

# Transitioning from a Hospital-Based to Community-Based Care Model

**Public Safety Department**

May 21, 2024



# Purpose



**History:** Manatee County Government has funded numerous services for indigent county residents through different mechanisms. These services must continuously change and evolve to meet the needs of our residents.

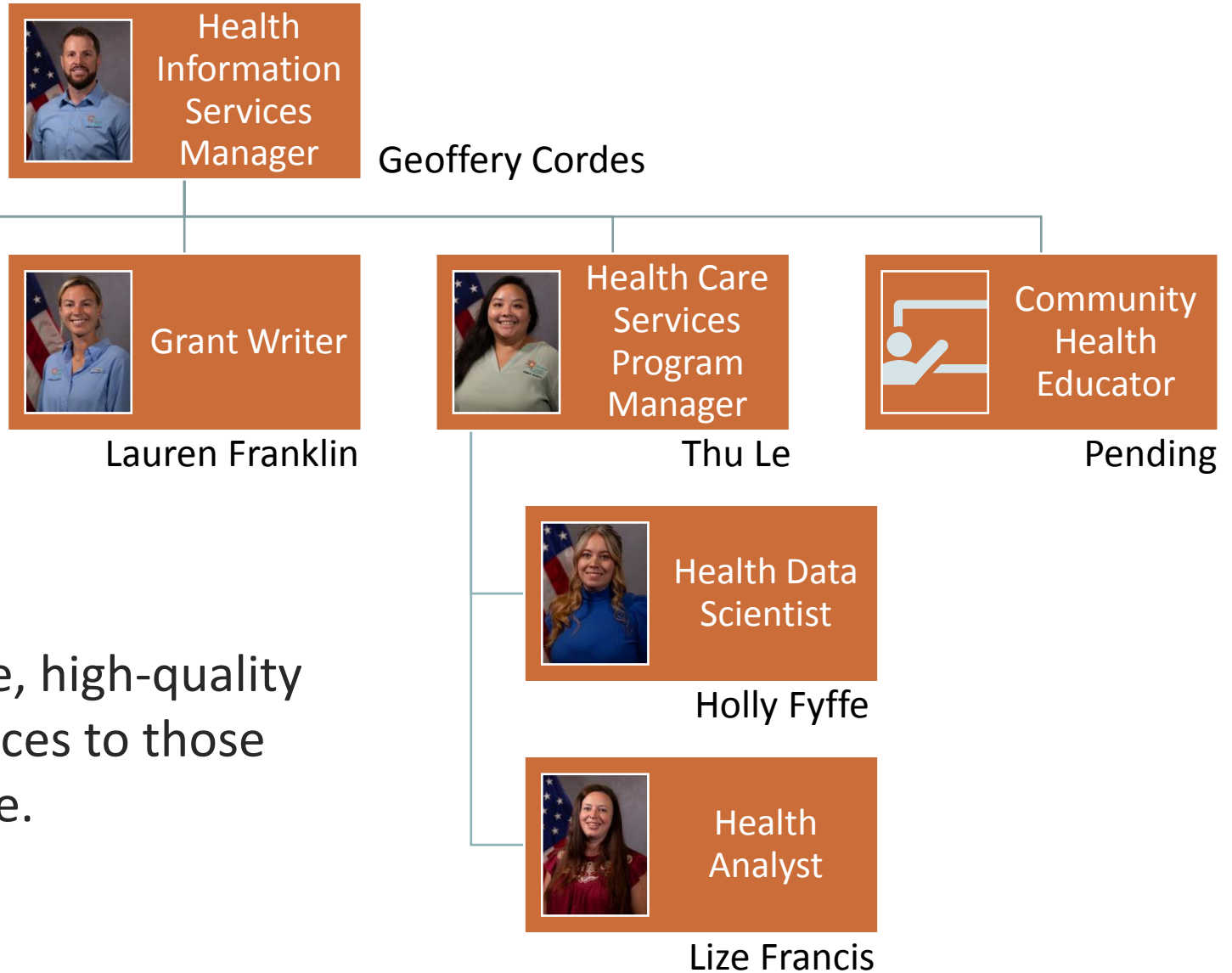


**Challenge:** County residents face significant challenges accessing care due to rising health costs and recent inflation. Additionally, providers continue to limit access to the County's most vulnerable clients.



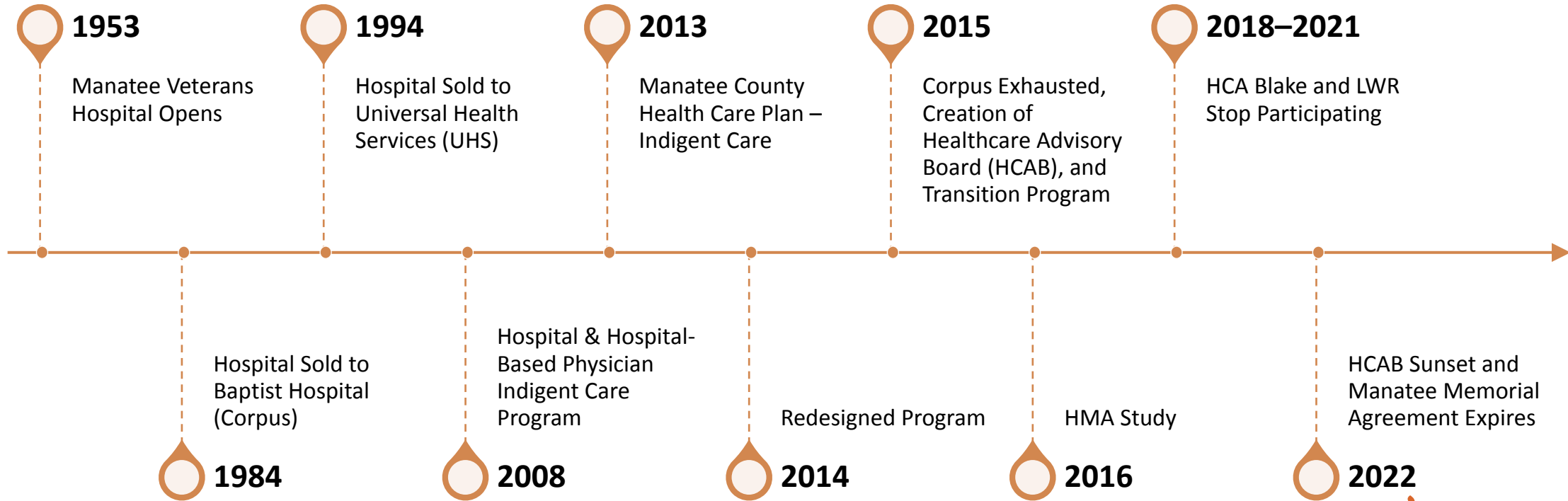
**Solutions:** Create a community-based system of care that prioritizes primary and preventative services, decreasing reliance on costly acute care.

# Health Services



**Goal:** To ensure access to affordable, high-quality medical and behavioral health services to those unable to purchase health insurance.

# Background



# Overview

Manatee County Government has supported numerous services for indigent county residents through different mechanisms.

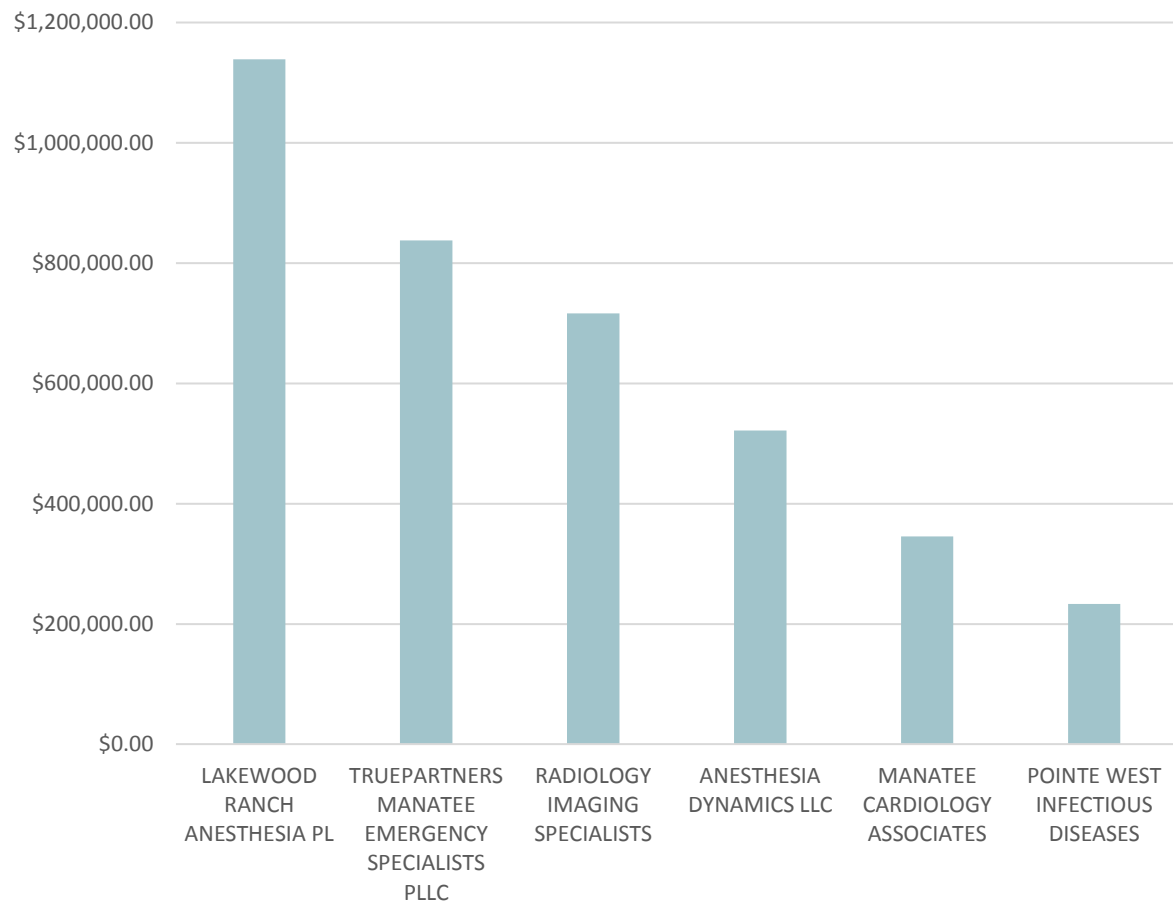
- Non-profit and Indigent Care Funding Agreements
- Low Income Pool Funding
- Prescription Drug Plan
- Indigent Care Program
- Volunteer Health Care Provider Program
- Health Department
- Community Health Teams
- Federally Qualified Health Centers



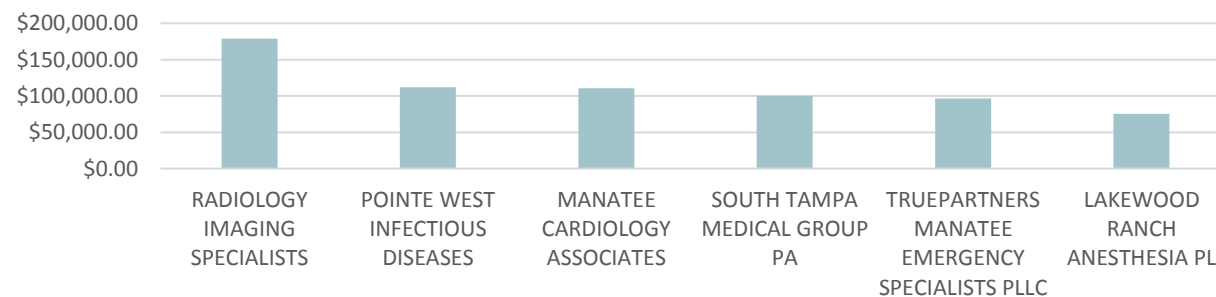


# Indigent Care Payments

## Top Billed



## Top Paid



# Indigent Care Program

## *“Manatee County Health Care Plan” or “Good County”*

Temporary coverage for eligible residents; payor of last resort for **medically necessary health services**:

- Education, prevention, screening, early intervention, disease and case management
- Innovative and Research-based
- Patient-Centered
- Coordinated Care
- Participants Responsible for their Health
- Information Technology Systems Supporting Quality Care – HIE
- Structuring Reimbursement – Medicare allowable rate



# Indigent Care Program

*“Manatee County Health Care Plan” or “Good County”*

**Originally designed** *“to create cost efficient services through a process where ill patients **seek treatment at a local clinic** or with a family physician, **instead of going to the emergency room for everything.**”*

- 92% of care is hospital-based
- Nearly 1,600 low-acuity county residents access care via the ER
- County Plans focus on primary care and prevention
- Cumbersome and costly software requirements



# System Updates

**June 1, 2024:** Decrease in the availability of elective non-emergent procedures.

- Radiology
- Lab
- Therapy

**Note:** Currently only one (1) hospital bills for Indigent Care

TO: COMMUNITY HEALTHCARE PROVIDERS & ALLIED HEALTH ORGANIZATIONS  
FROM: MANATEE MEMORIAL HOSPITAL  
SUBJECT: NOTICE OF DISCONTINUATION OF THE MANATEE COUNTY HEALTH CARE PLAN AKA 'GOOD COUNTY' AND WE CARE MANATEE REFERRALS  
DATE: MAY 6, 2024

This letter is serving as notice that effective June 1, 2024, Manatee Memorial Hospital will no longer be accepting patients that are enrolled in the Manatee County Healthcare Plan (MCHP), often referenced as the "Good County Plan," for elective procedures. Providers that are enrolled in the MCHP will no longer be able to book elective procedures at Manatee Memorial. Unfunded referrals from We Care Manatee for elective procedures will no longer be accepted as well. Please note that notwithstanding the discontinuation of acceptance of Good County plan for elective procedures and non-emergency transfers, Manatee Memorial will continue to comply with its legal obligations under the federal Emergency Medical Treatment and Labor Act ("EMTALA").

Through the years, Manatee Memorial Hospital has had partial funding agreements with the County to support indigent care. However, this funding has covered only a fraction of the expense, while the demand for unfunded services has escalated significantly. Since January 1, 2024, Manatee Memorial has not had an agreement with the County for unfunded care, yet Manatee Memorial has continued to provide services for this population. Our projected deficit from unfunded care, beyond charity care, amounts to several millions of dollars. The significant cost of unreimbursed care is unsustainable. We continue to be a supportive community partner and will maintain open discussions with Manatee County regarding solutions, however, we need to make this difficult, yet responsible, fiscally prudent decision.

Effective May 6, 2024, Manatee Memorial will stop scheduling elective procedures and testing beyond May 31, 2024, for MCHP beneficiaries and We Care Manatee patients. Exceptions will be made for patients that are already under the care of our Medical Staff members to ensure that we are meeting the needs of those patients and physicians. These exceptions will need to be approved by hospital administration.

Services impacted, effective June 1, will be elective non-emergent procedures, radiology testing, lab testing and therapy. As stated above, emergency services will continue without interruption. Patients receiving services under the MCHP and We Care Manatee can take advantage of existing hospital policies for patients seeking elective care without insurance including discounts for cash payments and payment plan options.

# Staff Action

**System of Care:** Streamline access to care and eliminate barriers



**Identified Critical Shortages**



**Engaged Service Providers**



**Community-based Solutions**



# Near-term Solutions

- 1. Reallocate funds to support community-based care**
  - Reallocate current available funding to bolster Indigent Care - \$1.25M
- 2. Eliminate barriers to provider participation and Streamline**
  - **Board** - Sunset current Rx Program (R-15-017)
  - **Board** - Combine Rx and Indigent Care Programs
  - **Board** - Update Content, Eligibility Criteria to Align with State Statues, and Remove HIE
- 3. Increase support for local safety-net providers**
  - **Board** - Contract with FQHC to support ER Diversion and other programming
- 4. Increase enrollment capacity through community partners**
  - **Board** - Contract with non-profit agencies to augment enrollment capacity

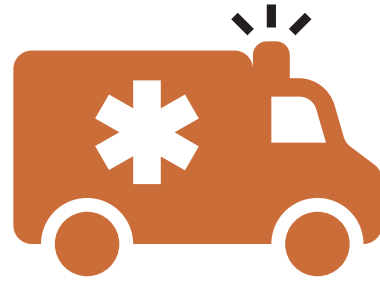
**Note:** Funding is currently available to support each near-term solution



# Long-term Solutions



**No Cost  
Clinics or  
Pharmacies**



**Mobile Solutions,  
Education, and  
Outreach**



**ER Diversion**



**Pilot Alternative  
Support Models**



# Next Steps

Hold for health-related changes at upcoming meeting - June 11

Pending further direction from the BOCC

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