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Celebrating a *working* part of a *broken* system

CareLink marks 10 years of affordable healthcare for the uninsured

(San Antonio, TX - April 19, 2007) The problem of the uninsured is complex and continues to worsen across the country. Listen or read the news and you'll notice the word "healthcare" is often followed by the word "crisis." These are tough times for public hospitals, which are charged with providing care for the growing number of patients who arrive in their emergency rooms without health insurance. Times are even tougher for the millions of working families who cannot purchase coverage through their jobs and who cannot afford to get sick. Fortunately, for many of the Bexar County residents in this situation, a decision made ten years ago is working to get them the care they need at a price they can afford.

This decision to create the CareLink program is also working for Bexar County taxpayers, who are benefiting from the financial responsibility of CareLink members. In 2006, CareLink member payments for services totaled more than \$13 million. This non-tax revenue is an important supplement to the funding generated from the Bexar County Hospital District property tax and directly supports the hospital district's mission to provide medical services to uninsured residents.

The idea to create this innovative program came about in the mid-1990s, as the demand for services to those without health insurance was growing faster than revenues. The goal was to reduce expenses by separating the roles of *purchasing* services for the uninsured from those of *providing* services. As a result, the CareLink program was established and given the role of the *purchaser*.

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CARELINK (cont'd)

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CareLink was charged with maximizing resources and improving efficiency around five key principles:

- Promote patient responsibility
- Provide members with a medical home
- Make evidence-based healthcare decisions
- Pay providers on a fee-for-service basis
- Assure members get their medications

“CareLink is not an insurance product, but it does combine the features of a financial assistance program with those of typical managed care plan,” explained CareLink Executive Director Juanita Simmons. Simmons joined CareLink prior to its first day of operations and continues today as its first and only executive director.

CareLink has a defined network of providers and a schedule of benefits. Members must be residents of Bexar County, have incomes under 200 percent of the Federal Poverty Level (FPL), not have access to affordable health coverage, and be ineligible for other public programs (such as Medicaid or CHIP). Members make monthly payments based on the cost of the services used, as well as family size and income.

“CareLink members are able to schedule appointments with primary care physicians and specialists instead of contributing to the problem of ER overcrowding,” said Dr. Gary McWilliams, University Health System’s chief ambulatory services officer. “Plus, CareLink’s evidence-based healthcare decisions ensure that care is consistent across the membership.”

As it celebrates its 10th anniversary this year, CareLink has roughly 55,000 enrollees, 99 percent of which have medical homes (a primary care doctor). “We would not be able to provide primary and specialty care to our members without the University of Texas Health Science Center at San Antonio and private community physicians,” explained McWilliams. “These partnerships and the fact that CareLink is set-up to pay on “a fee for service” basis is what make the program work.”

Recently, CareLink joined in collaboration with the Center for Health Care Services (CHCS) to provide access to state-subsidized psychotropic medications.

CARELINK (cont'd)

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This enables CHCS members to access medical services through CareLink and saves the community a significant amount of money in medication expenses.

CareLink implemented a disease management/health risk reduction education program, and added member and physician incentives to encourage efficiency and increase preventive health practices. “This flexibility has been key to the program’s success,” added George B. Hernández, Jr., University Health System president/ceo.

Its innovative approach to managing health services and costs for the uninsured has earned CareLink recognition by the U.S. Department of Health and Human Services as one of the top five models for improving access to care. “We are routinely contacted by public hospitals in Texas and in other states to discuss how they can replicate CareLink in their communities,” said Simmons. “And we are very proud to show them what we have done in San Antonio to be advocates for the uninsured and good stewards of taxpayer dollars.”