

Managing the Growing Pains

Medicaid Expansion and Colorado's Safety Net

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Many Colorado safety net clinics are seeing more patients – and more patients with insurance – in the wake of Colorado's decision to expand Medicaid eligibility.

That decision ballooned Medicaid enrollment, prompting safety net clinics to come up with new ways to serve people. Many patients who already had been receiving care now have insurance coverage. Patient numbers are also driven by funding from the Affordable Care Act (ACA) that helped clinics increase facilities, staff and outreach.

As a result, the state's safety net clinics are dealing with a range of growing pains.

They are learning to navigate the Medicaid system, including billing and new quality measures. They are helping Colorado's newly insured understand their coverage, which can be confusing and overwhelming. And they are figuring out how to coordinate both primary care and behavioral health care and secure specialty care for more patients.

The Colorado Health Institute (CHI) interviewed five clinics representing both federally qualified health centers (FQHCs) and community-funded safety net clinics (CSNCs) to better understand the changes and the challenges faced by these providers in Colorado. Four trends emerged from our conversations.

- **Medicaid Expansion Has Meant More Patients With Insurance.**

Clinics report that the biggest change after Medicaid expansion in 2014 is that more of their patients have insurance. Colorado's average monthly Medicaid enrollment has increased by about 60 percent since expansion, which means that today about one of five Coloradans is covered by Medicaid.¹

Colorado FQHCs saw about 15 percent fewer uninsured patients in 2014 than in 2013.²

Individual clinics also reported dramatic changes. For

Safety net providers:

Know the Vocabulary

There is a range of safety net providers throughout Colorado providing care for low-income and uninsured families and individuals. Two important kinds of clinics are:

- **Federally Qualified Health Centers (FQHCs)**

Colorado has 18 FQHCs with more than 160 clinics across the state, many of them part of large multi-clinic systems. FQHCs provide comprehensive primary care, including physical, dental and behavioral health services. FQHCs qualify for enhanced reimbursement from Medicaid and Medicare as well as other funding from the federal and the state governments by meeting several requirements, such as serving the medically underserved, providing a sliding-fee discount program and undergoing continuous quality assurance.³

- **Community-funded safety net clinics (CSNCs)**

More than 100 clinic locations provide free, low-cost, or sliding-fee primary care services. The characteristics of each clinic vary significantly; some are faith-based, some are staffed by volunteer clinicians or are family practice residency clinics. They also vary in size. Because each CSNC is unique, many face different challenges depending on how they are set up and the population they care for.

For more details, see [CHI's 2015 Safety Net Primer](#).



Physician's Assistant Tim Bewley conducts an examination at High Plains Community Health Center, a community-funded safety net clinic in Lamar. Like many Colorado safety net clinics, High Plains has seen a sizeable increase in the number of its patients with insurance coverage in the wake of the state's expansion of Medicaid eligibility.

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example, High Plains Health Center, a FQHC serving southeast Colorado, went from a patient population that was 40 percent uninsured before Medicaid expansion to 20 percent uninsured after expansion. Similarly, Doctors Care, a community safety net clinic in Littleton, went from a patient population of about 50 percent uninsured to 10 percent uninsured.

• *Safety Net Clinics Continue To See More Patients.*

Surprisingly, clinics reported that although their patient volume grew, it was at about the same rate as before Medicaid expansion.⁴

Many FQHCs received increased funding from the ACA to help prepare for the expected influx of new Medicaid patients. Some FQHCs reported an uptick in patients even before expansion, largely due to increased outreach and expanded care teams. Some CSNCs saw more patients because of increased outreach as well.

Free clinics such as Mission Medical in Colorado Springs — those that hadn't accepted any insurance — reported an initial drop in patient numbers after expansion.

In order to continue serving its community, Mission Medical decided to offer free services to insured patients experiencing difficulty finding care. This decision has led to a growing number of patients once again.

• *Clinics Are Focusing On Enrollment, Capacity And Efficient Models Of Care.*

Safety net clinics are champions of Medicaid, encouraging uninsured Coloradans who are eligible to enroll. These efforts help patients access health care and help clinics cover their costs.

Some clinics reported an increase in the number of visits per patient. They say patients are taking advantage of their insurance and coming to the clinics earlier and more often to receive preventive care, though other clinics haven't seen this trend.

To meet increased demand, clinics continue to develop more efficient and holistic models of care. These include medical homes and integrated care services with dental, behavioral health and medical care available in one location. Additionally, some clinics are upgrading their technology, such as their electronic health records.

• *As Medicaid Enrollment Grows, Administrative Tasks Increase.*

Both CSNCs and FQHCs are challenged by the administrative work required by Medicaid. While expansion is bringing in more revenue, many CSNCs are spending a lot of time and resources to figure out how to properly report data and complete billing. This is especially true for clinics that saw only a few Medicaid patients or that did not accept Medicaid prior to expansion. And even Medicaid veterans are feeling the strain from the growing volume of paperwork.

Clinics are also working hard to try to provide sufficient care coordination and patient navigation. Persuading more patients to come in for preventive care has been difficult for some clinics, perhaps because patients are confused about what benefits are included in their new insurance. Doctors Care reported that about 60 percent of its patients are scheduling wellness visits, a proportion the clinic is trying to increase.

While the number of Medicaid patients has grown, it appears that the availability of specialty appointments has not. Additionally, a couple clinics reported that some specialists appear to have stopped taking Medicaid patients to avoid dealing with the complex billing system.

Safety net clinics, in partnership with Colorado Medicaid's Regional Care Collaborative Organizations (RCCOs), play an important role in helping Medicaid clients access specialty services for complex medical needs.

Conclusion

With more Medicaid patients than ever before, Colorado's safety net clinics are faced with the challenges of maintaining accessibility while working within an evolving system. To meet these challenges, many clinics are trying to improve their administrative efficiency and encourage use of preventive services.

Once clinics have managed the current challenges, they will need to reassess their communities' needs. The decline in uninsured patients may prompt clinics to shift their outreach approach to focus on vulnerable populations that may be insured but still face barriers to care such as language, culture and lack of transportation.

One thing hasn't changed. Safety net clinics continue to be front-line providers for patients who have trouble finding care.

End Notes

¹ CHI analysis of Colorado Department of Health Care Policy and Financing FY 2014-15 Medical Premiums Expenditure and Caseload Annual Report and U.S. Census Bureau 2014 Colorado population estimate. <https://www.colorado.gov/hcpf/premiums-expenditures-and-caseload-reports>

² CHI analysis of 2014 Uniform Data System (UDS) data from correspondence with Colorado Community Health Network on June 26, 2015

³ "What are federally qualified health centers (FQHCs)?" Health Resources and Services Administration (HRSA), Health Information Technology. Retrieved July 27, 2015 from <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html>

⁴ Analysis of UDS data, 2009-2014. <http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2013&state=CO#gist>

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Lead author: Julia Newman



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303 E. 17th Ave., Suite 930, Denver, CO 80203 • 303.831.4200

coloradohealthinstitute.org