



FY 2015 Budget

The Impact of the Affordable Care Act and Health System Transformation

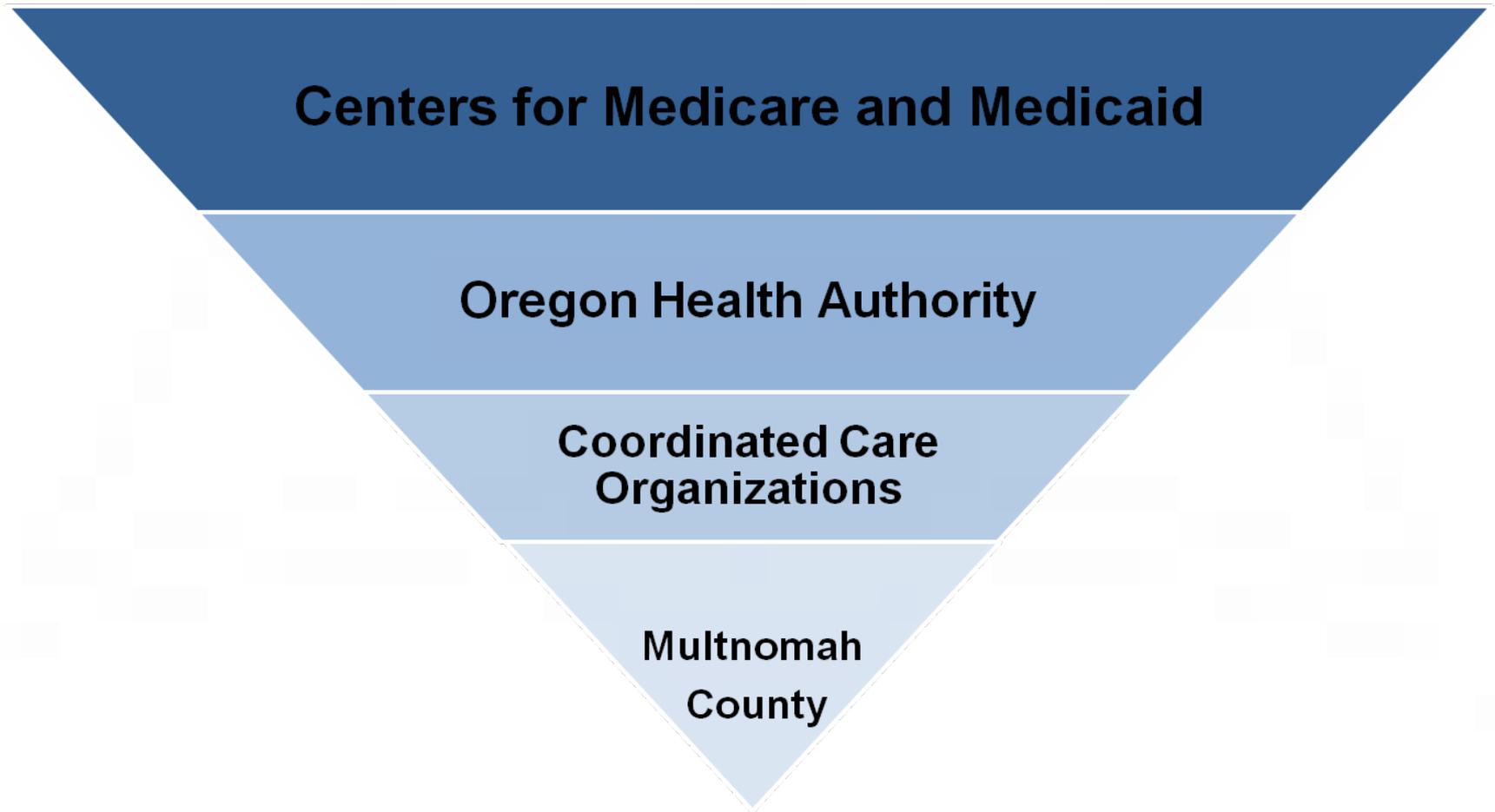
Joanne Fuller, Chief Operating Officer and Interim Director, Health Department

Susan Myers, Director, Department of County Human Services

Scott Taylor, Director, Department of Community Justice

Sherry Swackhamer, Director, Department of County Assets

May 1, 2014





County-wide, coordinated approach

- County principles of equity, transparency, and collaboration underlie all health system transformation work.
- Regular meetings with department leaders and key divisions, including government relations and communications.
 - Speak with one voice.
 - Venue to share information and develop strategies.



Medicaid Expansion

- Numbers enrolled across the state exceeded projections.
- Tri-County Area: Health Share of Oregon has over 54,000 new members and Family Care has approximately 40,000 (including some in Marion County).
- Over 40,000 Multnomah County residents newly enrolled in Medicaid as of mid-April.





Medicaid Expansion

- Health Department processed over 12,000 applications as of end April.
 - Clinics enrolled 11,000 people.
 - Corrections Health helped enroll 1,900 people in jail.
- Department of Community Justice follows up with partners (jails, prison, Corrections Health) to ensure that clients enroll or finalize enrollment.
- Social Service and Mental Health and Addictions partners and providers help eligible clients enroll in the Oregon Health Plan.





Medicaid Expansion – Demand and Access for Care

- Demand and access for care are community-wide issues
- Physical health care near capacity for Oregon Health Plan (OHP) in the metro area
- Dental health is currently managing demand; but demand is growing
- Multnomah Mental Health providing capacity payments to providers to recruit staff to serve new members



Budget Impact

Health Department

Primary Care and Dental

- Revenue projections allow us to maintain current service level for primary care and dental.
- Increase in revenue from Medicaid expansion allows us to maintain current service level and keep up with cost increases. (~ \$6m)

Corrections Health

- Commercial insurance coverage may provide some additional revenue but will require investment in systems to realize savings.
- Medicaid coverage for hospitalization for stays over 24 hours may decrease costs. (total impact ~ \$0.5 - \$1m)





Budget Impact

Multnomah Mental Health Medicaid Program

- Medicaid Increased Revenue (\$14.5m)
- Mental Health State Indigent Fund Decrease (\$10.5m)





Budget Impact

DCJ and DCHS Addictions Treatment

- Addictions funding changes coordinated with both DCHS and DCJ
- Supports a system change in the delivery of addictions treatment, making possible a more comprehensive continuum of care
- Medicaid expansion allows shifting of treatment funding from state and county funds to Medicaid
- New Medicaid population puts even more pressure on extremely limited residential treatment capacity



On the Horizon – FY 2015

- Investments in Information Technology infrastructure, software, and integration tools will be required
- Analysis of the IT and business process requirements for integration of behavioral health and physical health will continue via School-Based Health Center grant
- Requesting FY 2015 carryover, \$400k



On the Horizon – FY 2015

- Implement Alternative Payment Methodology for public health and primary care / dental
- Develop implementation plan -- Healthy Columbia Willamette
- Review system -- Multnomah Mental Health and Community Mental Health Program
- Mental Health Global Payment started January 2014; Phase II Alternative Payment Model begins in July 2014
- Develop clear approach to incentivize treatment of criminal risk factors – Department of Community Justice



Risks

- Capacity
- Delay of Alternative Payment Methodology for primary care clinics by the state
- Coordinated Care Organizations not yet focusing on prevention
- Other funders reduce payments before Medicaid expansion impact fully known
- Technology improvements and upgrades required to keep primary care competitive and to manage mental health benefit are yet unknown



Questions?