2016 Survey of Health Centers' Experiences and Activities under the Affordable Care Act

Consent Form and Information Sheet about the Research Study
(IRB #: 051603)

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You are invited to participate in this survey conducted by the George Washington University (GWU) and the National Association of Community Health Centers (NACHC) and supported by the RCHN Community Health Foundation and the Kaiser Commission on Medicaid and the Uninsured (KCMU). The purpose of this survey is to assess the experiences of health centers as full implementation of the Affordable Care Act (ACA) completes its third year, and it focuses on several key issues: (i) health centers' role in health insurance outreach and enrollment; (ii) how health centers are growing and evolving under the ACA and the financial, professional, and patient care-related challenges they face; (iii) how health centers are addressing patient needs for both primary and specialty care; and (iv) health centers' experiences with delivery and payment reform.

Your participation in this study is voluntary. If you do choose to participate in this survey, only questions 1, 6, and the final PCA-related question are required; you may choose to skip any other question. You also can elect to cease participating in this study at any time. We estimate that you will need approximately 15-20 minutes to complete this survey.

The possible risks or discomforts participating health centers and their staff could experience during this study are minimal. You will not benefit directly from your participation in the study, but the results of this study may provide benefits to society by identifying the opportunities and challenges that health centers face in serving their patients and communities. The survey results also will be used to help identify potential policy reforms that could further strengthen health centers, including Medicaid reforms, additional grant funding, and program reforms to help bring health professionals to medically underserved communities.

<u>Who Should Complete This Survey</u>

All health centers should complete this survey, including those located in states that have not expanded Medicaid or established their own state Marketplaces. The survey should be completed by the health center CEO or her/his designee. An individualized link has been created for each health center, so your progress will be saved and you can return to the survey. You can forward the link to your designee, but please do not forward the link beyond your health center. <u>Please use only the "Next," "Prev," and "Done" buttons provided by SurveyMonkey to navigate the survey; if you use your internet browser's Forward and Back buttons, you may lose your answers.</u>

* 1. Name of your health center

2. UDS or BHCMISID Number

3. Name of person filling out the survey

4. Job title of person filling out the survey

5. City

* 6. State

State/Province -- select state --

7. Telephone number

Phone Number

8. Email

Email Address

THE KAISER COMMISSION ON **Medicaid and the Uninsured**

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NATIONAL ASSOCIATION OF Community Health Centers

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Questions Related to Health Center Outreach and Enrollment Activities

Health centers play a central role in assisting patients and, in some places, other community residents to enroll in Medicaid and subsidized health insurance plans sold in the Marketplace/Exchange and to renew their coverage. The following questions will help us to learn more about your outreach, enrollment, and renewal activities.

9. Please answer the following questions about the types of enrollment assistance your health center currently provides.

	Yes	No	Don't know
Does your health center offer onsite outreach and enrollment services at all sites?	◯	◯	◯
Do onsite enrollment assistance services include online applications?	◯	◯	◯
Do your staff offer enrollment assistance at community locations other than the health center (such as educational institutions, grocery stores, or farmers markets)?	◯	◯	◯
Does your center provide year-round enrollment assistance?	◯	◯	◯
Does your center provide year-round renewal services?	◯	◯	◯
Does your center receive notice from Medicaid managed care plans when patients have been disenrolled?	◯	◯	◯
Does your center receive notice from Marketplace plans when patients have been disenrolled?	◯	◯	◯

10. Please estimate the percentage of individuals provided with enrollment or renewal assistance who are not registered patients of your health center.

◯ Under 10%

◯ 10%-25%

◯ More than 25%

◯ Don't know

11. Please indicate whether each of the following factors is not a barrier, a minor barrier, or a major barrier to your **CURRENT** enrollment activities.

	Not a barrier	Minor barrier	Major barrier	Not applicable
State's decision not to expand Medicaid	○	○	○	○
Lack of funding to support outreach and enrollment	○	○	○	○
Inadequate number of enrollment staff in your health center	○	○	○	○
Lack of staff understanding of enrollment process	○	○	○	○
Lack of staff training for enrollment process	○	○	○	○
Technical problems with the online enrollment system	○	○	○	○
Lack of culturally and/or linguistically appropriate documents and materials	○	○	○	○
Incomplete or missing income, residence, or citizenship documentation from patients	○	○	○	○
Lack of timely state updates in Medicaid enrollee information on income and family status	○	○	○	○
Patient confusion regarding eligibility for insurance programs	○	○	○	○
Not knowing which patients are due for coverage renewals	○	○	○	○
Staff receiving inaccurate or inconsistent answers from the state	○	○	○	○
Lack of consumer engagement or outreach by the state	○	○	○	○
State navigator requirements	○	○	○	○
Other	○	○	○	○

Other (please specify)

[   ]

12. Please estimate the percentage of insured patients at your health center who experienced breaks in their insurance coverage during calendar year (CY) 2015.

○ None

○ Less than 10%

○ 10-20%

○ 21-30%

○ More than 30%

○ Don't know

13. Of those who sought outreach and enrollment assistance at your health center in calendar year (CY) 2015, please estimate the percentage who were: (1) new applicants; (2) individuals seeking to renew their coverage; and (3) individuals seeking assistance with a new application following a lapse in their previous insurance coverage. (Total should equal 100%).

% new applicants

[ ]

% individuals seeking to renew coverage

[ ]

% individuals seeking assistance with a new application following a lapse in their previous insurance coverage

[ ]

14. Does your health center participate in a medical legal partnership (MLP)?

○ Yes

○ No, but we make referrals to another institution that participates in an MLP

○ We neither participate in nor refer to an MLP

○ Don't know

Changes in Health Center Capacity and Access

This section seeks information on how your health center's capacity has been changing since January 1, 2015. Please tell us about changes in each of the following areas by responding to the following questions about capacity and operations

15. Please indicate for each item below how, if at all, capacity at your health center for services (either onsite or through paid referrals) has changed since <u>January 1, 2015</u>.

	No change	Increased	Decreased	Not applicable
Dental services	○	○	○	○
Dental staff	○	○	○	○
Mental health services	○	○	○	○
Mental health staff	○	○	○	○
Substance abuse treatment services	○	○	○	○
Substance abuse treatment staff	○	○	○	○
Vision care services	○	○	○	○
Vision care staff	○	○	○	○
Family planning services	○	○	○	○
Family planning staff	○	○	○	○
Chronic care management services	○	○	○	○
Social services (e.g. housing, TANF, SNAP)	○	○	○	○

16. Please indicate for each item below how, if at all, capacity has changed since January 1, 2015 in terms of health center sites and access.

	No change	Increased	Decreased	Not applicable
Number of sites	○	○	○	○
Hours of operation	○	○	○	○
Days open in a week	○	○	○	○
Waits for new patient appointments	○	○	○	○
Waits for follow-up appointments	○	○	○	○
Waits in the waiting room	○	○	○	○
Use of telemedicine (e.g., patient consultation with specialists practicing at a remote location)	○	○	○	○

17. Please indicate how, if at all, the following financial factors have changed for your health center since January 1, 2015.

	No change	Increased	Decreased	Not applicable
Access to private capital	○	○	○	○
Federal grants	○	○	○	○
State and local grants	○	○	○	○
Medicaid revenue	○	○	○	○
Private insurance revenue	○	○	○	○
Family planning funding	○	○	○	○
Number of patients who have a lapse or break in insurance coverage	○	○	○	○
Number of insured patients who are unable to pay their deductibles and cost-sharing payments	○	○	○	○
Proportion of privately insured patients who pay sliding scale fees	○	○	○	○

18. Please indicate how, if at all, the following factors that affect access to care for health center patients have changed since January 1, 2015.

	No change	Increased	Decreased	Not applicable
Number of other community providers who also provide care to uninsured patients	○	○	○	○
Your health center's ability to participate in existing health plans as a network provider	○	○	○	○
Your health center's ability to participate in new health plans as a network provider	○	○	○	○
The number of newly insured patients at your health center	○	○	○	○
Ability to recruit clinical staff	○	○	○	○
Ability to retain clinical staff	○	○	○	○

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Access to Specialty Care

This section seeks information on your health center's experience in securing outpatient specialty care for patients with different types of coverage.

19. Compared to the period prior to January 2014, before the ACA was fully implemented, please rate your health center's current experience securing specialty referrals for patients who have the following types of insurance coverage:

	About the same	Less difficult now	More difficult now	Not applicable
Medicaid patients	○	○	○	○
Privately insured patients	○	○	○	○
Medicare patients	○	○	○	○
Uninsured patients	○	○	○	○

20. For each group of patients below, please indicate whether your staff encounter any of the following difficulties securing specialty care for your health center's patients.

	Medicaid patients	Privately insured patients	Medicare patients	Uninsured patients
Specialist is not offering any appointments	☐	☐	☐	☐
Specialist is offering appointments, but the wait times are very long	☐	☐	☐	☐
Specialist is too far away for patients to access	☐	☐	☐	☐
Specialist is listed as a managed care plan network provider but does not actually participate in the plan's network	☐	☐	☐	☐

21. Please indicate which three of the following specialty referrals are most difficult to secure for your health center's patients.

	Most challenging specialty	Second most challenging specialty	Third most challenging specialty
Cardiology	○	○	○
Dermatology	○	○	○
Ear, nose, and throat (otolaryngology)	○	○	○
Endocrinology	○	○	○
Gastroenterology	○	○	○
Nephrology	○	○	○
Neurology	○	○	○
Obstetrics and gynecology	○	○	○
Oncology	○	○	○
Ophthalmology	○	○	○
Pediatrics	○	○	○
Podiatry	○	○	○
Psychiatry	○	○	○
Substance use disorder treatment	○	○	○
Surgery	○	○	○
Urology	○	○	○
Other	○	○	○

Other (please specify)

[   ]

Health centers' agreements or cooperation with outside organizations

22. With which types of community-based organizations does your health center currently work to secure social services for patients? (Check all that apply).

☐ Agricultural worker support

☐ Child Care/Head Start

☐ Criminal justice/recidivism

☐ Domestic Violence

☐ Education

☐ Employment

☐ Healthy Foods

☐ Housing (includes housing quality)

☐ Health Literacy

☐ Physical Activity and Recreation

☐ Refugee Services

☐ Transportation

☐ Veterans Services

☐ Other (please specify)

23. Does your health center participate in a local hospital's community benefit activities?

○ Yes

○ No

○ Don't know

○ Not applicable

24. Does the hospital provide your health center with financial support for participation in community benefit activities?

◯ Yes

◯ No

◯ Don't know

Participation in Medicaid Managed Care and Qualified Health Plan provider networks

25. Please indicate which of the following best describes your health center's participation in Medicaid managed care provider networks since <u>January 1, 2014</u>, when the ACA was fully implemented:

( ) We do not participate in any Medicaid managed care plan provider networks.

( ) Our participation in Medicaid managed care plan provider networks is about the same.

( ) The health center is participating in a greater number of Medicaid managed care plan provider networks.

( ) The health center is participating in fewer Medicaid managed care plan provider networks.

26. Please indicate which of the following best describes your health center's participation in Marketplace/Exchange plan networks.

( ) We have not applied to participate in any Marketplace/Exchange plan networks.

( ) We applied to participate in one or more Marketplace/Exchange plan networks but were rejected, so we do not participate in any Marketplace/Exchange plans networks.

( ) We participate in a single Marketplace/Exchange plan network.

( ) We participate in multiple Marketplace/Exchange plan networks.

27. Please indicate your health center's participation in Accountable Care Organizations (ACOs).

( ) There are no ACOs operating in our area.

( ) My health center has not sought to participate in any ACOs.

( ) My health center sought to participate in one or more ACOs, but was rejected.

( ) My health center participates in at least one ACO but is NOT a member of the ACO's governing body.

( ) My health center participates in at least one ACO and is a member of the ACO's governing body.

Challenges and priorities of your health center

28. Please identify the top 3 challenges facing your health center:

	Top challenge	Second top challenge	Third top challenge
Insufficient grant funding	◯	◯	◯
Insufficient insurance reimbursement	◯	◯	◯
Workforce recruitment	◯	◯	◯
Workforce retention	◯	◯	◯
High numbers of uninsured patients	◯	◯	◯
Competition from other providers	◯	◯	◯
Integrating care provided by your health center with care provided by other providers	◯	◯	◯
Other	◯	◯	◯

Other (please specify)

[   ]

29. Please identify the top 3 priorities for your health center:

	Top priority	Second top priority	Third top priority
Expanding medical services	○	○	○
Adding or expanding dental services	○	○	○
Adding or expanding mental health services	○	○	○
Adding or expanding substance abuse treatment services	○	○	○
Improving integration of behavioral and physical health care	○	○	○
Increasing access to specialty care	○	○	○
Recruiting staff	○	○	○
Retaining staff	○	○	○
Integrating care with other providers	○	○	○
Expanding number of sites	○	○	○
Expanding hours or days per week of operation	○	○	○
Providing care to patients who are ineligible for insurance coverage	○	○	○
Participating in more plan provider networks	○	○	○
Affiliating with ACOs	○	○	○
Affiliating with large health systems	○	○	○
Other	○	○	○

Other (please specify)

[   ]

* 30. Your responses to this survey will be used only in the aggregate with other health centers' responses unless you consent to share your complete response to this survey with your state's Primary Care Association (PCA). **Do we have permission to share your complete response to this survey with your state's Primary Care Association?**

◯ Yes

◯ No

Please ensure you click the "Done" button to record your answers.

Thank you for completing this survey!