

Healthy Howard Health Plan

“We believe health care is both a right and a responsibility.”

INITIAL PROBLEM

- Howard County Executive Ken Ulman sets goal to create **model public health community** once elected in 2006
- “Healthy Howard” Campaign – a six phase health initiative to encourage citizens, businesses, and schools to adopt activities that will dramatically improve the health of all county residents
- **Healthy Howard Health Plan** – a health plan for the uninsured in Howard County – launched in October 2008

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KEY PLAYERS

- Political leaders: County Executive Ken Ulman and mostly supportive County Council; Senator Barbara Mikulski
- Health Officer and Board President: Peter Beilenson and his staff, Glenn Schneider, Elizabeth Edsall Kromm, Dawn O'Neill
- President and CEO of Howard County General Hospital, Victor Broccolino
- Executive Director of FQHC, David Shippee
- Others: JHHC LLC, Various Provider Groups

DESCRIPTION of HHHP

PLAN ELIGIBILITY

- 19 – 63 years old
- Howard County Resident
- U.S. citizen or legal permanent resident
- Uninsured for 6 months with exceptions for lay-offs
- Under 300% FPL
- Not eligible for state assistance programs

DESCRIPTION of HHHP

OFFERS:

- 6 Primary Care visits per Plan Year (1+ for women)
- Diagnostic Services
- Free or discounted prescription medications
- Emergency and In-patient care at HCGH
- Urgent Care (3 visits/year)
- Treatment by network of specialty care providers
- Personal health coaching

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DESCRIPTION of HHHP

COSTS and RESPONSIBILITIES:

- Under 200% of FPL (<\$22,660 for individual and <\$44,100 for family of 4): \$50 for ind.; \$65 for couple
- Between 201 – 300% of FPL (Between \$21,661 and \$32,490 for individual and between \$44,101 - \$66,150 for family of 4): \$85 for ind.; \$115 for couple
- To stay in plan,
 - ✓ must pay in advance month to month and
 - ✓ adhere to health action plan

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ADMINISTRATIVE MECHANISMS

- Healthy Howard, Inc. is a **501 (c) 3** with 11 employees (2 in administration; 3 in outreach & enrollment; 2 in member services and 4 in health coaching)
- Original design: Enrollment thru health-e-link; Currently Healthy Howard does enrollment; By Dec., health-e-link back up
- Public can go to website (**healthyhowardplan.org**) or call to enroll
- JHHC LLC is TPA: handles both covered and non-covered claims; bills members and pays FQHC a \$50 PMPM
- JHU Bloomberg School of Public Health is conducting formal evaluation

FINANCING MECHANISMS

- Cost sharing: Monthly fees plus the following
 - ✓ \$0 for PCP
 - ✓ \$50 for Urgent Care
 - ✓ \$100 for ER; fee waived if admitted
 - ✓ In-patient care: service fees are waived
 - ✓ \$0 for specialty care
- Grants
 - ✓ \$500,000 from County Government thru CSP grant
 - ✓ \$500,000 from Horizon Foundation
- Other
 - ✓ \$300,000 + from member fees (will increase with more members)

What is **CURRENTLY** going on?

- Enrollment numbers: **505** with goal of 900 by June 2010
- Indicators of success/outcomes – Evaluation is on-going
 - ✓ Disenrollment numbers and reasons for disenrollment
 - ✓ Improvement in health status with improved access and health coaching
 - ✓ Better utilization – decrease ER usage
 - ✓ Eventually a decrease in health care costs

INTERNAL CHALLENGES

- ✓ Outreach – challenge to reach working class – must see it or hear it 7 times before picking up the phone to enroll
- ✓ Enrollment – keeping it streamlined and not overly cumbersome
- ✓ Member Services – cannot cover all the needs of our members
- ✓ Ethnic outreach, enrollment and services
- ✓ Health Coaching – behavioral change is difficult; how do we enforce adherence to health action plan
- ✓ Sustained funding

EXTERNAL CHALLENGES

- ✓ **National Health Care Reform** – what it will look like?
How will it affect our program?
- ✓ County Elections – New **political climate** might be the end of HHHP

ACHIEVING SUSTAINABILITY

1. **FUNDING** – currently investigating CBD dollars and any funding for federal pilot programs
2. **NEED** – demonstrate the need for the program by growing enrollment in the program
3. **SUCCESS** – Does providing access and personal health coaching improve health status and decrease costs?

The **FUTURE** of HHHP

- **GOALS:**

- ✓ Enroll 60 members per month (900 by June 2010)
- ✓ Expand network of specialty care providers
- ✓ Create a shared database for program evaluation
- ✓ Seek secure funding
- ✓ Identify niche with National Health Care Reform
- ✓ Continue to market health plan

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The **FUTURE** of HHHP

- **LESSONS LEARNED**

- ✓ Need an individual mandate – “Just because you build a health plan, doesn’t mean people will come.”
- ✓ Keep health care affordable - \$600/year is still high
- ✓ Many eligible for state assistance programs – even though they thought eligible for HHHP
- ✓ Uninsured may prefer to pay sliding scale based on need rather than monthly fee
- ✓ Can build comprehensive primary care home

How do we **FIT IN** to NHCR?

1. Can we compete as a non-profit coop with Aetna, Blue Cross Blue Shield, United Health Care etc?
2. Can we or should we fill the niche for persons who get an affordability waiver?
3. If emphasis is on local initiatives, will seek federal funding as a pilot program

ADVICE

1. Need strong leadership and collaboration – especially local hospital
2. Be BOLD – jump in!
3. Keep enrollment streamlined and easy with multiple points of entry
4. Budget outreach dollars
5. Be FLEXIBLE – learn and be willing to change
6. Create policies and legal documents in advance of program launch
7. Need willing providers who agree to provide services to the uninsured or underinsured
8. Use local resources – every community has unique assets



THIS IS
THE DAY

YOU **STOP**
WALKING
AROUND
WITHOUT
HEALTH CARE.

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