



**Impact of Massachusetts
Health Care Reform on CHCs**

National Organization of State Offices of Rural Health
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 Massachusetts League
of Community Health Centers


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Massachusetts Community Health Centers



52 Corporations – 285 Sites – Serving 800,000 people


Strong Hospitals & MCO Relationships
Primary & preventive care, dental, mental health and substance abuse, and other services
Major providers of enrollment in state programs through the “Virtual Gateway”


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Health Center Patients

- 40% have MassHealth
- 40% covered by Uncompensated Care Pool
- Fewer than 20% have Medicare or private coverage
- More than 60% of all health center patients belong to an ethnic, racial or linguistic minority group


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Brief Background

- From 2002 – 2005, momentum for new reforms began to build in Massachusetts
 - Rising Numbers of Uninsured & Rising Costs
 - **Consumer advocates** (Health Care For All & GBIO) pushed for greater access to coverage and other reforms
 - A campaign began for a Constitutional Amendment to guarantee access to coverage
 - The Blue Cross/Blue Shield Foundation of MA undertook a landmark study on covering the uninsured, known as the **“Roadmap to Coverage”**
 - The Federal Government requested major changes in the financing of health care in Massachusetts, and reforms to the **“1115 Waiver”**
 - **Legislature (D) and Governor (R) agreed**

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State Goals for Health Care Reform

- Coverage for more than 500,000 uninsured statewide
- Increased access to care for:
 - Low-income individuals and families
 - Working residents without access to employer sponsored insurance
 - Small business employees
- Improve quality and affordability of health care
- Comply with federal requirements for 1115 waiver

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CHC Goals for Health Care Reform


- Strengthen access to culturally competent care at community health centers
- Improve community health center and provider reimbursement
- Preserve the “safety net”
- Strengthen the commitment to public health
- Eliminate health disparities

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Access Goals Alignment


- **MassHealth (Medicaid) Expansions:**
- **Commonwealth Care Health Insurance Program (CommCare)**
 - Subsidized insurance for individuals up to 300% of FPL
 - Sliding scale premiums for persons >100% of FPL
 - Dental included for persons under 100% FPL. (Eliminated 2010)
 - **For the First 3 Years (to 2009) CommCare only offered through Neighborhood Health Plan, Network Health, Boston Medical Center's Health Net and Fallon Community Health Plan – The Current Medicaid MCOs.**
- **Commonwealth Choice Health Insurance program – non-subsidized for persons over 300% FPL.**


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Still More Access Goals Alignment


- **MassHealth Benefit Restorations:**
 - Restores adult dental (eliminated 2010), vision, high level detox services, prosthetics and chiropractic care
- **MassHealth Enrollment and Outreach:**
- **Creates the Commonwealth Health Insurance Connector to ensure access to affordable private insurance coverage for individuals and small businesses**


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Reimbursement Goals Alignment

- **Increased MassHealth rates**
- **Essential Community Provider Trust Fund - Emergency funds available for providers facing extreme financial distress or closure**
- **Creates a Health Care Quality and Cost Council that includes the Mass League on its Advisory Council**
- **Health Safety Net Trust Fund established in 2007**
 Reimbursement to providers continues for services delivered to qualifying underinsured and uninsured **residents** at a minimum set by FQHC rates


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A few of the on-the-ground impacts - 1

- Move to 7 days a week of primary care – added medical salary expense
- Enrollment—financial counselors—Virtual Gateway applications went up by 42% - often completing Virtual gateway applications for individuals who would not become users
- Front desk operations i.e. complex copays and deductibles
- Credentialing providers for new insurance products
- FFS rates are lower for insured patients than for Masshealth or Health Safety Net (PPS)
- Increased primary care patients created higher demand for behavioral health services – (money loser)
- Pent up demand --newly insured are higher utilizers

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A few of the on-the-ground impacts-2

- Impact on a “typical” health center: 2006 to 2009 UDS
- 17% growth in users
- 26% growth in visits
- 4.7 visits per users increased to 5.4 visits/user
- <200% poverty remained stable at 88%
- Uninsured stayed at 19% (state average 3%)
- Medicaid/ state subsidized increased 4%
- Private (including unsubsidized reform) increased by 3%

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Challenges & Action Steps


- **Monitor** health care reform implementation and evaluate new health plans to ensure access to culturally competent, patient-centered care at health centers
- **Implement an effective strategy for communicating with policymakers and the legislature**
- **Articulate the infrastructure needs of your health centers and implement a plan for addressing them**
- Design and implement **outreach plans** for **current** and new patients to maximize enrollment
- Develop and conduct training and education programs for health center staff and boards
- Continue to collaborate with key allies

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VERY Specific Lessons

- Talk with EVERYBODY
- Deal with EVERYBODY – Consumer Groups; Hospitals; Professional Societies & Associations; Legislators; State Agencies – who else????
- Identify who is most likely to become your patients – the currently uninsured or ?????
- LEAD from strength – “we know what we are doing and if you have any sense you’ll recognize it too.”
- Accept 80% success – compromise is inevitable!
- Recognize that an “insurance model” will cause insurance headaches – delays in enrollment; auto-assignment; credentialing...
- Don’t let anyone believe that a “sign up on line” system will be effective – almost everyone, and particularly your patients – needs a personal touch.



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Final Thoughts

Having insurance coverage does not guarantee access to care

- Effective strategies to eliminate health disparities will reduce health care costs but **must be adequately funded**
- Public health extends the ability of health care providers to improve the health of the community as a whole. **Access to health insurance cannot replace public health’s role** in reducing health care costs and improving outcomes
- Cultural competency and commitment to diversity must be woven into the fabric of the health care system in order to be effective
- Health centers have a track record for expanding their service and patient capacities to help relieve many of the burdens on our over-stressed health system
- **Communicate, Communicate, Communicate**


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