

Impact of Federal Health Reform on VDH

Senate Finance HHR Subcommittee

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State Health Commissioner

VDH Core Mission and Health Reform

- VDH core mission is focused on the health of communities and the health of the entire population of Virginia. Proportionately, little we do focuses on providing primary health care to individuals.
- Therefore, the core mission of VDH will not be affected by the federal health reform initiative.
- The vast majority of VDH programs fall outside the scope of health reform and are based on requirements in the Code of Virginia.

Programs/Services Not Affected by Health Reform

Chief Medical Examiner

Emergency Preparedness and Response

Drinking Water

Onsite Sewage Disposal and Well Construction

Restaurant Inspections (Food Safety)

Licensure and Certification of Health Care Facilities

Mass Immunization Clinics

Disease Surveillance

Communicable Disease Investigation

- Food borne and Water borne Outbreaks
- Tuberculosis Control
- Contact Tracing for Sexually Transmitted Infections, including HIV and AIDS
- Rabies
- Vaccine Preventable Disease Outbreak Investigations

Vital Records

Health Statistics

WIC

Programs and Services Potentially Affected by Health Reform

Family Planning

Prenatal care

Dental care

Routine Immunizations

Primary Care (only in Alexandria, Hampton, and Newport News)

Impact of Health Reform on Local Health Departments

Potential Impact

- Primary Care
 - Offered in Alexandria, Norfolk, Hampton, Newport News
- Clinical Preventive Services
 - Prenatal care
 - Family Planning
 - Dental Health
 - Routine Immunizations

Not Affected

- Environmental Health Activities (Food Safety/Onsite/Rabies)
- Communicable Disease Surveillance and Investigation

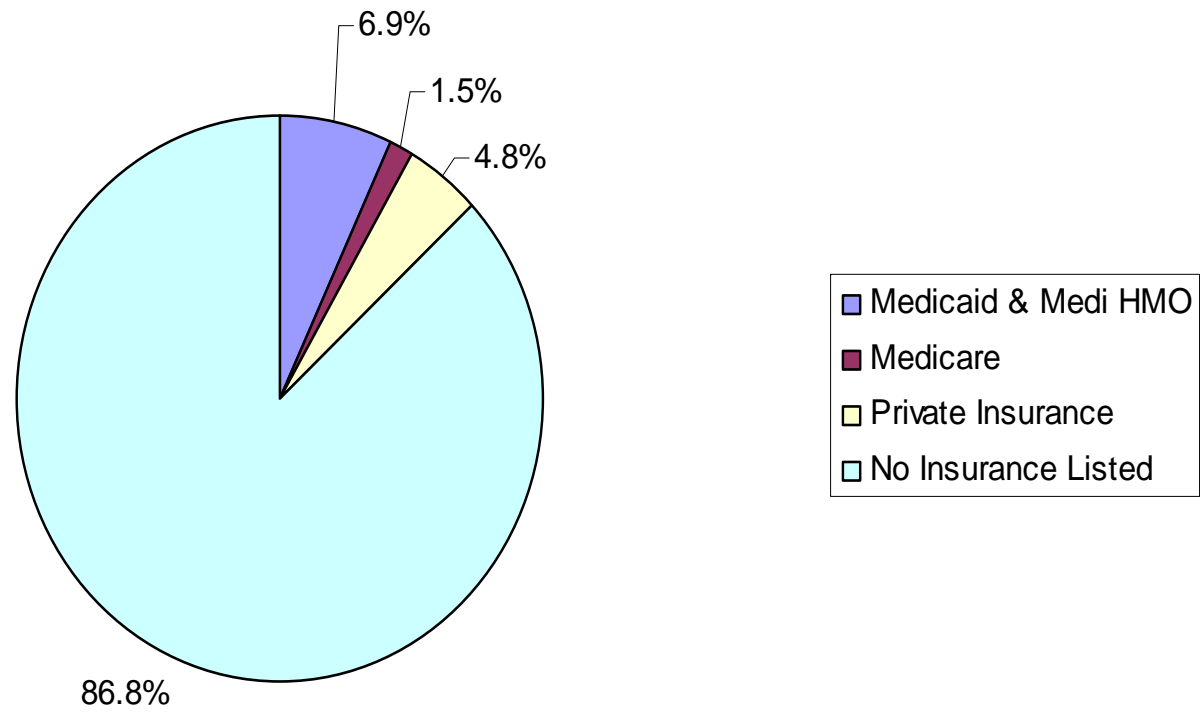
Selected LHD Partnerships with Other Safety Net Providers

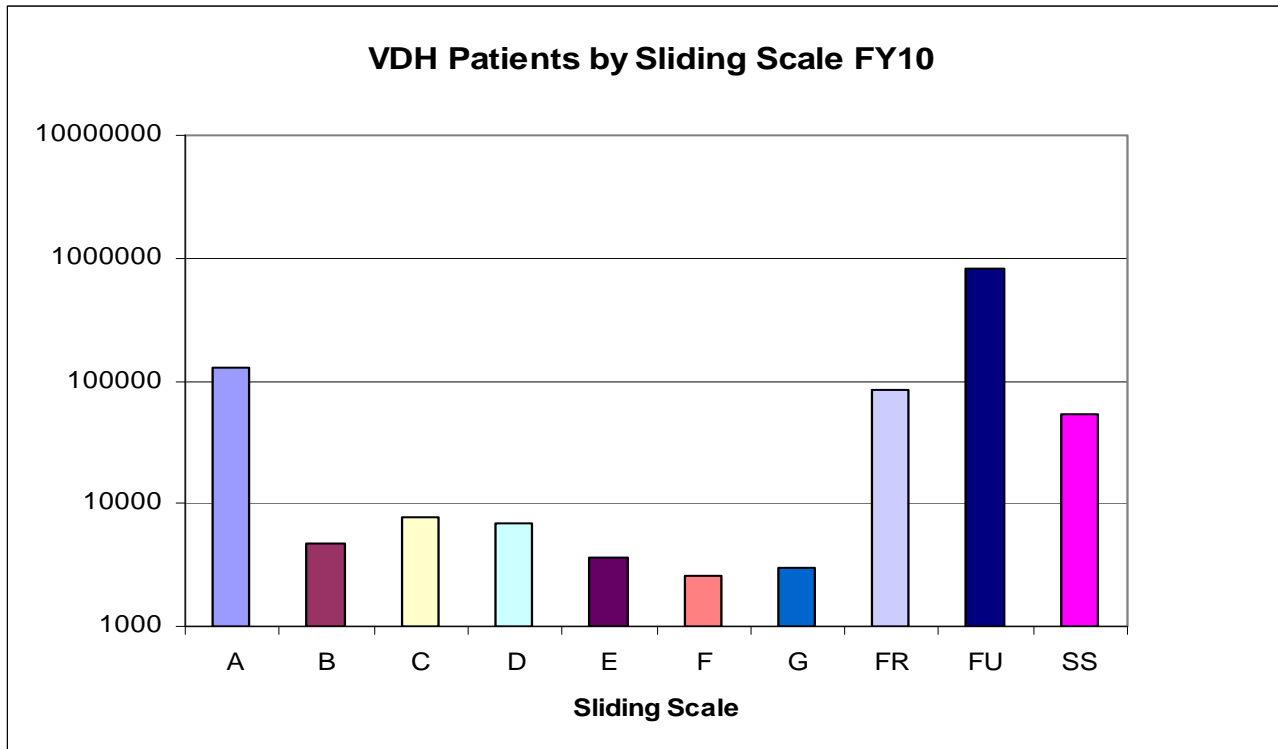
- All LHDs who currently provide primary care are actively engaged in partnerships with Federally Qualified Health Centers to transition patients to a medical home
- At least six health departments offer space in their facilities to Free Clinics

LHDs and DMAS Managed Care

- LHDs play crucial roles in the transition to managed care in 1999 and during other transitions because we have experience dealing with uninsured populations and because many areas of the state have limited providers
- VDH currently contracts with all Medicaid Managed Care Organizations
- LHDs are a service delivery point for preventive services in every city and county

VDH Patients by Insurance Type FY10





A = Patient pays 0% of charges (Bellow 100% of federal Poverty)

B = Patient pays 10% of charges (110% of Federal Poverty)

C = Patient pays 25% of charges (125% of Federal Poverty)

D = Patient pays 50% of charges (133 % of federal Poverty)

E = Patient pays 75% of charges (150% of Federal Poverty)

F = Patient pays 95% of charges (175% of Federal Poverty)

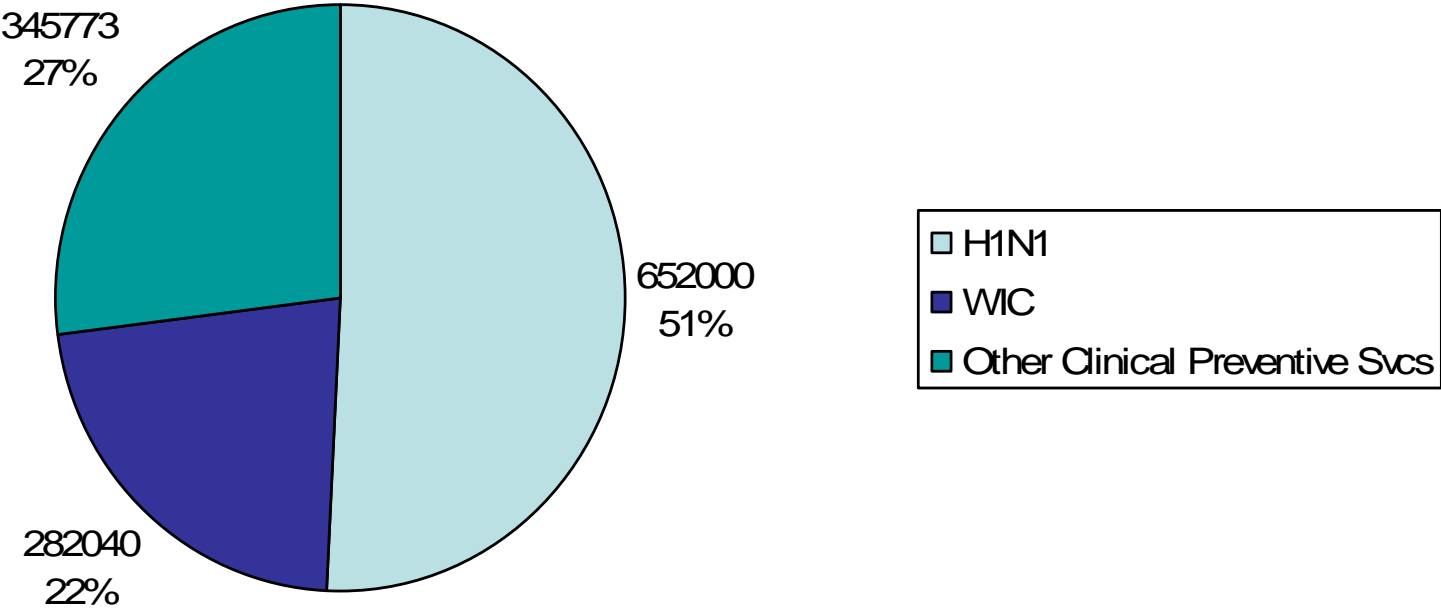
G = Patient pays 100% of charges (200% of federal Poverty)

FR = Free Service – no income eligibility done, e.g., Code mandated childhood vaccines, PPDs for TB contacts, HIV Testing

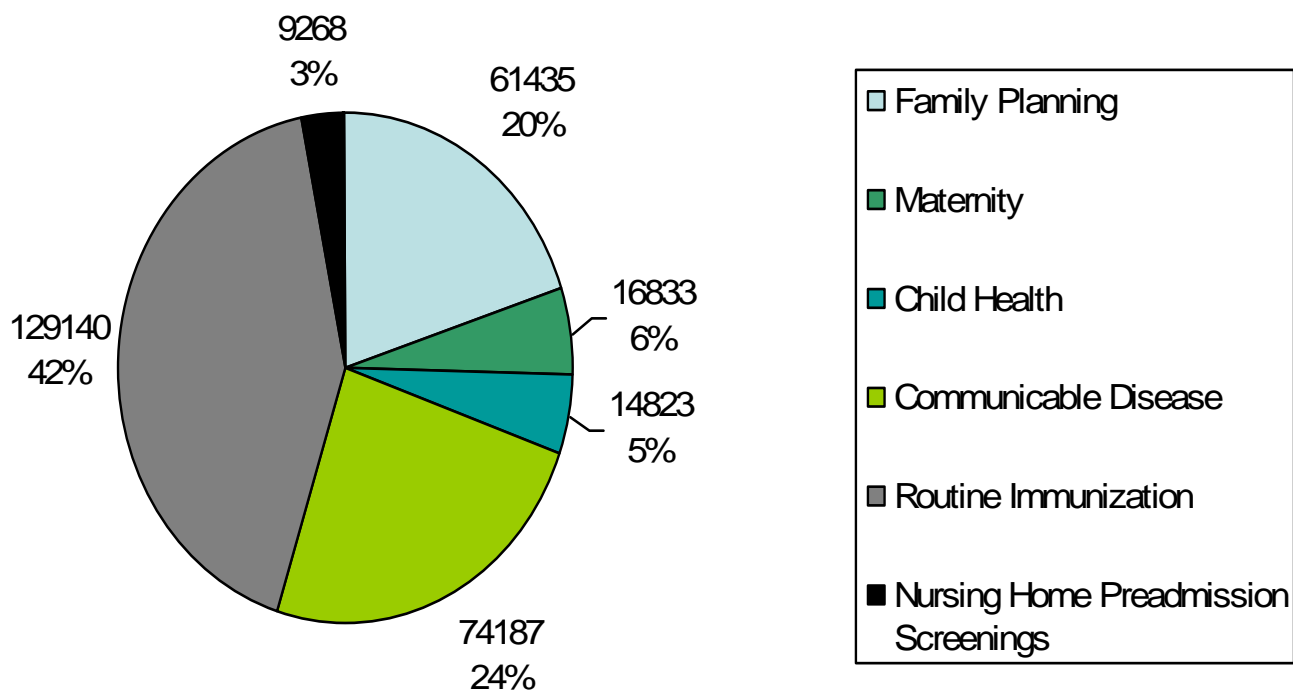
FU = Full Fee Service – no income eligibility done, e.g., Travel vaccines, PPDs or vaccines provided for employment purposes (non-VDH), vaccines provide in mass clinic settings

SS = Patient's family type is marked sliding scale, but no income details that are > 1 year old, and new income information is not available when a subsequent encounter is created. These are usually Community Event encounters.

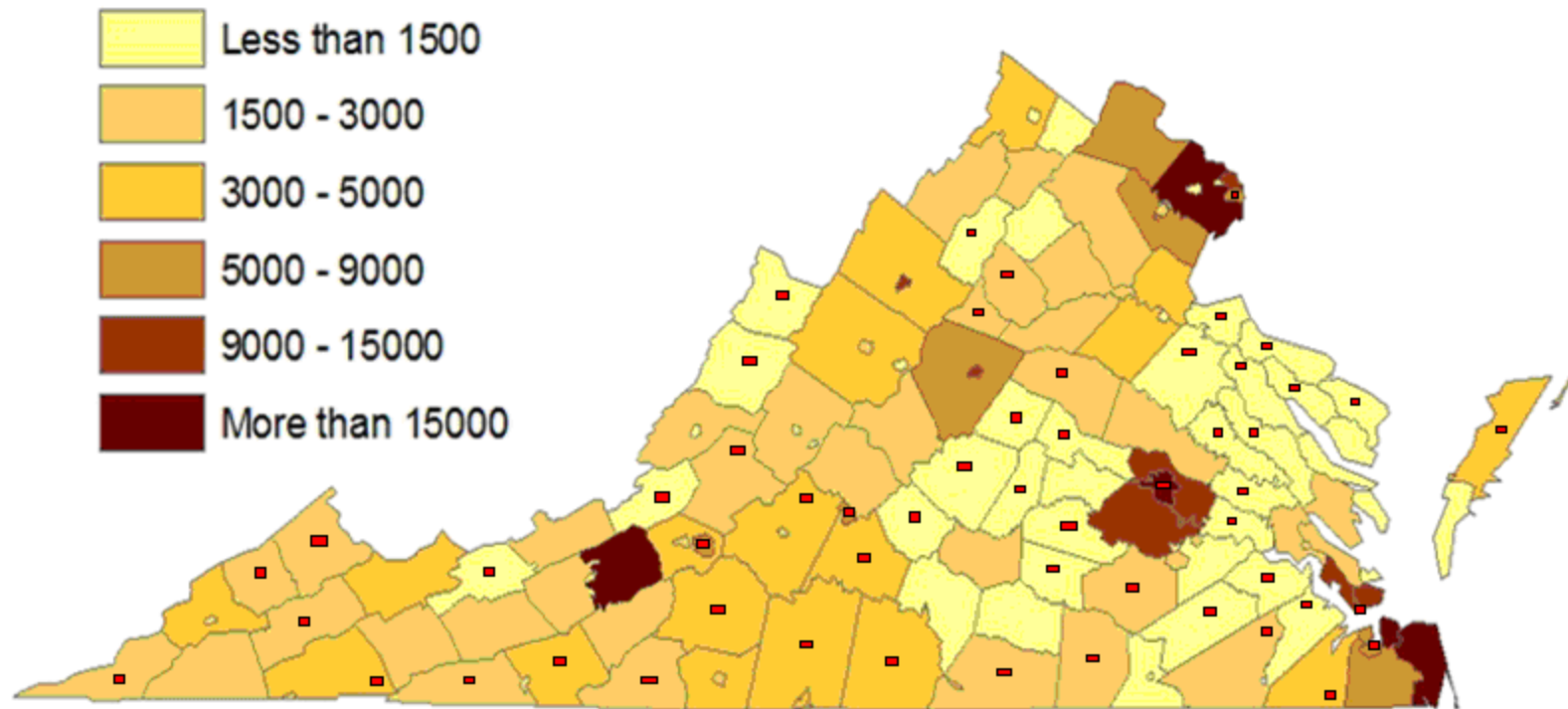
FY10 Local Health Department Unduplicated Patients



FY10 Local Health Department Unduplicated Patients for Other Clinical Preventive Services



2014 Newly Medicaid Eligible by County with Primary Care Health Professional Shortage Areas (HPSA) Indicated



Data Sources VA Medicaid Now and Under Health Reform
Virginia Primary Care, Health Professional Shortage Areas
As of July 22, 2008
VDH Office of Minority Health and Health Equity
Project 2014 Data from
Weldon Cooper Center for Public Service-UVA

Summary

- VDH mission is much broader than the delivery of health care
- Individuals to be covered through health reform and seeking access to care will have barriers based on provider availability access, reimbursement, and eligibility
- LHDs fill important gaps during transition
- Key services will continue to be provided by LHDs to include communicable disease investigations, including Tuberculosis and for some, they will prefer to seek STD and Family Planning from LHDs