

Cover Missouri Community Meetings in 2008

Cover Missouri is a project of the Missouri Foundation for Health to develop, publish, and promote specific policy recommendations to increase the number of Missourians with health coverage. To gain a thorough understanding of what policies are feasible and desired by local communities, the Cover Missouri team sought input from various stakeholders across the state.

Between January and October of 2008, the Cover Missouri team held fifteen community meetings and several individual meetings to collect information on potential policy options to reduce the number of uninsured Missourians. Working with local organizations, the team recruited stakeholders such as health care providers, administrators of non-profit agencies, and business executives to attend the discussions. The community meetings consisted of small and large groups (ranging from 7-30 attendees) and were held in locations throughout the state: Poplar Bluff, Kirksville, Columbia, Rolla, West Plains, Springfield, Cape Girardeau, Hannibal, Kansas City, St. Louis, and St. Charles (in several locations two meetings were held with different groups of stakeholders).

The discussions focused on the problems of the current health insurance system and suggestions for policy change to increase the number of Missourians with quality, affordable coverage. To begin each conversation, MFH staff provided a presentation on health coverage statistics in Missouri. A moderator then facilitated the discussions and encouraged the groups to focus on policy-level issues.

While the conversations were many and varied, some common themes emerged. The summary below outlines the basic topics discussed, as well as the policy-related concerns and suggestions that were voiced most frequently by participants of these meetings. The following sections are not necessarily the views of the Foundation, but reflect the community comments from which they are derived.

Common Themes from Community Meetings

- **The health care system is broken.** Over 47 million Americans and more than 700,000 Missourians live without any health insurance. Many more live with inadequate coverage.
- **Workforce Shortage** issues must be addressed. Missouri does not have enough primary care providers, dentists, and general surgeons, especially in rural areas.
- Missourians need to take **Personal Responsibility** of their health through prevention strategies, including screenings and healthy lifestyles. The health system needs to focus more on prevention and primary care. Education and possible incentives are needed in order for individuals to change their behaviors.
- **Costs** are increasing at a dramatic pace. Premiums are increasing every year and the private insurance industry is making record profits. When you need to use your insurance, you are penalized through increased costs. If you switch insurance companies, there may be waivers of coverage for pre-existing conditions.

- **Small Business** is the backbone of Missouri’s economy (especially in rural areas and smaller cities). Small businesses need assistance providing employees with health coverage. Whatever policies are ultimately implemented must help and not harm small businesses.
- **Inadequate Insurance Coverage** leaves many without access to the health care they need. A standard for comprehensive coverage should be developed. Mental health coverage, dental coverage, and access to specialists are necessary components of quality coverage.

Community Concerns and Policy Suggestions

General Health System Issues

Concern: There is a health care provider shortage in primary care, specialty care, and dental care.

Suggestion: Increase provider reimbursement so more physicians, dentists, and nurse practitioners will accept Medicaid. Focus on workforce development, especially in rural areas, before bringing in the uninsured. Focus on structural solutions, not just insurance solutions. Increase the quality and number of providers within the health care system.

Concern: Poor diet and inactive lifestyles lead to chronic conditions. Patients are not motivated to get preventive care or screenings. Consumers are not encouraged to eat healthy.

Suggestion: Provide incentives for healthy lifestyles (fitness and diet) and create policies that encourage personal responsibility. Focus on preventive healthcare to avoid higher costs later. Focus on public education, awareness, and health literacy. Educate students on the need for health insurance. The government should not subsidize unhealthy foods.

Private Health Insurance Issues

Concern: Private insurance premiums are increasing rapidly.

Suggestion: Regulate insurance companies through a cap on premiums or a limit on profits.

Concern: Private health insurance plans are inadequate (e.g., high deductible plans lead to underinsurance and possible medical debt; catastrophic coverage is not compatible with a preventive care model). The underinsured are “functionally uninsured.”

Suggestion: Define and require insurance companies to offer a standard health insurance package.

Concern: The insurance system is inefficient. Dollars are not going toward healthcare, but toward administrative waste. It is inefficient for businesses to have to shop around every year for health insurance plans and for individuals to have to switch doctors and prescriptions frequently. There is also waste in the delivery system.

Suggestion: Enable and/or require transparency of administrative costs for insurance companies and hospitals.

Concern: If employer-sponsored insurance is inaccessible, the process to obtain private insurance is complicated, confusing, and expensive. This is of particular concern for groups of people that change jobs frequently, for part-time workers, and for people close to age 65 who have retired or been laid off but do not yet qualify for Medicare.

Suggestion: Reform the insurance system with a focus on simplicity, portability and cost-control. Do not create a program (e.g., premium assistance, purchasing pool) with so many options that it becomes confusing (e.g., Medicare Part D). If the program is complex, a patient navigator may be necessary to help individuals understand the system. Another option is to extend COBRA coverage so that it lasts longer than 18 months.

Concern: People with pre-existing conditions are often excluded from health insurance. Other times they are offered plans that either exclude their existing condition or contain extremely high premium costs. Additionally, employers have a disincentive to hire people with pre-existing conditions because their insurance costs will rise.

Suggestion: Require insurance companies to cover pre-existing conditions (“mandated guarantee issue”). Create an insurance system that covers both the healthy and sick, that manages risk and does not avoid it altogether. Change the tax code so that insurance companies do not have the incentive to refer sick persons to the high-risk pool. The government could provide reinsurance or a risk adjustment mechanism for insurance companies who provide coverage for high quality treatment programs for specific conditions.

Medicaid Issues

Concern: Medicaid coverage is very limited (i.e., the scope of benefits is limited and only certain members of a family are eligible). The income limit is so low that people have a disincentive to work. Not many providers accept Medicaid.

Suggestion: Expand the income Medicaid eligibility limit (the current level for parents is too low). Give adults the incentive to work by increasing eligibility limits. Increase provider reimbursement. Provide mental health and dental coverage. When choosing policy options, consideration of the quality of the coverage must be taken into account.

Concern: Medicaid patients need to take personal responsibility for their health. Patients show up in the emergency room inappropriately. Some patients abuse Medicaid with unnecessary visits. Medicaid patients often break appointments.

Suggestion: Limit abuse of Medicaid through limits on Medicaid services. Encourage personal responsibility through education. Provide Medicaid patients with better access to primary care providers and change the culture of going to the emergency room for primary care.

Community Comments on Policy Options

During the community meetings, MFH staff provided examples of four policy options that could be implemented at the state level. These options were offered as a way to stimulate conversation. The response to these policy options was mixed and no one option was preferred above the others. The following provides a summary of the various reactions.

- **Premium Assistance:** Mixed response, often hesitant. Many feel that this may be a short-term solution. If costs for private coverage continue to rise, premium assistance will either be too small an amount to be helpful or will become unaffordable for the state budget. Some commented that this seems to be tinkering with the existing system which is already broken and does not address the deeper issues within the system. Several, however, commented that they preferred this option if coupled with Medicaid expansion.
- **Purchasing Pool/Connector/Exchange:** Several communities were interested in how this option works. Several, however, mentioned how challenging it would be to attract participants (a few local attempts at pooling have been unsuccessful and purchasing pools seem to get off to a slow start). A purchasing pool may become too complicated, with too many choices. However, it could work if individuals can join purchasing pools easily and quickly. Purchasing pools tend to become houses for the sick, which then increases the overall costs to those in the pool. Also, some community members felt that this option played into the existing private insurance system which has increasing costs and denies coverage to too many individuals. This option, once again, only makes adjustments to the current broken system.

- **Mandates:** Mandates would be difficult for small businesses, but a good way to address the problem of “invulnerables” (those who can afford insurance but choose not to purchase it). Some suggested a mandate as the only way to ensure universal coverage. However, the idea of mandates “does not fly in Jefferson City.” The option of mandating only college students was proposed to the group but was often not well received. Many participants thought that it would pose a financial burden to a population that is generally healthy and that it may discourage individuals from attending college by increasing education costs. Many of the college towns visited by Cover Missouri did not buy in to this option.
- **Expand/Reform Medicaid:** Most communities saw Medicaid expansion as the most direct way to increase coverage for the uninsured. Many communities were shocked by the low eligibility levels for parents. Some liked the idea of covering low-income childless adults with Medicaid, especially with the buy-in or sliding scale option. Also, increasing enrollment efforts was suggested, as was presumptive eligibility and automatic enrollment. A few noted that state budgetary constraints will prohibit the expansion of Medicaid. Some noted that low Medicaid reimbursement rates prohibit access because there is a lack of providers that accept Medicaid. Others focused on the need to fix the flaws of the Medicaid system (e.g., reimbursement amount, timeliness of payment to providers, and quality of care) before increasing access.

Conclusion

The fifteen group meetings did not reveal a consensus on the most cost-effective and feasible set of policy options to increase health coverage in Missouri. The discussions highlighted the needs of local communities as they relate to health insurance coverage but did not suggest any one option as the most effective. While many communities were interested in the idea of a purchasing pool or premium assistance program, the complexities of these mechanisms made it difficult for a group discussion on relevant policies and regulations. To summarize, the community meetings revealed one universally common theme: **the system is broken**. There was not, however, consensus on the state-level policies needed to address Missouri’s uninsured or health coverage in general.