Virginia Coordinated Care for the Uninsured (VCC) Program
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Sheryl L. Garland, MHA
Vice President, Health Policy and Community Relations
VCU Health System

THE VCU MEDICAL CENTER

VCU HEALTH SCIENCE SCHOOLS
- Allied Health Professions
- Dentistry
- Medicine
- Nursing
- Pharmacy

VCU HEALTH SYSTEM
- MCV Hospitals
- Children’s Hospital of Richmond
- MCV Physicians
- Virginia Premier Health Plan

More than 15 affiliated centers and institutes, including the VCU Massey Cancer Center, Virginia’s first NCI-designated cancer center
VCU Health System is a Major Regional Referral Center for Virginia and the mid-Atlantic

VCUHS is the largest Safety Net Provider in the Commonwealth

Distribution of Indigent Care Funds
Strategy needed to manage the care of the uninsured

- High volume (over 60%) of Emergency Department visits for the uninsured were for primary care treatable conditions
- Need to control the cost of care for the population
- “Social Determinants of Health” impacting health outcomes
- Disproportionate percentage of vulnerable patients served

![Source of Patients by Payer FY13](chart)

74% uninsured or government sponsored

Virginia Coordinated Care for the Uninsured (VCC)

- Established in the Fall of 2000
- Vision: utilize managed care principles to coordinate health care services for a subset of the patients who qualify for the VCUHS Indigent Care program
- Target population: uninsured in the Greater Richmond and Tri-Cities areas
Program Goals

• Establish medical homes with community-based primary care providers

• Improve the health of the uninsured population

• Enhance the patient care experience

• Reduce the per capita cost of care delivered

VCC Enrollment Criteria

• Patients who qualify for the VCUHS Indigent Care program
  • At or below 200% FPL
  • U.S. Citizen
  • Reside in Virginia
  • Asset test
• Additional criteria
  • Live within the VCUHS Primary Service Area
  • Uninsured
Program Model

- Virginia Premier Health Plan serves as the program’s Third Party Administrator
- VCUHS Financial Counseling staff conduct financial screening
- VCC Care Coordination staff conduct health assessments to determine level of interventions needed
- Patients are enrolled for a 12-month period
- Community-based private practices and safety net providers provide medical homes

Program Model

- Primary care provider reimbursement
  - 110% of Medicaid rates + $5.00 PMPM Care Management Payment (private practices only)
  - Funding provided from VCUHS operating margin (no DSH)
- Indigent Care funding is used to cover inpatient, outpatient, and Emergency Department services provided at VCUHS
- VCC Care Coordination staff provide case management and patient navigation support
  - Nurse case managers, Social Workers, and Outreach Workers
**VCC Population**

- Over 80% of the population is below 133% FPL
- Approximately 70% of the patients are minorities
- 52% are females; 59% are between 40-64

*Conditions represent primary and secondary diagnoses from MCV Hospital, MCV Physician, and VCC Claims. Prevalence rates presented for each condition and do not add to 100%.*

**VCC Enrollment Trends**

*Cumulative Enrollees are accumulated throughout the Fiscal year.*

-Changed VCC enrollment criteria in November 2011.
VCC ED Visits per 1000 Enrollees

VCC Inpatient Discharges per 1000 Enrollees

Note: Enrollment criteria for the VCC changed in November 2011.
Continuous Enrollment Yields Positive Outcomes

Emergency Department Visits

- 38% reduction

Inpatient Hospitalizations

- 45% reduction

Reductions in costs were also achieved

VCC Population Average Cost/Year (2000 – 2007)

- Bradley, C, Gandhi, S, Neumark, D, Garland, S, Retchin, S. Lessons For Coverage Expansion; A Virginia Primary Care Program For the Uninsured Reduced Utilization And Cut Costs, Health Affairs 31, No. 2 (2012): 350-359
Virginia Coordinated Care for the Uninsured

- Provides “medical homes” to over 23,000 patients who qualify for VCU Health System’s Indigent Care program (below 200% FPL)
- Has reduced costs and utilization for an uninsured population
- Partnered with 50 community-based physicians to improve access and quality of care
- Recognized as a model for managing care for uninsured patients

Lessons learned that may inform coverage programs for the uninsured in the future

- Managing care for the uninsured can reduce costs and inappropriate use of services; but it takes time
- Incorporating care coordination into a model of care is critical to assist patients and providers
- Adequate reimbursement rates are needed to sustain a comprehensive provider network
- Patient-centered interventions that address the unique needs of patients improve outcomes
  - Access to behavioral health services
  - Health literacy initiatives (ie, education regarding when to use the ED)
  - Address social determinants of health (ie, transportation, etc.)
  - Risk stratification strategies to support “right care, right place, and right time”