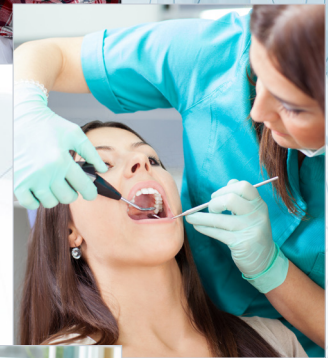


What Healthcare Should Be



Experiences of the Newly Insured

Christian Community Action (CCA) and the Connecticut Alliance for Basic Human Needs (CABHN) collaborated on this project. CCA is a faith-based not-for-profit ecumenical social services agency. Its mission is to offer help, housing and hope to those who are poor in New Haven. CCA provides emergency shelter, transitional housing and neighborhood services and seeks to change systems that perpetuate poverty and injustice. CABHN is a project of the Legal Assistance Resource Center of CT (LARCC), the policy advocacy branch of the Legal Services Network.

This project was supported by a grant from the Connecticut Health Foundation.

Maria Montoya is 62 years old and lives with her family in East Haven. Ms. Montoya has Stage 3 kidney cancer, diabetes, anemia, and high cholesterol. Prior to enrolling in HUSKY D, Maria had to pay for her care out of pocket. After enrollment, Maria was able to keep her doctors, see an eye doctor, and get a new pair of glasses and dental care. She is very happy with her coverage.

Maritza Gant lives with her two children in New Haven. She was insured through her husband but lost her coverage when they divorced. After getting onto HUSKY D in October 2014, Maritza reports that she is very happy with the care she receives and is particularly pleased that she is able to keep the providers she had when she was previously insured.

Introduction

This report contains the recommendations of Christian Community Action's Healthcare Kitchen Cabinet for ensuring that quality health care is easily accessible to low-income residents of Connecticut through the Affordable Care Act. The recommendations were developed from the findings of a survey of 104 newly insured low-income residents, informed by the experiences of members of the Healthcare Kitchen Cabinet. The Healthcare Kitchen Cabinet is a gathering of community members with first hand stories about using health coverage received under the Affordable Care Act and the state's HUSKY program.

The survey was designed to quickly identify major issues experienced by newly insured residents, open up conversations with people, and share their views in discussions about Connecticut's health care policy. It was not written as an academic survey or designed to be administered to a scientifically selected representative sample of new enrollees. Those interviewed were primarily from New Haven. The surveys were conducted by members of the Healthcare Kitchen Cabinet, by former Access Health CT assistants, by college interns and by Christian Community Action staff. Most of the surveys were conducted in August and September of 2014.

While we have recommendations about how to improve or maintain the quality of the experience, it is important to note

that most people we talked to were very happy to be insured, had good experiences when they enrolled and were pleased with their experiences with the health care system.

Kevin is an ordained minister and community advocate from New Haven. He went on the AccessHealthCT website and successfully enrolled in a qualified health plan. It took a couple of tries but he is generally pleased with the enrollment process.

Ann and Andrew, an older couple with no children at home, are very happy with their new coverage. For the first time in quite a while, they have complete medical care and all of their medical needs are met.

Background On Medicaid/HUSKY In Connecticut

On October 1, 2013, Connecticut's health care exchange, Access Health Connecticut (AHCT), began its first enrollment period. Unlike the federal exchange, AHCT's website mostly worked well for people applying for health care coverage. Under the "no wrong door" goal adopted by the Affordable Care Act, the exchange was designed to handle HUSKY (Medicaid) applications as well as to assist people seeking to purchase insurance through private plans.

Connecticut adopted the ACA Medicaid expansion, which encourages states to offer Medicaid to non-parenting adults with incomes up to 138% of the federal poverty level. As an incentive to states to adopt this expansion of Medicaid, the federal government committed to pay for most of the cost of providing Medicaid to the expansion population. This expansion was fully implemented in January, 2014. In Connecticut, those covered under the expansion are in the HUSKY D portion of Medicaid.

Prior to January 1, 2014, Connecticut's Medicaid program consisted of:

- **HUSKY A** – covering children and the parents or other caregiving relatives of those children in families with incomes up to 185% of the federal poverty level;
- **HUSKY C** – covering people who are elderly and/or disabled with incomes up to about 85% of the federal poverty level; and
- **MLIA (Medicaid for Low-Income Adults)** – covering non-parenting, non-disabled adults with incomes up to about 55% of the federal poverty level. Many of these people were formerly covered under the SAGA (State Administered General Assistance) medical program.

In January of 2014,

- the MLIA program was renamed the **HUSKY D** program and the income limit for the program more than doubled to 138% of the federal poverty level;
- income limits for **HUSKY A** were adjusted upwards slightly to 201% of the federal poverty level.

Between January and June, 2014,

- 156,815 people enrolled in HUSKY through AHCT. Of these,
 - 78,993 were individuals enrolled in HUSKY D and
 - 77,882 were family members enrolled in HUSKY A.

In that same time period, only 18,396 people with incomes between 138% and 200% of the federal poverty level enrolled in Qualified Health Plans through AHCT.

Total enrollment in HUSKY A and D rose from 519,007 in December of 2013 to 625,786 in June of 2014, an increase of 20.6%.

HUSKY D enrollment rose by 62,774 or 67.4%. This increase reflects the significant expansion of income eligibility for this program.

HUSKY A enrollment rose by 44,005 or 10.3%. In addition to some increase in eligibility limits, increased outreach encouraging people to enroll in health care plans appears to have resulted in more eligible families learning how to enroll in HUSKY.

Survey Results

A complete report on the results of the survey of 104 individuals is available at <http://larcc.org/healthcare> and <http://www.ccahelping.org>

Items of note in the responses:

- About 75% of respondents said that they had help in signing up for health care coverage. About one-third received help from AHCT assisters and 10% indicated that DSS had provided assistance. While this result may be skewed because assisters conducted some of the interviews by contacting people they had signed up, it reflects similar findings from the Community Alliance for Research and Engagement (CARE) survey on people's application experience. Information about the CARE survey is available at http://universalhealthct.org/images/PDF/CARE.reportweb.3_9.12.14_1.pdf.

Peter M. was unemployed and uninsured until he enrolled in HUSKY D. Peter said "I've had my insurance for about a year. I really had no trouble with it at all. I got my wisdom teeth out through the insurance, I've had cataract surgery thanks to the insurance, and I had follow-up appointments **all thanks to my insurance.** I've also been able to use their mental health programs. All of the doctors I've used are new to me, and I found them all through the insurance plan."

Sixty year old **Gualberto Vargas** enrolled in HUSKY D when an "insurance lady came to the house." Now that he is insured, Mr. Vargas is able to use the clinic next to his home to get medical care.

The Exchange is critical for many young people today who have aged off their parents health insurance but cannot find a job that offers them their own insurance.

Aaron is a 26 year old with Type 1 diabetes. Even though Aaron submitted all of his documentation, including paystubs and tax returns when he enrolled in HUSKY D, he began to get notices from DSS warning him that he would lose coverage if he did not send in his paperwork. It took intervention by a state legislator before he stopped receiving these alarming notices. It also took almost a month after enrollment for Aaron to receive the insulin pump he needs to control his diabetes.

Having health care coverage is critical for Aaron and others with chronic diseases that require good preventative care.

Items of note in responses (continued)

- **40 respondents indicated that they had heard about the availability of health care from friends or family members.**
- While there were comments about computer malfunctions, the need to find additional documents and the lack of assistance for Spanish speakers, **generally respondents reported an easy experience signing up for health care through AHCT.** Most people reported spending less than 3 hours on the application process.
- **There was significant variation in the amount of time it took a person to get an insurance or HUSKY card after signing up.** About 70 people received the card in a month or less but others reported waiting 2 to 3 months or never receiving the card at all.
- **91 respondents indicated that they had signed up for Medicaid.** The survey was targeted to people with incomes below 200% of the federal poverty level. Information from AHCT indicates that only about 18,000 people with incomes at this level signed up for a private Qualified Health Plan. There was always concern among advocates that, even with federal subsidies, private plans would be too expensive for people with limited income in Connecticut. The results of this survey and the enrollment statistics in AHCT seem to confirm this problem.

Desmond is an African American man in his 40's. He works long hours running his small food business in New Haven. Desmond was uninsured when he enrolled in a private health plan through Access Health. Although he is happy to finally have coverage, his deductible is problematic. Desmond recently went to the ER for a slight injury; the bill was \$1600. He has a \$1500 deductible.

- **Access to specialists when needed was a notable concern among respondents.**
- While 80-90% of respondents indicated that they were satisfied with their health care plans and coverage, the following **areas of concern** were noted by some respondents:
 - *getting appointments at convenient times*
 - *being seen at scheduled appointment times*
 - *talking to someone in provider's office when necessary*
 - *getting test results*
 - *provider lack of knowledge of respondent's previous medical history*
 - *getting needed dental care*
- About one-third of respondents indicated that they could not get all their care in one location.

Providers' Perspective And Survey

While the Healthcare Kitchen Cabinet talked to people receiving health care, Primary Care for New Haven (PCare4NHV) was conducting a comprehensive survey of primary care providers for adults in the New Haven area. The results of that survey are available at <http://pcare4nhv.wordpress.com/>.

The picture painted by that survey is somewhat less rosy than the experiences cited by the respondents to the Healthcare Kitchen Cabinet survey. This suggests that as more people enroll in HUSKY *and then take steps to get health care*, access to health care may become more problematic.*

If new HUSKY participants begin to use health care services more extensively, the PCare4NHV survey suggests that the system might be overtaxed. At the time of the PCare4NHV survey, only 56% of the providers of primary care to adults in the New Haven area were accepting new Medicaid patients.

Laura Torres is a middle aged Hispanic woman with severe carpal tunnel syndrome. She was excited to use her new HUSKY D insurance to finally determine the cause of, and get treatment for, her pain. At her first doctor's appointment, Laura waited almost 2 hours after her appointment time to be seen and another month to get a diagnosis from her doctor. When she was finally prescribed medication for her condition, it was not covered by her insurance. Her doctor's office did not respond to repeated phone calls from the pharmacy to switch Laura's medication for one that is covered by her plan. Finally Laura paid over \$60 out of pocket for the medication, almost 10% of her monthly income.

Keeley is a 24 year female living with her family in New Haven. Before enrolling in HUSKY D, Keeley had been uninsured for three years. At first she had trouble finding providers to take her new insurance, but now that she's found a doctor, Keeley gets appointments and care quickly and easily, including dental work she put off for some time.

Mr. Vargas lives in New Haven and, though happy to have his medical needs met, his serious dental needs remain unmet and cause him pain every day. Mr. Vargas needs an upper and lower bridge and an extraction. Mr. Vargas believes HUSKY D does not cover any of this and Mr. Vargas does not have the several hundred dollars necessary to begin his dental work.**

Providing care in a patient's language is crucial. **Laura Torres** from New Haven did not have access to an interpreter at her doctor's office. This made communicating about her symptoms quite difficult and may have contributed to the problems she had getting test results and return phone calls from her doctor's office.

In other areas, the PCare4NHV survey results match the results of the Healthcare Kitchen Cabinet survey

- 99% of practices were within a five-minute walk of a bus stop; 86% provided free parking; 81% had curb cuts for wheelchair entry and 92% had a wheelchair accessible main entrance. About 90% of Healthcare Kitchen Cabinet survey respondents said that is easy to get to their provider's office.
- About a quarter of providers offer appointments on evenings and weekends. Most Healthcare Kitchen Cabinet respondents said they could get appointments at convenient times, although this question elicited more negative responses than many others.
- 43% of providers offered cultural training for staff and 50% had Spanish-speaking providers. Most Healthcare Kitchen Cabinet respondents said they got information in their own language.
- Almost no primary care providers offered on-site dental care. Lack of dental care was a concern noted by Healthcare Kitchen Cabinet respondents.

As part of this process, we interviewed providers from the two major federally qualified health care centers in New Haven. In part because of the different populations served, the experiences and perspectives from these centers were quite different.

From a provider at Fair Haven Community Health Center, which serves many undocumented immigrants:

- Newly insured people do not understand their insurance and have difficulty navigating the health care system.
- These problems are confounded because HUSKY/Medicaid enrollees are unable to contact DSS when they have a problem or question or do not get their HUSKY cards. In some cases, people have received their HUSKY card but are not recorded in the computer. They then cannot access care – and often cannot reach DSS to correct the problem.

- Access to specialists, particularly for people on Medicaid, is limited.
- Qualified Health Plans are too expensive for people on limited incomes, even with subsidies. If people are not eligible for HUSKY, they tend to select plans with lower monthly payments and high deductibles. But people with chronic diseases then have to pay the full cost of care until they spend their deductible. The result is that people with chronic diseases are still not getting the care they need to manage their diseases even if they are paying for insurance.
- The ACA did not offer any healthcare options for undocumented immigrants so many coverage problems experienced at this clinic are unchanged.

From staff at Cornell Scott Hill Health Center:

- The Center is seeing more people covered by HUSKY and fewer self-pay patients. Many previously uninsured people who came to the Health Center continued as patients at the Center once they were covered by HUSKY.
- It is helpful to have more patients covered by HUSKY because the rate paid by HUSKY comes closer to covering the costs of care than previous sources of payment for these patients.
- The Center has been able to provide services to these newly insured people without overtaxing its staff.
- The remaining self-pay patients are largely undocumented immigrants. There is some concern that funding to cover services to this population will become more difficult to obtain.
- The Center provides dental service on site and has a relationship with Yale that makes access to specialist easier than for some other health centers.

Gelah was pregnant when she started her application for health insurance. The application process was difficult for her. Gelah has a visa but was unable to present a birth certificate and passport. This caused delays with getting coverage as Gelah's pregnancy advanced. Gelah eventually went to the DSS office to complete her application. The back and forth between DSS and Access Health delayed Gelah's coverage for about 3 weeks.

Claudette is a 60 year old woman with a serious medical condition. The costs for her medication and treatment run more than \$100,000 annually. Although she had access to a sliding scale clinic prior to her HUSKY D coverage, Claudette was not getting any treatment for her condition because she could not afford the sliding scale fee. Now Claudette can go to the doctor and finally get the care she needs without worrying about cost.

Twenty-five year old college student **Kristy** was uninsured before being approached by a “clip boarder” (Access Health recruiter) on the street in New Haven. Once she had someone help her navigate the application process, she was quickly covered and reports that her new insurance “meets all the needs of a young female.”

After losing his job and his insurance the month before, **Heriberto Rivera** got HUSKY D coverage in November 2013. He has high blood pressure and high cholesterol for which he takes medication. He was able to keep his doctors and get all of his prescribed medications. He is happy with the care he receives and his insurance covers the medications he needs to keep his medical conditions under control.

Recommendations

1 Provide assistance to those applying for health care coverage. We endorse the recommendations of the CARE survey in this area, particularly the recommendation **to ensure year-round availability of in-person assistance.**

2 Conduct outreach into the communities least likely to be insured. Most people hear about enrollment through family and friends. Outreach should not rely only on media and broadcast public information. Getting the information to churches, community institutions and agencies, and informal community gatherings is very important. Again, the findings of this survey and therefore the recommendations about outreach echo the CARE survey. We endorse the CARE recommendation to **adopt a grassroots outreach strategy, targeting populations that were more likely to hear about AHCT from family and friends or word of mouth.**

3 Expand assistance to include help navigating the health care system after coverage has been obtained. Respondents to the survey were often confused about what services they were eligible for and what the costs for those services were. Sometimes people had trouble finding providers or getting needed information about their health care. Again, the CARE survey results are similar to the results of this survey and we endorse the CARE recommendation to provide year-round in-person assistance to help consumers successfully use, maintain and renew insurance coverage.

4 Improve the interactions between AHCT and DSS and, in particular, between the computer systems of these two organizations. People who sign up for health care and are told that they are covered should not have to wait months to receive a card verifying their status.

5 Provide information about access to dental care for adults in HUSKY and improve the access to dental insurance available through private plans on the Exchange. Adequate dental care is a key component of good health. Lack of access to dental care was one of the few problem areas cited by survey respondents. In HUSKY, access to dental care is coordinated by the administrative services organization (ASO) BeneCare. Information about the services available through BeneCare and contact information for BeneCare should be made available to and emphasized to new HUSKY enrollees. For those not eligible for HUSKY, dental insurance offerings on the Exchange should be improved.

6 Increase access to specialist care, particularly in HUSKY. This concern was raised in the interviews conducted, by providers and by members of the Healthcare Kitchen Cabinet who have been HUSKY participants.

Ambrose was thrilled that his wife was covered during her pregnancy and the birth of their son. They had no issues with coverage, care, or medications and are thankful for the insurance. As Ambrose told his interviewer, **“this is what health care should be.”**

After getting notice of coverage, **Amanda** made an appointment with her son’s pediatrician to get him a shot. Amanda verified insurance coverage over the phone with the pediatrician’s office. When they arrived at the doctor, however, office staff told Amanda they could not confirm her child’s coverage and she would be financially responsible for any medical care her son received. Amanda left the pediatrician without her child getting the shot.

Emmett Harris is pleased to have coverage again. “I’ve been using it for sure. The only problem is dental. The only thing that’s covered is a once a year teeth cleaning. Everything else is fine. They’ve got me going to physicals now, check-ups and everything. It’s good. I didn’t have insurance before. I just got laid off, so my insurance and everything got cut off.”**

** To the surprise of many administrators and advocates, at the October meeting of the Council on Medical Assistance Program Oversight Council (MAPOC), DSS reported that per member per month (pmpm) costs for HUSKY D participants had fallen from \$804 pmpm in the Oct-Dec, 2013 quarter to \$684 pmpm in the April-June, 2014 quarter. This drop in expenses came as enrollment in HUSKY D was increasing due to Connecticut’s adoption of the Medicaid expansion. These figures seem to indicate that those newly eligible for HUSKY D are either healthier than had been anticipated or are not yet accessing health care services for which they are eligible.*

***These may not be accurate statements about dental care under HUSKY D but it is what the participants believed to be true.*

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