ALIGNING ACTION FOR HEALTH

Medicaid Expansion in Louisiana: Perspectives of Providers from Federally Qualified Health Centers and Rural Health Centers.

Research Objectives

Louisiana began participating in Medicaid Expansion in July of 2016, but the effects of this expansion, and of the ACA more generally, on Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) clinic operations are not well understood. The goal of this analysis is to identify implementation opportunities and challenges during initial Medicaid expansion in Louisiana from the perspective of FQHC and RHC administrators and providers.

Methods

A statewide qualitative study was conducted by the Louisiana Public Health Institute (LPHI) to examine the initial implementation phase of Medicaid expansion in Louisiana. One-on-one semi-structured interviews, 35-90 minutes in duration, were conducted by phone with clinic administrators' regarding their experiences and perceptions of Medicaid Expansion, specifically patient enrollment, changes in sources of revenue and operations. Interview questions focused on perception of Medicaid expansion, enrollment and coverage, financial and operational changes (cost of enrollment), access, overall impression and experience.

Population Studied

The study sample included 23 administrative staff members representing more than 40 FQHCs and RHCs sites across Louisiana, including: FQHC CEO, CFO, VP of Operations, Enrollment Officer, Quality Assurance Manager, Clinic Managers and Care Coordinators.

Principal Findings

Respondents cited several new opportunities that have resulted from Medicaid expansion including the creation of new partnerships with community and health care partners, increased insurance coverage and services for those in need in their target communities, increased reimbursements, increased visits and expansion of services.

Meeting the unmet need

Providers throughout the state discussed the value of increased coverage and access to care for those Louisiana residents who have been left out of the health care system, especially those uninsured as well as those underinsured.

> One provider explained how Medicaid expansion assisted their clinic in achieving its mission - *"…we've provided non compensated care as we've been able, Medicaid expansion will allow for compensated care at some level for those of greatest need and allow us to be more for those patients because there will be, at least some, financial remuneration."*

> An RHC CFO described their patient population and the impact of Medicaid expansion - *"about 50 percent of our population is on SNAP, Take Charge or Take Charge plus and they get auto enrolled, so the applications/people we are signing up are the ones that had nothing so we're getting to the ones that really need it".*

While FQHCs and RHCs have always made themselves available to all community members, many were reluctant to accept free services and thus went without care or only used emergency rooms. With Medicaid expansion, many uninsured finally had coverage and went for primary care, many for the first time.

According to one FQHC CEO, *"…people are proud. If they owe you a dollar they won't see you till they've paid it. So even on sliding fee, if they didn't have money to pay every time they came or if they owed money, they wouldn't come back and we'd have to follow up and say you have to come back in. Now with Medicaid Expansion it's helped those people to be more independent and to maintain their dignity… that is a value as well as getting health care."*

Improved sustainability through increased revenue

While most administrators acknowledged that it was too early to definitively state the overall financial impact of Medicaid expansion on clinics, they said that diminishing the number of uninsured patients and increasing the number of patient encounters will likely improve their reimbursement rates, further assisting them in their mission to expand services throughout the community.

An FQHC CEO explained the benefit of insuring formerly uninsured patients - *"Anyone that qualified [for Medicaid] that was uninsured is a success for us…it's going to help our cash flow and reduce our bad debt."*

An FQHC and RHC Sr. Consultant discussed how Medicaid expansion may result in increased patient volume and a broader patient base -*"[An] immediate opportunity is increased [number of] encounters for FQs and RHCs. [You meet the] encounter requirement or your costs are impacted, which is your reimbursement. [So there is an] emphasis on seeing more patients and being more efficient and widening the net."*

New partnerships

Administrators across the state discussed how Medicaid expansion has led to the formation of new and evolving relationships with the state, insurers and other providers. Some of these partnerships have already been established, for example, a common point of discussion was the process of getting lists of new enrollees from Medicaid plans – while rocky at first, these communications ultimately led to an increased patient base and promoted communication between the providers and payers. While administrators acknowledged that they are currently overwhelmed by the increased volume of high-need patients, they envision new potential partnerships with specialty providers and telehealth as they seek to provide their ever-widening patient base with both primary and specialty care.

One FQHC and RHC Sr. Consultant explained how the tension between increased patient volume and scarcity of resources may lead to new opportunities and partnerships - *"Lately…people create novel partnerships to leverage finite resources. [A] hospital doing collaborative partnership[s] with clinics, smaller hospitals. Seeing people reach out…Unless we find a novel way to use our existing resources to attack the scarcity we're going to be in a major bind [due to lack of providers]. All we can do [is] establish novel delivery systems to link providers, create networks and partner providers together to where we can deliver medical, surgical health, behavioral health and dental health…. how can we deliver these in a way patient gets same care but we [may] use different modalities like Tele-health."*

Challenges with Medicaid Expansion Implementation

Respondents reported a number of challenges particularly with the enrollment process and adjusting clinic operations to meet increased demand.

Enrollment: The auto-enrollment of patients that were already on existing Medicaid programs included inaccurate lists. In addition, some patients chose a different clinic from the one assigned, their contact information changed or was not up-to-date, or there was missing information.

Medically complex patients

Clinics are now seeing an influx of patients that have gone years without seeking care due to lack of adequate insurance; now with coverage they are seeking care. Consistently, respondents mentioned that many of the new patients are medically complex which has an impact on clinic operations in various ways including: scheduling, provider time, volume of walk-ins, and need for patient education.

According to one FQHC VP of Operations -*"If they didn't have access, they didn't have insurance, medically more complex, show up need more medical attention, more time in appointment and more referrals. Sicker.*

According to one FQHC Enrollment officer -*"Increased numbers of diabetics and older adults, more walk ins and more previously uninsured"*

Changes in operations to meet needs of patient population

The most frequent responses when asked about changes made to meet the needs of the patient population were related to adjustments to staffing, scheduling and patient education.

Adjust staffing

Many clinic administrators reported modifying roles and responsibilities, shifting work flow, particularly for new medically complex patients.

> According to one RHC Administrator/Owner/Provider -*"When establishing care, they had a ton of things wrong with them. They would come in and have seven or more things and they'd be coming back. So we put a policy to be in touch or come back on first or second week that we saw them – everyone."*

Modify scheduling

Several respondents reported the need to schedule longer time for visits for medically complex patients with closer follow up appointments. Another challenge is the increased number of walk-ins that are medically complex. This relates to patient education, specifically, scheduling/making initial and follow-up appointments.

> According to an RHC CFO - *"Manipulating schedules/adapting scheduling method. One provider cares for medically complex the other more urgent care, the medically complex is coming in as walk-ins and being much more involved so we're shifting the work flow to adjust for the new medically complex. Being more investigative at front desk to allow/give providers longer blocks with patient is needed."*

Need for patient education

In addition to changes in staffing, the increased volume of patients who were not previously enrolled in care and/or are medically complex has contributed to increased length of appointment time by requiring clinics to provide multi-faceted patient education. Many new patients require more one-on-one time with staff because they do not know how to navigate healthcare delivery systems, do not understand what it means to have a medical home, and/or perceive free care as "lower quality," among other issues.

> One RHC CFO explained the need to adjust services for new patients who did not previously have access to care - *"The majority have had nothing at all for years. [We] try to make a nice non-judgmental environment. A lot of people are embarrassed because they haven't had care in so long and that they couldn't afford care. [We try to] make them…be an active participant in their health care. They will be treated with dignity, compassion and respect every time."*

> An FQHC CEO discussed challenges working with previously uninsured patients - *"Change is slow, education is slow. We send letters to get people in, they come in but compliance/follow up is a challenge."*

> An FQHC VP of Operations discussed patient's lack of knowledge about health-seeking behaviors and the service delivery system - *"Patients tend to not come in unless they are sick, [there is a] lack of education regarding [the] benefit of having insurance versus not having insurance, [a] lack of understanding of what is available to them."*

Provider shortages

One of the most consistent and troublesome issues discussed by administrators was anxiety regarding provider shortages. They discussed not being able to find primary care providers to hire within their clinics or specialty providers to whom to refer clients. Both rural and urban administrators were concerned with the overall service delivery system's inability to keep up with the influx of new, medically complex patients.

> This anxiety was summed up by one FQHC and RHC Sr. Consultant - *"We will have this wave of new patients and [a] dearth of providers. This is my immediate concern. Where are patients who now have insurance or access, where are they going to get care?"*

> A RHC Administrator explained how specialty provider shortages are produced within the Medicaid system -*"Managed care plans made little to no effort to enroll specialists in payer networks, [for] example [there is] only one urologist who*

takes Medicaid in [the] entire northeast part of the state. [The] entire north half of state, less than half a dozen. Likewise for orthopedists, etc. Patient[s] get appointments [and] they have to wait six months and you still have to take care of them at the end…there was no effort [pre-expansion] to expand those specialty networks post-expansion."

A RHC Administrator/Owner/Provider explained how specialty provider shortages further compound system inefficiencies and increase overall health system expenditures - *"A lot of [specialists] don't take Medicaid, they say payment is too low. [The] patient has to go to the ER, then the specialist is obligated to see them, orthopedic, urologist, cardiologist, etc. Primary care access is a wonderful opportunity, the challenge is…access to the specialist."*

Conclusions

Medicaid expansion provides safety-net clinics with the resources to serve a greater number of those in need. Increased patient coverage bolsters the sustainability of primary care services and improves the overall effectiveness of the Louisiana health care system. Challenges include coordination with health plans on enrollment, particularly the accuracy of the attribution lists; provider shortage for primary care and specificity care; health care utilization literacy; and new patients with complex health issues.

Implications for policy and practice

Given the historically high uninsured rate in Louisiana, Medicaid expansion is critical to meeting the health needs of many who have been excluded from the health system. FQHCs and RHCs are key partners in the delivery system. With Medicaid expansion, medically complex patients who were not previously seeking care are now likely seeking care to manage their conditions instead of waiting to present for emergency care.

Clinics may not be staffed appropriately to meet the needs of the increased patient load, particularly that of complex patients. There is a need for increased funding and support for a system that could become overburdened.

About the Louisiana Public Health Institute (LPHI)
LPHI, founded in 1997, is a statewide 501(c)(3) nonprofit and public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. We champion health for people, within systems, and throughout communities because we envision a world where everyone has the opportunity to be healthy. For more information, visit www.lphi.org.