

# Health Insurance Coverage for our Communities

32<sup>nd</sup> APIL General Assembly

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Honolulu, Hawaii June 26, 2013

#### **Overview**

- HI, GU, & CNMI Uncompensated Care Dilemma
- Review of Four (4) Govt Health Plans in Region
- FAS Population & Employment Demographics
- Performance of Regional Plans
- Regional Health Plan Advantages
- Suggestions for Consideration

# What is the Regional Healthcare Goal?

# Convenient Access to Affordable Quality Care



# **Uncompensated Care Dilemma**



- Emergency Medical Treatment & Active Labor Act (EMTALA)
- FAS citizens have not been eligible for Medicaid since 1996
- HI, GU, and NMI governments are absorbing costs of uninsured FAS care
- FAS citizens in HI, GU, & NMI could be covered under a FAS regional plan

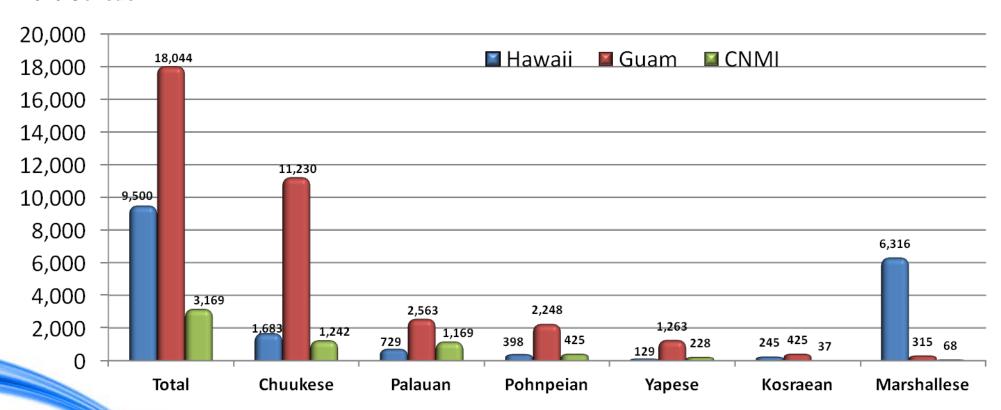
# **Restoring Medicaid for Micronesians**



- Hawaii Senator Mazie K. Hirono
- US Senate Immigration bill (S. 744)
- If approved, Fed will cover 51.86% in Hawaii and 55% in Guam & CNMI for legal residents from the FAS
- Hawaii Medicaid Expansion under Affordable Care Act (ACA) provides 100% Fed coverage through 2019

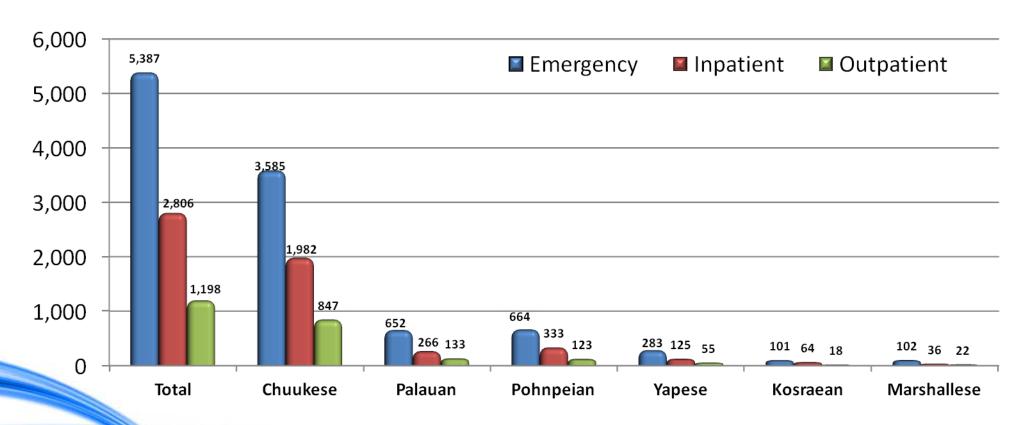
# Micronesians in HI, GU, & CNMI

#### 2010 Census



### **GMH Micronesian Admissions**

Calender Year 2012



### Four Micronesian Government Plans

- FSM MiCare National Plan
- FSM Chuuk State Health Care Plan
- RMI Health Care Fund
- ROP Health Care Fund









### **FSM MiCare Health Plan**



- 1984: Natl Govt Emply's Health Ins Prog created
- 2002: Transferred to board & became MiCare
- Five (5) premium-based plan options
- Covers up to 4 minor dependent children
  - Additional premiums for more than 4 children

### **Chuuk State Health Plan**



- 1994: Est. by Chuuk Health Care Plan Act of '94
- 2003: Commenced operations in Sep'03
  - 5 member governing Board of Trustees
- 3.0% payroll deduction with employer match
- Covers maximum of 5 dependents

### **RMI Health Care Fund**



- 2002: Est. by RMI Health Fund Act of 2002
- Two plan options:
  - Basic plan (98%) & Supplemental Plan (2%)
- 3.5% payroll deduction with employer match
- Covers spouse & unlimited # of depn children

### **ROP Health Care Fund**



- 2010: Est. by National Healthcare Financing Act
- Two components:
  - Medical Savings Account outpatient care
  - National Health Insurance inpatient & referral care
- 2.5% payroll deduction with employer match
- Covers spouse and unlimited # of depn children

### **Current Government Plan Challenges**

- Escalating # of referral cases
- High medical referral travel costs
- High price for Hawaii care
- Increasing prescription medication costs
- High administrative costs (redundancy)
- Low or stagnant enrollment (in some cases)

# **Top 5 Causes of Referrals**

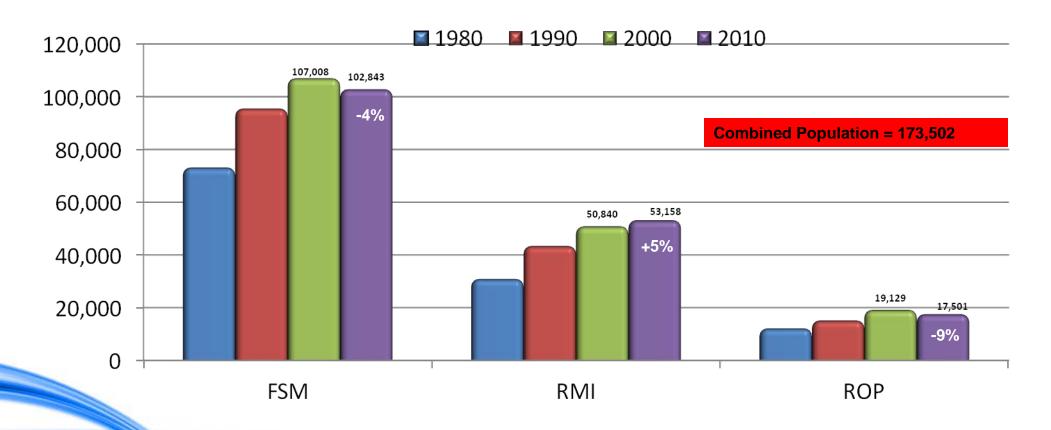
FSM MICARE		FSM CSHP		RMI HCF	ROP HCF		
Cardiovascular	66	Cases = 170		Orthopedic	30	Cardiovascular	61
Orthopedic	56			Cancer	16	Orthopedic	32
Cancer	37			Ophthalmology	14	Cancer	25
Urology	22			Congenital	14	Neurology	22
Neurology	19			Cardiovascular	12	Other	40

# Pacific Island Health Care Project PIHCP at Tripler Army Medical Center



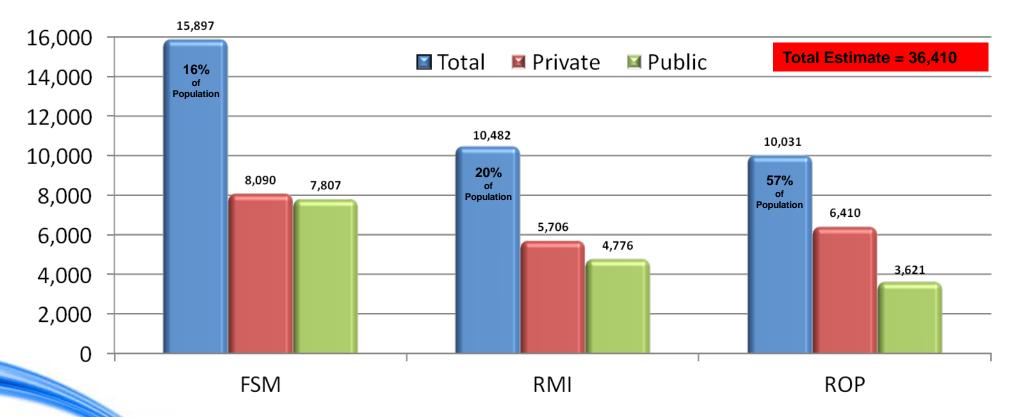
- Created in 1989 by Senator Inouye
- Outreach care funded by US Army Medical Cmd
- Targeted to indigenous US Pacific Islanders
- RMI in 2012
  - 29 referrals to TAMC out of 120 (24%)
  - 17 referrals to Shriners' Hospital out of 120 (14%)

# **Micronesian Population Trends**



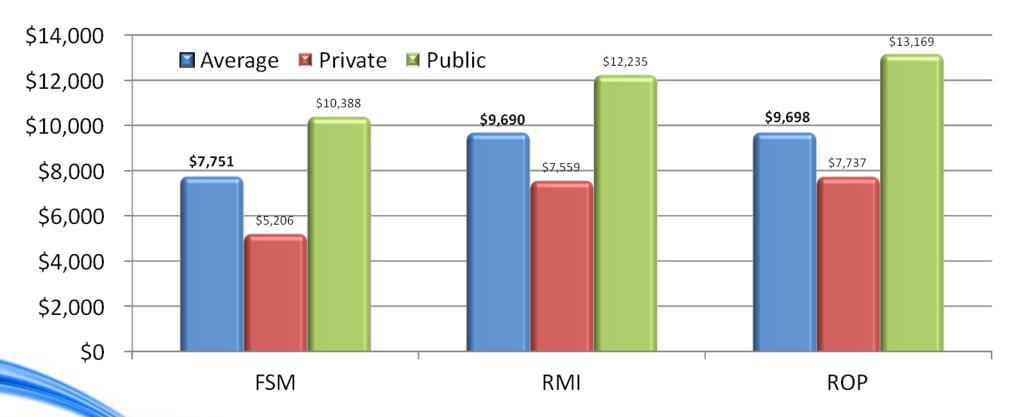
### Micronesia Active Work Force

Private & Public Sectors (Excluding Self Employed & Home Production)



2011 & 2012 PITI-VITI Economic Reports

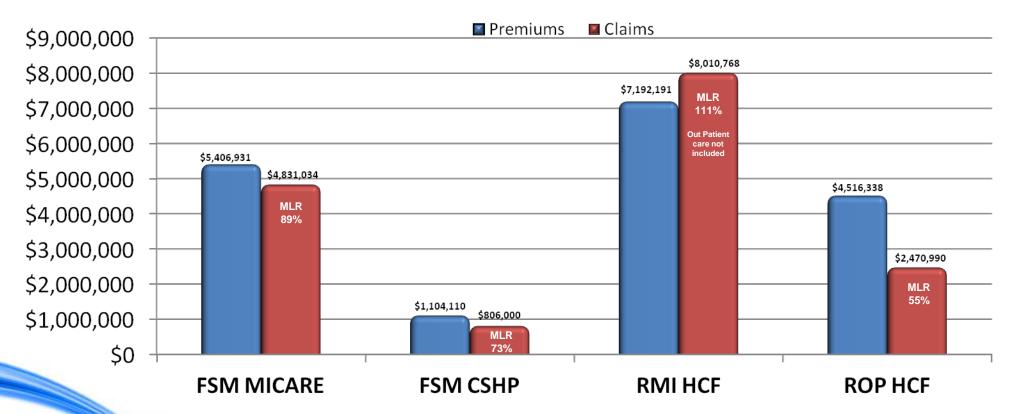
# Micronesia Average Annual Earnings



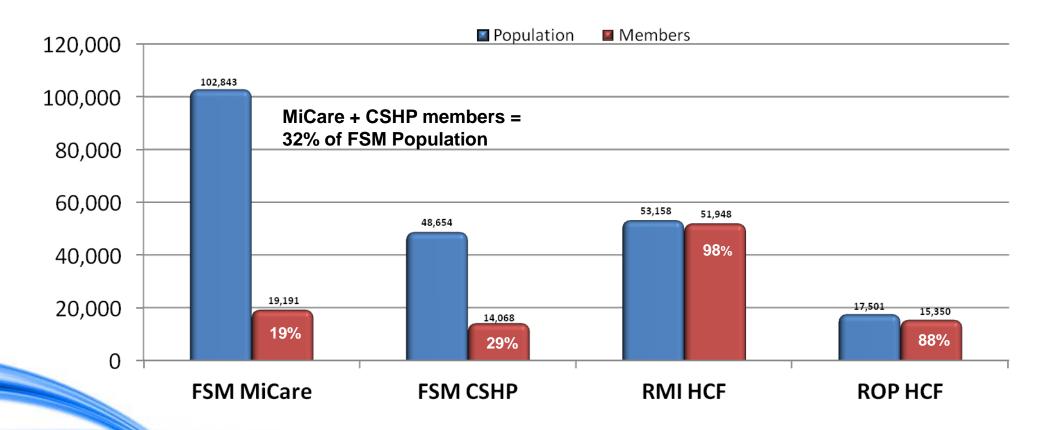
2011 & 2012 PITI-VITI Economic Reports

#### 2012 Premiums vs. Claims

Industry Average for Medical Loss Ratio (MLR) is 80%

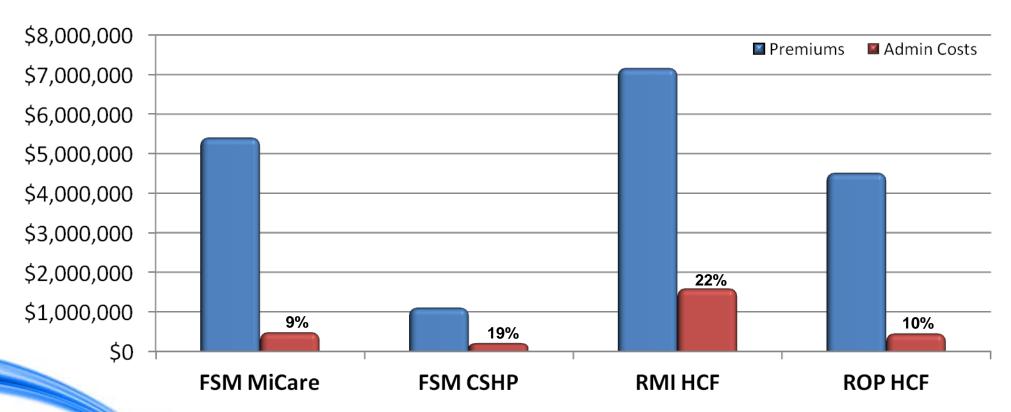


# Population vs. Plan Membership



### **2012 Administrative Costs**

Target should be 10% of Premiums



# Regional Plan Financial Performance

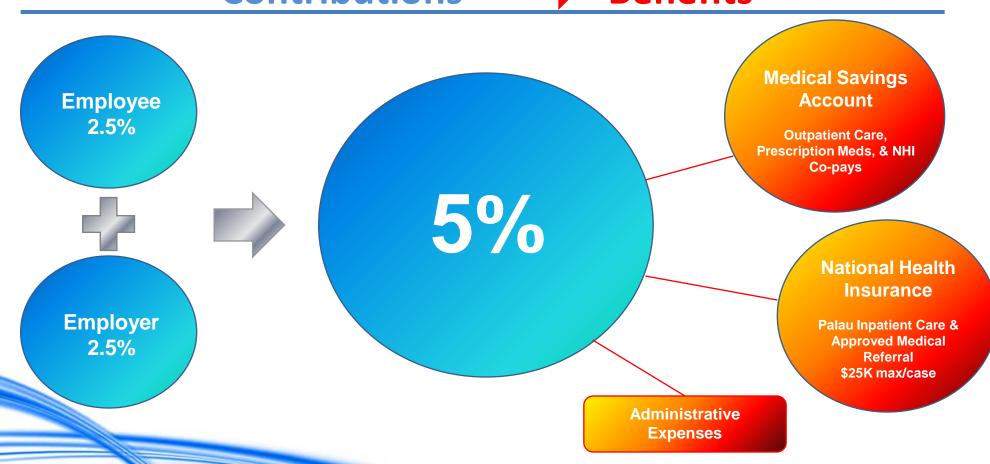
	2011 RMI HCF		2012 FSM MiCare		2012 FSM CSHP		2012 ROP HCF	
Premiums	\$7.192M	100%	\$5.407M	100%	\$1.104M	100%	\$4.516M	100%
Expenses:								
Off Island Care	\$2.046M	28%	\$2.593M	48%	\$0.662M	60%	\$1.001M	22%
On Island Care	*\$4.971M	69%	\$2.238M	41%	\$0.144M	13%	\$1.376M	31%
Off Island Travel	\$0.610M	9%	\$0.347M	6%	**\$0.050M	5%	\$0.094M	2%
Admin Costs	\$1.593M	22%	\$0.483M	9%	\$0.160M	15%	\$0.452M	10%
Total Expenses	\$9.220M	128%	\$5.661M	105%	\$01.016M	93%	\$2.923M	65%
Net Gain / (Loss)	(\$2.028M)	(28%)	(\$0.254M)	(5%)	\$0.088M	7%	\$1.594M	35%

<sup>\*</sup> RMI did not account for out patient care costs

<sup>\*\*</sup> CSHP off island travel costs for medical referral may be under reported

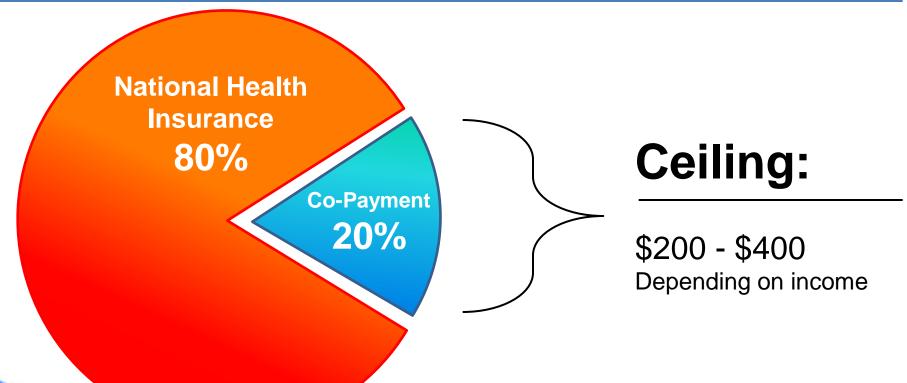
### **Palau Health Care Fund**

**Contributions** Benefits



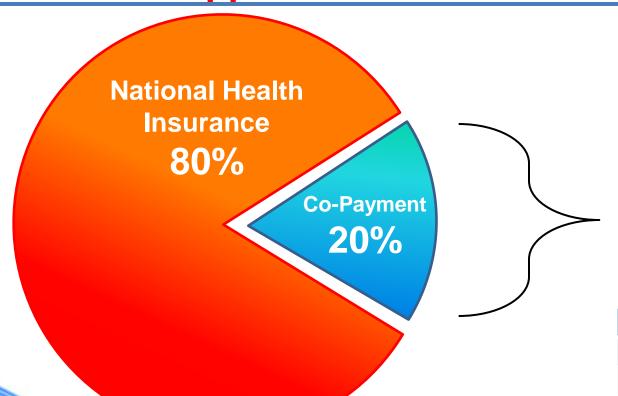
### Palau Health Care Fund

**Co-Payment for Inpatient Treatment** 



### **Palau Health Care Fund**

**Approved Off-Island Referrals** 



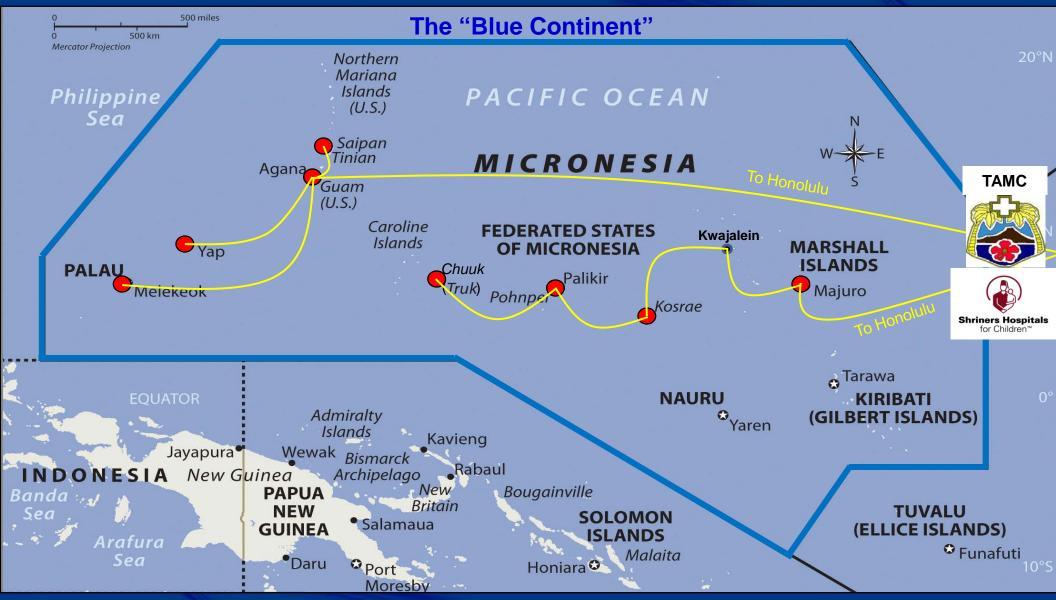
### Ceiling:

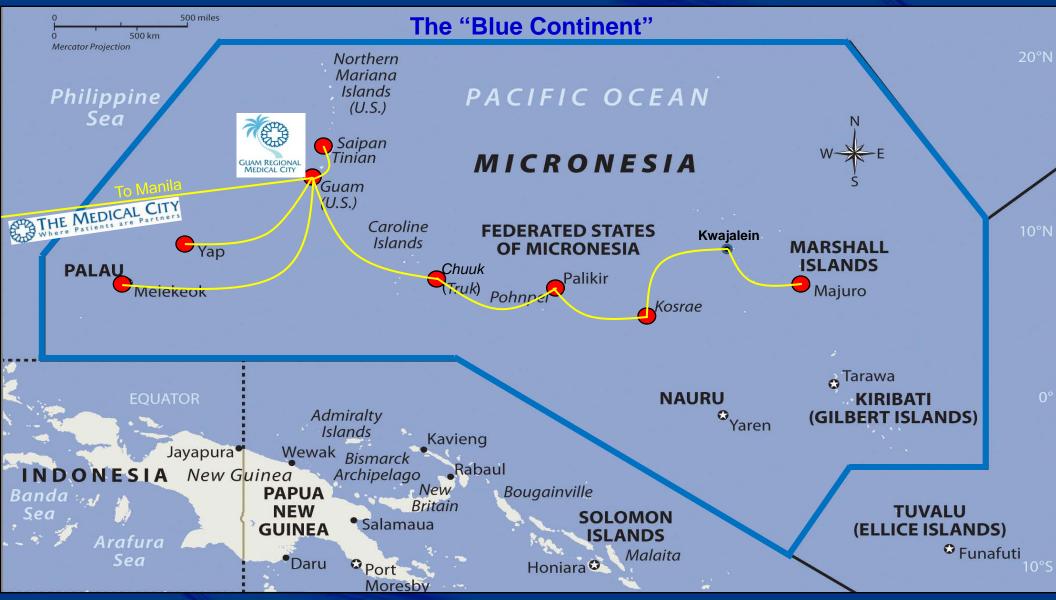
\$1,000 - \$4,000 Depending on income

Annual HH Income	Co-pay Ceiling
\$0 - \$5,599	\$1,000
\$5,600 - \$11,199	\$2,000
\$11,200 - \$16,799	\$3,000
\$16,800 & above	\$4,000

# Regional Health Plan Advantages

- More members = greater bargaining power
- Unified health plan benefits across region
- Pre-authorization & Utilization Management
- Pharmacy Benefit Management
- Lower administrative costs
- Centralized claims adjudication
- Technology to improve efficiency & continuity of care
- Build local capacity (TMC/GRMC)





# **Suggestions for Consideration**

- Establish a regional health plan
- Mandate coverage throughout FSM
  - Two govt plans should not exist in the FSM
- Build on-island capacity with TMC/GRMC
- Off island referral option 1: TAMC or Shriners'
- Off island referral option 2: GRMC & TMC



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