

# Update on Expansion of Pilot: Esperanza Care

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# Pilot Project for Remaining Uninsured

- Board of Supervisors approval: August 2015
- Funding approved: \$500,000 general fund
- Implementation: 11/2015 – 09/2017
- Services Provided:
  - Primary care
  - Limited pharmaceuticals, laboratory, and radiology services
- Clients served: approx. 2,000



# Esperanza Care

- Board of Supervisors approval: May 2017
  - Funding approved: \$2.0 M from NMC Enterprise Fund for FY 2017-18
  - Enrollees: up to 2,500
- Execution of Contract with Pacific Health Alliance: August 1, 2017 (Third Party Administrator)
- Collaborated with COPA on new processes, outreach, and education
- Implemented: October 1, 2017



# Full scope primary care pilot and ambulatory specialty services

Medical Costs: \$1.8 million

- Primary care, specialty care, ancillary and pharmacy

Administrative Annual Costs: \$200,000

- Eligibility determination
- Enrollment and issuance of cards
- Claims Processing

Annual Cost: \$2.0 million

- Serving 2,500 individuals



# Program Overview

Patients meeting the following eligibility criteria may qualify:

- Low-income resident of Monterey County (up to 138% FPL)
- 19 years and above
- Currently uninsured
- Not eligible for comprehensive medical coverage

Covered services:

- Full array of County operated primary care and NMC based outpatient specialty services including lab, diagnostic imaging and limited generic drugs



# Scope of Services

- County Primary Care: Preventive Care, Acute Illness, Disease Management
- Pharmacy: Prioritized generic drugs: Antihypertensive, Asthma, DM, Antibiotics, etc.
- NMC Based Outpatient Care:
  - Surgery, Gastroenterology, Heme/Onc, Nephrology, Neurology, Neurosurgery, GYN, Cardiology, Podiatry, Urology, Orthopedics, Pulmonary.
  - NMC Based Lab Services
  - NMC Based Imaging: X Ray, CT, MRI , Ultrasound.



# Excluded Services

- Mental Health and Substance Use Recovery
- Inpatient Hospital Services
- Surgery Services
- Medical Equipment and Supplies
- Emergency Room Visits
- Physical and Occupational Therapy
- All out of system care



# Pacific Health Alliance (TPA)

- Enrollment
- Issuance of membership cards
- Member notice
- Explanation of member benefits
- Provider network
- Claims Processing
- Utilization management/reporting





# Esperanza Care Statistics

- Overview of:
  - Enrollment Demographics
  - Monthly Growth
  - Wait list
  - Diagnosis Analysis
  - CPT Analysis
  - Accumulated Costs
  - Estimated Program Costs

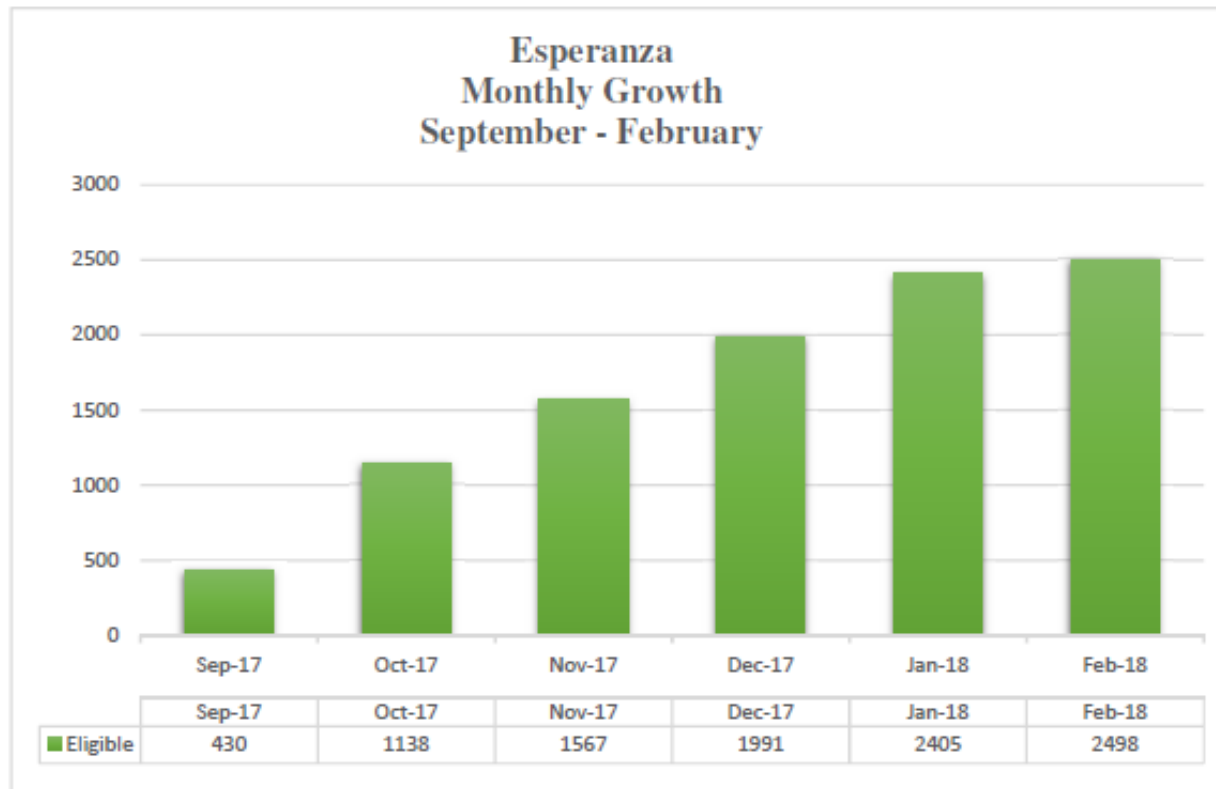


# Enrollment Demographics

Active Enrollment	2,498	
Male	634	25%
Female	1,864	75%
Under 17	0	0%
18 to 29	307	12%
30 to 39	847	34%
40 to 49	840	34%
50 to 59	327	13%
60 to 69	128	5%
Over 70	49	2%
Utilization	1,535	61%
Unique members who utilized services this reporting period.		



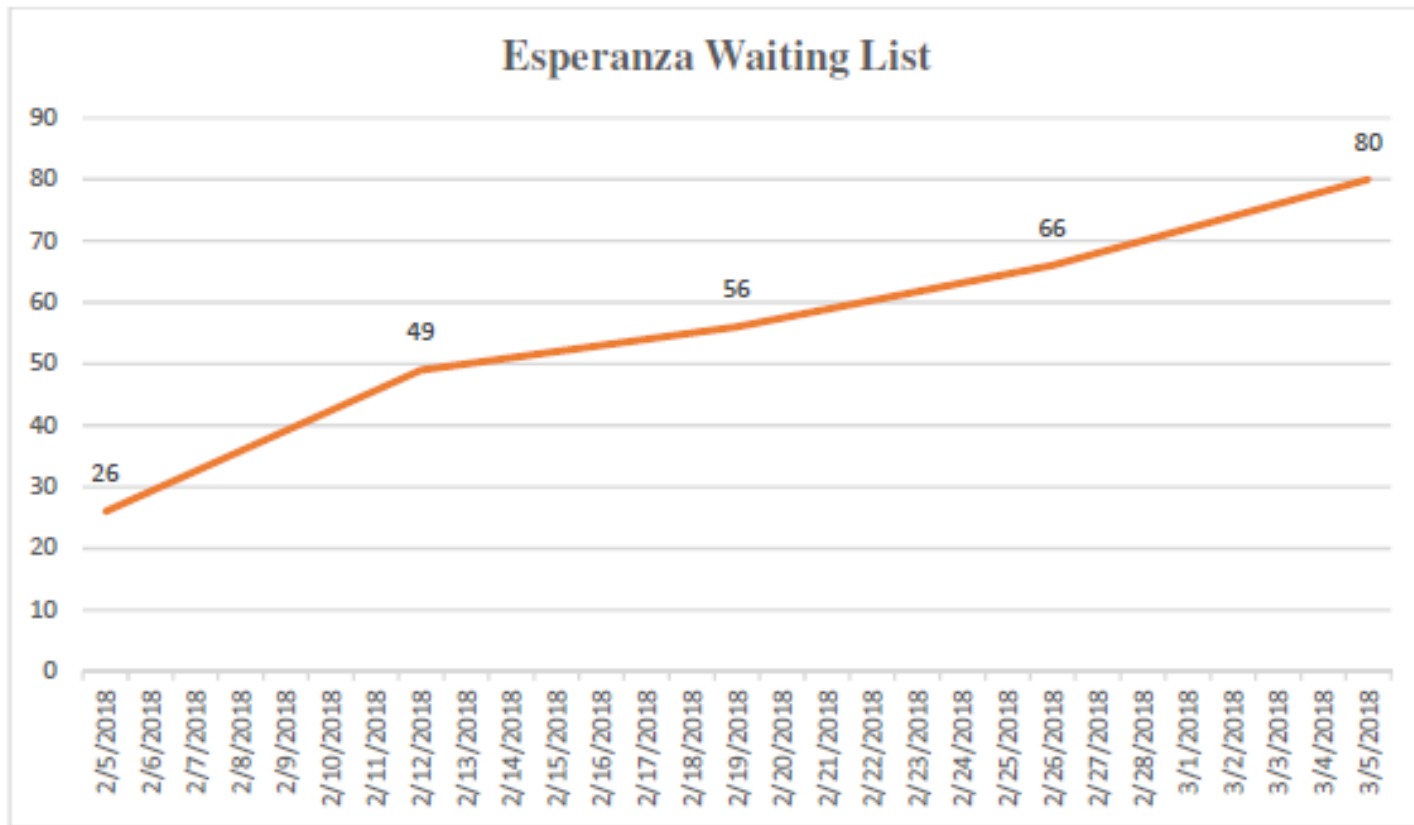
# Monthly Growth



\*\*Plan capped at 2500 members on 2/5/2018



# Wait list



PHA Administrators  
Esperanza Care

Top 25 Diagnosis By Cost  
Reporting Period: 10/1/2017 to 2/28/2018

Diagnosis	Members	Units	Charges	Allowed
E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	171	904	\$72,990.92	\$13,927.82
Z23 - ENCOUNTER FOR IMMUNIZATION	171	454	\$27,471.97	\$12,958.57
I10 - ESSENTIAL PRIMARY HYPERTENSION	122	317	\$34,850.64	\$5,825.21
Z00.00 - ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	70	336	\$37,749.89	\$4,387.79
E66.9 - OBESITY UNSPECIFIED	45	192	\$17,766.18	\$3,152.11
E11.8 - TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	41	186	\$15,107.90	\$3,205.00
R05 - COUGH	40	107	\$8,804.00	\$1,631.00
R10.2 - PELVIC AND PERINEAL PAIN	35	109	\$66,143.46	\$2,500.79
R73.03 - PREDIABETES	35	70	\$8,300.00	\$1,296.80
J02.9 - ACUTE PHARYNGITIS UNSPECIFIED	33	75	\$5,877.00	\$1,102.73
J06.9 - ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	33	61	\$8,165.00	\$905.98
E11.65 - TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	29	141	\$11,497.38	\$1,926.64
F41.9 - ANXIETY DISORDER UNSPECIFIED	28	48	\$6,777.38	\$892.53
K21.9 - GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	27	51	\$7,010.38	\$1,425.29
Z12.11 - ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	24	54	\$6,150.90	\$912.61
E03.9 - HYPOTHYROIDISM UNSPECIFIED	23	83	\$10,251.47	\$1,223.22
R30.0 - DYSURIA	22	75	\$5,268.88	\$892.90
Z01.419 - ENCOUNTER GYN EXAM GENERAL RTN W/O ABNORMAL FIND	22	48	\$5,580.37	\$826.21
R76.11 - NONSPECIFIC RXN TUBERCULIN SKIN TEST W/O ACT TB	21	50	\$8,137.45	\$1,173.10
R10.9 - UNSPECIFIED ABDOMINAL PAIN	21	113	\$23,272.48	\$1,901.33
E66.09 - OTHER OBESITY DUE TO EXCESS CALORIES	21	52	\$5,301.52	\$766.89
E66.3 - OVERWEIGHT	20	136	\$15,015.56	\$1,535.10
R10.13 - EPIGASTRIC PAIN	19	56	\$9,894.98	\$921.30
R03.0 - ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	18	57	\$7,755.91	\$1,070.31
E78.5 - HYPERLIPIDEMIA UNSPECIFIED	18	53	\$5,277.76	\$688.65



PHA Administrators  
Esperanza Care

Top 25 CPT Codes By Cost  
Reporting Period: 10/1/2017 to 2/28/2018

Procedure	Members	Units	Billed Charges	Allowed
99213 - OFFICE/OUTPATIENT VISIT EST	1,050	1,598	\$232,249.00	\$37,608.00
90746 - HEPATITIS B VACCINE ADULT DOSE INTRAMUSCULAR USE	137	155	\$3,924.00	\$10,154.76
99203 - OFC/OUTPT VISIT E&M NEW MODERATE SEVERITY 30 MIN	167	182	\$39,516.00	\$9,724.00
99212 - OFC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10 MIN	300	424	\$43,314.00	\$7,620.10
99214 - OFC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN	164	203	\$43,209.00	\$7,125.00
90686 - IIV4 VACC NO PRSV 0.5 ML IM	240	240	\$4,788.32	\$5,590.62
90715 - TDAP VACCINE >7 IM	130	131	\$3,352.00	\$4,683.99
80061 - LIPID PANEL	335	337	\$27,990.00	\$3,831.28
80053 - COMPREHEN METABOLIC PANEL	380	391	\$47,311.00	\$3,572.80
84443 - ASSAY THYROID STIM HORMONE	234	243	\$23,104.68	\$3,512.88
83036 - HEMOGLOBIN; GLYCATED	363	368	\$18,656.00	\$3,100.02
90670 - PCV13 VACCINE IM	15	15	\$966.00	\$2,956.50
90732 - PPV 23-VALENT ADLT/IMMUOSUP-2 YR/OLDER SUBQ/IM	26	26	\$766.00	\$2,686.06
90688 - IIV4 VACCINE SPLT 0.5 ML IM	111	112	\$2,210.00	\$2,453.00
99204 - OFFICE/OUTPATIENT VISIT NEW	27	31	\$9,483.00	\$1,998.10
70553 - MRI BRAIN; W/O CONTRAST FOLLOWED BY CONTRAST	4	4	\$23,580.00	\$1,997.16
76856 - US EXAM PELVIC COMPLETE	47	48	\$80,688.00	\$1,975.38
76830 - TRANSVAGINAL US NON-OB	47	48	\$69,840.00	\$1,948.32
99202 - OFFICE/OUTPATIENT VISIT NEW	56	61	\$9,916.00	\$1,920.80
85025 - BLD CT; HG/PLATELET CT AUTO & AUTO COMPLT WBC	242	246	\$39,360.00	\$1,633.50
99243 - OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	18	24	\$6,480.00	\$1,309.00
76705 - ECHO EXAM OF ABDOMEN	34	34	\$50,252.00	\$1,238.96
74177 - CT ABD & PELV W/CONTRAST	4	5	\$15,030.00	\$1,183.20
90651 - 9VHPV VACCINE 2/3 DOSE IM	6	6	\$820.00	\$1,179.72
73721 - MRI JNT OF LWR EXTRE W/O DYE	3	3	\$12,333.00	\$1,171.44



# Accumulated Costs to Date

ACCUMULATED PROGRAM COSTS  
ESPERANZA CARE  
August 1, 2017 to February 28, 2018

	<u>\$ 28.00 Clinic Cap</u>
Clinics	\$282,856
Hospital	\$ 41,453
Pharmacy	\$119,525
Administration	\$ 69,720
IBNR	\$ 19,650
<b><u>Total</u></b>	<b>\$533,204</b>
<b>PMPM</b>	<b>\$ 52.78</b>





# Estimated Program Costs

**ESTIMATED PROGRAM COSTS  
MEDI-CAL VALUE AND \$28.00 CLINIC ALLOCATION  
August 1, 2017 to June 30, 2018**

	<b>\$ 28.00 PMPM Clinic Value</b>
<b>Clinics</b>	\$ 562,852
<b>Natividad Medical Center</b>	\$ 82,487
<b>Pharmacy</b>	\$ 308,365
<b>Administration</b>	\$ 119,750
<b>TOTALS</b>	\$1,073,454

Based upon 20,102 member months 10-1-17 through 06-30-2018





**ESTIMATED PROGRAM COSTS**  
**(\$28 Clinic Allocation)**  
**August 1, 2017 to June 30, 2018**

	<b>Assumption A<sup>1</sup></b>	<b>Assumption B<sup>2</sup></b>	<b>Assumption C<sup>3</sup></b>	<b>Assumption D<sup>4</sup></b>
<b>Clinics</b>	<b>\$ 562,852</b>	<b>\$ 646,856</b>	<b>\$ 688,856</b>	<b>\$ 772,856</b>
<b>Hospital</b>	<b>\$ 82,487</b>	<b>\$ 94,718</b>	<b>\$ 100,868</b>	<b>\$ 113,168</b>
<b>Pharmacy</b>	<b>\$ 308,365</b>	<b>\$ 354,384</b>	<b>\$ 377,395</b>	<b>\$423,415</b>
<b>Administration</b>	<b>\$ 119,750</b>	<b>\$ 134,750</b>	<b>\$ 142,250</b>	<b>\$157,250</b>
<b>IBNR</b>	<b>\$ 126,843</b>	<b>\$ 145,774</b>	<b>\$ 155,239</b>	<b>\$174,169</b>
<b>Total</b>	<b>\$1,200,297</b>	<b>\$1,376,482</b>	<b>\$1,464,135</b>	<b>\$1,640,858</b>
<b>PMPM</b>	<b>\$ 59.71</b>	<b>\$ 59.58</b>	<b>\$ 59.51</b>	<b>\$ 59.44</b>

<sup>1</sup> Assumption "A" – cap remains at 2500

<sup>2</sup> Assumption "B" – cap expanded to 3500 – April 1, 2018

<sup>3</sup> Assumption "C" – cap expanded to 4000 – April 1, 2018

<sup>4</sup> Assumption "D" – cap expanded to 5000 – April 1, 2018



# Provide Direction to Staff

- Option 1: Maintain enrollment at 2,500 and established wait list
- Option 2: Increase enrollment to 3,500 and establish wait list
- Option 3: Increase enrollment until funding is exhausted; No enrollment cap





# QUESTIONS?



COUNTY OF MONTEREY  
**HEALTH DEPARTMENT**