Serving the Uninsurable Population
Post-ACA: Ideas from other States and Community Health Centers

Prepared for:
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2014 Annual Meeting
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About the National Center for Farmworker Health (NCFH)

A national non-profit organization dedicated to improving the health status of farmworker families through provision of innovative training, technical assistance, and information services.

Visit our website: www.ncfh.org
NCFH Programs & Services

- **Professional Products and Services**
  - Consultation, Technical Assistance and Customized Training
  - Conferences and Workshops
  - Health Education Program Coordination & Material Development
  - NCFH Publications & Products

- **Network Support**
  - Library/Resource Center

- **Network Development and Expansion**
  - Call for Health
About America’s Farmworkers...
1. Findings from the National Agricultural Workers Survey (NAWS) 2007 - 2009. Demographic and Employment Profile of United States Farm Workers.


Farmworker Demographics\(^1\)

- **71% Spanish dominant language**
- **71% foreign born**
- Hispanic (78%)
  - White (13%)
  - Other (5%)
  - African American (4%)
- Mexico (68%)
- Central America (3%)

1. Findings from the National Agricultural Workers Survey (NAWS) 2007 - 2009. Demographic and Employment Profile of United States Farm Workers.
**Farmworker Demographics**

1. Findings from the National Agricultural Workers Survey (NAWS) 2007 - 2009. Demographic and Employment Profile of United States Farm Workers.


**Average U.S. Population Income**: $40,947/yr

**Poverty Level**: $10,400/yr

78% earn below $20,800/yr

Foreign born workers, on average, have an 8th grade education.
Farmworker Demographics

64% don’t have health insurance

41% had no healthcare visit in last 2 years

1. Findings from the National Agricultural Workers Survey (NAWS) 2007 - 2009. Demographic and Employment Profile of United States Farm Workers.
General Distribution of Farmworkers by State

Farmworkers* Served by Health Center Program in 2012

Total MSFW served: 903,089

- Estimated MSFW population: 2.5 Million
- MSFW served by Health Center Program in 2012: 101,707 (3%)
- MSFW served by Migrant Health Program Grantees: 801,382 (24%)
- MSFW served by non-Migrant Health Program Grantees: 10,170

*Includes child and adult dependents of farmworkers

Source: UDS 2012

Health Center Program Grantees: 1,198
Migrant Health Program Grantees: 166
Poverty Level Among Farmworkers* Served by Migrant Health Program in 2012

MSFW Patients Served = 801,382

- 80% 100% and below
- 13% 101%-150%
- 4% 151%-200%
- 3% Over 200%

*Migrant Health Program Grantees: 166

*Includes child and adult dependents of farmworkers

Source: UDS 2012
Farmworkers* Served by Health Center Program in Arizona in 2012

Total MSFW served: 11,827

*Includes child and adult dependents of farmworkers

Source: UDS 2012

Estimated Total MSFW in Arizona: 56,905
MSFW served by Migrant Health Grantees: 11,607
MSFW served by non-Migrant Health Grantees: 220
Health Center Program Grantees: 16
Migrant Health Program Grantees: 3
Arizona Farmworker Population Estimates by County

Blue dots = Migrant Health Program sites
Arizona Farmworker Population Estimates by County

Red dots = Health Center Program sites

Developed by NCFH
Poverty Level among Farmworker* Patients Served by Migrant Health Program in Arizona in 2012

MSFW Patients Served = 11,607

- 77% 100% and below
- 19% 101%-150%
- 4% Other - unreported

*Includes child and adult dependents of farmworkers

Source: UDS 2012

Migrant Health Program Grantees: 3
Potential Impact of ACA on Farmworker Population

Positive

- Medicaid Expansion for states that choose to participate
- Many farmworkers are single men with no dependents - they can now get Medicaid coverage
- Older children (6-18) can get Medicaid coverage on households up to 138% poverty level
- Lawfully present individuals not eligible for Medicaid are now eligible to receive tax credit or subsidy to get private insurance
- Mixed immigration status families can insure eligible family members through a single streamlined application (inc. Medicaid, CHIP, Medicare, private insurance)
Potential Impact of ACA on Farmworker Population

Positive

- Beginning in 2015, large agricultural employers (with more than 50 full-time employees) will be required to offer affordable health coverage to those who work at least 30 hours per week (must work more than 120 days for same employer)
- Small growers may be encouraged to provide health insurance through the Small Business Health Options program (provides tax credits to small employers who offer health insurance to their employees)
- Increased funding for Health Center Program, including outreach and enrollment – $11 billion
Potential Impact of ACA on Farmworker Population

**Negative**

- Migrant Health Centers service delivery capacity may be challenged as more people have insurance and are seeking care
- There will be a residual uninsured and uninsurable population
- Historical exclusions of agricultural workers still apply
- Large agricultural employers whose employees are mostly seasonal may be exempt from the requirement to provide health coverage
- Fear or misunderstanding on the part of patients
- Portability is still a challenge for migratory workers that move across state borders for Medicaid/CHIP
Uninsured Served by Migrant Health Program in Arizona in 2012

MSFW Patients Served = 11,607

48% Uninsured
52% Insured
Who are the Post-ACA Residual Uninsured and Uninsurable?

- The undocumented
  - Including Deferred Action Childhood Arrivals (DACA) holders
- Individuals staying in the US less than 3 months
- Those whose income is so low they are exempt from getting insurance under ACA
- Individuals who experience a hardship as defined by the law
- Any immigrant (legal) that has been in the US less than 5 years (due to waiting period)
Ideas for Serving the Uninsured

• Use Migrant Health Program funds to help uninsured pay for copay
  • Ex. Establish a “nominal fee” for the uninsured
• Institute payment plans to improve billing and collections
• Make sure you are a provider of care with Managed Care Organizations (MCOs) to improve your payor mix
Ideas for Serving the Uninsured

• Review sliding fee scale policy to better address the needs of the uninsured

• Consider the use of “alternate documentation” for fee discount, ex. self-declaration form for income and status
Ideas for Serving the Uninsured

• Integration of services to encourage maximum care in a single visit - Clinical, Education, Outreach, Pharmacy, Labs

• Increase targeted outreach and education services focused on prevention, disease self-management,
  • [http://www.ncfh.org/?pid=80](http://www.ncfh.org/?pid=80) - Health tips ACA and PCHH

• Integration of outreach and education staff such as CHWs with medical team, ex. PCMH Benton County Health Services in Oregon
  • [http://www.ncfh.org/?pid=267](http://www.ncfh.org/?pid=267) - PCHH brochure for patient education
Ideas for Serving the Uninsured

• Collaboration/partnerships with hospitals to reduce the use of ERs for primary care
  • Ex. Health Care Network of Southwest Florida
• Seek to increase services through alternative sources of funding, ex. Grants, foundations
• Become part of broader collaboration with local health system to act as a “safety-net clinic”, using volunteer medical providers
To learn more....

  

- Affordable Care Act Provisions Do Little to Improve Farmworker Access to Health Care
  

- Caring for the Uninsured: How Free Clinics, Hospitals Can Partner to treat a Community’s Most Vulnerable
  

- Managing the Uninsured with a Community Network
  
  [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1578662/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1578662/)
Promoting Health for America’s Farmworkers
Check us out!

- www.ncfh.org: Tools & Resources
- facebook.com/NCFHTX: Share the Word
- NCFH: Find Colleagues
- @NCFHTX: Latest News
Contact NCFH
to share your farmworker news, stories & ideas!
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The Requirement to Buy Coverage Under the Affordable Care Act
Beginning in 2014

Do any of the following apply?
- You are part of a religion opposed to acceptance of benefits from a health insurance policy.
- You are an undocumented immigrant.
- You are incarcerated.
- You are a member of an Indian tribe.
- Your family income is below the threshold for filing a tax return ($10,000 for an individual, $20,000 for a family in 2013).
- You have to pay more than 8% of your income for health insurance, after taking into account any employer contributions or tax credits.

No

Were you insured for the whole year through a combination of any of the following sources?
- Medicare.
- Medicaid or the Children’s Health Insurance Program (CHIP).
- TRICARE (for service members, retirees, and their families).
- The veteran’s health program.
- A plan offered by an employer.
- Insurance bought on your own that is at least at the bronze level.
- A grandfathered health plan in existence before the health reform law was enacted.

No

There is no penalty for being without health insurance.

Yes

The requirement to have health insurance is satisfied and no penalty is assessed.

Income is defined as total income in excess of the filing threshold ($10,000 for an individual and $20,000 for a family in 2013). The penalty is pro-rated by the number of months without coverage, though there is no penalty for a single gap in coverage of less than 3 months in a year. The penalty cannot be greater than the national average premium for Bronze coverage in an Exchange. After 2016 penalty amounts are increased annually by the cost of living.

Key Facts:
- Premiums for health insurance bought through Exchanges would vary by age. The Congressional Budget Office estimates that the national average annual premium in an Exchange in 2016 would be $4,500-5,000 for an individual and $12,000-12,500 for a family for Bronze coverage (the lowest of the four tiers of coverage that will be available).
- In 2012 employees paid $951 on average towards the cost of individual coverage in an employer plan and $4,316 for a family of four.