BUILDING A SYSTEM THAT WORKS FOR THE NEWLY ENROLLED

WHAT'S NEXT FOR RURAL?

COLORADO RURAL HEALTH CENTER

The State Office of Rural Health

State Office of Rural Health

- 52 Rural Health Clinics (RHCs)
- 29 Critical Access Hospitals (CAHs)
- Other small rural hospitals and community clinics

Programs

- Grants – education, equipment, EMS
- Provider recruitment
- Technical assistance – EHRs, QI
- Policy and advocacy

Outreach/ Messaging

Providers and Consumers

- ❑ Messaging didn't reach everyone
- ❑ Income insecurity, food insecurity, etc. – living in moment

Consumers/ Patients

- Assistance sites aren't always preferred, and transportation can be difficult
- Cost doesn't fit in budget

Independence/ Governmental Distrust

- Don't want to buy into Obamacare or take government "handouts"
- Living off the grid
- Wait and see approach (both provider and consumer/patient)

Network Adequacy

Strike Balance – Create standards strong enough for meaningful access protections, but flexible enough to be achievable for QHPs

Rural Challenges –

- ❑ Long distances to available providers
- ❑ Health professional shortages

Current Concerns –

- ❑ Not a lot of protections in current statute
- ❑ ACA requires inclusion of ECPs (CAHs are, RHCs are not)

Provider and Staff Capacity

Education

- ❑ Consumers new to insurance
- ❑ Coverage, co-pay, co-insurance and benefits need explanation

Contracting

- ❑ ACA to stay?
- ❑ 90 day grace period leaves providers vulnerable
- ❑ Verify insurance

Affordability

Unintended consequences of moving from uninsured to insured

- ❑ Prescription Assistance Programs
- ❑ Eligibility for sliding fee scale

Interruptions in Coverage

- ❑ Churning

To Be Continued…

- Collecting information on referral network
- Contracts with QHPs
- Impact of 90 day grace period
- Churn
- Patient satisfaction after initial period

Alicia Haywood

Policy and Advocacy Manager

ah@coruralhealth.org

@ruralvoice

(720) 248 – 2748