

STATE PLANNING GRANT COMMUNITY OUTREACH WORKGROUP

REPORT

Workgroup Coordinator: Denise Daly, MS

ROLE OF THE COMMUNITY OUTREACH WORK GROUP

The Community Outreach Work Group will:

- ✓ *Help the Model Development Group realize concerns communities may have as potential models are reviewed*
- ✓ *Solicit input from the employed uninsured regarding one or two potential programs to provide affordable health insurance to working, uninsured Virginians*
- ✓ *Work with George Mason University Center for Health Policy, Research and Ethics team to pilot options proposed by the SPG Model Development Work Group*
- ✓ *Comment on Model Development Work Group White Papers*
- ✓ *Review and provide feedback on SPG website*
- ✓ *Contribute to the development of the draft business plan for covering working, uninsured Virginians*

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MEETINGS AND CONFERENCE CALLS OVERVIEW

MEETING: October 14, 2004

At the maiden meeting for the Community Outreach Workgroup (COWG), Denise Daly, along with PJ Maddox and Victoria Doyen provided an overview of the State Planning Grant (SPG), how the COWG fits into the grant as a whole as well as the roles of the other SPG workgroups. The workgroup participants were introduced to the SPG website, www.insuremorevirginians.org, and the COWG's section of the website. The group also discussed community support and current community initiatives marketed towards the uninsured. Some barriers in access to coverage and community perceptions were identified: health insurance is not fully appreciated as an economic development concern, there is limited information and education regarding access to care issues, health insurance is viewed as a cost rather than a savings by businesses, potential patients may not be aware of available resources. The focus of the grant and the workgroup was identified to be working uninsured Virginians earning below 200% of the Federal Poverty Level.

The Community Outreach Work Group recommended partnerships with the following organizations to reach out to families potentially eligible for the SPG Model: local Virginia Employment Commission (VEC) offices, WIC clinics, safety net providers (i.e., free clinics and Federally Qualified Health Centers – FQHCs), Emergency Departments, and consider helping employers develop relationships with local departments of social services. Implementation, uptake and marketing issues were also discussed.

CONFERENCE CALL: October 28, 2004

A timeline for model review at the community level could not be developed due to delay in obtaining the data from SHADAC, as well as the model from the Model Development Workgroup.

The workgroup developed a course of action to solicit feedback after potential models were identified and reviewed:

- Develop common questions to ask of all model reviewers
- Utilize existing groups in local communities to solicit feedback
- Hold structured Town Hall meetings in each health planning region of the state; the participants of the Town Hall meetings were identified as well as potential moderators and meeting format
- Administer a questionnaire about the proposed model to various free clinics and community health centers
- Offer citizens the opportunity to email or mail comments on the proposed models

The group developed a listing of general recommendations for both the Model Development Workgroup as they move forward in developing a model and also for internal use as a list of things to remember when soliciting feedback.

MEETING & CONFERENCE CALL: May 4, 2005

The group reviewed the purpose of the COWG and anticipated work going forward. While the Model Development Workgroup had not yet decided upon the actual model a list was compiled of work that could be done preliminarily.

PJ Maddox shared the Model Development Workgroup report with the COWG. The report contained the household survey findings from SHADAC, as well as an overview of alternative health insurance options from Virginia and other states.

The likely components of the model were discussed as well as the timeline for the COWG efforts. A tip sheet was developed for use when planning the town hall meetings.

CONFERENCE CALL: June 10, 2005

The model was received and PJ Maddox and Tim Henderson helped to go over the components of the model with the COWG. After an extensive conversation about the model and what it entails the discussion moved to what work could be done from there.

A team lead was selected from each region to serve as coordinator for the region to plan the town hall meetings and to coordinate efforts among the workgroup members in the respective region. A general agenda for the meetings was decided upon as well as the outline of the survey to the community health centers.

It was decided that a press release should be drafted for marketing of both the new model and the town hall meetings.

Due to time constraints, town hall meetings could not be scheduled on such short notice for feedback before mid-July as the COWG members had significant commitments in July. Instead, COWG members were encouraged to discuss the model with their colleagues and any other resources that they had available. The model and a cover letter were sent to the Virginia Association of Small Businesses, as well as many community health centers, agencies and organizations. A report summarizing these results is attached.

A complete list of workgroup members is located in Appendix A.

AGENDA
State Planning Grant: Community Outreach Workgroup
Troutman Sanders LLP Attorneys at Law: Richmond Office
October 14 2004
10:00 am – 2:00 pm

Introductions/Welcome/Review Agenda

Denise Daly, Executive Director, REACH

Overview of State Planning Grant (SPG)

PJ Maddox, Director, Office of Research: Center for Health Policy,
Research and Ethics, George Mason University

Victoria Doyan

Senior Research Analyst, Office of Research: Center for Health
Policy, Research and Ethics, George Mason University

Roles of the other SPG Workgroups

PJ Maddox and Victoria Doyan

Role of the Community Outreach Workgroup

Denise Daly

Discussion:

All

- Information on current community initiatives and their success
- Community support for uninsured and initiatives to improve access to care
- Perception of state supported programs (e.g., FAMIS, FAMIS Plus)

Future Plans for Community Outreach Workgroup

All

- Ideas on how individual members can solicit feedback from uninsured population in their region
- Timeline
- Future meeting dates

**Community Outreach Workgroup
State Planning Grant Meeting Summary
October 14, 2004
10 am – 2 pm**

MEETING PARTICIPANTS

Ginger Bailey	Virginia Beach Eye Center
Denise Daly	REACH
Victoria Doyon	George Mason University
Evelyn Henson	Office of the Chief Medical Examiner, VDH
PJ Maddox	George Mason University
Janet McDaniel	Radford University
Peggy Whitehead	Blue Ridge Medical Center
Michael Wilmouth	Advanced Patient Advocacy

WELCOME & PURPOSE

Several statewide initiatives are underway to increase access to affordable healthcare to working Virginians – State Planning Grant, State Coverage Initiative and the National Governor’s Association Technical Assistance project. VDH, the Governor’s Office and the Office of the Secretary of Health and Human Resources are working hard to ensure coordination across these initiatives.

Our role today is to become acclimated to the State Planning Grant and the role of the Community Outreach work Group.

OVERVIEW OF THE STATE PLANNING GRANT

PJ Maddox provided an overview of the State Planning Grant (SPG I and II) for the group, including clarification about how the State Planning Grant, State Coverage Initiative and Lt. Governor’s Commission on Small Business and Health Insurance Costs inter-relate. She reminded the group that limited access to affordable health insurance is a barrier to economic development and community vitality. The business plan resulting from SPG I will include a projection of the impact of a program to provide more affordable health insurance to working, uninsured Virginians.

- ✓ Data collected for SPG I and II will be analyzed by the five (5) health planning regions in Virginia.
- ✓ SPG will allow primary data collection from 4,000 households to better understand who is uninsured in Virginia and why. This is the first time these data have been collected on such a large scope.
 - Lower income households (<200% FPL will be over-sampled)
 - This survey is underway. It is hoped data will be available in November.

- ✓ Data collected via the MEPS-IC about businesses by SPG funded initiatives will be segmented by size and type of employer (e.g., manufacturing, service) and health planning region, so planning is targeted to each communities profile to the extent possible.
 - This is the first time primary data will be collected about business and health insurance in Virginia.
 - It will be important to apply knowledge of the community when interpreting data for planning purposes.
- ✓ SPG II will include development of a Decision-Support Toolkit to help localities use data for planning purposes.
 - A number of datasets will be made available on-line. Data from existing datasets is already available on the SPG Website: www.insuremorevirginians.org
- ✓ The role of each work group was outlined.

PJ's presentation will be made available on the SPG Website shortly.

ROLE OF THE COMMUNITY OUTREACH WORK GROUP

The Community Outreach Work Group will:

- ✓ Help the Model Development Group realize concerns communities may have as potential models are reviewed
- ✓ Solicit input from the employed uninsured regarding one or two potential programs to provide affordable health insurance to working, uninsured Virginians
- ✓ Work with George Mason University Center for Health Policy, Research and Ethics team to pilot options proposed by the SPG Model Development Work Group
- ✓ Comment on Model Development Work Group White Papers
- ✓ Review and provide feedback on SPG website
- ✓ Contribute to the development of the draft business plan for covering working, uninsured Virginians

GROUP DIALOGUE

- ✓ Is there community support for uninsured and initiatives to improve access to care?
- ✓ What community initiatives are in place and how are they perceived?
- ✓ What is the perception of state supported programs?

Support for Community-Based Access to Care Initiatives

- ✓ There is limited information and understanding in the broad community about access to care issues.
- ✓ Health insurance is not fully appreciated as an economic development concern by many.

- ✓ Human Resources (HR) professionals tend to view health insurance as a *cost* to the business, rather than viewing it as an expense that will result in *cost savings* (e.g., employee retention, fewer sick days).
- ✓ Potential patients may not be knowledgeable about resources available in their community. Safety net providers often have to balance their PR efforts to obtain needed support and reach out to patients without overwhelming clinical staff with demand.

Perceptions of Community-Based Access to Care Initiatives

- ✓ Perception of FAMIS/FAMIS Plus is generally positive (may vary slightly by region of Virginia or subpopulation).
- ✓ The business community is more responsive to requests for participation or support of an access to care initiative, when the business receives a perceived benefit (e.g. blood pressure screening, information Wellness Passport to refer employees).
- ✓ Wellness Passport well accepted
- ✓ The group reiterated the importance of building community by developing relationships.
- ✓ It can be difficult to make in-roads with clinicians in private practice who are not already affiliated with safety net providers or hospitals where low-income uninsured receive care.
 - One community found it was helpful to show providers ability to access medicines via pharmaceutical assistance programs to encourage their involvement.

Lessons Learned from State and Local Programs

The group assumed a focus on working uninsured Virginians earning below 200% the Federal Poverty Level.

Based on different communities experience promoting FAMIS/FAMIS Plus in various localities, the Community Outreach Work Group recommends partnerships with the following organizations to reach out to families potentially eligible for the SPG Model: local Virginia Employment Commission (VEC) offices, WIC clinics, safety net providers (i.e., free clinics and Federally Qualified Health Centers – FQHCs), Emergency Departments, and consider helping employers develop relationships with local departments of social services.

- ✓ Implementation will require local contacts and resources, similar to local Project Connect outreach grants to identify and enroll children in FAMIS/FAMIS Plus. Focus on outreach to initially enroll individuals and families and retention to keep them enrolled.
- ✓ Target population is difficult to enroll and to keep enrolled; on-going assistance is required via case management and one-on-one work with families. It helps to have visible outreach staff that is trusted and well

respected by individuals, families as well as organizations. Continuity and dependability of program and staff is also important.

- ✓ Many working uninsured are **transient**. It is perceived that lower income persons without health insurance don't stay at any one job for long, and that they move from place to place – often within the same community or region. This is important to consider when reviewing potential models, as it would be best for working Virginians to have access to a program they can keep as they move from job-to-job.
- ✓ Adding individual/families financial responsibility helps lower negative “welfare” stigma
- ✓ Even if offered through employer consider cost-sharing sliding scale (% of income)
- ✓ The method of presentation to the community, particularly, potential participants are important. FAMIS has been presented in a very positive light, which is very helpful in appealing to potential enrollees.
- ✓ Who sends the message is important (e.g., Warner is well-respected and his leadership has benefited FAMIS).
- ✓ The program needs to look like as much like “traditional” insurance as possible. It would be useful to streamline eligibility, like FAMIS. Would it be possible to have a joint application or information sharing to make it easier for people (i.e., parents of FAMIS enrollees) to enroll?

Other Thoughts to Consider

- ✓ Despite the efforts of the State Planning Grant, the challenge of undocumented immigrants will still exist.
- ✓ Connect to local government planning via zoning board activities, Virginia Association of Counties agenda
- ✓ Target businesses (those who do not offer insurance to employees or may offer coverage to employees, but not dependents)
- ✓ Consider purchasing and making available software to help businesses estimate health insurance costs by their specific business profile
- ✓ Develop more ways to help people know about “the options” for health insurance or various health programs, possibly a presentation via small business development centers on purchasing/accessing health care (e.g., data, cost of health insurance, cost to businesses if health insurance isn't offered, return on investment, HR costs of hiring new staff)
- ✓ There is likely some under-utilized healthcare capacity in various regions of Virginia. How do we better connect patients with providers? Their needs to be a REACH in every community to connect patients, health centers and other providers to more efficiently use health resources.
 - All meeting attendees who regularly work in a community-based setting noted the need for a current, easy-to-use listing of organizations that are obligated by COPN, or willing to, provide specific clinical services to low-income, uninsured persons.

- It can be difficult to identify patients with specific needs, and then connect them with needed resources. Lay health promoters/case managers
- Better education of patients and providers about available resources and how to access them
- Need for coordination to leverage information across multiple entities
- ✓ Adding components to SPG and similar surveys to help understand needs within specific regions will be helpful. It might be possible to expand leadership of key stakeholders by via investment of data (e.g., VEC, Department of Labor, Department of Social Services, Human Resources).
- ✓ Build on relationships that already exist in localities
 - PJ noted that regional task forces are planned for SPG II. It was recommended that SPG II leadership consider asking existing task forces/coalitions to address SPG-related tasks forces. The group also suggested that the regional task forces need to be “allowed” to accommodate for the uniqueness of their community or region, as far as structure.

Education at multiple levels:

- ✓ Providers
- ✓ Potential individual/family enrollees
- ✓ Businesses
- ✓ Education needs to be local
- ✓ Target specific communities

KEY THEMES

- ✓ Education at various levels about the need for health insurance
- ✓ Outreach and distribution
- ✓ Retention in health insurance/program
- ✓ Local focus
- ✓ Educate HR staff about the value of an investment in employee health insurance
- ✓ One-on-one – communities, businesses, individuals and families

NEXT STEPS

- ✓ Review meeting summary
- ✓ Determine the best method to solicit feedback from each region/community
- ✓ Review and comment on utility of SPG website:
www.insuremorevirginians.org

**Community Outreach Work Group
State Planning Grant Conference Call Summary
October 28, 2004**

MEETING PARTICIPANTS

Denise Daly	REACH
Donna Dittman Hale	Williamsburg Community Health Foundation
Lynn Evans-Riester	Fairfax Inova Hospitals
Evelyn Henson	Office of the Chief Medical Examiner, VDH
Janet McDaniel	Radford University
Joanne Royaltey	Valley Health System
Peggy Whitehead	Blue Ridge Medical Center
Michael Wilmouth	Advanced Patient Advocacy

QUESTIONS AND COMMENTS FROM PREVIOUS MEETINGS

The group reviewed the October 14th Meeting Summary, and agreed that comments and recommendations were accurately captured.

Some wondered why 200% FPL seems to have been chosen as the "cut-off" for the proposed target population, if 40% uninsured Virginians live in households above 200%FPL.

Denise described her role as Work Group Chair as facilitator, Work Group convener, and representative to the Leadership Team. Work Group members will develop a common strategy and objectives to share proposed models with potential consumers, human services professionals, businesses and others.

TIMELINE FOR MODEL REVIEW AT COMMUNITY LEVEL

- ✓ No clear timeline has been developed for next phase of Work Group efforts. The Leadership Team is waiting on data from SHADAC, which will be used to inform the model selection process. Denise will talk with SPG staff to request clarity regarding timelines.
 - Community Outreach Work Group members noted that they would prefer to hold Model Review Meetings in late March and April 2005, due to previous commitments and concern about the impact of winter weather on evening meetings.

SUGGESTIONS/RECOMENDATIONS

- ✓ Once potential models are identified and reviewed by Community Outreach Work Group, members will develop common questions to ask of model reviewers across the Commonwealth.

- ✓ Consider soliciting feedback from existing groups in various communities (e.g., interagency councils, small business groups at local Chambers of Commerce).
- ✓ After some discussion, the group agreed that Town Hall Meetings in various regions are the preferred method of soliciting information from human services professionals and others. A panel, including a representative from the Community Outreach Work Group, would present the potential model(s) to the meeting participants and pose questions to the participants.
 - Meetings should be held in early evening. Food (preferably dinner) should be provided, and babysitting, if feasible.
 - Meeting participants/invitees should include: employers of potential consumers, VECs, human services professionals and consumers.
 - Use contacts outside of the normal health groups to broaden the circle from which feedback is solicited.
 - The Work Group, with support from LEEANNE, could develop uniform invitations to distribute regarding the Town Hall meetings.
 - It is likely that LEEANNE will be able to help Work Group members identify and secure meeting locations across the Commonwealth.
 - The group discussed the possibility of partnerships between Community Outreach Work Group members and other SPG Work Group members in planning regional meetings and inviting key stakeholders.
- ✓ All group members agreed it would be useful to have neutral individuals facilitate meetings in localities. It would be ideal for the same person to facilitate all of the model development reviews, but the budget may not allow for this.
 - Mike Wilmouth volunteered to facilitate meetings in Northern Virginia and possibly other regions.
 - Evelyn Henson volunteered to facilitate a meeting.
 - Several people recommended inviting elected leadership to facilitate local meetings.
- ✓ Potential consumers will likely not be comfortable commenting on proposed models in a large group/public setting. The group suggests that a short summary and questionnaire be developed that could be shared/administered at various free clinics and community health centers by volunteers (students or elderly).
 - Might it be possible to offer an honorarium, pay student workers and/or reimburse volunteers for mileage?
- ✓ Citizens should be offered the opportunity to email or mail comments on the proposed models, similar to the Governor's OB Task Force.

Plans for regional

WEBSITE FEEDBACK (www.insuremorevirginians.org)

- ✓ Positive reaction to website. Lots of useful information. Well-organized.

- ✓ Group members commented that the materials from the October 14th meeting were not posted in the Community Outreach section of the website.
- ✓ Some organizations need to be added to the regional individual/family resource lists. To whom should recommendations be forwarded?

NEXT STEPS

- ✓ Denise will share recommendations with SPG staff.
- ✓ Denise will speak with SPG staff to obtain clarity regarding timelines for Community Outreach Work Group's tasks. Feedback will be shared with Work Group members.

COMMUNITY OUTREACH WORKGROUP RECOMMENDATIONS

There is much to learn from communities' experience promoting FAMIS/FAMIS Plus and community-based health programs. The Community Outreach Workgroup will help the Model Development Group realize concerns consumers and communities may have as potential Models are reviewed, and solicit input from the employed uninsured regarding potential Models of affordable health insurance. Members of the Community Outreach Work Group propose several recommendations to the Model Development Workgroup, as they begin their efforts.

Key Themes

- ✓ Education at various levels about the value of health insurance for individuals and businesses
- ✓ Local focus – education, outreach and retention and relationships for implementation
- ✓ One-on-one efforts – communities, businesses, individuals and families

Community Outreach Work Group Recommendations

- ✓ Package the program to look as much like a “traditional” insurance plan as possible.
- ✓ Many working uninsured are transient, not staying at any one job for long and moving from place to place. When reviewing potential models, it is best for Model to be as portable as possible.
- ✓ Consider cost-sharing on a sliding scale, based on percent of household income, even if Model is offered through employer, to reduce stigma of “public program”.
- ✓ The method of presentation to the community, particularly potential consumers, is important. Model needs to be presented in a positive light and endorsed by a well-respected spokesperson (e.g., Governor Warner and FAMIS).
- ✓ Assess feasibility of streamlining application process with FAMIS for parents of FAMIS enrollees.
- ✓ Support local education and outreach efforts to help raise awareness about Model and to facilitate implementation.
- ✓ Because the target population is difficult to enroll and to keep enrolled in the program, the focus should initially be on outreach to enroll individuals and families and later on retention to keep them enrolled.
- ✓ Visible outreach staff that are trusted and well-respected by individuals and families, as well as continuity of program and staff will be important for local community acceptance.

Other Points to Consider

- ✓ Build on relationships that already exist in localities; connect to local government planning via local zoning board activities, Virginia Association of Counties.
- ✓ Develop more ways to help people know about “the options” for health insurance or various health programs, possibly a presentation via small business

development centers on purchasing/accessing health care (e.g., data, cost of health insurance, return on investment, HR costs of hiring new staff).

- ✓ Encourage partnerships with the following organizations to reach out to families potentially eligible for the Model: local Virginia Employment Commission (VEC) offices, WIC clinics, safety net providers (i.e., free clinics and Federally Qualified Health Centers – FQHCs), Emergency Departments.
- ✓ Realize businesses will be more responsive partners if they perceive a gain for their organization.
- ✓ Consider helping employers develop relationships with local departments of social services.
- ✓ Target businesses that do not currently offer a full insurance package.
- ✓ Commonwealth might purchase and make available software to help businesses estimate health insurance costs by their specific business profile.
- ✓ Educate at multiple levels about the importance of health insurance.
- ✓ Recognize that the challenge care for undocumented persons will still exist.

**COMMUNITY OUTREACH WORK GROUP
STATE PLANNING GRANT**

Virginia Health and Hospital Association
4200 Innslake Drive
Glen Allen, VA 23060

Wednesday, May 4, 2005
1:30 pm – 4 pm

AGENDA

- | | | |
|------|---|--------------------|
| I. | Introductions/Welcome/Review Agenda | Denise Daly
All |
| II. | Community Outreach Work Group Purpose & Work Done To-Date | Denise Daly |
| III. | Anticipated Work Going Forward | Denise Daly |
| IV. | Model Development Work Group Report | PJ Maddox |
| V. | Q&A from Model Development presentation | PJ Maddox |
| VI. | Timeline for Community Outreach Work Group Efforts | All |
| VII. | Next Steps | All |

Please see attached materials from previous meetings.

ROLE OF THE COMMUNITY OUTREACH WORK GROUP

The Community Outreach Work Group will:

- ✓ Help the Model Development Group realize concerns communities may have as potential models are reviewed
- ✓ Solicit input from the employed uninsured regarding one or two potential programs to provide affordable health insurance to working, uninsured Virginians
- ✓ Work with George Mason University Center for Health Policy, Research and Ethics team to pilot options proposed by the SPG Model Development Work Group
- ✓ Comment on Model Development Work Group White Papers
- ✓ Review and provide feedback on SPG website
- ✓ Contribute to the development of the draft business plan for covering working, uninsured Virginians

COMMUNITY OUTREACH WORK GROUP TIMELINE & THOUGHTS FOR MODEL REVIEW

- ✓ Develop common questions to ask of model reviewers across the Commonwealth.
- ✓ Solicit feedback from existing groups in various communities (e.g., interagency councils, small business groups at local Chambers of Commerce).
- ✓ Hold Town Hall Meetings in 5 regions of Virginia are the preferred method of soliciting information from human services professionals and others. A panel, including a representative from the Community Outreach Work Group, would present the potential model(s) to the meeting participants and pose questions to the participants.
 - Hold meetings should be held in early evening. Food (preferably dinner) should be provided, and babysitting, if feasible.
 - Meeting participants/invitees should include: employers of potential consumers, VECs, human services professionals and consumers.
 - Use contacts outside of the normal health groups to broaden the circle from which feedback is solicited.
- ✓ Have neutral individuals facilitate meetings in localities. It would be ideal for the same person to facilitate all of the model development reviews, but the budget may not allow for this.
- ✓ Citizens should be offered the opportunity to email or mail comments on the proposed models, similar to the Governor's OB Task Force.
- ✓ Potential consumers will likely not be comfortable commenting on proposed models in a large group/public setting. The group suggests that a short summary and questionnaire be developed that could be shared/administered at various free clinics and community health centers by volunteers (students or elderly).

Model Review Administrative Support

Leeanne Sciolto; scioltolm@vcu.edu; 804.827.3224

- ✓ Fliers to advertise meetings
- ✓ Help coordinate meeting logistics - one in each region (e.g., securing location, getting microphones, chair set up), draft a checklist of tasks to complete for each regional meeting, to ensure meetings are similar
- ✓ Ensure each town hall meeting group has copies of common questions to ask
- ✓ Press releases for model review meetings
- ✓ Announcement on www.insuremorevirginians.org about town hall meetings

Community Outreach Work Group
State Planning Grant Meeting and Conference Call Summary
May 4, 2005

MEETING PARTICIPANTS

In Person:

Denise Daly	REACH
Lyn Hainge	Alexandria Inova Hospital
Tim Henderson	George Mason University
Evelyn Henson	Office of the Chief Medical Examiner, VDH
Debra Jones	Virginia State University
PJ Maddox	George Mason University
Leeanne Sciolto	REACH
Jane Wills	Rappahannock AHEC

By Phone:

Tony Lawson	UVA, Wise
Janet McDaniel	Radford University
Joanne Royaltey	Valley Health System
Gloria Smith	Minority Health Coalition of South Hampton

Roads

COMMUNITY OUTREACH WORKGROUP PURPOSE & WORK DONE TO-DATE

The group reviewed the role of the Community Outreach Workgroup (COWG): The Community Outreach Work Group will:

- ✓ **Help the Model Development Group realize concerns communities may have as potential models are reviewed**
- ✓ Solicit input from the employed uninsured regarding one or two potential programs to provide affordable health insurance to working, uninsured Virginians
- ✓ Work with George Mason University Center for Health Policy, Research and Ethics team to pilot options proposed by the SPG Model Development Work Group
- ✓ Comment on Model Development Work Group White Papers
- ✓ Review and provide feedback on SPG website
- ✓ Contribute to the development of the draft business plan for covering working, uninsured Virginians
- ✓ The purpose the meeting today is to receive an update on where the Model Development Group is in developing their proposed model and also to see the data SHADAC has released about the demographics of the uninsured in Virginia.

ANTICIPATED WORK GOING FORWARD

- ✓ The specific model will be decided upon by May 16, 2005. In the meantime, preliminary work can be done to prepare for the meetings.
 1. At least one meeting will be held in each region of the state (Northern, Eastern, Central, Southwest, Northwest)

2. The meetings will be “town-hall “style, similar to the Governor’s OB task force meetings
 3. Denise will ask the Virginia Primary Care Association and Virginia Association of Free Clinics if their membership might be willing to distribute surveys to health center patients for a week this summer
 4. The meetings will share a common set of preliminary questions. This set of questions will be developed by the group at the next meeting/conference/video call
- ✓ LEEANNE will be available to provide some administrative support to the Workgroup
 - ✓ **Please see the attached “SPG Town-Hall Meeting Tips” for some tips when planning your Region’s meeting**

MODEL DEVELOPMENT WORKGROUP REPORT

- ✓ While the problem of the uninsured is widespread, SPG is only targeting a slice of the problem: *the working uninsured*.
- ✓ PJ Maddox reviewed statewide SHADAC data and described how it compares to the other surveys on the uninsured in Virginia (e.g., BRFSS, Virginia Health Care Foundation, CPS)
- ✓ About 640,000 persons, nearly 9% of Virginia’s population, had no health insurance at the time of the survey.
 - The full report of the data is available here (http://gunston.doit.gmu.edu/chpre/pdf/Virginia_Final_Report_03_24_05.pdf)
 - Easy to read fact sheets, on different aspects of the data, can be found here (<http://gunston.doit.gmu.edu/chpre/vauninsured.html>) - just click on the fact sheet of interest; *Virginia Uninsurance, Employment and Uninsurance, Household Income and Uninsurance*
 - The full regional data is available here (<http://gunston.doit.gmu.edu/chpre/vamap.html>) – click on your region to see specific data reports

When looking at the data it is important to remember...

- ✓ The SHADAC data is a **point-in-time** report. The questions were posed related to insurance coverage NOW as opposed to AT SOME TIME during the year. This is important because if a respondent was uninsured 6 months ago, but had insurance at the time of the survey, he/she must respond that “NO” they are not uninsured, while in other surveys they would have answered, “YES,” they have been uninsured this past year.
 - Survey was conducted between August and November 2004
- ✓ The sample is representative of income with an over sampling of low-income individuals, but is not a representative sample of uninsured by race or other demographic.
 - The demographic characteristics that predict insurance “take-up” are employment and household income. The link between unemployment and income has been studied carefully by the Model Development Workgroup, and will be the basis of their model development/selection.

- ✓ When looking at the data also recognize that the denominator may be different for each percentage presented; the denominator may be all uninsured or a specific demographic (Hispanic, less than a high school education, etc.).
- ✓ The survey focuses on adults, defined as ages 19-64. In Virginia, at 18, children are still eligible for FAMIS. Some states and previous surveys have counted children, age 18, as adults in their surveys. To reduce duplicate counting, children up to age 19 were counted as children, not adults.
- ✓ A small employer is considered to employ between 2 and 50 employees
 - Two “employer markets” were identified: 1) Employers of 2-10 persons and 2) companies that employ 11-50 people. The smaller the employer, the less likely the company will offer health insurance to its workers.
 - It is likely the model will be available to companies that currently do not offer employees health insurance.
- ✓ “Fast Food” employment response could be included under retail or entertainment in analyses.
- ✓ The only employment sectors associated with low uninsurance rates shared across all 5 Health Planning Regions of Virginia are construction and retail.
- ✓ This is the first survey of Virginia’s uninsured to also be offered in Spanish.

OVERVIEW OF STATE OPTIONS

- ✓ The state options for expanding private coverage for the working uninsured are many and differing
- ✓ The pros & cons of models and best practices from other states were reviewed. Please refer to the “Overview of State Options” PowerPoint Presentation at the [Insuremorevirginians.org](http://gunston.doit.gmu.edu/chpre/community-wg/050405-Overview_of_State_Private_Insurance_Options5405.ppt) website (http://gunston.doit.gmu.edu/chpre/community-wg/050405-Overview_of_State_Private_Insurance_Options5405.ppt).

LIKELY MODEL COMPONENTS

- ✓ Individual responsibility (e.g., sliding fee scale, co-pay), to reduce moral hazard.
- ✓ A tax incentive or secondary subsidy for the employer.
- ✓ It appears there is a cost tolerance of \$20/per month for employer premium-share.
- ✓ A consumer directed “end-to-end” plan, providing more Virginians with primary care and catastrophic coverage.
- ✓ An employer reinsurance program may help to encourage small employers to offer employees insurance.
- ✓ Must consider provider acceptance; many people will not but the insurance product if their family doctor will not accept it.

TIMELINE FOR COMMUNITY OUTREACH WORKGROUP EFFORTS

May 16:

- ✓ Receive models for review

June 10 meeting:

- ✓ Develop common questions to ask of model reviewers across the Commonwealth.
- ✓ Discussion: Hold Town Hall Meetings in 5 regions of Virginia are the preferred method of soliciting information from human services professionals and others. A panel, including a representative from the Community Outreach Work Group, would

present the potential model(s) to the meeting participants and pose questions to the participants.

- Hold meetings should be held in early evening. Food (preferably dinner) should be provided, and babysitting, if feasible.
- Meeting participants/invitees should include: employers of potential consumers, VECs, human services professionals and consumers.
- Use contacts outside of the normal health groups to broaden the circle from which feedback is solicited.
- ✓ Solicit feedback from existing groups in various communities (e.g., interagency councils, small business groups at local Chambers of Commerce).
- ✓ Have neutral individuals facilitate meetings in localities.
- ✓ Citizens will be offered the opportunity to mail, via postal mail or email, comments on the proposed models, similar to the Governor's OB Task Force.
- ✓ Potential consumers will likely not be comfortable commenting on proposed models in a large group/public setting. A short summary and questionnaire will be developed to be shared/administered at various free clinics and community health centers.

June 20 – July 8:

- ✓ Hold 5 regional town hall meetings

July 11-15:

- ✓ Compile recommendations for State Planning Grant Leadership Team

NEXT STEPS

The group discussed potential meeting sites; hosting town hall via videoconference, so a broader variety of people might participate; ability to translate materials and provide Spanish-language interpretation at town-hall meetings

- ✓ The next COWG meetings will be the week of June 6 and the week of June 20. We will look into a meeting time and location that can involve more people in the workgroup, including use of VDH's videoconference capabilities.
- ✓ LeeAnne will schedule the meetings before May 20.

**COMMUNITY OUTREACH WORK GROUP
STATE PLANNING GRANT
Conference Call**

**Friday, June 10, 2005
1:30 pm – 3 pm**

AGENDA

- | | | |
|------|--|--------------------|
| I. | Introductions/Welcome/Review Agenda | Denise Daly
All |
| II. | Brief Update of Work Done To-Date/Status of Model | Denise Daly |
| III. | Selection of Team Lead for Each Health Planning Region | Denise Daly
All |
| IV. | Review of General Agenda for Town-Hall Meetings | Denise Daly |
| V. | Logistics of Survey/Development of Survey Questions | All |
| VI. | Next Steps | All |

Please see attached materials from previous meetings and background information.

SAVE THE DATE

Next Meeting: June 20, 2005 Time and Location: TBA

ROLE OF THE COMMUNITY OUTREACH WORK GROUP

The Community Outreach Work Group will:

- ✓ Help the Model Development Group realize concerns communities may have as potential models are reviewed
- ✓ Solicit input from the employed uninsured regarding one or two potential programs to provide affordable health insurance to working, uninsured Virginians
- ✓ Work with George Mason University Center for Health Policy, Research and Ethics team to pilot options proposed by the SPG Model Development Work Group
- ✓ Comment on Model Development Work Group White Papers
- ✓ Review and provide feedback on SPG website
- ✓ Contribute to the development of the draft business plan for covering working, uninsured Virginians

SPG TOWN-HALL MEETING TIPS

When considering a time and place to host the SPG COWG Town-Hall Meetings:

- ✓ Hold town-hall meetings and conduct survey of VPCA & VAC membership by July.
- ✓ Be sure to include the target population of **working uninsured**; think about how to include rural areas of your region
- ✓ Consider the role technology can play in the meetings. Think about utilizing a polycom/video conference system to get more people involved, particularly in rural areas. These could be set up through the local health departments or colleges for free.
- ✓ Encourage the use of a public feedback mechanism on SPG website or letters to VDH.
- ✓ Use your peers. We have provided you with a list of COWG members in your region; you may wish to identify a team in your region to share responsibilities.
- ✓ Think about places where there is ample parking, and/or is on a bus line.
- ✓ Consider hosting a meeting in Spanish or hiring an interpreter.
- ✓ Possibly hold more than one meeting per region
- ✓ Select a location that is easily accessible and comfortable for participants. Possible locations could include: health centers, health departments, community centers, YMCA, local non-profits or corporations, county/city park & recreation centers, libraries, schools, colleges, etc.
- ✓ LeeAnne (scioltolm@vcu.edu; 804.827.3224) will be able to provide administrative support for planning the town hall meetings. She will be able to assist with:
 - Fliers to advertise meetings - we'll probably develop one that can be customized for each meeting.
 - Help coordinate meeting logistics - one in each region (e.g., securing location, getting microphones, chair set up) draft a checklist of tasks to complete for each regional meeting, to ensure meetings are similar
 - Ensure each town hall meeting group has copies of common questions to ask
 - Press releases for model review meetings
 - Announcement on www.insuremorevirginians.org about town hall meetings
 - Anything else? Just ask and she will try!

VIRGINIA STATE PLANNING GRANT COMMUNITY FOCUS GROUP QUESTIONS

Consumer focus groups to learn more about community representatives and individuals views about health insurance coverage and

Education/outreach can help individuals in understanding the value of health insurance coverage (in general and for a prototype insurance product/option). **The priority is to understand issues affecting the working uninsured in Virginia.**

I. COMMUNITY VIEWS ABOUT THE PROBLEM OF UNINSURANCE

What do you see are the greatest problems associated with the lack of availability of health insurance for working individuals in your community?

What do you see are the greatest challenges in providing health insurance to working uninsured individuals within your community?

What factors account for why people do not possess health insurance? (Why people lack health insurance)

How are people who lack health insurance getting their health needs met? (How medical needs are being met)

What are the perceptions, experiences, and expectations of people working with or utilizing public health insurance programs such as FAMIS and Medicaid? (Perceptions of public health insurance)

II. COMMUNITY VIEWS ABOUT EMPLOYER AND PUBLIC COVERAGE

What factors account for why some businesses provide health insurance to their employees while others do not? (Why businesses offer health insurance and their struggles to maintain it; Reasons why small businesses don't offer health insurance)

Virginia State Planning Grant Community Focus Group Questions

What types of mechanisms or incentives would help small businesses in their ability to offer health insurance to employees? (Mechanism that would help small businesses)

By what means could health insurance be made available to all Virginia residents (Funding mechanism/affordability)

III. WILLINGNESS TO PARTICIPATE AND ESSENTIAL ELEMENTS OF A BASIC HEALTH PLAN

(TWO SECTIONS (A) VIEWS ABOUT INSURANCE PLANS IN GENERAL; (B) ABOUT A PROTOTYPE INSURANCE PRODUCT

A. VIEWS ABOUT INSURANCE PLANS IN GENERAL

Would you be willing to participate in a state sponsored health insurance program?

How much would you be willing to spend on a monthly premium cost for INDIVIDUAL health insurance from any source (employer or State sponsored)?

How much would you be willing to spend on a monthly premium cost for FAMILY health insurance from any source (employer or State sponsored)?

Rank the following items that you consider to be most important in design of a model for individual health insurance.

(1= most important 6= least important)

Limits on premium increases

Coverage of pre existing conditions

Limited Prescription drug benefits

Limits on benefits and coverage

Choice of provider

Costs of co-payments and deductibles

Virginia State Planning Grant Community Focus Group Questions

B. VIEWS ABOUT A PROTOTYPE OPTION FOR EMPLOYED UNINSURED

What are your thoughts on the proposed features of the products outlined below? **DRAFT 5/6/2004**

	Product A	Basic Hospitalization Product
Annual deductible	\$500-\$1500	\$1000-\$2000
Annual Out of Pocket Maximum	\$4000-\$6000	\$4000-\$6000
Inpatient Services	30-40% coinsurance AD	30-40% coinsurance AD limited to 30days per calendar year
Outpatient Surgery	30-40% coinsurance AD	30-40% coinsurance AD limited to 30days per calendar year
Physician Office Visits	Visits 1-4 \$30-\$45 copay w/deductible waived Visits 5+ 30-40%AD	Up to 3 visits only \$20-\$40 w/deductible waived or 50% of 1 st \$1000
Diagnostic Lab and X-ray	30-40% coinsurance AD	Not covered
Preventative Care for Adults	Visits 1-4 \$30-\$45 copay w/deductible waived Visits 5+ 30-40%AD Includes colorectal cancer screenings, annual pap smears, annual mammograms, PSA screenings; 30-40% AD	Mandated services only
Preventative Care for Children	Available as rider Or 100% coverage imbedded	Available as rider Or 100% coverage imbedded
Emergency Room Visits	30-40% coinsurance AD	30-40% coinsurance AD
Maternity	\$3000-\$4000 copay	\$3000-\$4000 copay
Prescription Drugs	Not covered or generic only	Not covered
Annual Maximum	\$25,000-\$50,000	N/A
Riders	Dental Rider	
Out of Network Deductible	2x in network deductible	2x in network deductible
Out of Network Out of pocket	2x in network out of pocket	2x in network deductible
Out of Network Coinsurance	40-50% AD	40-50% AD

Virginia State Planning Grant Community Focus Group Questions

IV. VIEWS ON MARKETING AND PROMOTION INSURANCE OPTIONS

What would be effective ways to raise awareness about the availability of new health insurance products that are designed to close the health insurance gap (Raising awareness/marketing)?

What sources of information are you most likely to pay attention to when it comes to getting information about health insurance options?

MANDATED BENEFITS

<http://www.scc.virginia.gov/division/boi/webpages/boimandated.htm>

It is important to note that Virginia's insurance laws require that most health insurance plans, including Managed Care Health Insurance Plans (MCHIPs): 1) provide certain benefits, known as mandated benefits, in each and every individual or group contract they offer in Virginia; and 2) offer and make available to you, as an individual policyholder, or your employer, if you have group coverage, the option to purchase certain benefits known as mandated offers of coverage. Mandates apply only to Virginia-issued contracts or policies.

- §38.2-3408 Reimbursement for services provided by certain practitioners other than physicians
- §38.2-3409 Coverage for dependent children
- §38.2-3410 Terms "physician" and "doctor" to include dentist
- §38.2-3411 Coverage of newborn children
- §38.2-3411.2 Coverage of adopted children required
- §38.2-3411.3 Coverage for Childhood Immunizations
- §38.2-3411.4 Coverage for infant hearing screening and related diagnostics
- §38.2-3412.1 Coverage for mental health and substance abuse services
- §38.2-3412.1:01 Coverage for biologically based mental illness
- §38.2-3414.1 Coverage for postpartum services
- §38.2-3415 Exclusion or reduction of benefits for certain causes prohibited
- §38.2-3416 Insurer required to offer conversion policy or group coverage
- §38.2-3418 Coverage for victims of rape and incest
- §38.2-3418.1 Coverage for mammograms
- §38.2-3418.1:2 Coverage for pap smears
- §38.2-3418.2 Coverage of procedures involving bones and joints
- §38.2-3418.3 Coverage for hemophilia and congenital bleeding disorders
- §38.2-3418.4 Coverage for reconstructive breast surgery
- §38.2-3418.5 Coverage for early intervention services
- §38.2-3418.6 Minimal hospital stays mastectomy, certain lymph node dissection patients
- §38.2-3418.7 Coverage for PSA (prostate-specific antigen) testing
- §38.2-3418.7:1 Coverage for Colorectal Cancer Screenings
- §38.2-3418.8 Coverage for clinical trials for treatment studies on cancer
- §38.2-3418.9 Minimum hospital stays for hysterectomy
- §38.2-3418.10 Coverage for diabetes
- §38.2-3418.11 Coverage for hospice care

- §38.2-3418.12 Coverage for Hospitalization and Anesthesia for dental procedures
- §38.2-3418.14 Coverage for Lymphedema

Mandated Offers of Coverage

- §38.2-3407.5:1 Coverage for Prescription Contraceptives
- §38.2-3411.1 Coverage for child health supervision services
- §38.2-3414 Optional coverage for obstetrical services
- §38.2-3417 Deductible and coinsurance options required
- §38.2-3418.1:1 Coverage for bone marrow transplants
- §38.2-3418.13 Coverage for Morbid Obesity

You may contact The Office of the Managed Care Ombudsman for detailed information about these mandates or you may refer to Title 38.2 of the Code of Virginia.

Community Outreach Work Group
State Planning Grant Conference Call Summary
June 10, 2005

MEETING PARTICIPANTS

Denise Daly	REACH
Leeanne Sciolto	REACH
Tim Henderson	George Mason University
PJ Maddox	George Mason University
Evelyn Henson	VA Dept. of Minority Business Enterprise
Donna Dittman Hale	Consultant for Non-profits, Funders and
Health	
Peggy Whitehead	Blue Ridge Medical Center
Susan Alford	Southwest Virginia AHEC
Janice Carson	Richmond City Department of Public
Health	

BRIEF UPDATE OF WORK DONE TO-DATE/STATUS OF MODEL

- ✓ The Model Development Workgroup decided on a model for the insurance product and will soon have a short summary of the model available.
- ✓ The two main drivers of the guiding principles used when developing the model are:
 - 1) Accounting for the economic and political conditions in the state and developing a model that would be acceptable and feasible given those conditions.
 - 2) Working to not destabilize the current health insurance market and try to limit the potential adverse effects the entrance of a new insurance product to the market could have. The addition of a new product must not cause some individuals to lose coverage or cause employers to drop existing plans.
- ✓ It has been shown that, all other factors aside, the largest single predictor of buying insurance is the cost of the insurance product. Nationally, approximately 2% of a family's income is discretionary for health insurance.
 - \$100 per month is the price ceiling for insurance uptake; the developed product is aimed for a total cost of \$100/month total while also meeting the VA guidelines to be called an insurance product.

THE MODEL

- ✓ The model framework is attached on page 4. Product A is the model while the "Basic Hospitalization Product" is there to be used as a comparison product, showing a conventional plan that could be purchased for a similar price as the SPG proposed product (around \$100/month)
- ✓ **The product is a "small business expansion product" that is only available for distribution through an employer and is only available to businesses that are qualified as NOT participating in a group health insurance plan in the year before.**
- ✓ Around \$100 is the full cost for the employer and employee

- ✓ Currently aiming for employer to pay 50%-60% of premium, keeping the employee portion in the 2% discretionary income range.
- ✓ **Family and Dental are options to add-on for an additional cost**
- ✓ Product will be distributed through a third party administrator (TPA).
 - Education and outreach to the TPAs will be a major influence in the success of the product.
- ✓ TPA and employer incentives will be built into the product administration
 - Employers: Some kind of tax-relief (through rebates and/r tax credits) where 80% of the premium is returned to the employer is the goal.
 - TPA: TPAs will continue to be paid commission on the basis of volume, creating incentive for them to recommend the product
 - Education and outreach for the employer, employee and TPA will be an essential component of the model.
- ✓ The product is proposed to consist of three (3) parts and is designed to be end-to-end coverage:
 - 1) Upfront – primary care/prevention
 - Small co pay (\$10-\$15 visit in network)
 - 2) Diagnostic – more involved acute/diagnostic care
 - Higher deductible
 - Lifetime cap
 - “Less rich coverage”
 - Higher co-pay
 - 3) Catastrophic – true catastrophic insurance to protect from financial ruin
 - For hospital stays, etc
 - Higher co-pay
 - Lifetime cap
 - True catastrophic protection
 - If the co-pay or ceiling is adjusted, the product cannot be available for under \$100/month
 - The model will also provide minimum prescription drug coverage with a standard formulary
- ✓ At most a person will spend between \$4000 and \$6000.
- ✓ The product provides incentives for early treatment, while providing NO incentive for the sickest of the sick to join. It is built to attract healthy young workers
- ✓ The product is not conditional upon United States citizenship. The VA state regulations will apply regarding citizenship and eligibility.
- ✓ The VA state regulations will also be followed regarding pre-existing condition coverage.

SELECTION OF TEAM LEAD FOR EACH HEALTH PLANNING REGION/ GENERAL AGENDA FOR TOWN-HALL MEETINGS

- ✓ One to three people from each Health Planning Region will serve as coordinators for their region.
- ✓ A town-hall style meeting can be used as well expanding your network and your network's network to reach all targeted populations
- ✓ Surveys of clients at health centers and clients of the Wellness Passport can be a low-effort method of reaching many people in a way that is comfortable and safe to them.

- Survey should be short, consisting of a one-page description of the product along with approximately 10 check box and short answer questions.
- ✓ To reach health professionals and health workers, town-hall style meeting can be used. Other effective meeting styles include small round-table discussions in your office and brief meetings with colleagues.
- ✓ **Community feedback must be collected to be reported back to the Health Department by Mid-July**
- ✓ **The general agenda for town-hall and face-to-face meeting is:**
 - 1) Welcome
 - 2) Overview of the Issue
 - 3) General information and background about the product
 - 4) Feeler questions to get eh group talking
 - Sessions should last a maximum of 2 hours. Forty-Five (45) minutes to describe the model and 1hour for questions and answers

NEXT STEPS

- ✓ Leeanne and Denise will work with PJ Maddox and Tim Henderson to get packets of information out about the product
- ✓ Leeanne and Denise will work with George Mason University to get a press release out that can also be used by you and your local resources
- ✓ Leeanne will develop a checklist of things to remember for meetings. She will also be able to assist with the logistics of setting up meetings if need be. There is funding to help in the process of soliciting feedback, please let Leeanne or Denise know if you will require some funds to set up a meeting (i.e., to pay for a room, etc)

Service	Product A: Proposed Model Framework	Basic Hospitalization Product (comparison product)
Annual deductible	\$500-\$1500	\$1000-\$2000
Annual Out of Pocket Maximum	\$4000-\$6000	\$4000-\$6000
Inpatient Services	30-40% coinsurance AD	30-40% coinsurance AD limited to 30days per calendar year
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Out of Network Out of pocket	2x in network out of pocket	2x in network deductible
Out of Network Coinsurance	40-50% AD	40-50% AD

AD = After Deductible

Community Outreach Workgroup Feedback

Presented to the Leadership Workgroup on 8/24/2005

COMMUNITY OUTREACH WORK GROUP FEEDBACK

The Community Outreach Work Group solicited comments, feedback and questions about the proposed model from communities across Virginia. The model was reviewed by staff and directors all across the state of Virginia from the following: healthcare providers (e.g., health departments, FQHCs, free clinics, health systems, physician practices), community-based non-profits, university faculty, and representatives of ethnic community groups. The Community Outreach Work Group shares the following comments and questions with Virginia's State Planning Grant Leadership Group of the State Planning Grant:

COMMENTS

Overall, reviewers agreed the proposed model is a step in the right direction, specifically noting the focus on primary and preventive care. Several noted concern that the product would probably be more appealing to workers at the higher income levels within the target population, and some wondered if small employers might still see the cost of this product as an unaffordable expense. There were specific comments regarding the implications of tax credits on the Commonwealth's budget, costs to employees, as well as concerns from providers.

Tax Credits

Several people wondered whether this prototype is "budget neutral" to the Commonwealth if there is a tax credit to employers who purchase the product. If it is not budget neutral, what are the costs to the Commonwealth? One person suggested, "The major incentive for the employer is a tax incentive. Thus we are robbing Peter to pay Paul??"

Costs to Employees

Others wondered whether premiums for the lowest income workers (under 100% FPL) could be fully subsidized. For uninsured adults with income under 100% FPL - the costs of the model may be too high to be attractive. While a \$50/mo/person premium (\$600/year) may be less than 10% of family income, the other out of pocket expenses (e.g., deductible, coinsurance, co-pays) are too high for individuals at this income scale. Even at 200% FPL, some of the out of pockets are very high (e.g., for a single pregnant women with \$19,140/year, the maternity co-pay plus premiums would equal 19%-24% of her annual income). For those with income higher than 200% FPL, the cost sharing may be acceptable; however, for this group, we expect that they would demand prescription drug coverage, at least generic and brands, available with a higher co-pay.

Would this product be available to part-time (30 hour/week) employees (i.e., P14s) who currently have no health insurance coverage at all? There are a number of p/t State employees who work 32 hours per week or more and to pay the entire \$300+ premium themselves on a part-time salary.

Provider Comments

- ✓ What are the reimbursement rates for providing services?
- ✓ The model description does not include exclusions, pre-existing conditions etc. What will the policies be for these?
- ✓ What about stabilization of rates? What happens after the first couple of years when the costs exceed premiums and the rates need to be elevated? Will this also be split between employee/employer, or worse, will the employer withdraw from program.

Marketing Key Themes

Marketing to both employers and employees is going to be paramount. The method of presentation to the community, particularly potential consumers, is important. The model needs to be presented in a positive light and endorsed by a well-respected spokesperson. It should be clear that this is not a public program to minimize any negative connotation that may influence take-up by employers and employees

Also, reviewers suggested there are lessons to be learned from communities' experience promoting FAMIS/FAMIS Plus and community-based health programs.

- ✓ Education at various levels about the value of health insurance for individuals
- ✓ Local focus – education and marketing

Appendix A: COWG Members

SPG COMMUNITY OUTREACH WORKGROUP MEMBERS

Ms. Susan Alford

Executive Director
Southwest Virginia AHEC

Ms. Ginger Bailey, MBA

Practice Administrator
Virginia Beach Eye Center, P.C.

Mr. Robert Brink

House of Delegates
Virginia General Assembly

Ms. Kimberly Caldwell

Field Services Agent
National Association for the Self
Employed

Mr. Roger Carrera

UGA

Dr. Janice Carson, M.D.

Director of Public Health
Richmond City Department of Public
Health

Mr. Howard Chapman

Executive Director
Southwest Virginia Community Health
System

Ms. Liu-Jen Chu

Ms. Cheryle Cole

Supervisor
Newport News Healthy Families

Ms. Kay Crane

Executive Director
Project Access of Danville

Ms. Donna Dittman Hale

Consultant for Non-profits, Funders and
Health

Ms. Lynn Evans-Riester, MS, MSW

Director, Community Access Program
INOVA Health System

Ms. Millie Flinn

Latino Coordinator
Center for Public Policy, VCU

Dr. Samuel Garrett

Virginia Beach Eye Center

Ms. Edwina Gary

CEO
Peninsula Institute for Community Health
(PICH)

Ms. Cora Gray

Board of Health Member
Retired Nurse Manager

Mr. D.K. Gurung, Ph. D

Health Economist/International Dev.
Specialist

Ms. Jill Hanken

Staff Attorney
Virginia Poverty Law Center

Ms. Evelyn Henson, MBA, Mphil

Certification Specialist
VA Dept. of Minority Business
Enterprise

Mr. Dennis Hunt

Executive Director
Center for Multicultural Human Services

Ms. Adish Jain

President
Leading Edge Systems, Richmond

Ms. Debra Jones

Extension Health Specialist
Virginia State University

Ms. JoAnne Jorgenson
Deputy Health Director for Health Services
Fairfax County Health

Ms. Kristen Kidd
CDC Prevention Specialist
Roanoke City Health Department

Rigwey King
Mission Delivery Director, VA & WVA
American Cancer Society

Ms. Judy Knudsen
Executive Director
Olde Towne Medical Center

Dr. Jack O. Lanier
VCU Office of Preventative Medicine and
Community Health

Mr. Tony Lawson
Executive Director
Southwest VA GME Consortium

Dr. John Lee

Dr. Janet McDaniel
Professor and Coordinator of
Interdisciplinary Clinical Services
Radford University School of Nursing

Ms. Katherine Nichols
Director, Central Virginia Health District
Virginia Department of Health

Ms. Elaine Perry
Director
Peninsula Health District

Ms. Helen Plaisance
Manager Contract Services
UVA Health Services Foundation

Ms. Leeanne Sciolto
State Planning Grant Intern
REACH

Ms. Donna Seward
Director
VDH Division of WIC and Community
Nutrition

Ms. Gloria D. Smith
Director
Minority Health Coalition of South
Hampton Roads, Inc.

Ms. Nancy Stern
CEO
Eastern Shore Rural Health System, Inc

Mr. Wayne G. Terry, PhD, FACHE
Executive Director, Southside AHEC
Longwood University

Dr. Stephanie Tompkins
Professor
Virginia Union University

Ms. Peggy Whitehead
Executive Director
Blue Ridge Medical Center

Jane Wills
Executive Director
Rappahannock Area Health Education
Center

Mr. Michael D. Wilmoth
Executive VP and General Counsel
Advanced Patient Advocacy