

Affordable Health and Accessible High Quality Care in Rural America

Presentation for the Alliance for Health Reform Briefing
Washington, DC
July 26, 2013



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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?



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The Context of Health Insurance Marketplace (Exchanges)

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



Source: <http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/>



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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

Source: Eves and Mueller, "State Health Insurance Exchanges: Assessing rural Implications of Statutes," RUPRI Policy Paper 2013-1.

<http://cph.uiowa.edu/rupri/publications/policypapers/State%20Health%20Insurance%20Exchanges%20-%20Rural%20Implications.pdf>



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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%).



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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



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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



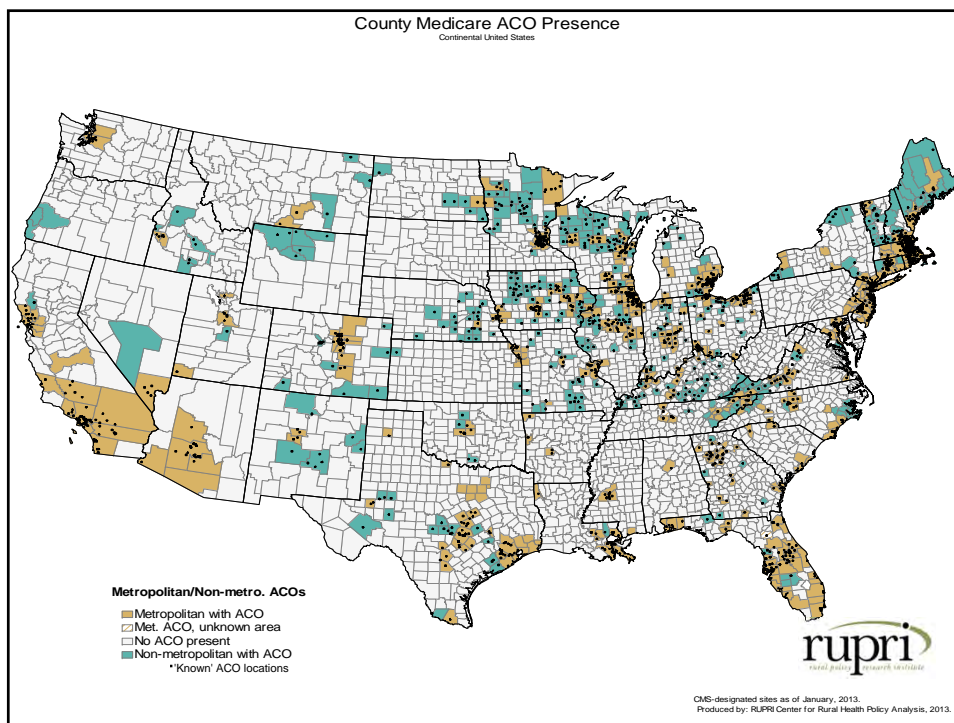
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Medicare ACOs in Rural Places

- 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.



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OMB-designated sites as of January, 2013.
Produced by: RUPRI Center for Rural Health Policy Analysis, 2013.

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>



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