for pre-existing conditions/no lifetime caps on coverage amounts
- Coverage of children up to age 26 on parents' health insurance policies
- Preventive services

Chatham County

- over 11,000 people enrolled during OE1 (2013-14), 19,000 in OE2 (2014-15) and OE3 (2015-16)
- According to CMS, 40,683 selected plans during OE4 (2016-17)

Barriers in Georgia

- 1. No Medicaid Expansion**
- 2. On January 20, the ACA was repealed by Executive Order...no replacement plan exists to date**
- 3. Not clear what will happen to the Cost Sharing Reduction to insurers**
- 4. Proposed Tax bill does not allow for deductions of medical costs (exceeding 10% of income)**

Federal Funding | Local Impact Medicaid Funding

Medicaid is a partnership between the states and federal government. In FY 2015 and 2016 every dollar Georgia spends on Medicaid benefits is matched by more than two dollars in federal funds.

Parents with minor children must earn an annual income below 38 percent FPL or \$7,600 for a family of three in order to qualify for Medicaid. Adults without dependent children are not eligible for Medicaid in Georgia.

Georgia ranks 50th in spending per Medicaid enrollee.

BLOCK GRANTS proposed:

Proposals for Medicaid funding through block grants and grant amounts would be based on the number of present enrollees in each state.

Federal Funding | Local Impact CHIP Reauthorization

Children living in households that earn up to 247% of the FPL qualify for Medicaid or CHIP which for a family of four in Chatham County is \$60,768 per year.

The estimated percentage of children in Chatham County covered by Medicaid or CHIP is 35%.

Georgia has a 76.15% Federal Match Rate for CHIP.

CHIP Reauthorization deadline missed:

In September 2017, Congress missed the deadline to reauthorize funding for CHIP.

Federal Funding | Local Impact

FQHC Funding Cliff

Health Center Program, funds FQHCs, which are required to take any patient who seeks care, regardless of whether they can pay.

Federal program under current law whose funding has expired and awaiting reauthorization.

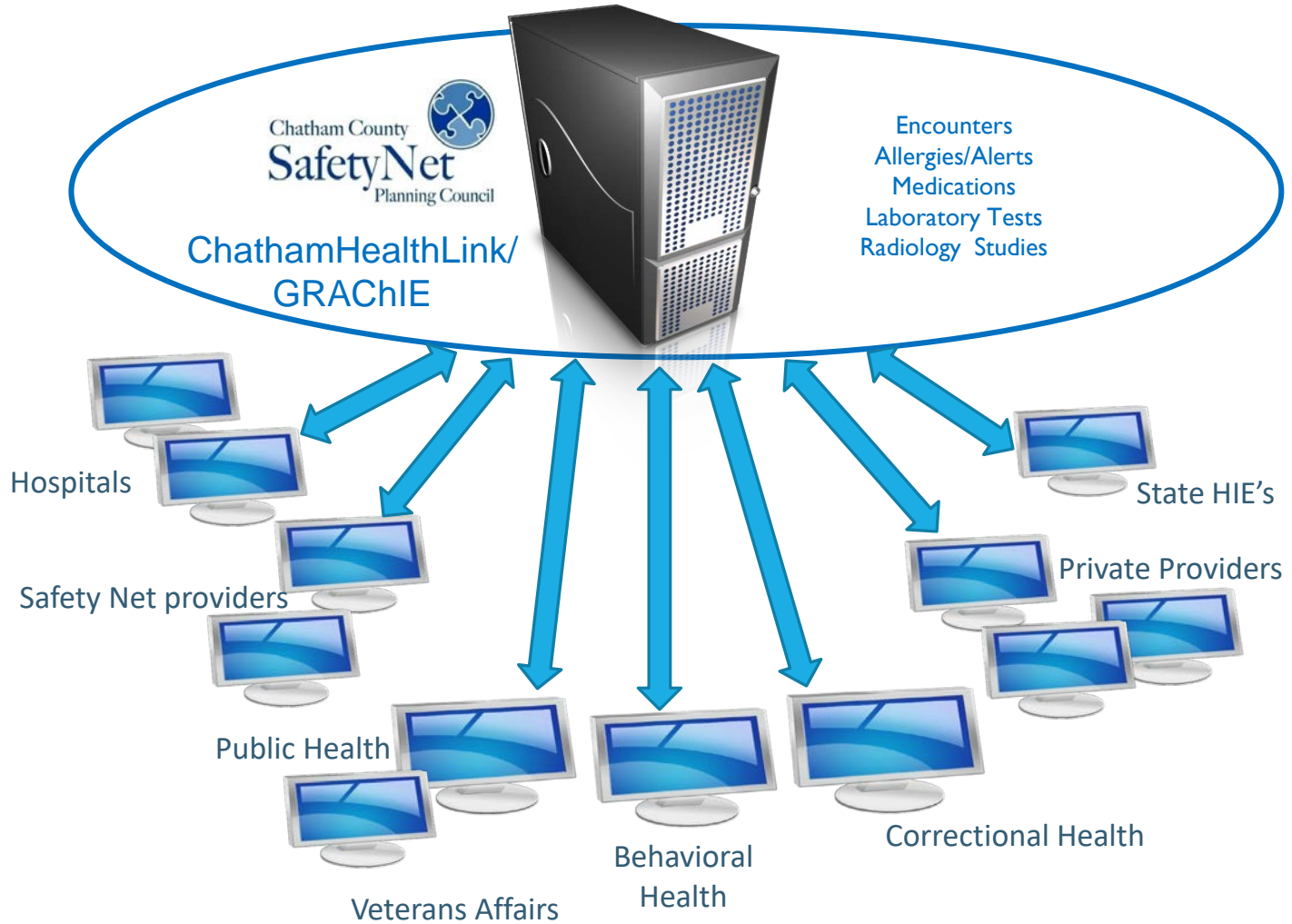
Community Health Center Fund (CHCF) expired September 30, 2017 (\$3.5B)

Funding Cliff / CHCF deadline missed:

CHCF Fund expired September 30, 2017 (represents 70% of FQHC funding)

Locally, the FQHCs, CVCPHC and JCLPHCC, would be catastrophically impacted if this funding fails to be reauthorized.

ChathamHealthLink/GRACHIE (HIE)



HIE Highlights

Hospital Systems

- Memorial University Medical Center

Federally Qualified Health Centers

- Curtis V. Cooper Primary Health Care
- J. C. Lewis Primary Health Care Center

Community Health Organizations

- Community Health Mission (historical data in GRACHIE)

Other CHL

- Chatham County Detention Center
- Chatham CARE
- Gateway Community Service Board

GRACHIE Chatham partners

- MERIT IPA
- SouthCoast Health

National and State

- Veterans Association
- GA HIN
- eHealth exchange

As of November 30, 2017:

2,329,352 unique patients

33 contributing partners

2016 Evaluation | Contributing Partners

Hospitals (ED data)

Memorial University Medical Center (MUMC)

St. Joseph's/Candler Health System (SJ/C)

FQHCs

Curtis V. Cooper Primary Healthcare (CVCPHC)

J.C. Lewis Primary Healthcare Center (JCLPHCC)

Volunteer Medical Clinics

SJ/C Good Samaritan (GS)

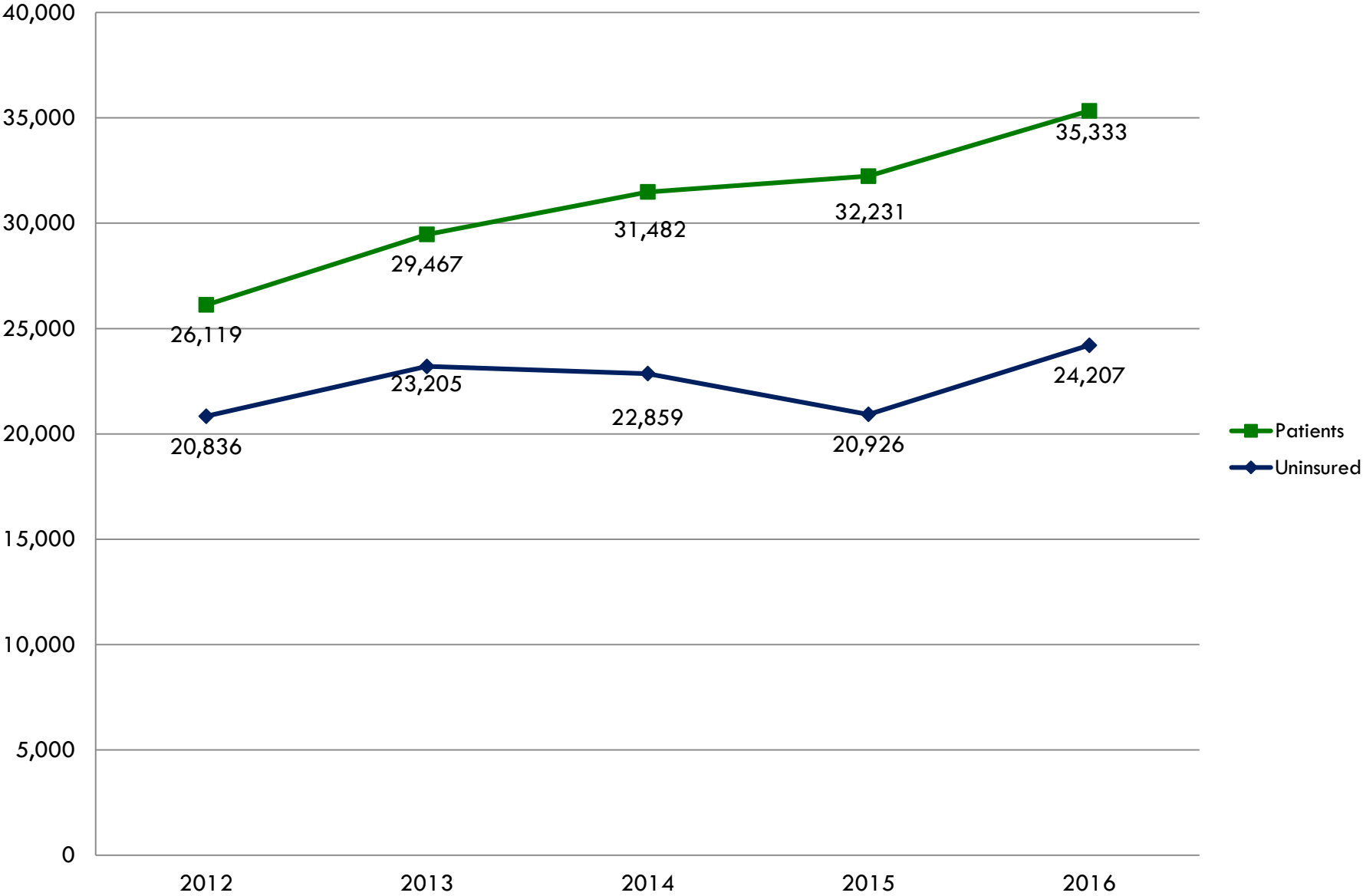
SJ/C St. Mary's Health Center (SM)

Additional contributors

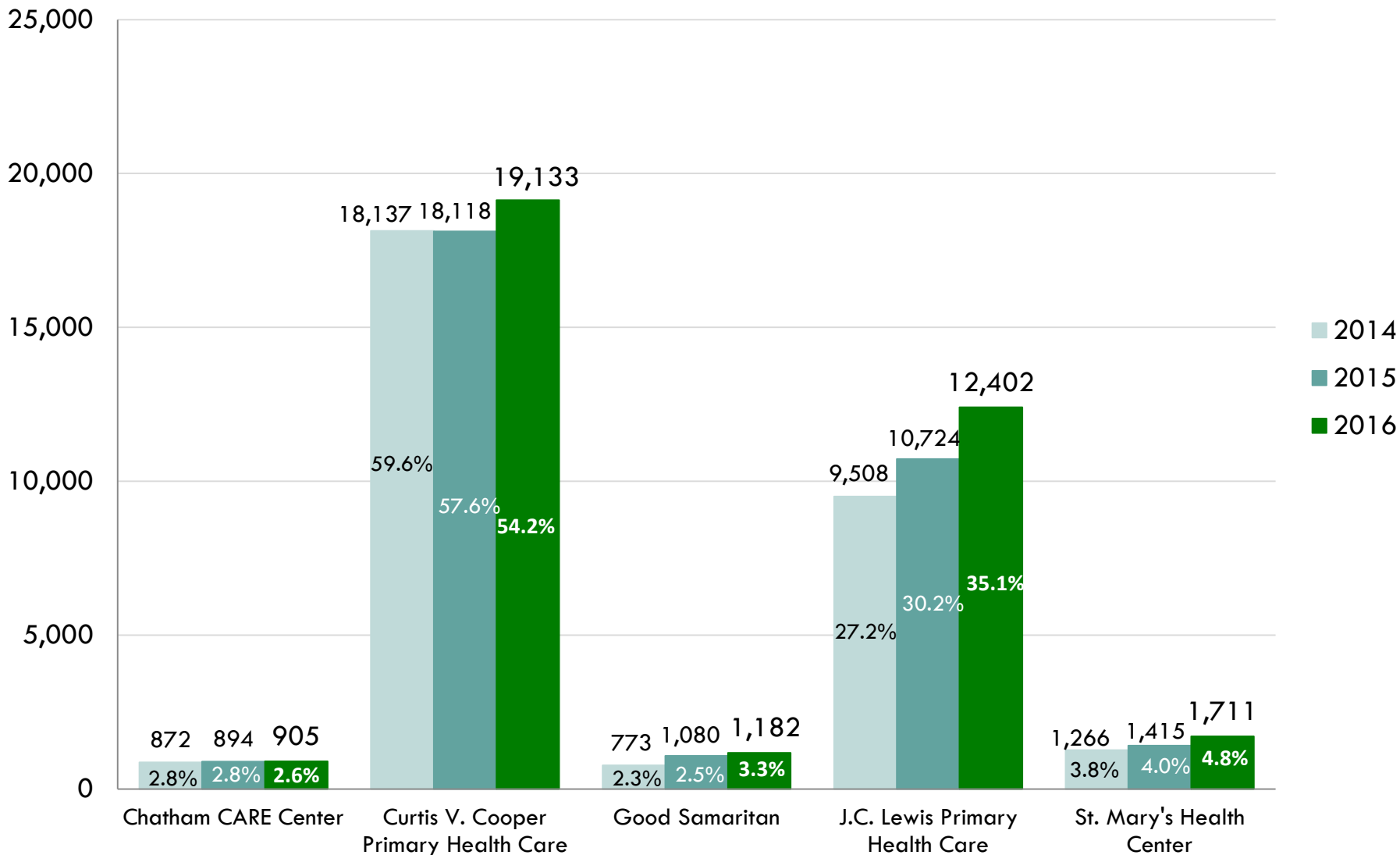
MedBank, a pharmaceutical assistance provider

Chatham CARE Center, a Health Department Ryan White Clinic (no county funding)

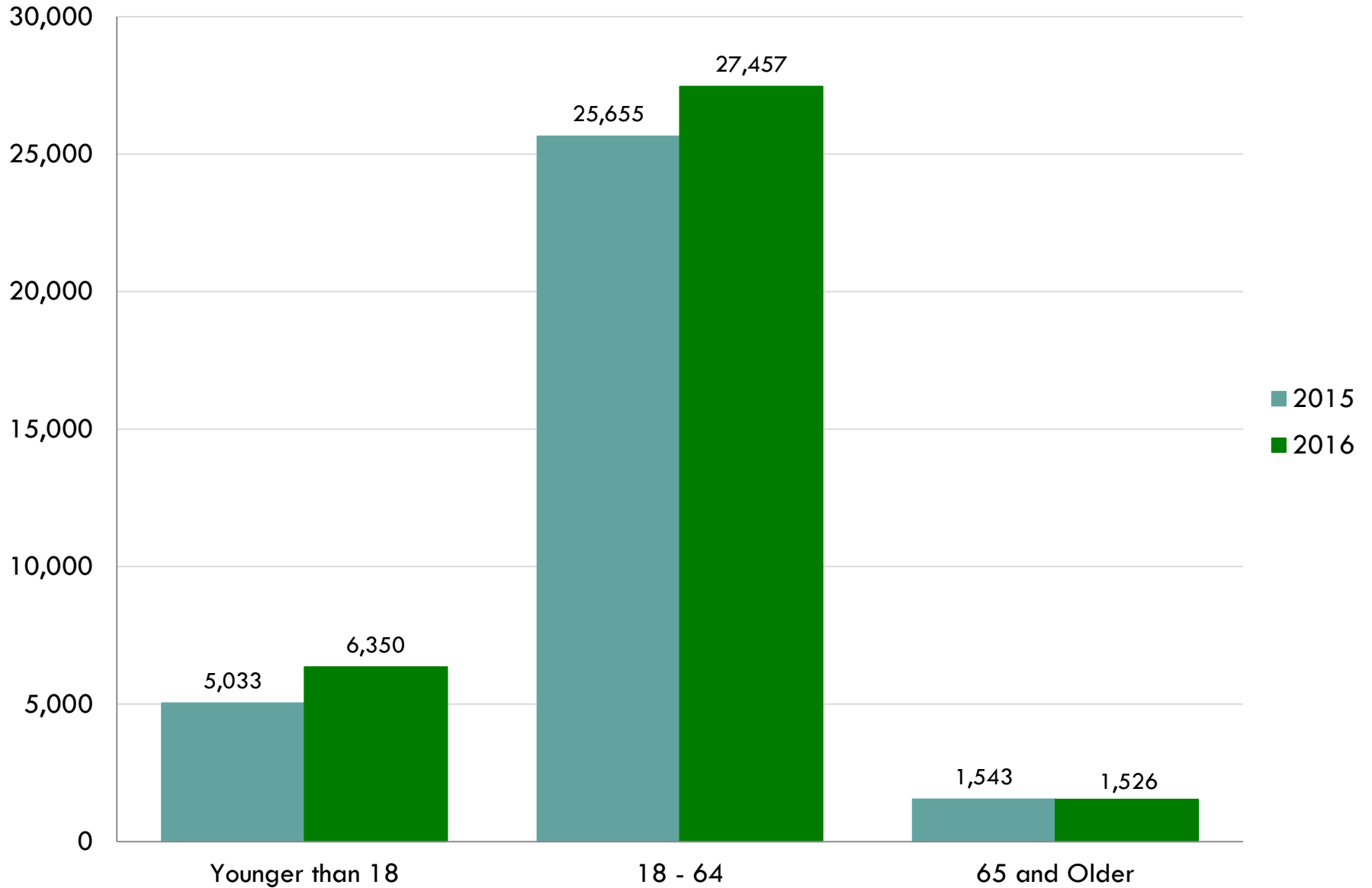
Total and Uninsured Patients Served by Safety Net Clinics 2012 - 2016



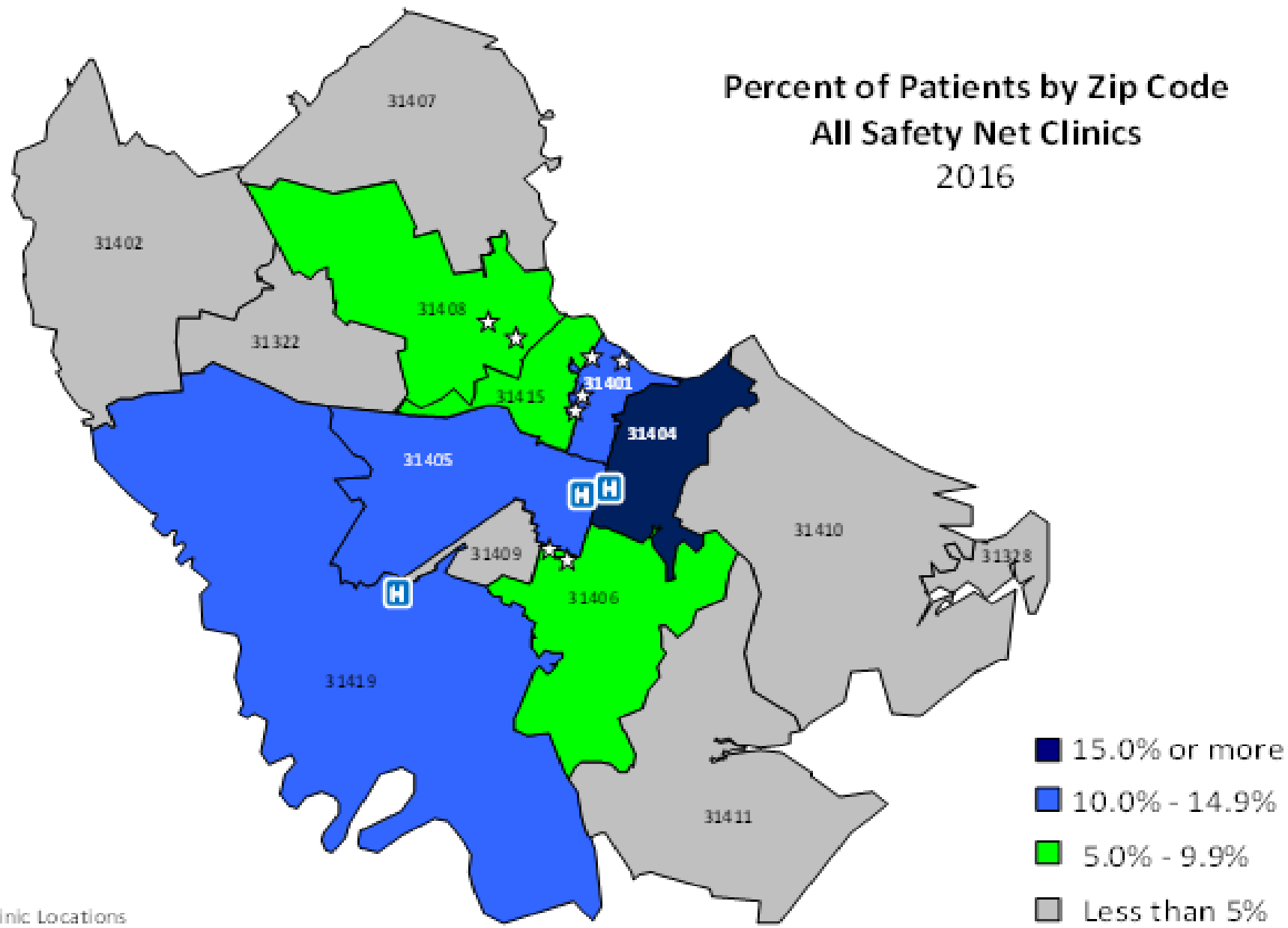
Patients Served, by Provider 2014 - 2016



Patients Served, by Age Group 2015 - 2016



Percent of Patients by Zip Code All Safety Net Clinics 2016

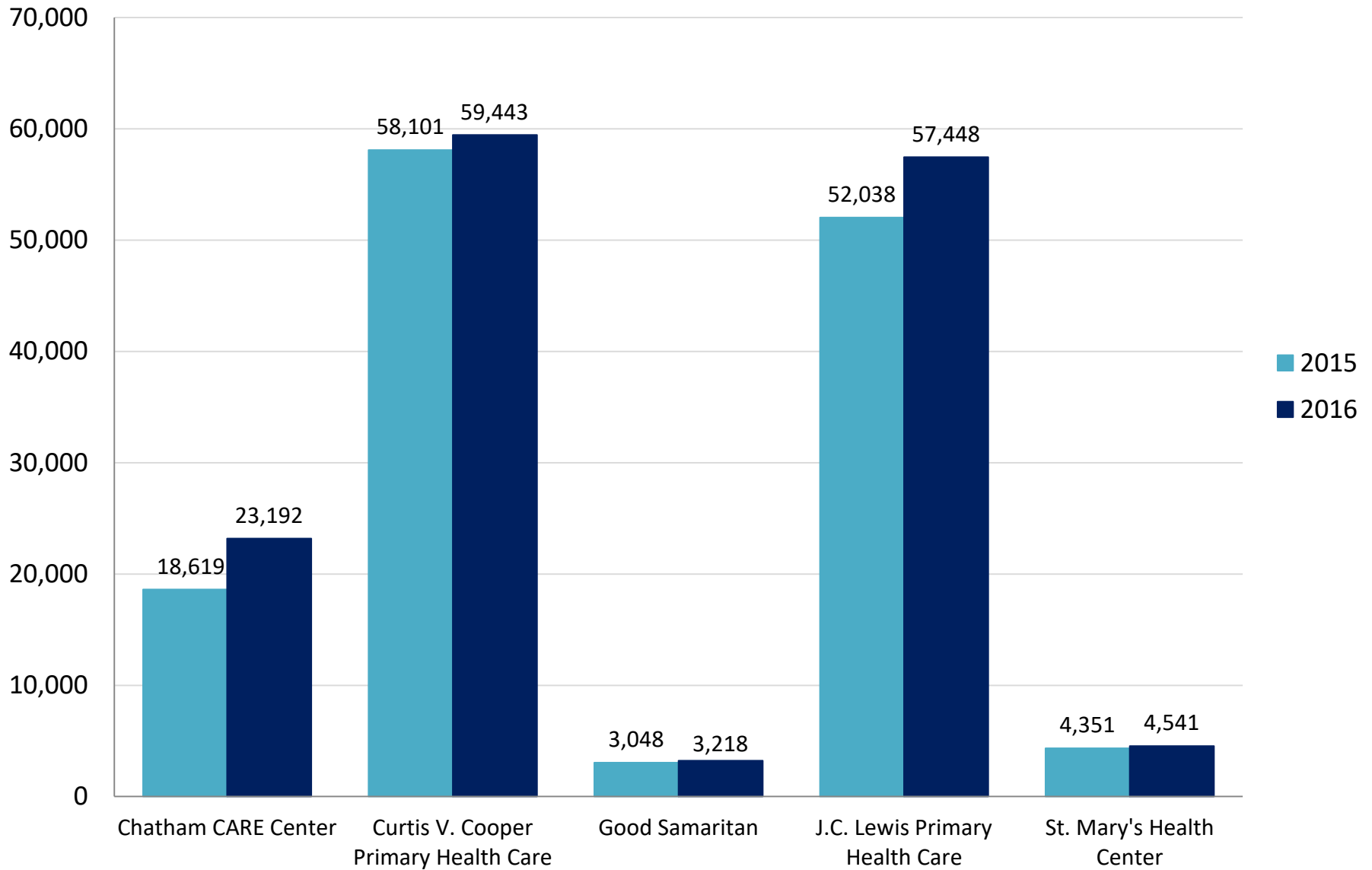


☆ Clinic Locations
H Hospital Locations

Individuals living in Poverty by Zip Code

Zip Code	%	Zip Code	%
31401	41.1	31406	20.1
31415	37.3	31328	17.1
31404	27.5	31419	16.4
31408	23.7	31302	11.1
31405	21.7	31322	8.2
31409	unknown	31410	6.8
31407	6.5	31411	2.4

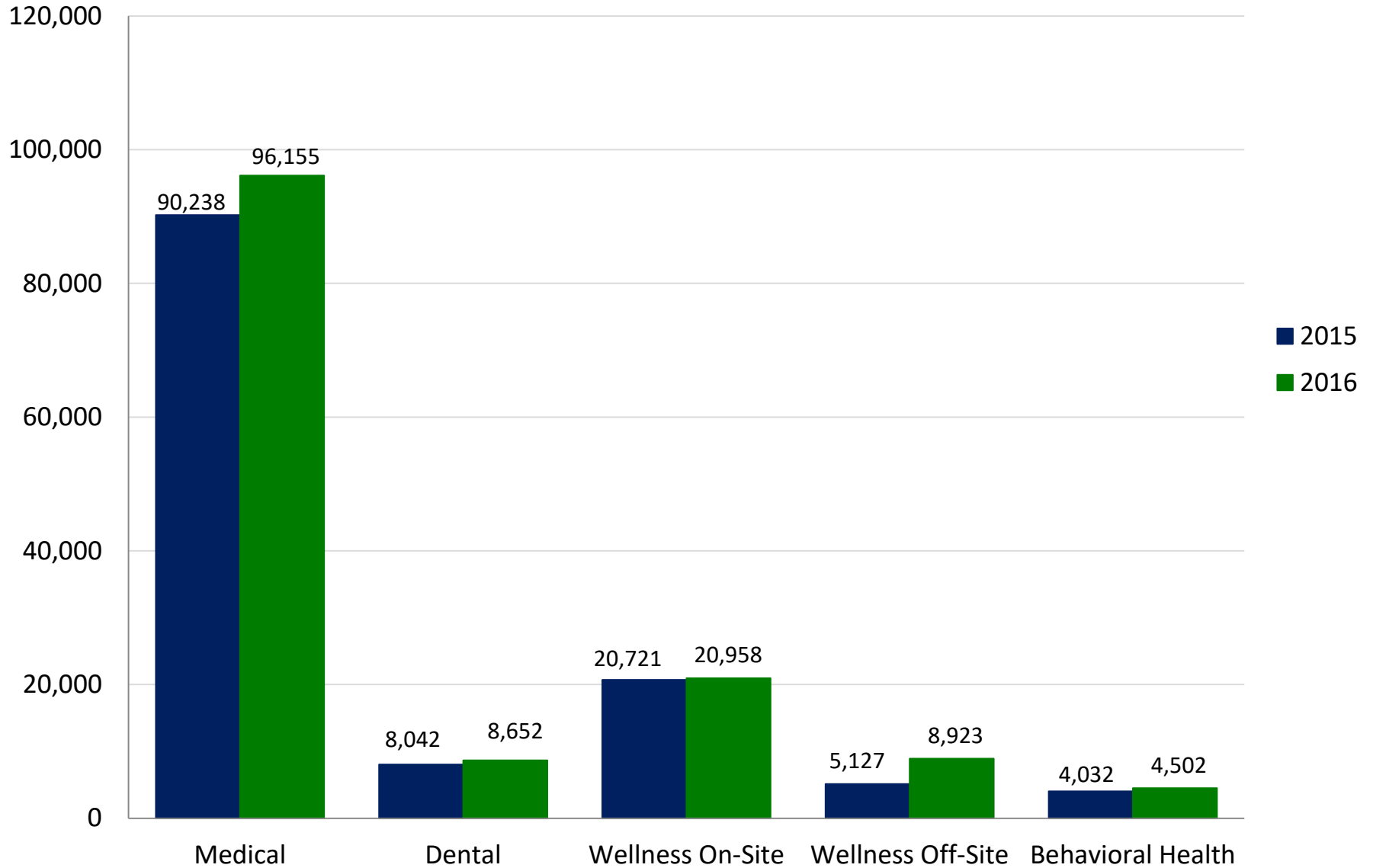
Total Visits by Provider 2015 - 2016



Chatham CARE Center (HIV Positive Population)

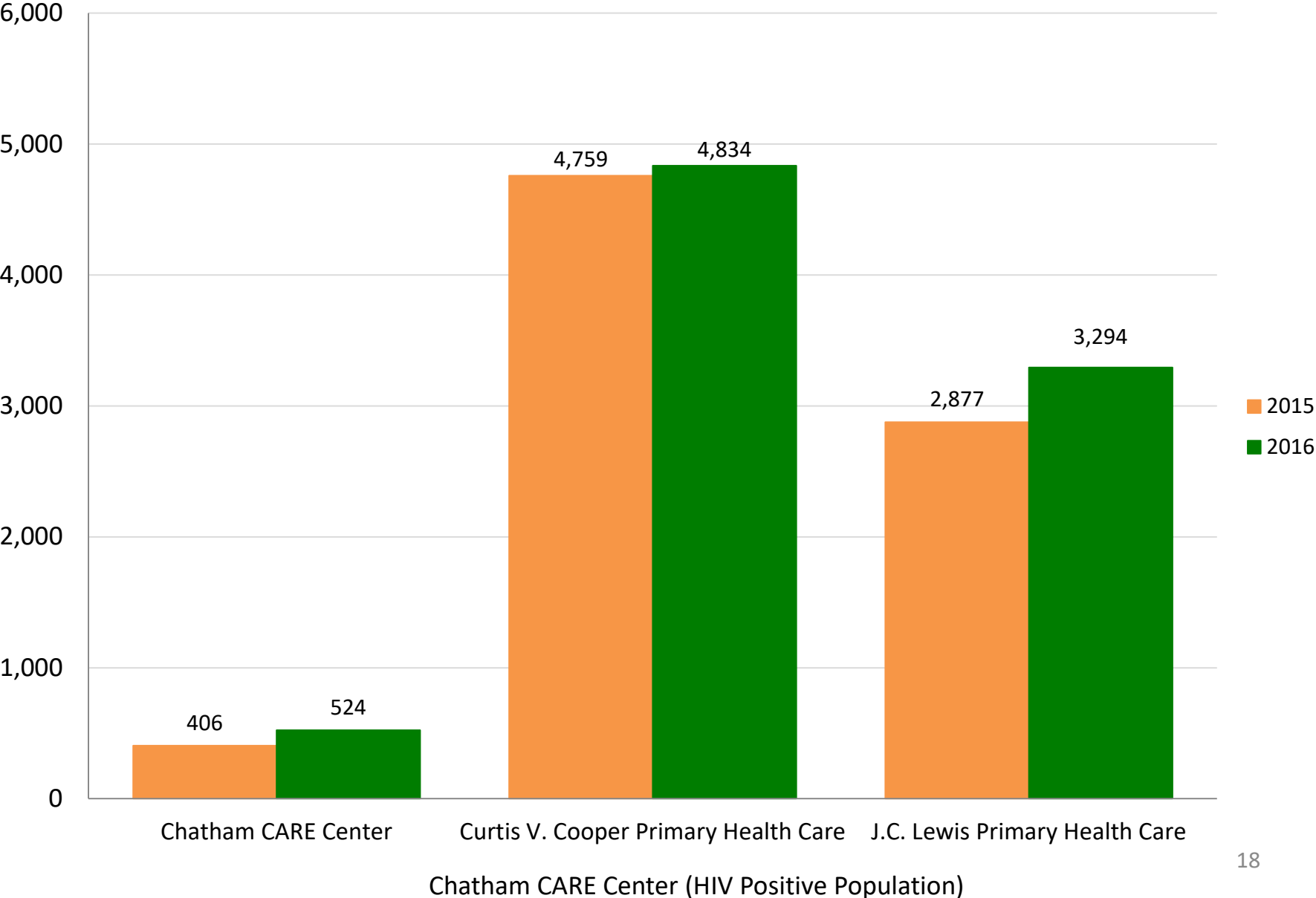
Total Visits by Type

2015 - 2016



Dental Visits by Provider

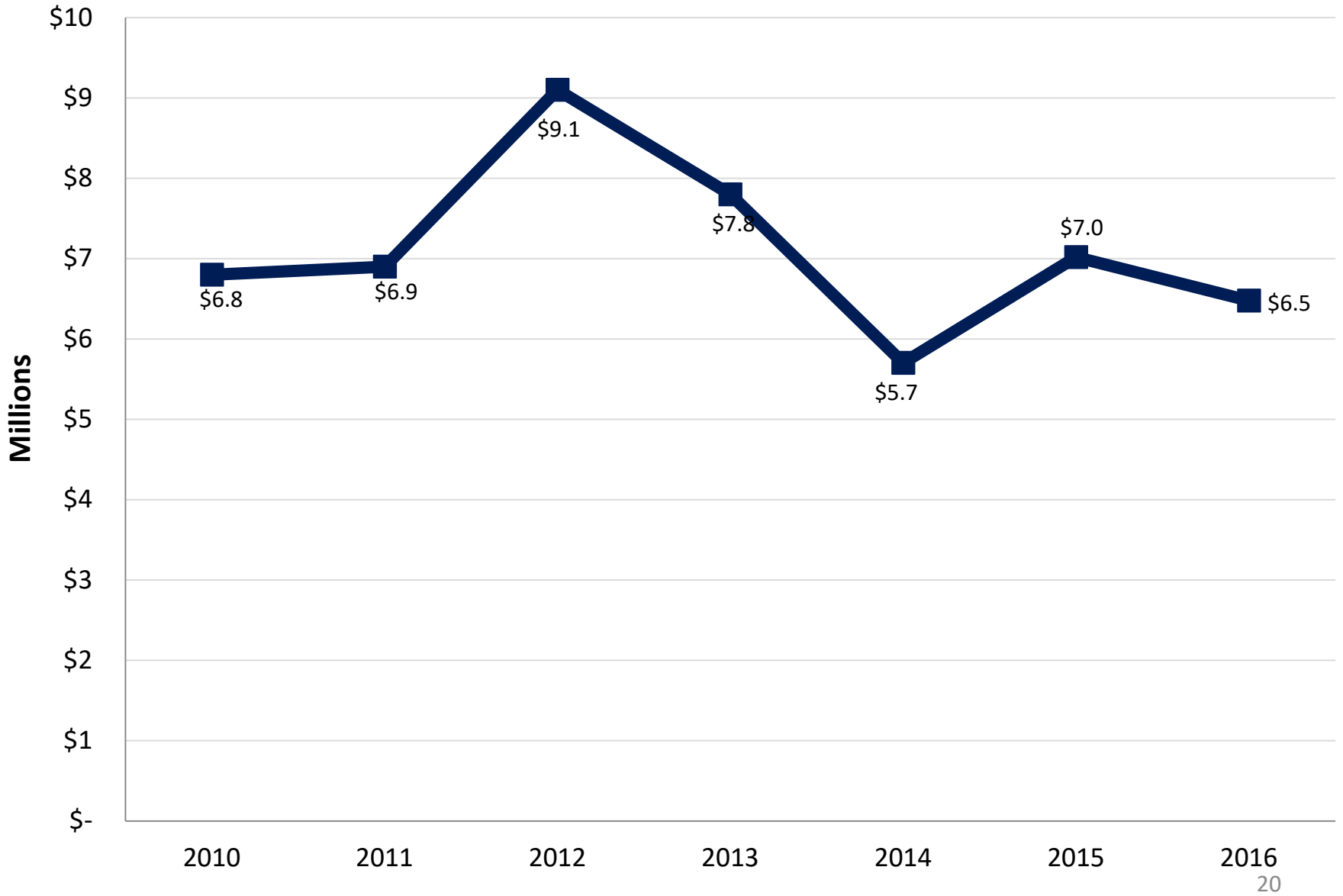
2015 - 2016



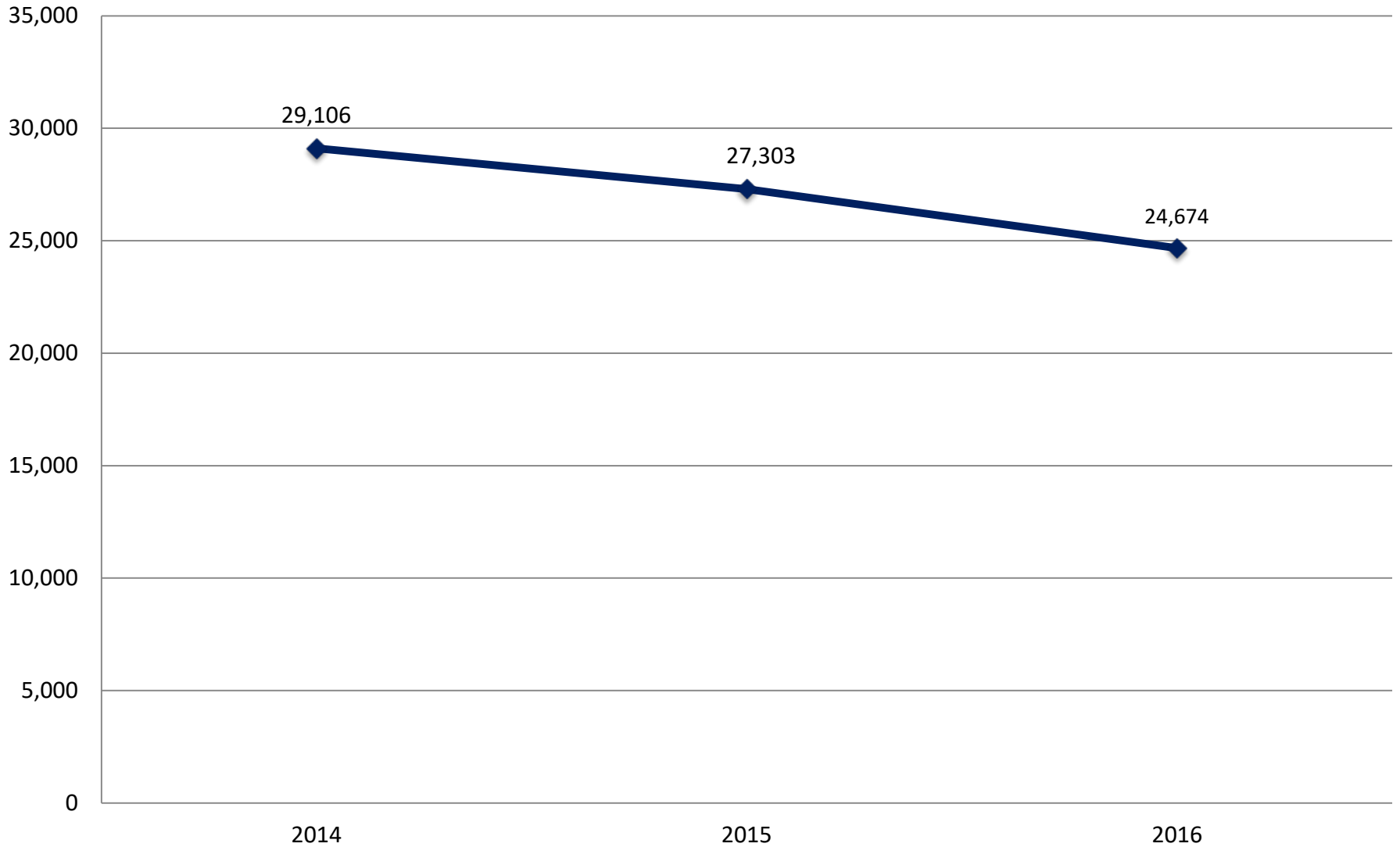
Clinic	Average Wholesale Pricing of Medications
Curtis V. Cooper	\$17,641,930
Chatham CARE	\$749,253
Medications through MedBank	
J.C. Lewis**	\$2,353,691
St. Mary's Health Center**	\$3,125,166
Good Samaritan Clinic**	\$410,607
Other MedBank locations**	\$587,477
CCSNPC Total	\$24,868,124

MedBank Contributions

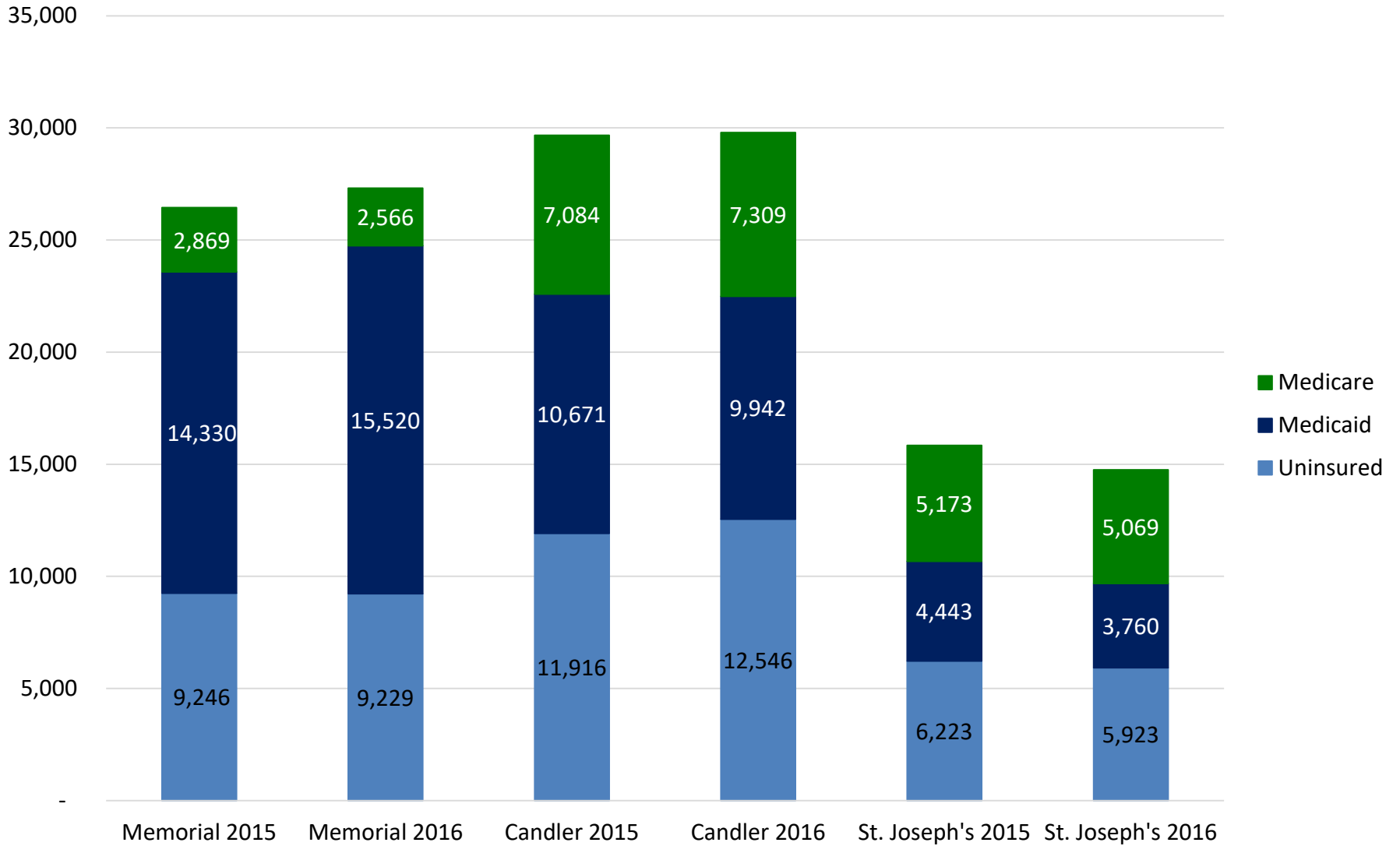
2010 - 2016



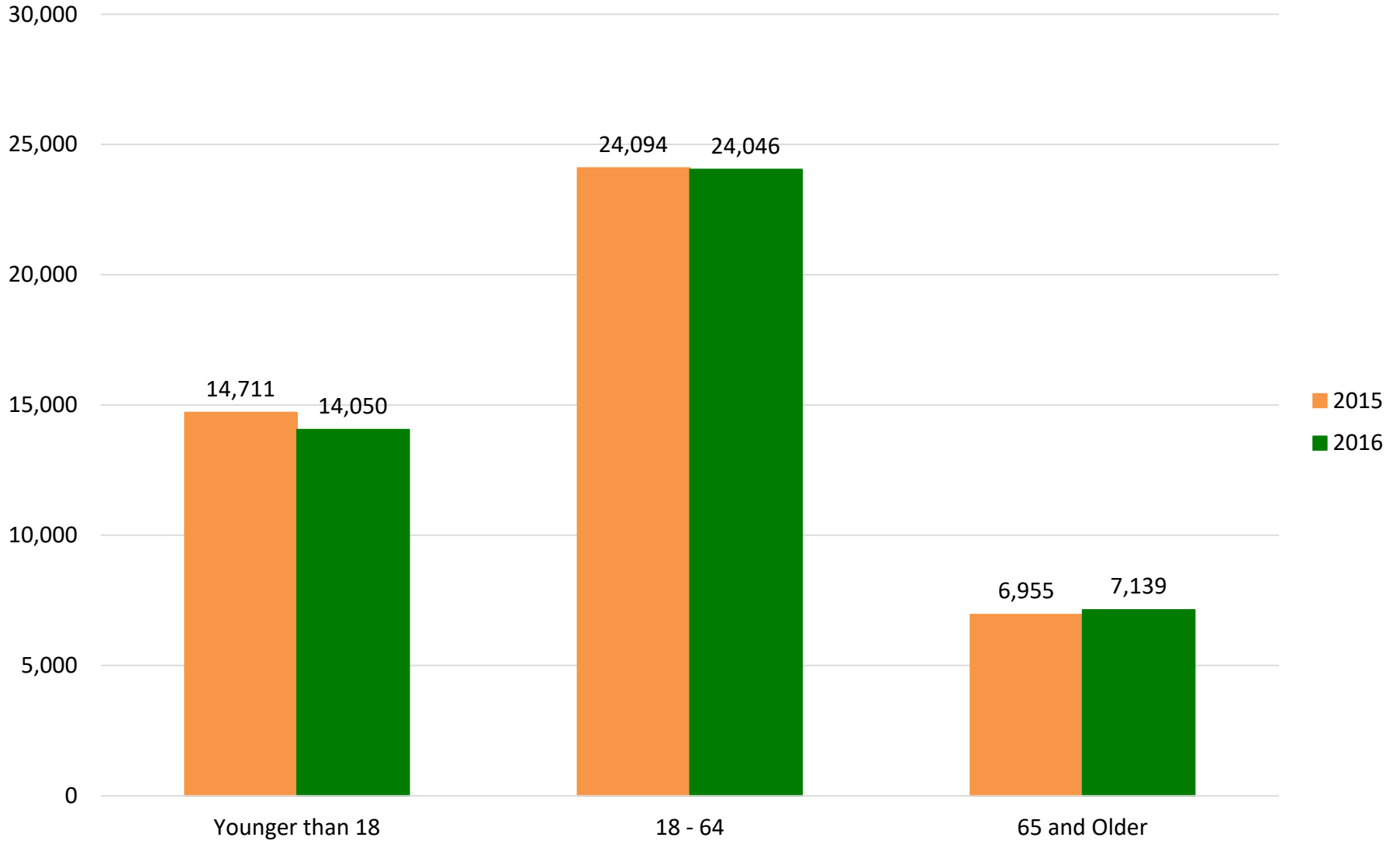
Number of Primary Care ED Visits
(Level I & II Medicaid, Medicare & Uninsured Only)
2014 - 2016



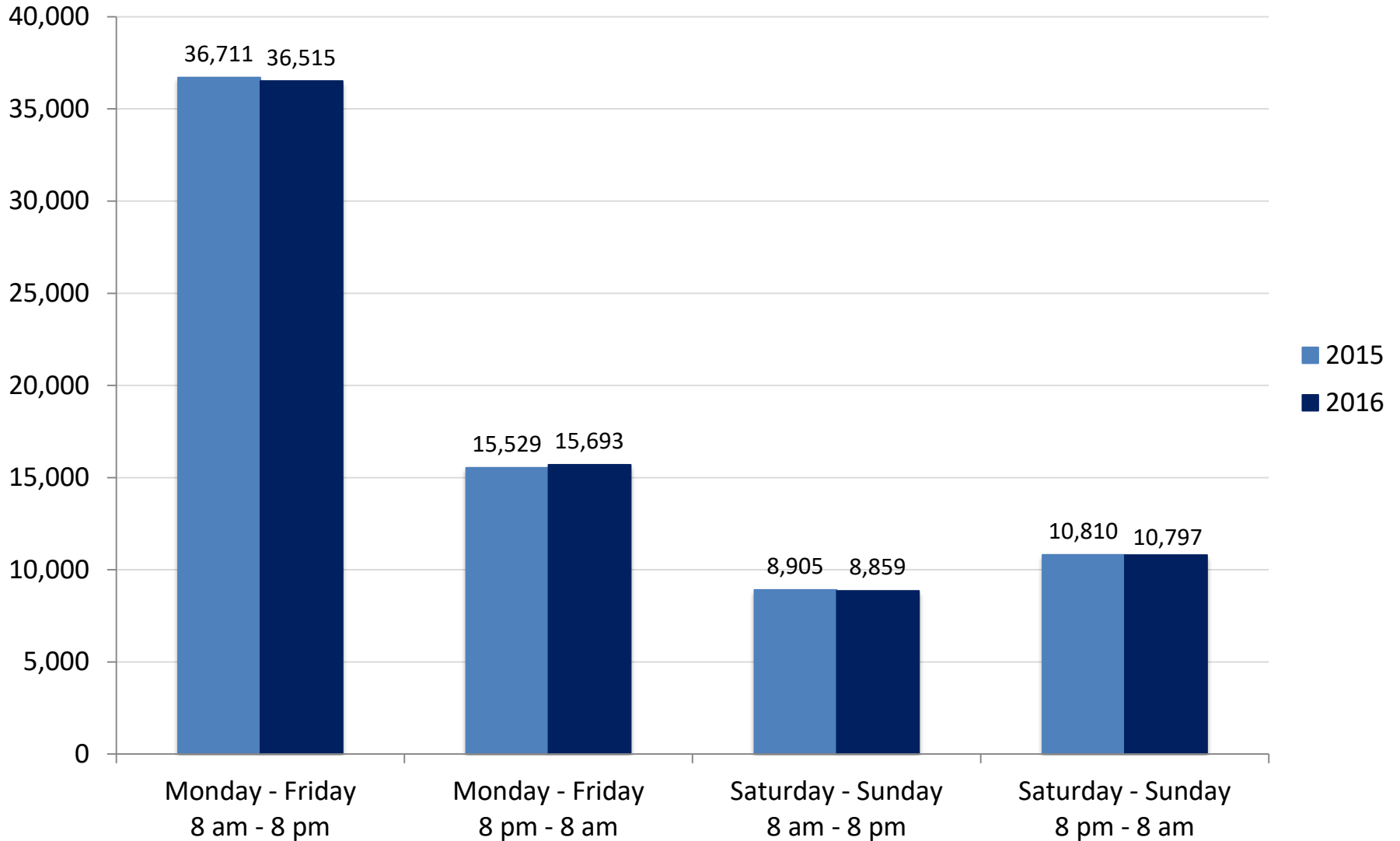
Number of Non-Admitted ED Visits (Level I, II & III Medicaid, Medicare & Uninsured Only) 2015-2016



Non-Admitted ED Patients by Age Group (Acuity I, II & III Medicare, Medicaid & Uninsured Only) 2015-2016

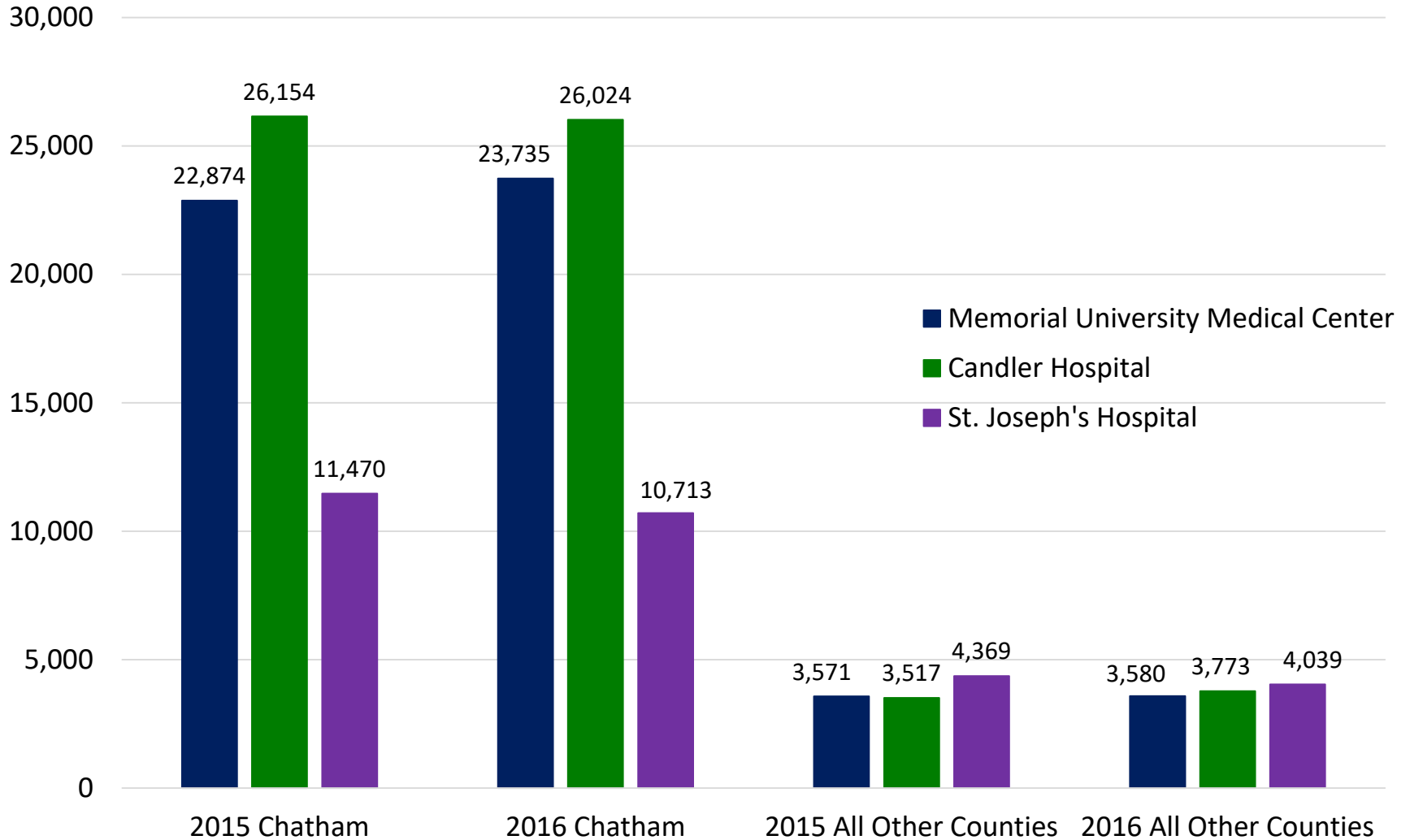


Non-Admitted ED Visits by Day and Time
(Acuity I, II & III Medicaid, Medicare & Uninsured Only)
2015 - 2016



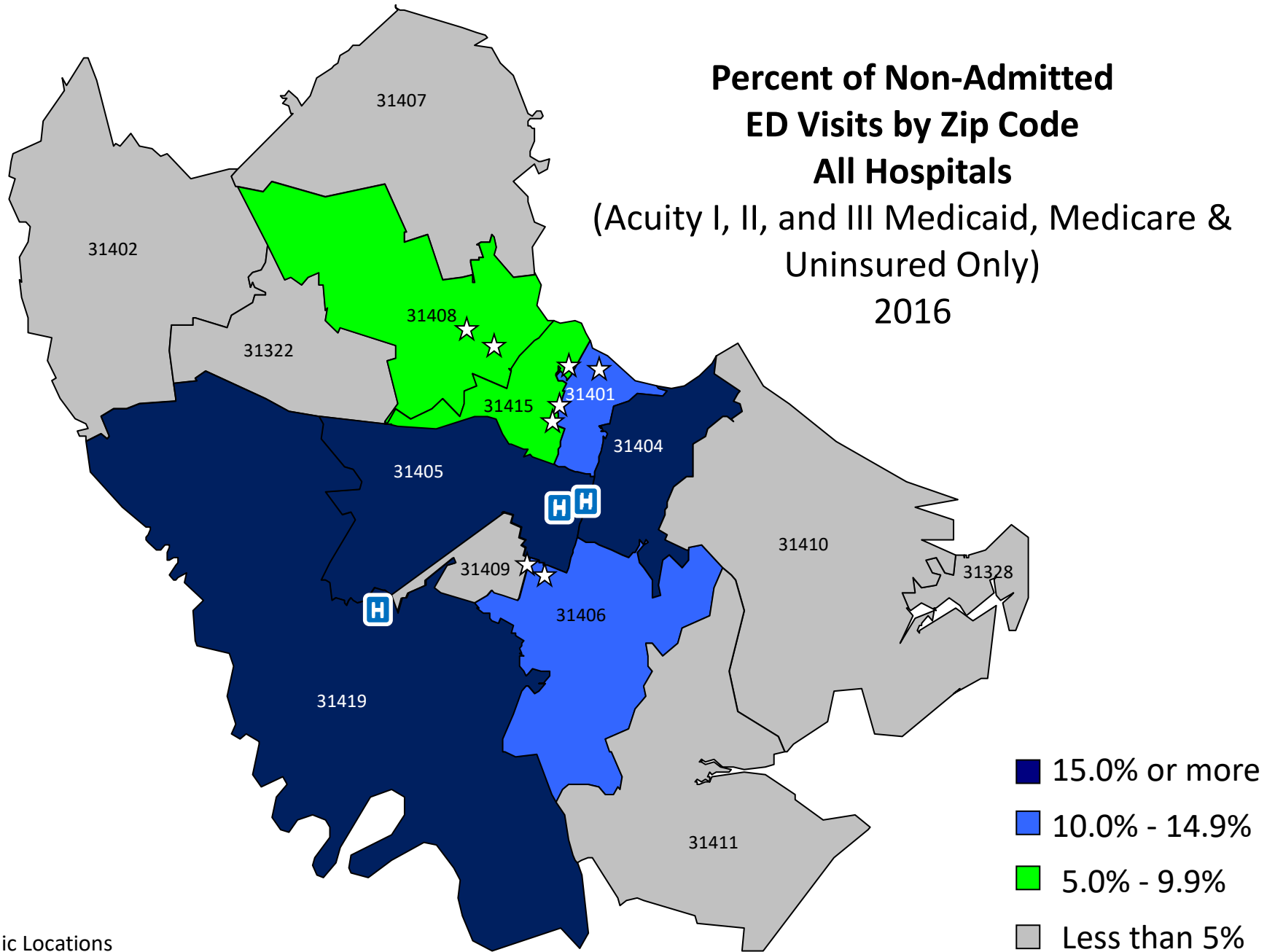
Non-Admitted ED Visits by County

(Acuity I, II & III Medicaid, Medicare & Uninsured Only)
2015 - 2016



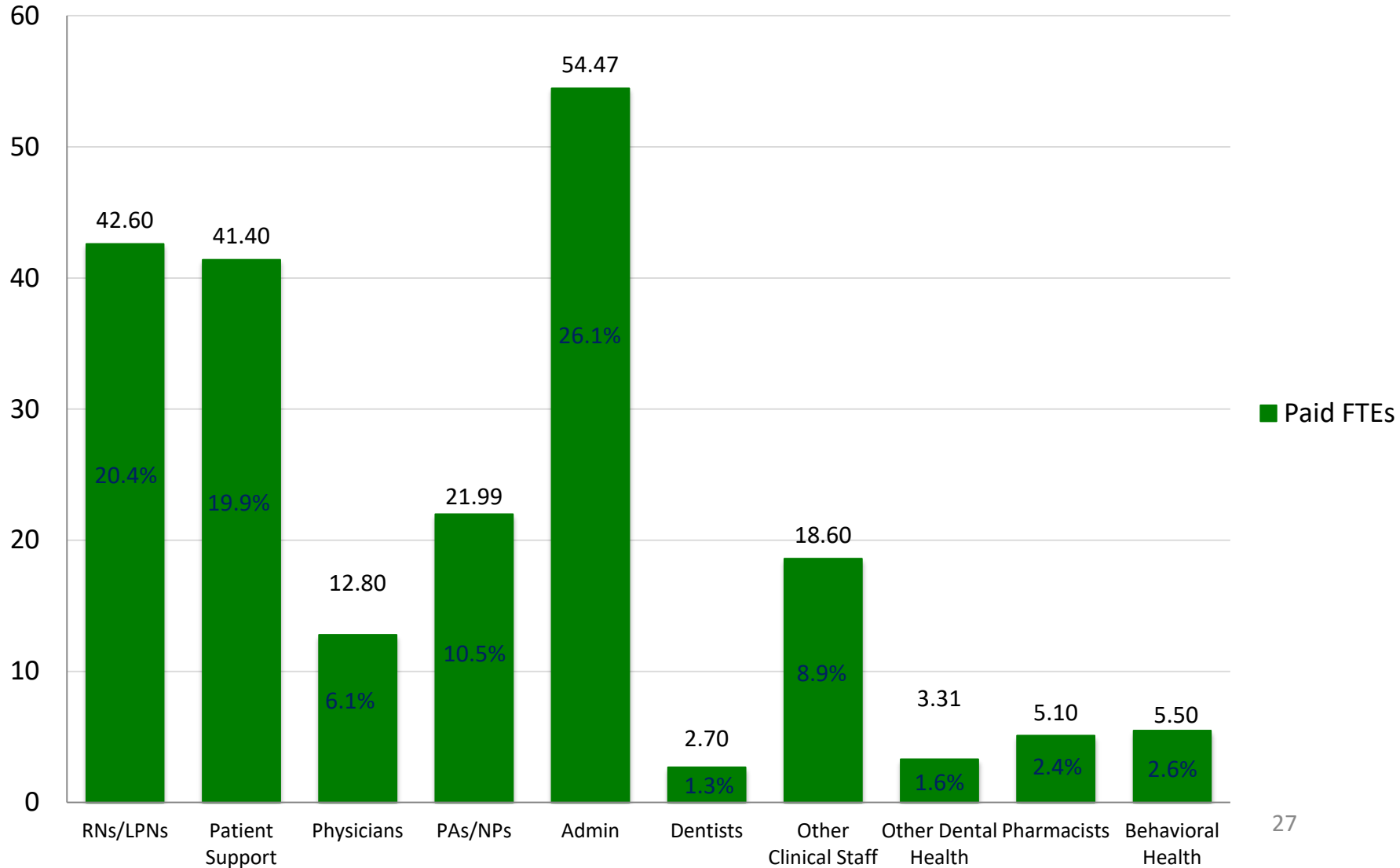
Percent of Non-Admitted ED Visits by Zip Code All Hospitals

(Acuity I, II, and III Medicaid, Medicare &
Uninsured Only)
2016

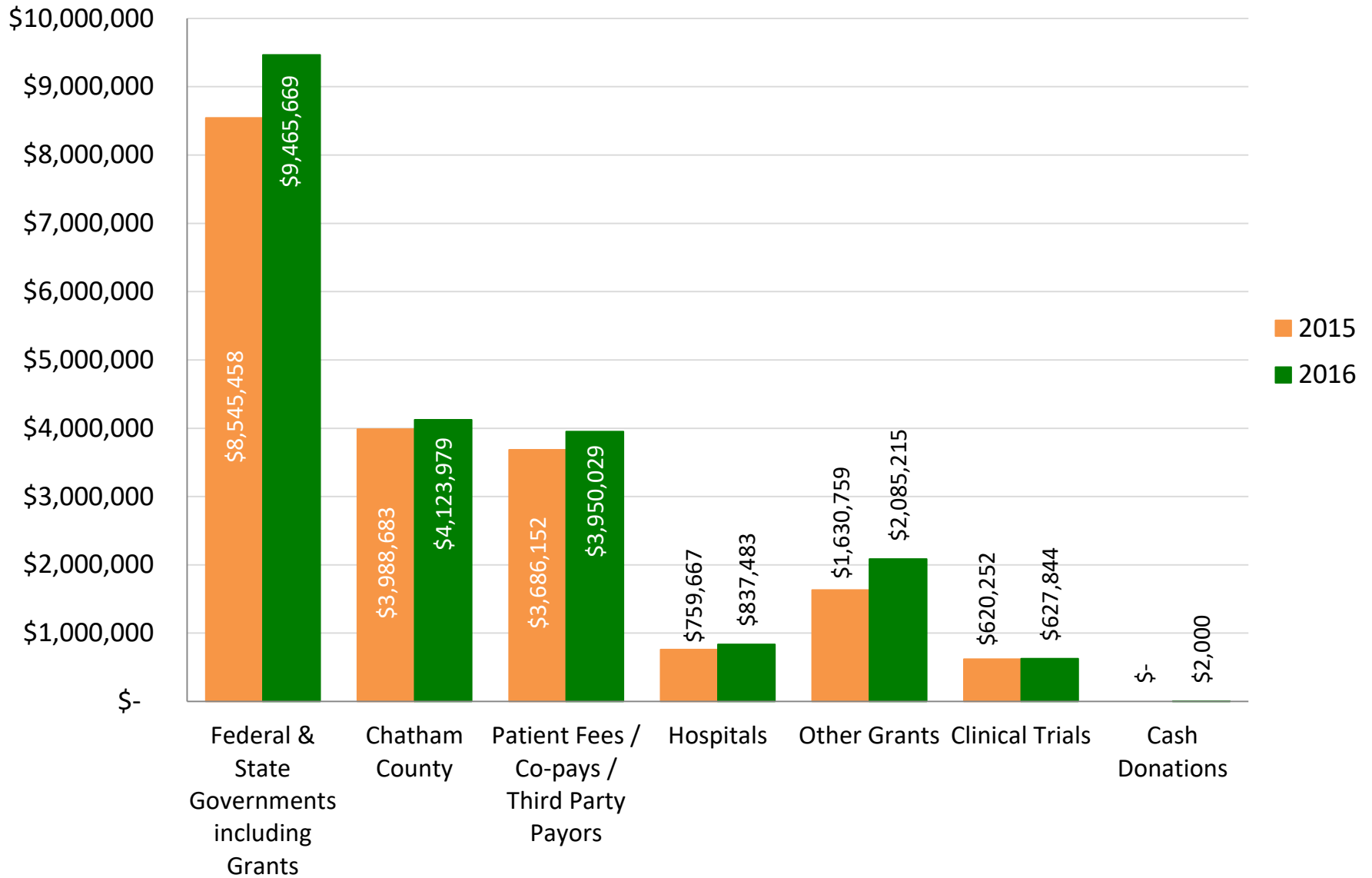


☆ Clinic Locations
H Hospital Locations

Provider Staffing FTEs 2016



Sources of Revenue to Providers 2015 - 2016



Conclusions

- **Primary care provider network** served 35,333 patients (9.6% increase) / uninsured increased 3,281
 - GS and SM now serve 8.2% of the total patients served
 - JCLPHCC had the largest increase of patients in 2016 by 1,678

- **Dental care** visits increased by 610 (7.6%)
 - All dental increased in capacity, BUT, unmet need for affordable adult dental care
 - CARE increased by 118 visits or 29.1%
 - CVCPHC increased by 75 visits or 1.6%
 - JCLPHCC increased by 417 or 14.7%

- **Patient visits** totaled 147,842 (8.5% increase) / Behavioral health visits totaled 4,502
 - CCSNPC is mapping behavioral health providers and identifying barriers, gaps, and recommendations to improve access to and quality of services (To be presented Spring 2018)

- **Specialty care** for the uninsured continues to be a community challenge.
 - Unmet needs in Gastroenterology, General Surgery, Endocrinology, Rheumatology, Orthopedics, Behavioral Health and Dermatology.

Conclusions

- **Pharmaceutical assistance** totaled \$24,868,124 (average wholesale value)
 - CVCPHC provided \$17,641,930 (70.9%) / MedBank provided \$6,476,941
- **Primary care** (Acuity 1 and 2) **patients** in local **Emergency Departments** decreased to 18,098 patients from 19,755 patients in 2015.
 - Due to coding procedure changes and its potential impact on the primary care patient and visit data, we included all Non-Admitted Emergency Department patients and visits (Acuity I, II and III)
- **Non-admitted patients** (Acuity I, II & III) in **Emergency Departments** totaled 45,235 (down 525 patients)
 - Decrease of 118 non-admitted visits (Acuity I, II & III) from 71,955 in 2015 to 71,837 in 2016.
 - 40.7% were covered under Medicaid / 38.6% were uninsured or self-pay
 - Both health systems continue to connect patients with primary care medical homes.
- **Funding increased overall, but funding sources remained limited**
 - \$21,092,219 came into CCSNPC provider system (increase of \$1,861,248)
 - Federal grants increased in part due to HHS investment in FQHCs / Grants accounted for 9.9% of total.
- **Many unable to maintain ACA coverage** due to high premiums, deductibles, and narrow networks.
 - Rapidly changing healthcare policy environment paints an uncertain and catastrophic landscape for the CCSNPC provider network.