

# State and Local Efforts to Provide Care to the Uninsured in 12 CTS Sites

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# Motivation

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- **Public insurance expansions have stalled in many states**
- **Many communities are trying to do something to address the issue**

# The Community Tracking Study

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- **12 sites of 60 chosen for intensive site visits**
- **Round 5 began in January 2005**
  - **This work reflects early results**
- **At least 10 of 12 sites have some sort of organized effort to provide care for the uninsured**

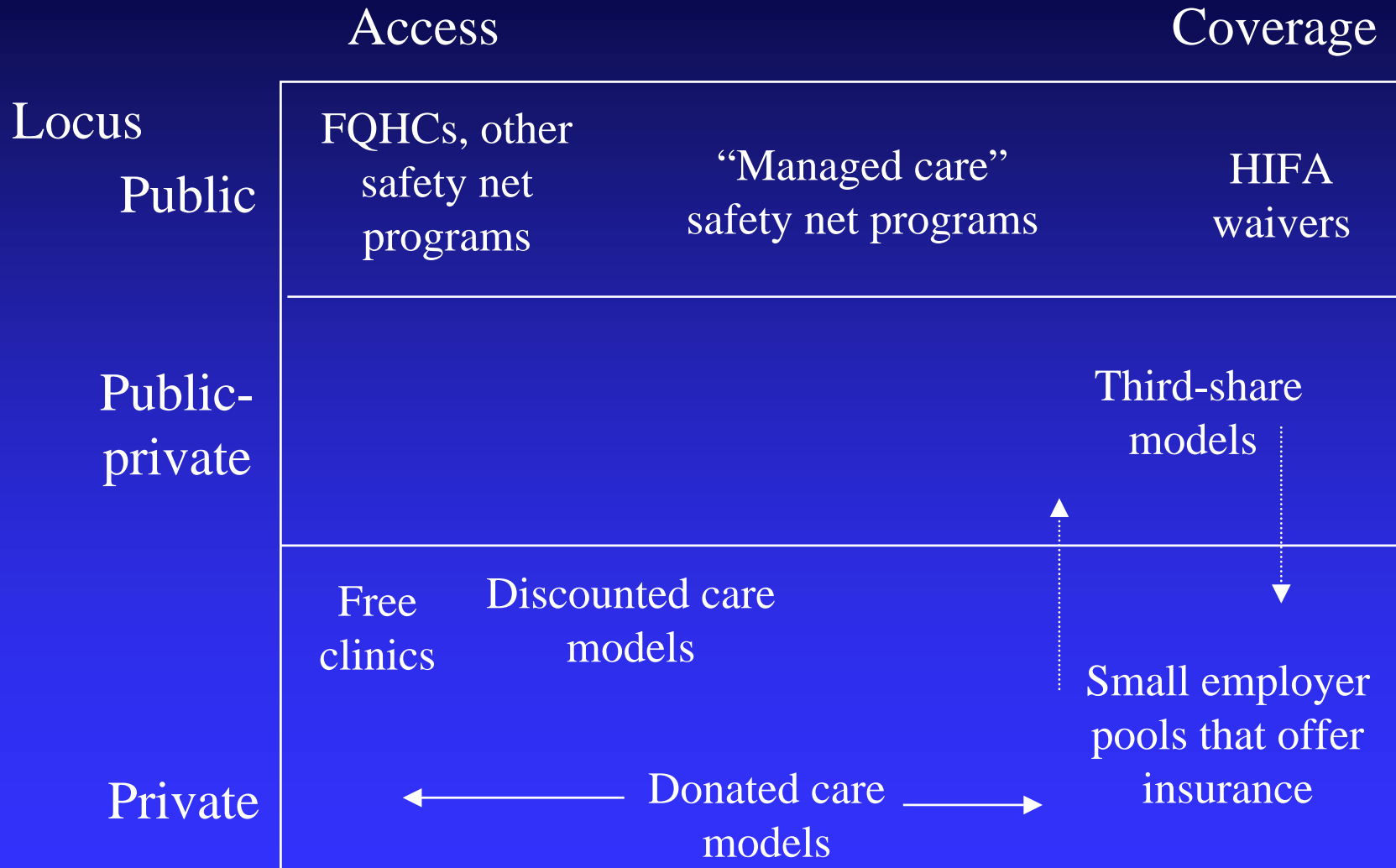
# Approaches Across CTS Sites

- **Donated care programs**
  - Greenville, Indianapolis, Little Rock
- **Discounted care programs**
  - Phoenix, Miami
- **“Managed care” safety net models**
  - Boston, Indianapolis, Lansing
- **Small employer or individual coverage programs**
  - Little Rock, Phoenix, Syracuse, Miami
- **Third-share models**
  - Lansing, Orange County (private \$ only)
- **HIFA waiver expansions**
  - Lansing, Phoenix

# Approaches (New Efforts Boxed)

- Donated care programs
  - Greenville, **Indianapolis**, Little Rock
- Discounted care programs
  - **Phoenix**, **Miami**
- “Managed care” safety net models
  - Boston, Indianapolis, Lansing
- Small employer or individual coverage programs
  - **Little Rock**, Phoenix, Syracuse, **Miami**
- Third-share models
  - **Lansing**, Orange County (private \$ only)
- HIFA waiver expansions
  - **Lansing**, Phoenix

# Efforts by Locus and Access-Coverage Continuum



# Other Dimensions on Which Efforts Vary

- **Comprehensiveness of benefits**
- **Target population**
- **Funding sources**
  - Medicaid match
  - Creative use of DSH money
  - State dollars
  - Local property taxes
  - Local foundations
  - Donated services

# Other Dimensions on Which Efforts Vary (continued)

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- **Capacity**
- **Whether intended to keep people off Medicaid versus ease transitions on-off**
- **Extent to which burden of care is redistributed**

# Other Developments

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- **More programs are requiring that enrollees “go bare” for 6-12 months**
- **Increased partnering between programs**
- **More push-back from providers**

# Less Successful Efforts

**Implemented but didn't get far:**

- A few small employer programs had difficulty getting employers on board
- Some programs faced serious financing issues

**Didn't get off the ground:**

- HIFA waivers in California and Arkansas

# Strengths and Limitations of Community Efforts

## Strengths:

- Tailored to community needs and specific subpopulations

## Limitations:

- Only a small fraction of the uninsured
- Sustainability
  - Financing
  - Other resources

# On the Horizon...

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- **Additional growth of discounted care programs?**
- **Several sites reported “mandate lite” or flexible benefits bills going before legislature**

# Conclusions

- **Numerous approaches exist**
  - vary widely even within a given approach
  - multiple approaches used in some sites
- **Community programs**
  - tend to provide access, not insurance
  - typically serve a very small proportion of uninsured
  - appear to be getting better at coordinating efforts with other programs
- **Sustainability is difficult**
  - especially if no dedicated funding stream

**For more information on the Community Tracking Study, check out:**  
**[www.hschange.org](http://www.hschange.org)**

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# Examples of programs in CTS sites

<b>DONATED CARE PROGRAMS</b>	
<b>Medwell Access (Greenville, SC)</b>	<b>Provides full range of services; sponsored through county medical society; targets working uninsured up to 165% FPL</b>
<b>Project Health (Indianapolis)</b>	<b>Provides specialty care, labs and Rx to uninsured persons up to 300% FPL; created by Indianapolis medical society</b>
<b>Arkansas Health Care Access Foundation (Little Rock)</b>	<b>Provides a range of health care services to uninsured persons under 100% FPL; affiliated with state medical society</b>
<b>DISCOUNTED CARE MODELS</b>	
<b>HealthCare Connect (Phoenix)</b>	<b>Targets low-income working uninsured between 100-250% FPL</b>
<b>CareNet (Miami)</b>	<b>Targets working uninsured (no income limit); slated to begin in July 2005</b>

# Examples of programs in CTS sites (continued)

<b>“MANAGED CARE” SAFETY NET PROGRAMS</b>	
<b>Wishard Advantage (Indianapolis)</b>	<b>Provides full range of services to uninsured county residents with incomes under 200% FPL; services provided by county hospital and Indiana University Medical Group</b>
<b>Ingham Health Plan (Lansing)</b>	<b>Provides ambulatory care only; serves three separate populations including Medicaid expansion population (up to 33% FPL), uninsured up to 250% FPL, and employees of small employers using third-share model</b>
<b>SMALL GROUP AND INDIVIDUAL MODELS</b>	
<b>HealthCare Group (Phoenix)</b>	<b>Risk pool for small employers that offers a variety of products; administered by state</b>
<b>Community Health Alliance (Little Rock)</b>	<b>Small employer product offered by North Little Rock Chamber of Commerce; exempt from state mandates</b>

# Examples of programs in CTS sites (continued)

<b>SMALL GROUP AND INDIVIDUAL MODELS (CONTINUED)</b>	
<b>Healthy New York (Syracuse)</b>	<b>State program to provide coverage to small employers and uninsured individuals; employer must pay at least 50% of premium</b>
<b>Health Flex (Miami)</b>	<b>Targets uninsured residents under 200% FPL; benefits typically are limited (but vary depending upon administrator)</b>
<b>THIRD-SHARE MODELS</b>	
<b>Ingham Advantage (Lansing)</b>	<b>Targets small employer groups of 2-20 people; employer, employee, and county each pay a portion of premium (see Ingham Health plan above)</b>
<b>California Kids (Orange County)</b>	<b>Variant on third-share model that targets children of employers (not employees themselves); employer, employee and local foundation each pay a portion of premium.</b>