

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Quintana / Singletta</i>	DATE <i>1-5-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011289</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Depp</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
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Tri-County Project Care

RECEIVED

DEC 30 2010

MEDICAID ELIGIBILITY
& BENEFICIARY SERVICES

R. Forkner

December 14, 2010

Ms. Emma Forkner, Director
Department of Health and Human Services
1801 Main Street
Columbia, South Carolina, 29202

Dear Ms. Forkner:

As required under the Direction of DHHS, I have enclosed the 2010 Tri County Project Care Program Update report for your review. Please let us know if you have any questions or if you would like any further information.

Thank you for your time and attention.

Suzanne Kuppens, RN

Suzanne Kuppens, RN
Program Director

cc: Senator Hugh K. Leatherman, Chairman Senate Finance Committee
Mr. Daniel T. Cooper, Chairman House Ways and Means Committee



Tri-County Project Care

Tri County Project Care, Inc.
2010 Program Update
1041 Johnnie Dodds Blvd
Suite 2C
Mount Pleasant, South Carolina 29464
843 388 9719

Public Purpose: There are at least 35,000 persons with an income less than 200% of the Federal Poverty Level within the three county regions who are employed but have no health insurance offered by their employer, according to the latest Census Bureau Statistics. These residents are not offered health insurance by their employers or spouse's employers and do not qualify for any federal or state health insurance plans. We currently have a health care delivery system that relies on charity care to provide medical services to the uninsured. The growing numbers of the uninsured are looking to the emergency room departments as their sole source of care, which is the most costly point of care. Tri County Project Care's (TCPCC) approach is unique in that we are developing a system for the uninsured that can be used for systemic change with the entire Health Care Delivery System.

Mission and Vision: Tri-County Project Care founded in January 2002 formed a three-stage plan to deliver quality health care to residents of Charleston, Berkeley and Dorchester counties.

Tri County Project Care's (TCPCC) mission is to improve the health status of South Carolina by providing access to quality healthcare for working uninsured adults. Tri County Project's Care vision is to bring health care providers and facilities, employers, government agencies, community organizations, and individual members together to address the healthcare needs of the employed uninsured in a meaningful way by providing access to care and demonstrating its positive impact on wellness, health disparities, and health status for our community.

History: TCPCC launched Stage 1 in January 2002. Stage 1 consisted of a three-year pilot program that developed a network and system of care using donated community funds (from the Medical Society of South Carolina, all four area hospital systems, Charleston County, Duke Endowment and Trident United Way). The program was designed to promote wellness by providing both inpatient and outpatient medical services to low income employed residents of Berkeley, Dorchester and Charleston counties. Participating physicians and hospitals of the tri county area provided these services. Providers received reimbursement for services from TCPCC. TCPCC has provided more than \$40 million worth of services to more than 3000 residents of the tri county region.

In March of 2006, TCPCC launched stage 2 of the Program approved by the State's Commission on Healthcare Access under the direction of the Department of Health and Human Services. Stage 2 consists of utilizing this network and system of care developed in Stage 1, to offer a product to small businesses with the business contributing a portion of the funding. Stage 2 thus became and is a pilot demonstration program to evaluate a community-based, pre-payment healthcare delivery system for the working uninsured. TCPCC's long-term goal is to develop a system for the uninsured that can be used for systemic change with the entire Health Care Delivery System. If we successfully implement stage 2 of our current pilot program the hope is that the State will fund this as a premium assistance program to be utilized statewide and Tri County Project Care will transition to Stage 3 – offering a state-subsidy healthcare product for small business and working individual with income under 200% of the Federal Poverty Level.

Proposed Projects/Activities: Currently we continue to collaborate with the small business and healthcare community of the tri county area. Having received \$100,000.00 in October 2008 from the South Carolina Competitive Grant Committee and in accordance with Proviso 3584 in 2009, TCPCC opened enrollment to working Individuals without access to health care and with income equal to less than 200% of the Federal Poverty Level. In doing this, TCPCC doubled the size of the program by November 1, 2009. To date we have enrolled a total of 24 employer groups with a total of 221 members. Upon opening enrollment to individuals, TCPCC experienced an influx of high utilization as the adverse selection of new members accessed healthcare to meet their pent up needs. With limited funding, we currently are limited to 100 active members and have a hold on enrollment with active membership at 75 and a Wait List of 350. We continue to receive calls daily from potentially eligible uninsured residents of the tri county area.

We anticipate lower utilization of services in 2011 as members have met their acute needs during year one of enrollment. TCPCC also has in place a “Stop Loss Program”. Stop Loss Program means the program whereby a Participating Hospital, a Participating Ancillary Services Provider and a Physician agree to continue to provide medical care to a Members free of charge for the remainder of the annual “Term” of this Agreement upon a determination by Tri-County that during that Term Tri-County has paid \$50,000 in reimbursement to the Participating Physician, Hospital and/or Ancillary Services Provider on behalf of a Member. This cap is exclusive of costs for outpatient take home or self-administered pharmaceuticals. The Stop Pay limit does not include the co-pay amounts a Member is required to pay. During any enrollment year when a Member reaches the Stop Pay Program limit, the hospitals and physicians will care for that Member for the rest of the calendar year for free. The only exception to TCPCC not paying anything beyond the Stop Pay Program limit during an enrollment year is the payment for regular primary care follow-up visits and the payment for fixed benefits under TCPCC's pharmaceutical plan. In addition, participating providers are contractually bound to serve patients an additional 90 days without payment if project funds are inadequate. In essence, ninety days of potentially unpaid service by providers, acts as a reserve fund for the project.

Having lost the opportunity last year to receive State funds through the Cigarette Tax increase, TCPCC continues to seek State and Federal funding through the Healthcare Reform Bill. TCPCC has partnered with a National Multi Share Legislative organization and together we are lobbying to become eligible for the State Exchange and/or for Federal/State subsidy through the Affordable Care Act. The timeline for participation in the Exchange or other State/Federal Health Plan options through the Reform Bill however is 2014. TCPCC has also partnered with Access Health Tri County, network of providers which has just recently been awarded technical assistance and support as well as \$750,000 over 3 years (through a Duke Endowment and the South Carolina Hospital Association initiative) to establish a local and coordinated network of care for the low income uninsured in our community.

In addition to TUW funds, MSSC awarded TCPCC \$250,000 in May, 2010 and Coastal Community Foundation awarded TCPCC \$20,000 through the Driver-Fits Grant in December 2010. These additional funds along with TUW funds have been and will be instrumental in sustaining the program through 2011.

TCPCC is in the process of seeking stable funding from 3 sources:

1. Local Community Covering Administrative Costs – 20%
2. Employer/Employee and or Individual Member Contributions covering ½ of Costs of Providing Services – 40%
3. State and or Federal Subsidy Covering ½ of Costs of Providing Services – 40%

While this proposed funding mix does not have the significant advantage of the traditional 70% federal match the Medicaid receives, it is important to note that this program is serving a population that is not eligible for Medicaid and without this program would join the ranks of the uninsured.

Program Evaluation: Researchers at the Medical University of South Carolina reviewed and analyzed TCPCC's enrollment and medical claims utilization during Stage 1 and have found several key trends:

- \$1,000.00 per year per member decreases in charges from hospitals by decreased ER visits, admissions and lengths of stay per admission.
- \$800.00 per year per member decreases in costs for member's second year in program.
- Improved mental wellbeing and functional status.
- Member's inpatient and emergency room costs were on a dramatic upward trend 12 months prior to enrollment in TCPCC and after 12 months of enrollment in TCPCC their inpatient and emergency room costs show a dramatic downward trend.
- PMPM costs the first three months of enrollment in the program are relatively high then dramatically decrease and then level off.

As we continue to work closely with our provider network and other community programs, our efforts should be able to reproduce the program results of Stage 1.

Evidence provided by this program shows that effective primary care innovation aligns one provider right in the center of care for an individual. That provider anchors the patient and helps the patient figure out what is the right care for them.

We continue to see a reduction in ER visits from our members by 23% with 99% seeing their Primary Care physician within 90 days of enrollment.

12/13/2010

the TCP C Plan

Overview

Network providers will file claims with CWTBenefits on your behalf. You are required to establish

and maintain regular visits to your chosen Primary Care Physician. If you receive medical treatment while traveling outside of the network area, or while living as a student outside of the network area, covered expenses will not be paid as network benefits.

There are no benefits out of the network.

Hospital Facility Charges Only for confinements in a hospital, skilled nursing facility, rehabilitation hospital, or for care of an injury or illness. Prenotify required for inpatient stay. Precertification Required.	100% of covered expenses (limited to semi-private room rate or special care unit) after \$100 co pay.
Outpatient Surgery Facility Charges Pre-certification Required. No elective surgery for first 6 months of coverage. Outpatient Radiology and Laboratory Charges Mammogram MRI/CT Scan/MRA/US/ultrasound/Tests with Contrast, EKG, Stress Test, Xray	100% of covered expenses after \$100 co pay. 100% of covered expenses Mammogram & Lab: will cover based on criteria for screening - no copay. 100% of covered expenses, \$10 copay for MRI and CT Scan. 100% of covered expenses after \$10 copay. 100% of covered expenses after a \$20 copay. 100% after \$10 copay for office visits.
Physician Office Visits <u>Primary Care:</u> Family Practice, General Practice, Internal Medicine, GYN <u>Specialist Physicians</u> <u>Routine and Preventive Care</u> See "Covered Expenses" section for covered routine and preventive care services. Specified criteria for annual screening.	100% of covered expenses
Other Physician Charges Includes charges for surgery, inpatient treatment, radiologists, pathologists, and anesthesiologists. No elective surgery for first 6 months of coverage. Home Health Care Pre-certification required to 60 days.	100% of covered expenses Number of visits to be determined and authorized per pre-certification. Require need for skilled care and home bound status. 0% of covered expenses 100% of covered expenses after \$150 copayment ER visits: Must adhere to criteria in ER Agreement. All ER visits subject for review. ER co pay waived if admitted. 100% of covered expenses after \$20 co pay 100% of covered expenses Prior authorization for DME > \$200. No co pay. Chemotherapy agents: Non-covered service. Facility charge at 100% after \$20 co pay per visit (max \$200)
Chiropractic Services - not covered Emergency Room Facility Charges Notification required. Establish agreement signed contract with enrollee regarding non-emergency visits - may result in termination from program. Physician Second Opinion - Pre-certification required. Durable Medical Equipment, Orthotics & Prosthetics Pre-certification required. Chemotherapy & Injectables - Pre-certification required. Chemotherapy agents: Non-covered service. Utilize pharmacy assist program (PAP) for these drugs. Chemotherapy Administration facility charge prior authorization required.	100% of covered expenses Number of visits to be determined and authorized per pre-certification. Require need for skilled care and home bound status. 0% of covered expenses 100% of covered expenses after \$150 copayment ER visits: Must adhere to criteria in ER Agreement. All ER visits subject for review. ER co pay waived if admitted. 100% of covered expenses after \$20 co pay 100% of covered expenses Prior authorization for DME > \$200. No co pay. Chemotherapy agents: Non-covered service. Facility charge at 100% after \$20 co pay per visit (max \$200)

Mental Health

Treatment of Substance Abuse not covered.

Inpatient Treatment - Prenotification required.

Outpatient Treatment - Precertification required.

Outpatient Physical Therapy/Occupational Therapy

Offered through the hospitals only.

Cardiac rehab outpatient Phase II only.

100% of covered expenses after \$100 co pay.
100% of covered expenses after \$20 co pay

100% of covered expenses only offered through the tri-county hospitals.
100% covered service after \$20 co pay per visit. Twenty (20) allowable visits per year per modality.

100% covered service for Phase II. No co pay
100% of covered expenses.

Ambulance

Air Ambulance not covered.



Tri-County Project Care

Tri County Project Care Participating Provider Network

Hospitals

East Cooper Regional Hospital

Medical University Hospital

Roper Saint Francis Hospital

Trident Medical Center

Primary Care and Specialty Physicians

Federally Qualified Health Care Centers

Palmetto Primary Care

Roper Saint Francis Physician Group

United Physicians University Medical Associates

Ancillary Services

Lab Corp

Spectrum Laboratories

Reliable Medical (Durable Medical Equipment)

Value Medical (Diabetic Supplies)

12/14/2010

Tri County Project Care

Program Participant Data Year 2006-2010

		Actual number of people served
		221
Gender	Female	185
	Male	36
Race/Ethnicity	African Amer	93
	White	120
	Hispanic	7
	Asian	1
Age	64-50	61
	49-30	97
	29-19	63
County of Residence	Berkeley	50
	Charleston	143
	Dorchester	28
Total # of Those Served With Low Income at or below 200% Federal Poverty Level		221

