

Tracking the Impact of Health Care Reform in Tompkins County 1997 through 2007

Report prepared by the Health Planning Council, a program of the Human Services Coalition (April 2008)

Since 1996 legislative changes have created a major restructuring of health care programs, including changes in:

- **Medicaid coverage** (1996 and 1997)
- **Hospital financing** in New York State (1997), and
- **Medicare coverage** (1998).

The Tompkins County Health Planning Council is concerned that these changes may be limiting access to services. This report contains data we are tracking to monitor selected effects of this health care reform.

Highlights of changes

Medicaid enrollment: declined from 7,078 (1996) to 6,265 (2000); up to 10,153 in 2006, but declined again to 9,727 (2007).

In 2006, there were 292 live births to MOMS clients; 31% of total births. MOMS is the Medicaid Obstetric and Maternal Services- formerly PCAP.

The WIC (Women, Infants and Children) Nutrition program, in 2007, served an average of 1,455 people each month and generated \$905,879 in Federal revenue for food in the community.

Eligible but not enrolled – ESTIMATES from Federal/NY State

Even with the above increases, many Tompkins County residents are estimated to be eligible, but not enrolled. These include:

- 1,368 children and 8,734 adults for Medicaid
- 737 adults for Family Health Plus
- 750 people for WIC

Cayuga Medical Center provided care to many people who had no health insurance, Medicaid, or Medicare coverage. In 2007 this was 250 inpatient visits, 2,500 emergency room visits, 2,347 visits to the Convenient Care Center-Lansing, and 1,020 visits to the Convenient Care Center-Cortland. Uncompensated Care amounts at CMC increased from \$1,985,307 in 1996 to \$3,773,074 in 2007.

Home Care services:

- Reduced number of Medicare home care clients and visits. For example, in 1997, TC Health Dept. provided 6,069 skilled nursing visits; in 2006, this had dropped to 3,503, but increased to 3,632 in 2007.
- A dramatic increase in Medicaid PCA (Personal Care Aide); from 73,886 hours in 1999 to 303,280 hours in 2007.
- EISEP hours increased: from 8,391 (1998) to 17,374 (2007). (The Expanded In-Home Services for the Elderly Program serves low-income seniors not on Medicaid.)

A continuing problem is the shortage of aides which creates waits for clients in both Medicaid and EISEP programs. When EISEP clients cannot get the hours they need, those with the greatest need are pushed to apply for Medicaid.

Details are organized as follows:

- P. 2 Medicaid Population
- P. 5 Children
- P. 6 Food Stamps and Nutrition
- P. 7 Cayuga Medical Center at Ithaca
- P. 8 Home Health Care
- P. 14 Skilled Nursing Facilities and Berger Commission

“Tracking the Impact of Health Care Reform in Tompkins County, 1997 – 2007”

Compiled by the Health Planning Council, a program of the Human Services Coalition, www.hsctc.org. (May, 2008)

An estimated 1,368 children and 8,734 adults in Tompkins County are ELIGIBLE for Medicaid, but NOT Enrolled.
(Estimate from New York State Medicaid office)

	Individuals in Tompkins County on Medicaid											
	Average per month											
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
MA (Medicaid Only)	4,513	3,147	3,161	3,456	3,347	3,657	4,099	5,356	5,697	5,879	6,819	6,521**
MA SSI (on MA due to SSI)	2,417	1,522	1,521	1,527	1,515	1,503	1,528	1,534	1,556	1,637	1,699	1,643
Total PA (on MA due to cash assistance)		1,806	1,576	1,419	1,260	1,170	1,200	1,406	1,390	1,403	1,387	1,313
ADC-FC (foster care/adoption)	146	146	153	134	143	239	248	259	262	252	248	250
Total on Medicaid	7,078	6,621	6,411	6,536	6,265	6,569	7,075	8,555	8,905	9,171	10,153	9,727

**The Medicaid reduction between 2006 and 2007 was largely due to a termination of individuals on the Family Planning Benefit Program for failing to recertify.

Comments about why the Medicaid caseload grew by 1,480 individuals from 2002 to 2003. (From the Medicaid Coordinator, Tompkins County Department of Social Services)

1. Part of the reason might be that the Family Planning Benefit Program started in January of 2003. Our caseload for this program is around 800 to 900 cases.
2. Another program, that started on July 1, 2003, is the Medicaid Buy In Program for the Working Disabled; there were around 20 enrollees by the end of 2003.
3. The other change that increased caseloads between 2002 and 2003 was that, as of 4/1/02, the income level for children between the ages of 6 and 19 increased from 100% of the poverty level to 133%. This meant that children who were on CHP-B moved to Medicaid. The increase happened over a 12 month period as the cases came to our attention at Recertification or at a budgeting change. I would not be able to guess how many children were affected by the change in the income level.

	2003	2004	2005	2006	2007
Medicaid Managed Care (Started in 2002 with Total Care)		577 in Feb.	1,285 in Nov.	1,390 in Nov.	1,610
		940 in Nov.			
Family Health Plus	692	780	1,015		740
	In 2006, an estimated 737 people were eligible for FHP, but not enrolled (<i>Estimate from New York State</i>)				
Dental Case Management Program (July – June program year)					
People served		500	605	823	882
Visits, approx.		1,500	1,329	1,744	Pending
Participating dentists	12	22	26	34	34

Background Information – 2007

- Income cut-off for Medicaid: \$8,400 (single person)
- Income cut-off for Family Health Plus: \$10,400 (single)
- *Particular circumstances, such as assets and extraordinary medical expenses, might also be considered.
- Gross yearly salary at full-time minimum wage in New York State: \$14,923
- Healthy NY yearly cost for an individual: \$2,821 w/drugs
- Blue Cross/Blue Shield of CNY yearly cost for an individual: \$10,224
 - Enrollment in Healthy NY for Tompkins County residents has increased from 413 in 2006 to 544 in 2007. (Note: NYS Insurance Department is the source for this information)

Chronic Disease Diagnoses of People on Medicaid in 2003 – Special Tabulation

From the NYS Department of Health / Office of Medicaid Management

Numbers are the Medicaid Enrollment of 6 months or more in CY 2003, including Medicare Dual Eligibles.* Exclusions are: managed care, HMO, managed LT care, and Family Health Plus; institutional patients: OMH inpatient, OMRDD inpatient/developmental centers, and hospice patients.

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Region	County Name	Total Medicaid Enrollees	Total Care Management Prospects	End Stage Renal Disease	Sickle Cell Anemia	Congestive Heart Failure	Diabetes	Coronary Artery Disease	Chronic Obstructive Pulmonary Disease	Asthma	Chronic Kidney Disease	Mental Health/ Children (<18)	Mental Health/ Adults (>=18)
	Tompkins County	8,038	1,967	12	1	89	272	189	108	247	46	371	978

Columns 5-14- These column counts are not mutually exclusive (ex. A Medicaid enrollee with End Stage Renal Disease may also have Congestive Heart Failure, etc...). The numbers total to 2,313, while there are only 1,967 total prospects.

DATA SOURCE: DOH/OMM AFPP DataMart - claims/enrollment updated through August 2004 for disease specific counts in columns 4-12, and Sept. 2004 for total Medicaid enrollee counts in column 3 (revised 3/1/2005).

Difficulty finding a health care provider that will accept Medicaid

Primary Care Practices Accepting New Medicaid Patients (includes family practice, internal medicine, pediatrics, OB/GYN) <i>Health Planning Council of Tompkins County</i>				
Year	Primary Care Physicians/Practices	Percent Practices taking <u>any</u> new patients	Percent Practices taking New Medicaid patients	
			Yes - Unrestricted	Yes - with Restrictions
1998	65 / 24	95%	54%	4 - geographic
1999 – May	60 / 23	82%	0*	0
2000 - June	60 / 24	79%	33.0%	17%
2001 – Oct	60 / 24	70%	38%**	13%
2003 – Nov	59 / 23	78%	13%	22% - geographic 22% - other
2005 - Feb	68 / 26 ***	73%	31%	15%-geographic 31%-other
2007 - Nov	73 / 27	59%	22%	7% - geographic 30% - other

* 1999 - At this time, there were NO primary care physicians taking new Medicaid patients.

** 2001 – Of the 22 physicians taking new Medicaid patients, 9 were in OB/GYN, 6 in pediatrics. Only 7 were in general practice.

*** Includes: Planned Parenthood of the Southern Finger Lakes, Ithaca Location

- From Tompkins County Action, 16-29 clients had difficulty finding a healthcare provider who would accept Medicaid families are frustrated because practitioners that accept Medicaid patients will only see families at the end of the month, even if they are ill
- Doctors who take Medicaid patients only take a limited amount making it more difficult to find a doctor with openings, especially with dental and vision.

Children and Health Coverage

Food Stamp Enrollment for Tompkins County

Enrolled in Child Health Plus		
(end of year)	CHP B	Medicaid / CHP A
1997	719	-
1998	1,013	-
1999	1,063	-
2000	1,217	2,082
2001	1,113	2,354
2002	847	3,429
2003	754	3,813
2004	Separate figures no longer readily available.	

Many children are eligible for Child Health Plus A & B, but are not enrolled in the program.

In 2006, this was estimated to be 4,817 children in Tompkins County.

(Estimate from Mothers and Babies of South Central New York)

MOMS Medicaid Obstetric and Maternal Services		
	Total Live Births (Tompkins County)	Unduplicated patient count
1997	779	361
1998	779	362
1999	863	327
2000	829	467
2001	846	523
2002	794	509
2003	920	574
2004	892	522
2005	859	529
2006	876	525
2007	929	518

Of the 929 births at Cayuga Medical Center 292 were to MOM's clients or 31% of all live births.

Children with no health insurance receiving care at Cayuga Medical Center							
	Unduplicated # of children (ages 0-17)						
	2001	2002	2003	2004	2005	2006	2007
Clinic (incl. OBV)	301	341	285	195	186	222	248
Emergency Room	146	132	124	129	137	149	144
Referred	225	194	184	94	81	43	59
Same Day Surgery	4	6	7	1	6	6	6
Inpatient	28	17	17	9	11	11	14
Total	704	676	617	428	421	431	471

MOMS

Medicaid Obstetric and Maternal Services (formerly PCAP, Prenatal Care Assistance Program) Tompkins County Health Dept.

Note that about one-third of births at CMC are to residents at 185% of the FPL (Federal Poverty Level); for example 185% for a family of three is \$31,765 (as of January 2008).

A pregnant woman and her spouse/significant other is defined as a family of three.

Source: Tompkins County Department of Social Services

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
# non-public assistance individuals	3,355	2,860	2,451	2,374	2,560	2,474	3,476	3,711	3,928	3,902*	4155
# public assistance individuals	1,177	1,045	968	881	800	807	1,030	1,015	1,044	1,400*	1324
Total # of individuals	4,532	3,905	3,419	3,255	3,360	3,281	4,506	4,726	4,972	5,302*	5479

*The food stamp data from previous years may not have included our “mixed” food stamp cases; these cases are included in our 2006 calculations.

WIC (Women, Infants and Children) Nutrition program (TCHD)		
	Average People/Month	Total Annual Value (Federal \$'s)
1997	1,622	\$780,000
1998	1,519	\$780,000
1999	1,534	\$766,012
2000	1,356	\$697,332
2001	1,387	\$726,678
2002	1,485	\$756,839
2003	1,537	\$801,789
2004	1,593	\$874,834
2005	1,555	\$853,959
2006	1,489	\$866,862
2007	1,455	\$905, 879

There were local and statewide caseload reductions during the WIC Statewide Information System (WICSIS) implementation in 1999 and 2000.

WIC – helping people and bringing Federal dollars back into our community.

The percentage of eligible women in Tompkins County NOT participating in WIC is about 50% plus—at least 750 people.

(Estimate from Federal WIC program)

Cayuga Medical Center: Pure Self-Pay Visits

(No health insurance, Medicare, or Medicaid coverage)
Percentages = % of total visits in that venue

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Inpatient Visits	323	322	289	241	275	208	286	268	289	269	250
		5%	4%	3%	4%	3%	4%	3%	4%	4%	3%
Emergency Room Visits	2,523	2,460	2,591	2,705	2,823	2,587	2,521	2,533	2,791	2,453	2,500
		14%	14%	12%	12%	13%	12%	12%	12%	11%	12%
Convenient Care (Lansing)	2,502	2,364	2,181	1,964	2,113	2,006	1,930	1,749	1,927	2,143	2,347
		16%	14%	13%	14%	13%	12%	11%	10%	10%	11%
Convenient Care (Cortland)				506	714	698	710	711	768	985	1,020
				11%	11%	9%	8%	8%	7%	8%	7%

Cayuga Medical Center: Uncompensated Care (Bad Debt & Charity Care)
Percentages = % of total budget

	1996	1997*	1998*	1999*	2000	2001	2002	2003	2004	2005	2006	2007
Amount (\$)	1,985,307	3,717,049	3,352,739	3,021,247	2,506,192	2,785,982	2,365,782	2,826,582	2,953,048	3,776,146	4,058,524	3,773,074
Percentage	4.3%	7.7%	6.5%	5.7%	4.3%	4.4%	3.5%	3.6%	3.3%	3.7%	3.8%	3.3%

*Note that 1997 was the first year when CMC did not have a Blue Cross contract, so the amounts are higher in 1997 – 1999.

Home Health Care Visits		Units of Service										
		1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Visiting Nurse Service	Nursing	8,836	8,639	7,964	6,579	5,620	4,993	5,318	N/A	N/A	3,575	
	HHA hrs.	18,146	11,936	12,734	8,706	7,696	4,390	3,490	N/A	N/A	1,215	
	PT	3,177	2,936	3,004	2,410	2,269	2,910	2,700	N/A	N/A	2,914	
	ST	297	247	132	139	116	85	121	N/A	N/A	61	
	OT	274	342	291	268	526	458	372	N/A	N/A	183	
Tompkins County Health Department	Nursing	8,489	7,861	7,128	6,610	6,435	5,133	4,698	5,644	5326	5,151	5,514
	HHA hrs.	35,480	29,012	19,685	16,885	14,776	12,732	11,123	12,102	9837	9,107	10,134
	HHA visits	23,302	18,540	12,171	9,874	8,721	7,301	6,560	7,025	5650	5,706	5,788
	PT	1,519	1,699	1,059	992	832	963	1,027	1,230	1815	1,547	2,109
	ST	179	155	89	55	119	94	45	164	192	161	120
	OT	76	134	127	176	156	167	161	96	130	75	245
Unduplicated Patient Count					573	500	460	472	540	571	521	600

From TCHD: Note that 2005 shows a decrease in nursing visits, however, this does not reflect a reduction in service: rather, an unduplicated patient count shows that 571 clients were served in 2005 vs. 540 in 2004. Physical Therapy continued the 2004 trend with increases in visits and # of clients served.

Medicare Visits, Tompkins County Health Department												
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Home Health Care's major revenue source, Medicare, reimburses services through the Prospective Payment System based on a complex formula for every 60-day episode of care. In 2006, 'episode' statistics will be added and will provide a more accurate view of program activity and growth.
Skilled Nursing	6,069	5,478	4,864	4,781	4,436	3,928	3,446	4,345	3,805	3,503	3,632	
Physical Therapy	1,537	1,298	864	858	613	814	841	965	1,445	1,273	1,381	
Occupational Therapy	37	84	94	129	124	138	130	58	96	67	195	
Speech Therapy	155	131	79	47	107	70	45	52	156	106	55	
Home Health Aides	18,469	14,736	8,760	6,592	6,564	5,671	5,403	5,136	3,908	3,679	2,992	

"Tracking the Impact of Health Care Reform in Tompkins County, 1997 – 2007"

Compiled by the Health Planning Council, a program of the Human Services Coalition, www.hsctc.org. (May, 2008)

From Long Term Care Services	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
<i>EISEP (Expanded In-Home Services for the Elderly Program)</i>										
- Recipients	102	172	235	158	202	180	188	171	180	182
- Hours	8,391	16,309	16,237	15,917	16,243	16,208	15,349	13,273	17,919	17,374
<i>Medicaid PCA (Personal Care Aides)</i>										
- Recipients	130	329	332	150	246	254	271	313	346	349
- Hours	28,600	73,886	99,524	119,133	140,450	185,360	233,015	Est. 272,000	300,164	303,280

Consumer-Directed Personal Care Aides

Administered by Finger Lakes Independence Center
 Funded through Medicaid - *Started 2/98
 These are a subset of the Medicaid PCA services above.

	Clients	Hours of service
1998*	14	3,947
1999	25	9,985
2000	35	18,892
2001	43	24,624
2002	58	32,226
2003	74	67,010
2004	90	89,952
2005	114	115,068
2006	137	159,921
2007	138	177,681

LTC Services

Home care recipients will benefit from the new budget—more EISEP hours & home repair/modification options. There have been fewer hours of EISEP service available due to the increased cost of care and a flat budget.

EISEP serves low-income seniors who are above the Medicaid eligibility level.

FLIC

Because of the nature of the service, only those hours approved by Medicaid are provided to consumers. However, cuts to Medicaid may impact how many hours are allocated by DSS.

Respite and Caregiver Counseling - Family & Children's Services												
		1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
In-Home Respite	Clients	48	49	48	27	32	49	29	28	30	56	52
	Visits				528	1,023	1,182	1,254	1,228	943	965	826
	Hours				1,106	2,315	3,209	3,147	3,001	2,520	2,577	2,195
	Waiting List				7	3	10	12	24	15	19	16
Caregiver Counseling	Clients	73	83	70	57	85	98	111	118	145	95	79
	Visits				363	82	286	553	550	616		
Total \$ for both programs		\$69,479	\$69,467	\$102,341	\$97,600	\$102,437	\$126,183	\$127,567	\$133,654	\$133,654	\$133,654	\$133,654

**In 2001, 3.5 months with no caregiver counselor*

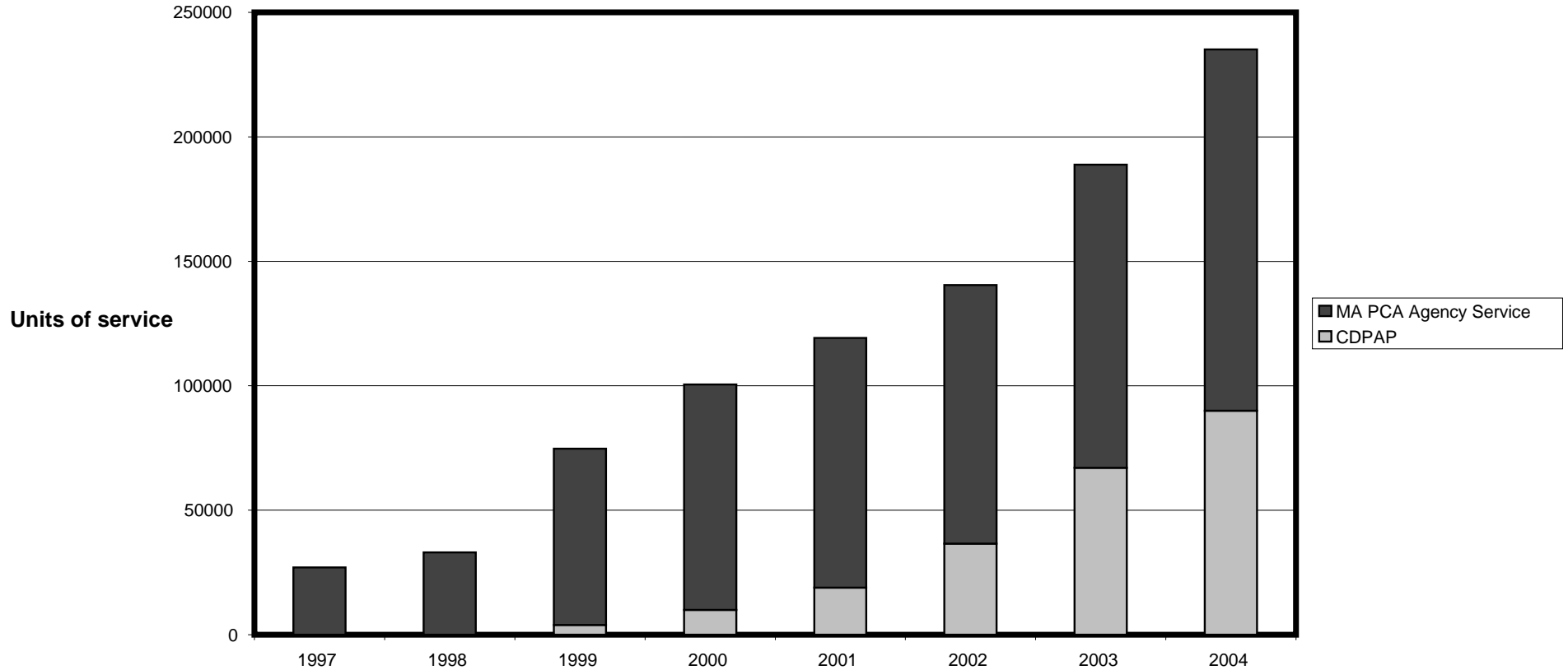
Family & Children's Services

Increased EISEP money would open up with sliding fee scale funds to those it was originally intended to serve. It may affect those who do not qualify for other programs, but have a hard time paying for services at full fee. Over the last two years, we have provided services to many EISEP waitlist clients and have thus overextended this fund.

Longview Services		2001	2002	2003	2004	2005	2006	2007
Adult Home	Clients with SSI	26	19	14	17	19	18	23
Adult Day Community Program	Clients	12	12	9	13	19	16	8
	Days of Care	341		499	577	822	590	165
	\$ Spent	26,162	18,347	12,645	21,120	29,221	19,653	6,473
Respite Program	Clients	4	4	14	14	12	5	2
	Days of Care	177	145	637	688	502	54	67
	\$ Spent	11,440	10,984	46,934	41,276	32,791	7,215	3,741

* Budget doesn't include any increase for SSI. Lack of substantial increase continues to impact revenues in the Adult Care Facility, in which individuals are admitted regardless of income.

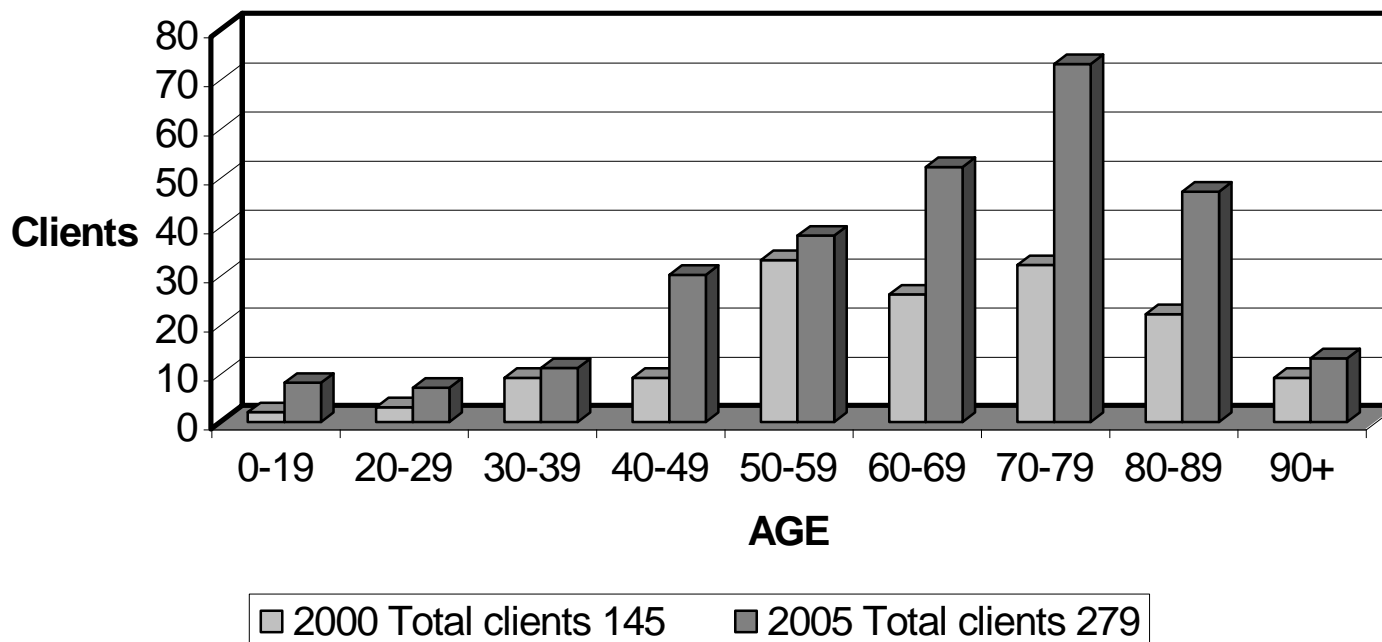
Medicaid Personal Care Services



- Medicaid Personal Care Assistance Program (MA PCA)**
- traditional program
 - contracts with Staffings, Caregivers, and All Metro
- Consumer Directed Personal Assistance Program (CDPAP)**
- consumer hires and manages own aide
 - Finger Lakes Independence Center administers aides' time cards and paychecks
- Both Programs:**
- nurses from DSS assess clients in their home, develop plan of care, and authorize service
 - MD order required for service

Liz Norton 4/06

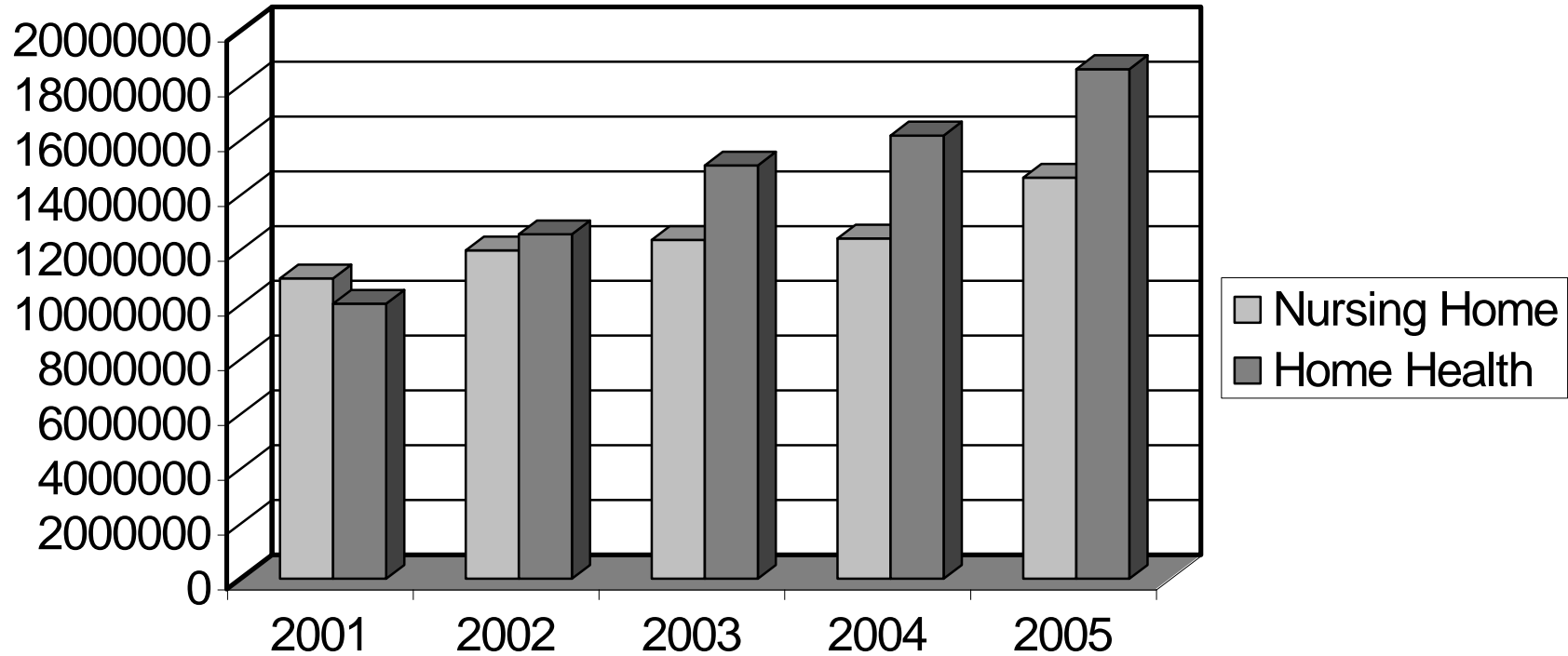
Medicaid Personal Care Clients by age



2005 shows increases in all age groups, with marked increases in the 40 to 49 age group (chronically ill baby boomers entering the LTC system) and in the senior groups 60 to 69, 70 to 79, and 80 to 89.

Tompkins County Longterm Care Services
Liz Norton 4/06

Medicaid Costs for Home Health Care and Nursing Home Care in Tompkins County



Tompkins County Longterm Care Services
(Liz Norton 4/06)

Skilled Nursing Facility Capacity and Occupancy

From www.medicare.gov/NHCompare/ (the number of residents is the number of residents in the nursing home during the two-week period prior to inspection) and facility reports.

Skilled Nursing Facilities (SNF's)	Number of Certified Beds	Percent Occupancy (Daily occupancy may fluctuate as much as 10-20%)							
		2003		2004		2005		2007	
		Occupancy	Est. people	Occupancy	Est. people	Occupancy	Est. people	Occupancy	Est. people
Groton Community Health Care Center	80	99%	78	98%	78	98%	78		
Kendal at Ithaca	35	80%	28	86%	30	83%	29		
Lakeside Nursing and Rehabilitation Center	260 / 187	64%	166	65% / 91%	170	61% / 85%	159	99%	160
Oak Hill Manor	60	90%	54	99%	59	89%	53		
Beechtree (Formerly Reconstruction Home)	120	98%	118	97%	116	97%	116		
Total	555		444		454		436		

*Lakeside is certified for 260 beds, but is operating only about 165 – 187; the percentages are based accordingly.

Berger Commission Recommended Action

“It is recommended that Lakeside Nursing Home close, and that an 80-bed ALP, a 25-slot ADHCP, and possibly other non-institutional services be added somewhere in Tompkins County by another sponsor, pending completion of an RFP process.”

Berger Commission Recommendation effects on Tompkins County services	
If Lakeside closed: remaining SNF beds	295
Proposed Assisted Living Program beds	80
Proposed Adult Day Health Care Program slots	25
Not enough spaces even for current patients.	400

The Health Planning Council strongly opposes the implementation of these recommendations.

Comments below.

TC Community Wishes, 2001 Survey		Actual place of death – all ages - Tompkins County							
		Avg. 1999 - 2004		2005		2006		2007	
Home	76%	141	25%	137	23%	146	26%	172	29%
Hospice Residence	17%	45	8%	59	10%	62	11%	44	7%
Hospital	4%	219	38%	228	38%	229	40%	219	36%
Other	2%	13	2%	2	3%	7	1%	12	2%
SNF	1%	149	27%	180	30%	127	22%	154	26%
Total	-	568	-	606	-	571	-	601	-

“Health Planning Council Advisory Board, based upon extensive knowledge of the long term care needs of our residents strongly opposes the recommendation to close Lakeside Nursing and Rehabilitation Center. We do this for the following reasons:

- 1) The recommendation is based upon **out-dated numbers**.
- 2) It would **leave us with not enough services** to provide for even the current Lakeside residents.
- 3) It would **displace current residents** of Lakeside, many to areas outside of Tompkins County. Family involvement would clearly be much harder if their loved one were placed up to 50 miles away.
- 4) There are **better ways to achieve the goals** of the Commission's recommendations without disrupting the current network of care that exists.”

The Tompkins County Legislature, Ithaca Common Council and Tompkins County Office for the Aging have also taken positions to oppose this recommendation. For details about the recommendation and local action, see www.hsctc.org (Human Services Coalition).

Tompkins County Health Department Comment:

The Berger Commission’s potential closure of Lakeside as a skilled nursing facility (SNF) has an uncertain impact for certified home care agencies. If residents are unable to find services in alternate SNF’s, they may need to seek care in settings that offer fewer in-house services. Since most SNF residents need a high level of personal care, therapy, and nursing services, community placement raises a safety concern.

Will there be sufficient placements and staffing to care for these residents? Because their care needs will not be concentrated within one facility, more staff will be needed to serve these multiple settings throughout the county. Another question is whether the governmental and private insurance companies will pay for care in these community settings. Patients usually have a caregiver in the home; if not, they need to have the capability to safely self-direct their care and communicate their needs. These CHHA admission criteria

would be difficult to meet for families with patients in Lakeside.

Cayuga Medical Center Comment:

CMC anticipates difficulties associated with the placing of Swing individuals in nursing homes, or obtaining home health care visits due to these proposed budget cuts. The proposed reduction of a nursing home in Tompkins County as recommended by the Berger Commission also contributes to this difficulty of placing Swing patients in nursing homes.

The reduction of nursing home services will place added responsibilities on CMC, a rural community hospital with limited beds, to hold nursing home patients in the hospital for extended periods of time. However, CMC is a community hospital and will not reduce services or levels of services provided to patients based on these proposed budget cuts. This could result in increased operational costs of holding patients waiting for nursing homes without adequate reimbursements, and the unavailability of beds for medical patients due to extended periods of time in use by Swing patients.