Affordable Health and Accessible High Quality Care in Rural America

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Keith J. Mueller, Ph.D.
Director, RUPRI Center for Rural Health Policy Analysis
Head, Department of Health Management and Policy
College of Public Health
University of Iowa

The Rural Situation, Circa 2010

- Uninsurance rates similar to urban, but characteristics different
  - Employment-based insurance less prevalent
  - Recent Increases in coverage through public programs
  - Difficulties securing broad and affordable coverage

- Availability of services
  - More shortage areas
  - Providers operating on thin margins
  - But policies have created more stability than 25 years ago
Intersection with the Patient Protection and Affordable Care Act (ACA)

- Affordable insurance: Insurance reforms (life time limits, coverage for children up to 26, essential benefits, no pre-existing condition)
- Affordable insurance: New marketplaces for individual and smaller employer purchase
- Affordable insurance: Expansion of Medicaid

Intersection with the Patient Protection and Affordable Care Act (ACA)

- Availability of services: Growth in the CHC program
- Availability of services: Workforce expansion
- Availability of services: Changes in the system
Questions to Ask About Markets in Rural Places

- Why do some rural residents need help gaining access? (dollars and sense)
- What might be different about the challenges they confront? (the market is different)
- How do policy choices affect the challenges faced by rural residents?

The Context of Health Insurance Marketplace (Exchanges)

- State-based exchanges in 17 states
- Partnership in 7 states
- 27 stated default to federal exchanges

Characteristics of exchanges critical to rural interests

- How the market functions
- Governance of the exchange
- Support for enrollment activities
- Access to services standards
- Certifying qualified health plans


Rural Uninsured Eligibility for Subsidized Premiums and Medicaid Expansion

- A larger proportion of the rural population than the urban population is uninsured and low income (living at or below 138% of the federal poverty line [FPL]) (9.9% as compared to 8.5%) and a larger proportion of the rural population than the urban population will be eligible for subsidized Health Insurance Marketplace (HIM) coverage due to income levels and current lack of insurance (10.7% as compared to 9.6%).

- Assuming full Medicaid expansion, a larger proportion of the rural uninsured than the urban uninsured would be eligible for Medicaid (43.5% as compared to 38.5%).
Investments in Rural Health Services

- Community Health Center Fund affects rural and urban access to safety net providers
- Workforce grants: Health Profession Opportunity Grant for low-income individuals to obtain education and training in health care jobs
- National Health Services Corps expansion; $229 million in 2012

System reform: Example of Accountable Care Organizations (ACOs)

- 32 Pioneer ACOs
- 220 MSSP ACOs
- 32 are Advanced Payment
- More than 400 total ACOs; in 48 states
Medicare Accountable Care Organizations (ACOs) operate in non-metropolitan counties in every U.S. Census Region.

- 79 Medicare ACOs operate in both metropolitan and non-metropolitan counties.
- Medicare ACOs operate in 17.5% of non-metropolitan counties.
- 9 ACOs operate exclusively in non-metropolitan counties, including at least 1 in every U.S. Census Region.

County Medicare ACO Presence

Metropolitan/Non-metro. ACOs
- Metropolitan with ACO
- Non-metropolitan with ACO
- Met. ACO, unknown area
- No ACO present
- "Known" ACO locations

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Microcosm: What is Happening in Iowa

- Federally Facilitated, State Partnership Exchange
  - Proceeding with developing materials for consumers, seeking partners to assist with enrollment
  - Two statewide carriers and two regional offering through the new marketplace in 2013
- State Approach to Expansion: Medicaid plus subsidized purchase through marketplace
- Priority for workforce development and dispersion to areas of greatest need
- Movement toward integrated care systems, through activities of providers, insurance carriers, Medicaid

For Further Information

The RUPRI Center for Rural Health Policy Analysis
http://cph.uiowa.edu/rupri

The RUPRI Health Panel
http://www.rupri.org
Dr. Keith J. Mueller

Department of Health Management and Policy
College of Public Health
105 River Street, N232A, CPHB
Iowa City, IA 52242
319-384-3832
keith-mueller@uiowa.edu

rupri
rural policy research institute

The University of Iowa