

Two-Part Approach to Increasing Health Insurance Coverage and Outcomes through Miami-Dade Blue

BLUEPRINT

Miami-Dade County (MDC) has undertaken the challenge in meeting our 600,000 uninsured residents' needs. The Office of Countywide Healthcare Planning (OCHP), leads a two-part approach: Part I – the low-cost, comprehensive health insurance product, Miami-Dade Blue, co-designed with Blue Cross and Blue Shield of Florida for those currently uninsured residents (under age 65) and the work force (entities with up to 50 employees); and Part II – OCHP's analysis and management of 4 core efforts: (1) transparency – data at community level, (2) chronic disease management within FQHCs, (3) work force value-added analysis of insurance, and (4) premium assistance program.*

HISTORY

Miami-Dade Blue is a 3-year Pilot (7/09 to 7/12) between Blue Cross and Blue Shield of Florida (BCBSF) and Miami-Dade County. After a competitive bid process, the County collaborated with BCBSF to design and implement a specific product which would meet the needs of uninsured individuals and the workforce struggling with the high cost of health care. Over 29% of Miami-Dade County residents live without health care coverage (Small Area Health Insurance Estimates, 2008).

PART I - THE PRODUCT

A community-based Preferred Provider Organization (PPO) plan with a \$5 million lifetime maximum (benefits as of 8/1/09):

- ❖ **Affordable Premium for Individuals** – example: \$101 a month for 35 yr old male/\$111 a month for 35 yr old female
- ❖ **Unlimited Office-Based Services and Wellness** (up to \$5 million lifetime Plan maximum) – Plan pays up to \$50 for each covered physician or dental visit and members pay the balance up to the pre-negotiated lower provider fee when a participating provider is used (PPO-provided mammograms and labs are fully covered).
- ❖ **Generic Prescription Drugs** for a low \$10 co-payment, plus a discount card for brand medications
- ❖ **Inpatient and Outpatient Hospital-Based Services** – 10 percent co-insurance up to maximum annual out-of-pocket of \$2,500 (negotiated rates)
- ❖ **Broad Provider Network** – 7 hospitals and 1,600+ physicians plus Community Health Centers (including 6 FQHCs); hospice and durable medical equipment providers
- ❖ **Point of Service Plan** – member can choose their doctors; referrals not required
- ❖ **Disease Management and ER Alternatives Included** – 24/7 nurse line, case management and urgent care centers
- ❖ **Plans to cover groups or Individuals:**
 - ✓ **Work Force Plan** – Up to 50/work force members (employees); "Guaranteed Issuance" no refusal for pre-existing conditions
 - ✓ **Individual Plan** – Medically underwritten not guaranteed issuance; some individuals with pre-existing may not be eligible for coverage (those individuals will be offered other products).



PART II - COUNTY ROLE

County's added public health strategies that enhance the Pilot's ability to achieve our shared goals.

Miami-Dade County's role is focused on **Four Key Efforts:**

- **Transparency of Outcomes** – increase Miami-Dade Blue's outcomes transparency through analysis and reporting of enrollment and utilization results at the community level (while also safeguarding individual's privacy);
- **Chronic Disease Management** – increase the Plan's performance by working with providers to implement nationally-proven, clinic-based models of provider and patient driven chronic disease management;
- **Work Force Value-Added** – coordinate with work force to capture the value-added benefits of providing health coverage (e.g.; measure skilled labor retention, decrease absenteeism and increase productivity);
- **Premium Assistance Program** – develop the Program and source funds for the premium assistance (starting from the \$250K in seed money received from our State's Medicaid Waiver) which will enable more of our County's lowest income residents to participate in Miami-Dade Blue

Core Shared Goals

- **Increase** the number of insured individuals;
- **Reduce** the amount of charity care and ER use for primary care;
- **Increase** the viability of our safety net providers; and
- Ultimately, **Improve** the health of our community

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