

Medicaid expansion would help Midtown clinics

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By Cathy McKittrick

OGDEN — If Utah had gone along with Medicaid expansion under the federal Affordable Care Act, it would have given Midtown Community Health Centers a big boost.

There are six such medical and dental clinics along the Wasatch Front — four that operate in Ogden, one in Clearfield and one in Salt Lake City. And according to Midtown’s Executive Director Lisa Nichols, at least 40 percent of their patient population would qualify for insurance under Medicaid expansion.



Steeven Alvarez, Midtown’s lead Medicaid outreach and enrollment coordinator, meets Friday with...

“It would certainly help them have access to health care,” Nichols said, “and if we could convert 40 percent of our patients to Medicaid, that would allow us to use our grants and donations to serve more people.”

Stretched thin

At present, [Midtown’s clinic](#) in central Ogden turns about 15 people away each day because it runs out of time slots for appointments, Nichols said.

About 30 percent of Midtown’s budget comes from federal funding for community health centers, Nichols said, 40 percent from patient fees, and private donations make up the remaining 30 percent.

Roughly two in three Midtown patients — 64 percent — lack insurance, Nichols said, adding that these individuals would be better equipped to maintain jobs and stay in school if they could access healthcare.

“We have 25,000 patients that we serve during 79,000 visits annually,” Nichols said, noting an increase from 18,000 to 25,000 clients over the past four years.

And demand exceeds available resources, Nichols added.

“We are not able to provide timely care to everyone.”

Plugging the coverage gap

Steeven Alvarez, Midtown's lead Medicaid outreach and enrollment coordinator, detailed the insurance gap Utah currently faces without Medicaid expansion and how it hits the Center's most vulnerable clientele.

Utah's Health Insurance Marketplace provides subsidies for households and individuals with incomes of 100 to 400 percent of the federal poverty level, Alvarez said, but those below 100 percent were meant to be covered through ACA's Medicaid expansion. A 2012 U.S. Supreme Court ruling made that portion of the law optional for states.

According to www.advisory.com, 27 states and Washington D.C. have opted in so far, 20 states opted out, and Utah is among three somewhere in between or "considering expansion at this time."

That means that in Utah, the Affordable Care Act is not functioning like it should, Alvarez said, and a majority of patients served by Midtown have incomes below 100 percent of the federal poverty level.

At present, some Midtown clients have obtained limited coverage through Utah's Primary Care Network that funds some health care costs for approximately 18,000 people statewide, Alvarez said. Last year, many PCN clients qualified for Utah's marketplace and made the switch, which freed up slots for more adults to sign up for PCN.

Linking the job hunt to health coverage

Last week, Gov. Gary Herbert said that Utah was getting close to acquiring federal approval to install its Healthy Utah plan — a three-year pilot program — in lieu of Medicaid expansion. The requirement that able-bodied adults utilize the state Department of Workforce Services's help in looking for work in order to receive health insurance has been a chief sticking point in slowing the deal.

"If you're able to work, then you ought to at least as a condition for having the taxpayers give you free healthcare or some kind of subsidized healthcare . . . let the state of Utah help you find a job," Herbert said during his monthly KUED news conference in late August.

The plan is for Utah to use its \$258 million in federal Medicaid expansion funding to provide subsidies that individuals within the coverage gap could use to purchase private health insurance.

Work requirement or incentive?

John Grima, a member of Midtown's board for 12 years, said that Utah's current situation leaves people below the federal poverty level having to pay retail prices for health insurance, costs that are certainly out of reach.

“Basically I think that Utah is trying to make something hard that could be pretty simple,” Grima said, adding that he understands how the idea of offering insurance through private plans rather than Medicaid fits with the state’s ethos and is politically more acceptable.

Access to physicians could even be marginally better, Grima suggested, because of the difficulty in finding certain specialists who will accept Medicaid.

The Centers for Medicare & Medicaid Services (CMS) — which falls under the U.S. Department of Health and Human Services — ensures that premiums, deductibles, early preventive screenings and other important aspects of Medicaid get included in hybrid programs such as the plan that Utah hopes to implement by way of a federally approved waiver, Grima said.

But there could be good reasons that states would not want to link Medicaid eligibility with having to look for work, Grima added.

“Apparently it’s been part of Medicaid for a very long time that you don’t go there,” he said.

But Grima said he’s heard of potential for middle ground on the work issue: “CMS doesn’t have any problem with incentives for work . . . they think there’s opportunity for agreement if the work requirement is recast as an incentive — and that would make it voluntary.”

The bottom line for Midtown, Grima added, is that if 40 percent more of their patients could get insured, the clinics could add capacity and serve more clients.

“Midtown is stable, but it is financially perilous to operate under the current circumstances where 70 percent of your patient population has no funding,” Grima said.

Dr. David Patton, executive director of the Utah Department of Health, will host a Q & A session from 11:30 a.m. to 12:30 p.m. this Tuesday at Midtown Community Health Center, 2240 Adams Ave., Ogden. Lunch will be provided and seating is limited. Reservations can be made online at ogdenhc.eventbrite.com.

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