



# The Effect of Medicaid Expansion on Primary Care Utilization at an FQHC, 1 Year Later



Claudia Amado, Jacqueline Baron, Gavan Driscoll, Laura Eirich, Monica Falkin, Yamira Maldonado, Rebecca Weiner

## Background

Zufall Health Center, a Federally Qualified Health Center in northern NJ, provides approximately 62,000 medical and dental visits to underserved, predominately racial and ethnic minorities. Its first clinic opened 25 years ago in Dover, a medically underserved community, in the otherwise affluent Morris County. Since then, Zufall has become the largest and fastest growing safety net provider in its region boasting two combined primary care and dental sites, three dedicated primary care practices, one dedicated dental facility and an eco friendly mobile van that delivers care to hard to reach populations.



As of January, 2014, Medicaid expansion in NJ made 37% of the state's nonelderly, uninsured population eligible to gain coverage either through Medicaid or the Children's Health Insurance Plan (Kaiser Family Foundation, 2014). With 72% of Zufall's patient population uninsured, and 86% living at or below 200% of the federal poverty level (2012), our patients stand to benefit greatly from New Jersey's Affordable Care Act Medicaid expansion. Much of the literature suggests that safety net facilities will experience increased demand that could potentially overwhelm capacity as a result of changes in the healthcare law (Virgo, et.al, 2010, Kenney, et.al, 2012, Lyon et.al, 2014, Nasseh and Vujicic, 2013, Newhouse, 2010, Hofer, et.al, 2011). Community Health Centers in Massachusetts reported a rise in demand for medical and dental services associated with the initiation of their state run health insurance plan (Newhouse, 2010).

We are analyzing the effect of the 2014 Medicaid expansion on utilization of medical services by the population of uninsured and Medicaid adult patients who receive care at our Dover site.

## Methods

We queried our EMR (eClinical Works) for a report restricted to:

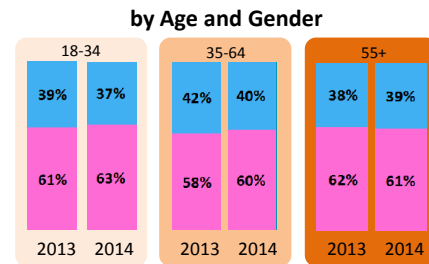
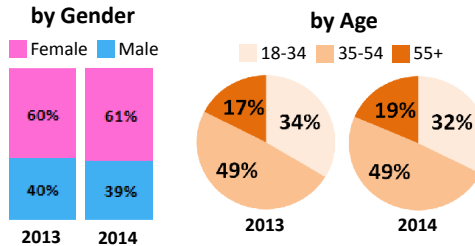
- Dover location patients
- Medical Visits (no dental visits)
- Visits occurring between 1/2013 and 12/2014
- Adults (ages 18-64)
- No privately insured patients

And pulled the following data about each remaining visit:

- Patient ID
- Visit Date
- Gender
- Age at Visit
- Payer type: self pay, uncompensated care (state reimbursement), or Medicaid/NJ FamilyCare

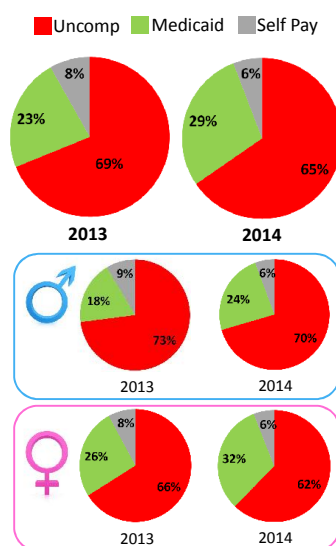
## Results

### Patient Pool Composition:



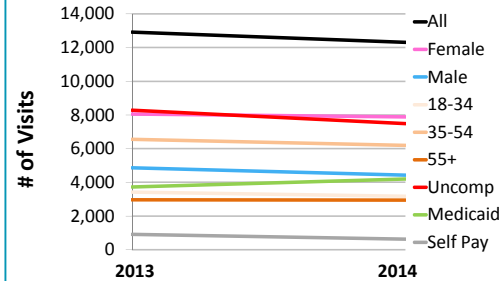
Population remained steady across gender and age

### Patient Pool Composition by Payment Source



↓ Uncompensated Care, ↓ Self Pay  
↑ Medicaid

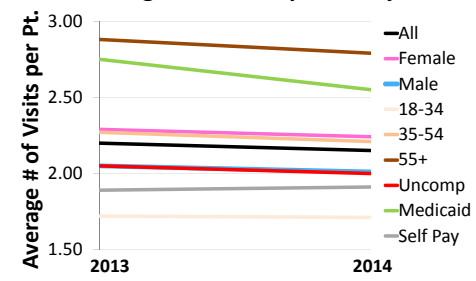
### Total # of Medical Visits per Group by Year



Overall drop in visits = ↓ 610

- Only increase seen in Medicaid visits = ↑ 467
- Biggest drop seen in Uncompensated visits = ↓ 806

### Average # of Visits per Pt. by Year



Overall drop in avg # visits per pt = ↓ 0.05

- Only increase seen in Self Pay pt = ↑ 0.02
- Biggest drop seen in Medicaid pt = ↓ 0.20

## Discussion

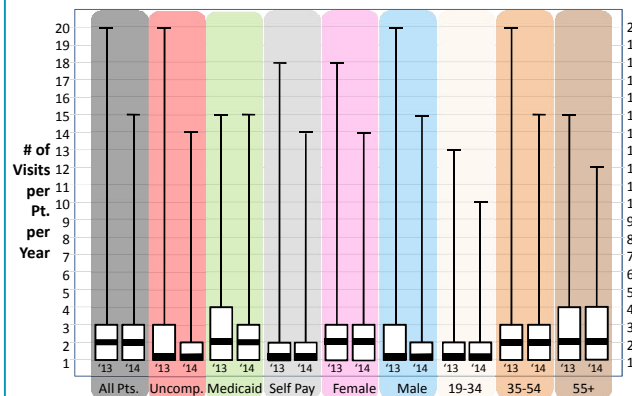
### Confounders:

- Weather (2014 heavy winter – days closed, cancelled visits)
- In/Out migration (2 new sites in 2014, newly insured can "shop")
- Provider availability (unknown if differences in the 2 years)
- Enrollment Challenges: NJ Medicaid backlog, Marketplace rollout problems, Communication glitches between Marketplace and NJ Medicaid system

### Lessons from Year 1:

- More effort needs to be spent on education (people unsure of how to use their plans/navigate the Medicaid system)
- Internal financial screening processes are missing potential enrollees. The complexity of ACA counseling has been difficult to incorporate into practice.
- People alienated from expansion include
  - 1) Lawful permanent residents without 5 years in US
  - 2) "Working poor" who make too much for Medicaid and find ACA insurance unaffordable, even with premium tax credits.
  - 3) Undocumented immigrants & Immigrants with legal status other than "permanent residency"

### Number of Visits per Patient per Year



Most patients had 2 appointments per year.  
No change in median # of visits for 9 major groups.

- Biggest gain in median visits (+1 visit), seen in:**
- Males, aged 18-34, with Medicaid
  - Females, aged 35-54, Self Paying
- Biggest drop in median visits (-1 visit), seen in:**
- Age 35-54, Uncompensated care
  - Males, aged 35-54
  - Males, aged 35-54, Uncompensated care
  - Females, Uncompensated Care

## Conclusion

Unlike Massachusetts, Zufall did not experience a "pent up demand." The fact that this didn't occur should be viewed within the context of an FQHC's mission. Zufall is already a safety net provider. Many of our patients come to us because insurance and immigration status don't matter. As a Level 3 Patient Centered Medical Home, providing quality, culturally competent care is our mission.

As the Medicaid expansion establishes itself in NJ, we expect more lawfully present immigrants to apply. NJ FamilyCare offers more coverage for specialists, pharmacies, labs and hospital services than is possible via uncompensated care. As Zufall expands its outreach to a greater number of Medicaid eligible patients, rates of uncompensated care among lawfully present immigrants are likely to decline. Additionally, the proposed NJ State budget anticipates an approximate 20% cut in charity care subsidies putting a greater strain on existing services. With funding cuts, reluctant patients may be compelled to consider Medicaid. Nonetheless, the undocumented immigrant population, who make up 18% of the uninsured in New Jersey, will remain ineligible for coverage under Medicaid expansion (Kaiser Family Foundation, 2014). As such, safety net providers will remain their principal source of care.

### Acknowledgements

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