



Healthy Communities Cook County Health Program Proposal

The Affordable Care Act expanded access to health insurance to hundreds of thousands of Cook County residents, but unfortunately many were left out. **Over 180,000 individuals will continue to be uninsured in Cook County due to immigration status or high health insurance costs.** The Healthy Communities Cook County (HC3) coalition believes a direct access health program is the most cost-effective option to improve the health of the uninsured and ultimately reduce costs for the County and health providers.

Direct Access Health Programs

A direct access program is not full health insurance, but instead attempts to improve health access, coordination, and financial protections for those unable to afford or access health insurance. Such programs rely upon a shared commitment between local government, the local public hospital system, Federally Qualified Health Centers, and other safety net providers to better serve those without full health insurance coverage. Similar programs are succeeding in Los Angeles, San Francisco, Houston, New York, and elsewhere.

Safety net providers in Cook County should invest pooled resources into primary care access, care coordination, and outreach and other health services, sharing the benefits of improved patient health and reduced overall costs of care.

Direct Access Health Programs and Care Coordination Efforts Save Scarce Public Resources

- Illinois Health Connect and Your HealthCare Plus, case management and disease management programs for Medicaid enrollees, saved \$518 million over three years.
- Evaluations of Healthy San Francisco, a direct access program started in 2007, indicates substantially improved access to care, decreased non-emergent use of emergency rooms, and a decrease in potentially avoidable hospitalizations by enrollees who were previously uninsured.
- Access DuPage, a direct access program in neighboring DuPage County, found age-adjusted hospitalization rates for members are 22% lower than rates for the general population, and age-adjusted ER visit rates are 7% lower than rates for the general population.

Elements of the Direct Access Health Program

The specifics of any Cook County Direct Access Health Program should be determined in consultation with community leaders and various health care stakeholders, but HC3 proposes the following essential elements.

Eligibility requirements

- Cook County residency
- No immigration status requirement
- An income threshold of 400% FPL and no asset test
- Cannot be eligible for Medicaid or Medicare
- Access to Get Covered Illinois Marketplace or employer-sponsored insurance will not disqualify someone from enrolling in the program



Proactive outreach, enrollment, and system navigation services

- A team of community health workers with ties to the affected communities and who are fluent in the prevalent languages spoken
- The ability to enroll in the program proactively, prior to getting sick or incurring a bill
- An electronic enrollment system developed by using the existing CountyCare enrollment system
- A program ID card for each enrollee, possibly combined with city/county ID card efforts
- Community health worker outreach to screen for any affordable health coverage options, promote the direct access program, and inform people of their options
- Education about the difference between the program and full health insurance, to include warnings about the ACA tax penalty (the individual mandate) for those uninsured but eligible for insurance
- System navigation services by community health workers to assist enrollees in making appointments, using primary and preventative care services and understanding the health care system

Improved access to services

- Access to primary care, preventative services, specialty care, pharmacy services, inpatient services, behavioral health services, dental services, vision services, and access to needed medical equipment
- An adequate network of providers based on Cook County providers, Federally Qualified Health Centers, free and charitable clinics, community mental health centers, and nonprofit hospitals
- A network built through amending existing CountyCare contracts to provide some additional reimbursement to providers willing to dedicate a portion of their capacity to serving program enrollees

Care coordination and a medical home

- A dedicated primary care provider for each enrollee to serve as their medical home
- Health education services and support addressing social determinants of health
- A centralized referral system to coordinate access to specialty care, behavioral health, and dental
- Use of an existing care coordination and/or electronic health record system such as the Medical Home Network system to track enrollee's medical history and coordinate their health care utilization
- To the extent possible, allowing all participating providers to access the enrollment system and electronic health record system regardless of provider type or health group affiliation

Affordable costs for enrollees

- Access to existing charity care programs such as the County Health and Hospital System's CareLink
- Minimal cost sharing, with a sliding fee scale for those above 100% FPL
- Low cost prescription drug access

Financing the direct access health program

- Obtain in-kind donations of services, particularly specialty care, inpatient care, and dental
- Explore how existing nonprofit hospital charity care and community health benefit resources can help support either start-up costs or ongoing support for the program
- May require upfront County resources but will result in long-term benefits and savings

Many of these resources already exist in Cook County. Leadership and a commitment to better invest and coordinate these resources is what are needed to ensure health care works for all of Cook County.