ALLIANCE FOR A JUST SOCIETY

Reforming Health Care Delivery

How progressive advocacy groups can implement health care reform at the state level and expand access to health care in communities that are underserved

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Major expansions of Medicaid and subsidized insurance provided through the Affordable Care Act (ACA) will mean that millions of previously uninsured consumers will begin to receive coverage. Yet, according to a recent study, while the expansion of health insurance coverage is critical for equitable access: "Insurance alone is often not sufficient and does not guarantee access to high-quality care, particularly with regard to low-income families and racial and ethnic minorities."[i]

Recognizing this, the ACA offers a framework to improve health care through new initiatives and incentives.

Because implementation issues now move to the state level, **advocates for health care reform will need to begin demanding that states get in the game**. Given that much of the changes will involve the private insurance system, state political leaders will have to play a significant role in coordinating the changes that need to be made.

There are five core issues that will be fought out at the state level:

- Developing a strong Medicaid system;
- Simple, stable, consistent access to insurance coverage;
- Physical proximity to medical care;
- Overcoming cultural and linguistic differences in the population; and
- The availability of prevention and primary care.

There are tools provided by the ACA that offer states and communities ways to begin transforming the health care delivery system. This transformation is especially important to improve the actual health of consumers and control costs.

A System Built on Both Public and Private Coverage

The framers of the ACA preserved a major role for private insurance, while expanding public coverage through the Medicaid system and the creation of financial assistance for people who will be required to purchase private insurance. The ACA also attempts to create a health care system that emphasizes primary care, prevention, and wellness — provisions that not only promote health, but also prevent costs over the long term.

Just how public and private insurance systems can be made to work together to promote these goals is not clear. While some insurance providers may willingly enter this world, the participation of others is less certain. State laws might be necessary to require cooperation and participation by both governmental and private institutions.

Private insurance companies should be required to participate in these reforms as a condition of selling their products in a state. To promote general health and prevent an adverse impact on the exchange market, monitoring and enforcement of insurance provided outside the exchange will need to be established. It will be up to governors, Medicaid and public health agencies, legislative leaders, and advocacy groups to achieve these policies.

Framing: 'Which Side Are You On?'

With few exceptions, the major opponent to the reforms outlined here will be insurance interests that will not want to join in efforts to institute broader networks, provide initiatives to eliminate health disparities, and reorient the system to primary care and prevention. State governors and legislators who support the insurance interests will provide convenient targets for a "What Side Are You On?" frame.

Here are some ideas from our allies at Health Care for America Now:

- Use policy fights not just to mobilize our side, but also to grow general public support.
- Use state legislative fights to define candidates in state races. This issue can also be used to challenge federal candidates where appropriate.
- Drive a media narrative in states that helps define sides in the larger debates that shape the political environment.

These narratives can be especially effective in fights in state legislatures for improvements in health care opposed by insurance interests.

The Elements of a Plan for Advocates

The following is based on ideas and recommendations from a variety of sources that, taken together, provide a framework for a transformation of the health care system that emphasizes seamless insurance coverage; primary care and prevention; overcoming racial and ethnic disparities; and better access to medical care. The underlying theme is that good health and reduced health care costs amount to much the same thing.[ii]

The plan to use the ACA and related resources to guide states toward change relies on a combination of approaches:

1. Strong Medicaid programs.

2. Required benefits that are comprehensive.

3. No wrong door — providing simple, seamless and uninterrupted access to insurance.

4. Building a new infrastructure in underserved and rural areas, using the following tools:

- The requirement of an adequate network of providers
- Training and workforce development resources
- Clinic expansion resources

5. Prevention and primary care, including the following:

- Primary care workforce
- Medical homes
- Incentives
- Public health
- Chronic care management
- Wellness
- Food access
- Community transformation grants
- Culturally appropriate access to alternative, naturopathic and Eastern medicine

6. Quality improvement systems requirements that promote:

- Language services;
- Community outreach;
- Cultural competency training;
- Health education;
- Wellness promotion; and
- Evidence-based approaches to manage chronic conditions.

7. Strong outreach programs.

8. Planning and data collection.

Medicaid Is the Base

One of the most important structural innovations in the ACA is the expansion of Medicaid to cover everyone under 133 percent of the poverty line (though, unfortunately, excluding recent immigrants). Because of budget crises, many states are attempting to reduce their commitment to this absolutely critical program for low-income health care consumers. **Our first priority must be to prevent a deterioration of Medicaid at both state and national levels.**

Beyond merely protecting Medicaid from cuts, advocates should work to ensure that Medicaid programs effectively expand.

A Medicaid frame for advocates:

- Protect vulnerable populations;
- Save administrative costs;
- Drive down long-term costs through prevention;
- Provide jobs and economic stimulus; and
- Prevent cost shifting to other consumers.

Action Steps

- Join or form coalitions opposing Medicaid cuts at national and state levels.
- Target organizations for seniors by combining the themes of protecting Medicare *and* Medicaid.
- Share information from AJS concerning the job-producing power of Medicaid.
- Organize advocacy communities to demonstrate how a strong Medicaid program is critical to the implementation of the ACA.

Essential Benefits

Which benefits are covered in exchanges is an important issue for consumers. Benefits need to cover the whole body, keep co-payments to a minimum, and be accessible to consumers who do not speak English well. Current U.S. Department of Health and Human Services (HHS) guidance gives states latitude on selecting which benefits are considered essential, based on local markets. This is dangerous, because existing markets may be far inferior to what consumers need.

States Should Preserve Essential Benefits Categories

At the very least, the role of states, as defined in the current Guidelines, is to ensure that each of the 10 benefit categories are included in essential benefit plans. Here is an example from a bill proposed in Washington state:

> *"If the essential health benefits benchmark plan does not include all of the 10 benefit categories specified by section 1302 of P.L. 111-148, as amended, the commissioner, in consultation with the board and the health care authority, shall, by rule, supplement the benchmark plan benefits as needed to meet the requirements of section 1302."*

In addition to providing the 10 essentials mandated by the ACA, advocates should guard against state-based markets that may feature problematic benefit limits. For example, service limits could be used to restrict needed care or steer consumers into or away from certain plans offered on the exchange. In some instances, arbitrary service limits could seriously interfere with necessary care. States should provide guarantees that the plans contain meaningful benefits in each of the 10 essential health benefits categories specified by the ACA. Defaulting to the plan with the largest enrollment may not achieve

this, in that the plan may have the largest enrollment because they have done things on the cheap.

As a starting point, exchanges should be required to study these questions before deciding on a benefit package. Here is a sample from legislation in Maryland directing the exchange board to study:

> *"1. whether any benefits should be required of qualified health plans beyond those mandated by the federal Patient Protection and Affordable Care Act (Affordable Care Act), and whether any such additional benefits should be required of health benefit plans offered outside the Exchange;*
> *2. whether carriers offering health benefit plans outside the Exchange should be required to offer either all the same health benefit plans inside the Exchange, or alternatively, at least one health benefit plan inside the Exchange; and*
> *3. whether managed care organizations with Health Choice contracts should be required to offer products inside the Exchange, and whether carriers offering health benefit plans inside the Exchange should be required to also participate in the Maryland Medical Assistance Program which provisions applicable to qualified health plans should be made applicable to qualified dental plans … ."*

'No Wrong Door': Creating a Seamless System

One of the opportunities offered by the ACA is the required simplification of accessing insurance through a single process known popularly as "No Wrong Door." In addition to simplifying the eligibility and enrollment system for consumers, this provision must be just a beginning step to a seamless health care system through which consumers move without interruptions of health care, access to providers, or loss of benefits. States will have the ability to take that next step.

Hence, the ACA offers the opportunity to develop a "seamless" insurance system in which consumers are oblivious to the source of their insurance coverage, and in which they can experience a continuity of care and rapport with providers even if they move from Medicaid to subsidies or to private insurance. Not only will this simplify consumer access to insurance, it will reduce the stigmatization of Medicaid.

Achieving this seamless system would require effort from states and private insurers. Here are some examples of legislative language that can get the discussion started about strong "no wrong door" policies that go beyond the simplest intake policy:

> New Jersey: *[The board shall] "adopt policies and procedures, in consultation with the [Medicaid program] by which the exchange: provides eligibility determination and redetermination services for, and enrollment in, the exchange [and] Medicaid … as appropriate to the individual's income and circumstances, through the use of a single application form; and ensures the timely processing of applications and enrollment, as appropriate, utilizing consistent methods and standards that, to the maximum extent practicable, are employed by both the exchange and [Medicaid]."*

> A directive to the Board from the Vermont Act: *"How to fully integrate or align Medicaid, Medicare, private insurance, associations, state employees, and municipal employees into or with the Vermont health benefit exchange and Green Mountain Care."*

Action Steps

- Push for a legislative directive to build a seamless insurance system using the "No Wrong Door" provisions of the ACA.
- Promote planning by the exchange and appropriate government departments for the development of a seamless system.

Building Infrastructure in Underserved and Rural Areas

While exchanges can help people become insured, nothing guarantees that being covered actually will improve their health. In fact, research on health disparities suggests that many consumers, because they live in areas long neglected by the medical delivery system, still will not have access to quality, affordable medical care. This is especially true for people of color, minority language groups, and residents of rural areas.[iii] The problem is one of access and proximity. Histories of segregation, concentrations of poverty, and rural distance have created pockets of underserved areas and populations as medical practices and hospitals have tended to locate elsewhere.

Building an adequate infrastructure in underserved areas must be a major objective as states implement the ACA. Here are some tools to achieve that goal:

1. Network Adequacy Requirements: Can People Find Doctors?

Under the ACA, exchange boards must require that an insurance company has a network of doctors and providers sufficient to assure that its customers have adequate access to health care. States should use this requirement to mandate that private insurance companies join with public systems to build up the medical care infrastructure in underserved areas.

States could do this in a variety of ways, but the development of a common public/private plan with clear expectations and measurable outcomes would seem to be Step 1. At a minimum, the following need to be taken into consideration: Medicaid programs, public health systems, clinics, hospitals, physician groups, consumers, and private insurance companies. This planning should include requirements that network adequacy standards are applied equally inside and outside of exchanges. Companies that do not meet these standards are not to be permitted into the exchanges.

Here is some language from a Washington state bill proposal:

> *Plans permitted in the exchange are to have: "High standards for provider network adequacy, including robust provider participation intended to improve access to underserved populations through participation of essential community providers, family planning providers and pediatric providers."*

2. Workforce Development: Training Medical Practitioners

Building a cadre of providers to serve neglected communities will require a new workforce. The ACA provides a series of training, retraining, loan forgiveness, and

subsidy programs for medical practitioners who will commit to service in neglected areas.

Critically, Section 5102 of the ACA provides resources for a process to develop state healthcare workforce plans:

> *"There is established a competitive health care workforce development grant program (referred to in this section as the "program") for the purpose of enabling State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels."*

In addition, the ACA makes available resources to implement these plans:

> *"The Administration shall … competitively award implementation grants to State partnerships to enable such partnerships to implement activities that will result in a coherent and comprehensive plan for health workforce development that will address current and projected workforce demands within the State."*

Plans to improve access to medical care in underserved areas need to be linked to training and education programs that can help supply the needed workforce.

Here are some issues for advocates to learn about and get involved in:

- Does your state have a workforce planning grant and process?
- Who is involved in the process? Are consumers, Medicaid leadership, providers and private insurers included in the planning process?
- Does the plan include provisions for targeting workforce development on underserved areas and rural areas?
- What provision exists for cultural and linguistic sensitivity training?

3. Expansion Resources: Using Clinics to Fill Underserved Needs

Clinics can play a significant role in filling the medical needs of underserved populations, and the ACA provides for a major expansion of clinic resources for both construction and operations. There is a concern that the existing clinics will use the bulk of these funds to expand their facilities rather than to expand services into underserved areas where they can help build the needed infrastructure.

Action Steps

- Advocate for legislation that requires public systems and private insurers to develop and implement networks that provide adequate medical infrastructure in underserved areas.
- Get involved in the state health care workforce planning process.
- Advocate for workforce development plans that recruit and train providers in underserved areas and populations.
- Review clinic expansion planning to assure that adequate portions of new resources are targeted to underserved areas.

Prevention and Primary Care

One of the principal emphases of the ACA is an expanded focus on prevention and primary care. Seeing that this focus actually is implemented is enormously important to previously uninsured populations. Emphasizing primary care and prevention also has great potential to "bend the cost curve" — better health means less cost in the long run.

The ACA is studded with prevention initiatives. Here is only a partial list:

- Clinical and community preventive services
- Education and outreach campaign regarding preventive benefits
- School-based health centers
- Oral healthcare prevention activities
- Coverage of comprehensive tobacco cessation services for pregnant women
- Incentives for prevention of chronic diseases in Medicaid
- Community transformation grants
- Removing barriers and improving access to wellness for individuals with disabilities
- Immunizations
- Demonstration project concerning individualized wellness
- Employer-based wellness
- Childhood Obesity Demonstration Project

Though presently under attack in the Congress, a huge Prevention and Public Health Fund is appropriated in the ACA.

These provisions cover so much ground and are so diverse that some coordination of effort is needed to make prevention efforts successful. To ensure that these efforts truly are culturally and racially sensitive, plans should be community-based and focus on community transformation grants where such grants are available.

Action Steps

- Legislation requiring states to establish prevention planning processes at the community level. Special provision should be made for rural communities.
- Legislation should require that private insurers participate in the community plans as a condition of being able to sell insurance in a state.
- States should establish a system to monitor the development, quality, and success of prevention plans.

The ACA also includes a new emphasis on primary care. This emphasis is needed throughout the health care system to enhance efforts to promote prevention and good health. Early and regular interactions with care providers will reduce the overall cost of health care. The ACA also provides:

- Incentives to build medical homes
- Expansion of the primary care workforce.
- Increased Medicaid reimbursements for primary care physicians.
- Encouragement of states to expand the definition of primary care providers to include nurses practitioners and other providers to rapidly expand the primary care cadre.

Who will see to it that these tools are pulled together into a coherent initiative that will utilize these diverse resources and tools to transform the health care emphasis?

Because so many pieces of the insurance and governmental puzzle are involved here, the answer to this question must include governors, legislative leadership, Medicaid agencies, educational institutions, community organizations, and the private insurance system.

This can only be done if the political and health care leadership of a state makes it so. This might not necessarily require legislation, but legislation would give it a framework and sanction. Here is some language from sections of the Vermont law:

> *"Primary care must be preserved and enhanced so that [consumers] have care available to them, preferably within their own communities. Other aspects of [the state's] health care infrastructure, including the educational and research missions of the state's academic medical center and other postsecondary educational institutions, the nonprofit missions of the community hospitals, and the critical access designation of rural hospitals, must be supported in such a way that all [consumers], including those in rural areas, have access to necessary health services and that these health services are sustainable."*
>
> *"Preventive care" means health services provided by health care professionals to identify and treat asymptomatic individuals who have risk factors or preclinical disease, but in whom the disease is not clinically apparent, including immunizations and screening, counseling, treatment, and medication*

determined by scientific evidence to be effective in preventing or detecting a condition.

Action Steps

- Advocate for legislation requiring a primary care emphasis in public programs following the lead of the ACA. Insurance companies should be required to participate in these initiatives.
- Support the development and implementation of plans for a statewide reemphasis on primary care in both public and private health insurance. Planning should include training institutions, public health systems, consumers, and health care providers.

Quality Improvement

The ACA will require that insurance companies permitted to sell in exchanges will be required to have "quality improvement plans." What are they?

Not much guidance is provided in the proposed rules. However, the provisions of the ACA are fairly specific. Section 1311 of the Act states:

> *"(1) IN GENERAL. — The Secretary shall, by regulation, establish criteria for the certification of health plans as qualified health plans. Such criteria shall require that, to be certified, a plan shall, at a minimum.....implement a quality improvement strategy described in subsection (g)(1)...."*

Subsection (g)(1) is fairly specific:

> *"(g) REWARDING QUALITY THROUGH MARKET-BASED INCENTIVES.— (1) STRATEGY DESCRIBED. — A strategy described in this paragraph is a payment structure that provides increased reimbursement or other incentives for ... .*
> *(E) ... the implementation of activities to reduce health and health care disparities, including through the use of language services, community outreach, and cultural competency trainings." (Emphasis Added)*

HHS exchange rules issued in March of 2012 make only passing reference to this section of the law. However, in the spring of 2010, HHS adopted an action plan designed to focus effort and resources on overcoming health disparities. Among the various action plans is this one:

> *"Health plans participating in the Health Insurance Exchanges ... will implement a quality improvement strategy using financial and non-financial incentives to promote activities to reduce disparities in health and health care. Activities may include language services, community outreach, cultural competency training, health education, wellness promotion, and evidence-based approaches to manage chronic conditions."*[iv]

Because the actual rules do not follow this action plan, it will be up to state-level advocacy to assure that this critical provision of the ACA is implemented. This will not be easy, in that private insurance companies will not willingly participate. Consequently, legislation creating exchanges or the exchange boards when establishing standards for the admission of insurers into the markets should, at a minimum, require that insurers have quality improvement initiatives that include detailed plans showing what steps the insurance company is taking to provide quality services to its customers. Such services should include:

- Language services;
- Community outreach;
- Cultural competency training;
- Health education;
- Wellness promotion; and
- Evidence-based approaches to manage chronic conditions.

To be sure that the quality improvement plans of insurers are actually being implemented, a process of periodic review should be established, and those who do not implement these plans need to receive sanctions serious enough to alter their behavior.

While not going far enough, there is a beginning of quality improvement in Oregon:

> *"Improve health care quality and public health, mitigate health disparities linked to race, ethnicity, primary language and similar factors, control costs and ensure access to affordable, equitable and high-quality health care throughout this state."*

Action Steps

- Legislation should require that insurance companies develop and implement quality improvement plans that include at least the following: language services; community outreach; cultural competency training; health education; wellness promotion and evidence based approaches to manage chronic conditions.
- Exchanges should be required to monitor the quality improvement plans of insurers operating in exchanges and sanction those that do not do so –— including excluding them from exchange markets.

Outreach

To overcome health disparities, exchanges will have to mount significant efforts to reach out to underserved and previously uninsured populations. While the HHS exchange rules require that the exchanges provide outreach programs — especially for the disabled and minority populations — a minimal effort will not be sufficient to assure full access by populations unused to participating in the medical system, distrustful of public institutions, or unable to communicate well in English.

Without a strong outreach program, potential consumers may not even be aware of the fact that the exchanges even exist, let alone know about the benefits of enrolling and participating.

Here is some sample legislative language from the California law:

> *"Undertake activities necessary to market and publicize the availability of health care coverage and federal subsidies through the Exchange. The board shall also undertake outreach and enrollment activities that seek to assist enrollees and potential enrollees with enrolling and reenrolling in the Exchange in the least burdensome manner, including populations that may experience barriers to enrollment, such as the disabled and those with limited English language proficiency."*

Action Steps

- Develop an outreach coalition with community-based organizations, clinics, and advocacy groups.
- Advocate for robust outreach programs that are both well-funded and culturally and linguistically sensitive.

Planning and Data Collection

Few of the objectives associated with improving health care access will be difficult without adequate data collection systems and good planning. All of the disparate pieces of the health care system need to be coordinated and pushing toward the same ends. It is difficult to imagine this happening without strong political leadership and plans for coordinating these efforts being replicated at the community level, where actual service delivery must occur.

Planning

States need to be pushed into making coordinated plans for the implementation of the various initiatives outlined throughout this paper. Provisions must be made for the replication and implementation of similar plans at the community level. In many places, parts of this process may have already begun, but they may have missed an emphasis on both the elimination of health disparities and on the importance of community-based initiatives.

Action Steps

- In association with plans to implement exchanges, each state legislature should mandate the development of a plan for health care improvement using the tools and resources available for these purposes through the ACA.
- State legislation should mandate community-based planning for the improvement of health care.

Data Collection

Extensive systems for determining eligibility and enrolling consumers in new insurance plans are under way in almost every state. HHS has made resources for this undertaking available. It is, however, unclear to what degree these systems will collect information about health disparities based on social factors associated with race, ethnicity, language, culture, and rural residency. Good data will be needed to undergird, direct, and evaluate efforts to eliminate health disparities. State systems need to be designed to collect this information.

Action Steps

- Legislation governing the operation of exchanges should require that exchanges and public programs collect data associated with health disparities. These data should be for research purposes and the privacy and confidentiality of consumers should be protected. At a minimum, the data systems should follow the "Data Standards for Race, Ethnicity, Sex, Primary Language and Disability Status" being developed by HHS under the provisions of the ACA.

Endnotes

[i] "Ensuring Equity: A Post Reform Framework to Achieve High Performance Health Care for Vulnerable Populations ," The Commonwealth Fund, October 7, 2011.

[ii] The transformation of the health care system outlined in what follows closely parallels ideas and recommendations from three sources:

- Ensuring Equity: A Post Reform Framework to Achieve High Performance Health Care for Vulnerable Populations," The Commonwealth Fund, October 7, 2011;
- "A Nation Free of Disparities in Health and Health Care," HHS Action Plan to Reduce Racial and Ethnic Health Disparities, Spring 2011, p. 17; and
- The Patient Protection and Affordable Care Act (P.L. 111 – 148).

[iii] To access research and action tools on this issue visit "Place Matters" on the web site of the Joint Center for Political and Economic Studies at jointcenter.org.

[iv] "A Nation Free of Disparities in Health and Health Care," HHS Action Plan to Reduce Racial and Ethnic Health Disparities, Spring 2011, p. 17.