The Second National Medicaid Congress

Treating the Uninsured: Provider Perspectives on Caring for Uninsured Patients

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Agenda

- Bi-State Primary Care Association
- The Health Care System
- The Uninsured
- Provider Challenges
- Policy Implications
- Gaining Headway
- Challenges Ahead
- Your Role
What is Bi-State?

- Bi-State is a 501(C)3 non-profit membership organization that works to promote and assure primary health care services in medically underserved communities in NH and VT.
- Bi-State works to develop strategies, policies and programs that promote and sustain community-based, primary health care services with federal, state and regional policymakers and health policy organizations, foundations and payers.
Bi-State Vision & Mission

- **Vision**
  - To promote health care access for all

- **Mission**
  - To foster the delivery of primary and preventive health services to the people of VT and NH with special emphasis on the medically underserved
Bi-State Goals

- Promote a comprehensive, community-based primary care system with particular emphasis on socioeconomic, financial, geographic, cultural and/or language barriers
- Promote the growth, sustainability and strengthening of Bi-State members as safety net providers with special emphasis on the Community Health Center model
- Maintain Bi-State as a strong and credible voice in the formulation of health care policy with the public, the health care community, government agencies and policymakers
- Provide a focal point and resource for members in order to promote professional development, networking, planning, collaboration and innovation among members
- Sustain the viability of Bi-State with an effective structure and systems to support the organization and its members
Bi-State Members

New Hampshire CHC member organizations
- Amonosuc Community Health Services
- Avis Goodwin Community Health Center
- Capital Region Family Health Center
- Coos County Family Health Services
- Families First Health & Support Center
- Health Care for the Homeless Project
- Health First Family Care Center
- Indian Stream Health Center
- Lamprey Health Care
- Manchester Community Health Center
- Mid-State Health Center
- Newport Health Center
- Weeks Medical Center
- White Mountain Community Health Center

Vermont Member Sites

Member Key
- Community Health Centers (CHC)
- Community Health Centers of the Northeast Region (CCHC)
- Family Health Centers of Vermont (FHC)
- Little River Health Care (LRHC)
- Northeast Prevention & Addictions Services (NPAS)
- Northwest Vermont Community Health Care (NWVCHC)
- Northern Tier Community Health (NTHC)
- Planned Parenthood of Northeast New England (PPNEE)
- The Health Center (THC)
- Vermont Coalition of Clinics for the Uninsured (VCCU)
- UVM AHC Program/Office
- Champions of Vermont AHC Region
- Northern Vermont AHC Region
- Southern Vermont AHC Region
Bi-State Members

- Federally Qualified Health Center Members: 15 (330e and h)
- Federally Qualified Health Center Look-Alike Members: 2
- Non-Federal Members: 14
  - Rural Health Clinics
  - Free Clinics
  - Community Health Networks
  - Planned Parenthood Clinics
  - Colleges of Medicine: Area Health Education Centers
  - Social Service Agencies
  - Critical Access Hospitals
Bi-State Members: Federally Qualified Health Centers

- Non-profit 501(c)3 organization
- Receives funding under Section 330 of the Public Health Service Act
- Serves a medically underserved area or medically underserved population
- Provides a comprehensive scope of preventive and primary health services to anyone, regardless of insurance status or ability to pay
- Provides a sliding fee scale based upon income for those without insurance
- Is governed by a community-based board of directors comprised of 51% consumers of the Federally Qualified Health Center’s services
We Know the Health Care “System” Is Not Monolithic

It’s not THE HEALTH CARE SYSTEM

It’s

MANY

MANY

HEALTH CARE

SYSTEMS
Actually, It’s Worse: It’s Many Overlapping Systems
The Health Care System

**PRIMARY CARE:**
- Community Health Centers
- Free Clinics
- Hospital Owned Primary Care Practice
- Rural Health Clinics
- Planned Parenthood
- Private Practice (solo or group)
- School Based

**TERTIARY CARE:**
- Emergency Services
- Hospital/ICU
- Renal Care
- Surgery
- Trauma

**COMPLEMENTARY CARE:**
- Acupuncture
- Chiropractic Care
- Homeopathy
- Naturopathy
- Massage Therapy

**LONG TERM CARE:**
- Assisted Living Care
- Day Care Services (Adult/Child)
- Disability Services
- Nursing Home
- Personal Care
- Rehabilitation (Physical/Vocational)
- Residential Care
- Specialty Housing

**HOME HEALTH CARE/HOSPICE:**
- Home-Based Therapy
- Homemaker Care
- Personal Care
- Visiting Nurse Services

**MENTAL HEALTH & SUBSTANCE ABUSE:**
- Community Mental Health Centers
- Private Practice (solo or group)
- Residential Facility

**AMBULATORY CARE/NON-HOSPITAL SPECIALIST CARE:**
- Cardiology
- Gastroenterology
- Immunology
- Nephrology
- Neurology
- OB/GYN
- Oncology/Hematology
- Ophthalmology
- Orthopedic
- Otolaryngology
- Pulmonary
- Radiology
- Urology

**DENTAL HEALTH:**
- Community-Based/Public Health Dentistry
- Private Practice (solo or group)
- School-Based Dentistry

**ANCILLARY SUPPORT:**
- Care Management
- Labs
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Radiology
- Speech Therapy
- Sports Medicine
- Transportation
The Uninsured

- The number of uninsured are rising - the uninsured suffer from high levels of economic insecurity and poor health outcomes
- Expanding health insurance coverage has been a low policy priority in Washington in recent years
- The states’ policymakers are taking the lead on implementing reform measures
- Expansion in public programs requires additional public funding
- Access makes coverage real - coverage without access is meaningless
- The success in extending coverage depends upon affordable plans
Uninsured Patients Served: 5,624,975 By Health Centers Nationally

Uninsured
- 45 Million Nationally
- 128,240 (10%) in NH
- 68,320 (11%) in VT

Medically Disenfranchised
- 56 Million Nationally
- 149,594 (41%) in NH
- 32,180 (38.3%) in VT

Note: Chart based on best information available and self-reported by members. Not all members reported for all years.
Provider Challenge: Sources of Revenue

Billing Revenue
- Patient Fees: 5%
- Medicare: 8%
- Medicaid: 21%
- Commercial: 13%
- Total Billing Revenue: 47%

Grant & Contract Revenue
- Federal Grants: 19%
- State Contracts: 16%
- Other: 13%
  (local, private, foundation)
- Total Grant & Contract Revenue: 48%

Other Revenue: 5%

Total Revenue, All Sources: 100%
Provider Challenge: Caring for the Uninsured

- Financial fragility
  - Uncertainty of Congress to commit to adequate public funding of Medicare, Medicaid and public expansion programs such as SCHIP
  - Increasing un/underinsured with decline in employer sponsored insurance
  - Underpayment of commercial insurance
  - Uncertainty of state funds to offset uninsured
  - Increasing difficulty in obtaining or retaining philanthropy funds

- Primary care recruitment and retention

- Rising cost of doing business: general liability and property insurance, workers compensation, bond insurance, Director and Officer liability insurance, provider salary increases, rising cost of employee health insurance, etc.
Policy Implications: Medicaid Eligibility

NH Medicaid Eligibility
- Pregnant women at 185% FPL or less
- Children under 19 from families with incomes of 185% FPL or less (TANF)
- Recipients, under 19, of adoption assistance and foster care under Title IV-E of the Social Security Act
- Aged (OAA), blind (ANB) and disabled (APTD); individuals receiving SSI or NH supplementary SSI payment
- All working individuals between 16-64 who meet the SSI definition of disability
- Persons who are residents of medical institution for a period of 30 consecutive days and meet specific income
- Refugees through Refugee Medical Assistance (RMA)
- Non-citizens through emergency medical treatment

VT Medicaid and Medicaid Expansion Program Eligibility
- All uninsured adults without dependent children are covered up to 150% of FPL
- All uninsured adults with dependent children are covered up to 185% of FPL
- Children are covered up to 300% of FPL

Catamount Health
(Medicaid expansion program with a different name for those under 300% of FPL)
- Uninsured adults from 150-300% of FPL
- Uninsured adults and families with incomes over 300% can buy into Catamount Health
Gaining Headway: Reform/Priorities/Principles/Politics

- In the absence of national health care reform, states are stepping to the forefront and leading the way; however...
- Washington must be a part of health care reform
Gaining Headway: Governors’ State Challenges/Priorities

**Vermont**
- Economic development
- Make higher education more affordable
- **Implement Catamount Health, part of VT’s health care reform plan (2006 Health Care Affordability Act)**
- Provide affordable housing
- Property tax
- Protect the environment
- Build telecommunications infrastructure (“e-state”)

**New Hampshire**
- Improve education funding (State Supreme Court expectation that they define and fund an “adequate education”)
- Strengthen the economy
- Increase the minimum wage
- Safeguard the public retirement system
- **Increase access to health care for the uninsured, especially children – Citizens Health Initiative**
- Ensure public safety
- Preserve the natural environment
Gaining Headway: VT Health Care Reform Principles

- It is the policy of VT to ensure universal access to, and coverage for, essential health care services to all Vermonters.
- Health care coverage needs to be comprehensive and continuous.
- VT’s health delivery system must model continuous improvement of health care quality and safety.
- Financing of health care in VT must be sufficient, equitable, fair and sustainable.
- Built-in accountability for quality, cost, access and participation must be the hallmark of VT’s health care system.
- Vermonters must be engaged, to the best of their ability, to pursue healthy lifestyles, to focus on preventive care and wellness efforts, and to make informed use of all health care services throughout their lives.
VT health care reform consists of 38 discreet parts, but the major components are:

- Establishing a health insurance program called Catamount Health
- “Blueprint for Health” prevention and chronic disease management plan which directs chronic care management in Medicaid and Catamount Health
- Employer sponsored insurance initiative where uninsured Vermonter will receive assistance to purchase the health insurance plan offered by their employer
- Free CDC recommended immunizations for every Vermonter
- Medicaid initiatives such as a reduction in premiums and access to chronic care management programs
- Common sense initiatives such as information technology coordination and loan repayment for health care professionals
Gaining Headway: VT Health Care Reform

- **Health Insurance Program:** Everyone who is uninsured for 12 months will have access to, and will help pay for, a comprehensive health insurance package. Administered through the private market (state contract with single private insurance vendor) with premiums based on income.

- **Benefits Include:** Primary care, preventive and chronic care, acute episodic and hospital services. Reimbursement for medical services equal to 10% above costs. 25,000 estimated to enroll including new Medicaid enrollment. Chronic care management.

- **Financing:** Based on everyone is covered, everyone pays; individuals pay sliding fee scale based on income; employers pay an assessment based on the number of employees who are uninsured. Other revenue from increases in tobacco taxes and through matching federal dollars (Waiver). Use of reinsurance to protect the state against the high costs of new enrollees.

- **Improving Delivery of Health Care:** Apply chronic care model. Create statewide integrated delivery system for Vermonters with chronic illness. Preventive care focus - all enrollees would receive a health risk appraisal and, working with primary care physicians and patients, develop a best clinical practice plan. Plan assumes a primary care medical home for all enrollees.
Gaining Headway: VT Health Care Reform

- Bi-State very influential in the design of the health reform
- At the request of the legislature, Bi-State wrote a report urging the adoption of a comprehensive plan integrating outreach and enrollment for both Medicaid and Catamount Health
- The six recommendations included:
  - Establish outreach as a policy
  - Assure agency-wide coordination of message
  - Create a comprehensive marketing plan
  - Enable web-based tools
  - Institute applicant inquiry tracking
  - Deploy one-on-one outreach coordinators
Gaining Headway: NH Citizens Health Initiative (CHI)

The Governor’s Message
- Aging population putting greater strain on Medicaid system
- Should look toward health care reform
- Harness new technology
- Electronic prescribing required of all health care providers by October 2008 to reduce medical errors, save lives and money
- Preventive care to reduce costs in health insurance premiums
- Expand access to health care for all NH citizens, but especially the children’s health insurance program
- Assure quality, community care is available

Goals of the CHI
- Improve and sustain the health of the population; create effective health promotion and disease prevention initiatives; focus realistically on leading causes of mortality and morbidity
- Assure excellence in diagnosis and treatment; measure outcomes
- Develop and implement an open, practical, financing and delivery system that rewards effective practices
- Bring medical interests together with business and citizen representatives in an ongoing, goal oriented effort
- Work to be driven by information and experience, not ideology or preconceived ideas untested by fact
Challenges Ahead

Health Care System Challenge
- Align health care financing with health care delivery
- Re-align the health care delivery system from a fragmented system to a streamlined system

Investments in Primary Care Infrastructure
- Despite state health care reform, federal commitments for adequate public funding for Medicare, Medicaid/SCHIP, and resources for uninsured
- Workforce Strategies
  - Expand the primary care workforce
  - National provider distribution
  - Provide incentives for providers to want to go into primary care
  - Provide incentives to primary care providers regarding reimbursement
  - Assure the new cohort of medical students in primary care reflect the diversity of our nation
Your Role

- Get involved in the public policy conversation within your community, within your state, and nationally
- Advocate - make sure your elected officials know your concerns
- Be a part of the solution
Contact

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