Minnesota Association of
COMMUNITY HEALTH CENTERS
www.mnachc.org

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November 11, 2015

Dear MN Health Care Financing Task Force Co-Chairs Lucinda Jesson and Sahra Noor:

The purpose of this correspondence is outline our Association's concerns related to "alignment" of state health care programs such as Medical Assistance (MA), MinnesotaCare and the State Employee Group Insurance Program (SEGIP).

As background, the MN Association of Community Health Centers (MNACHC) represents the interests of the state's 17 Federally Qualified Health Centers (FQHCs) who serve 175,000 low-income individuals. Nearly 80% of our patients are either uninsured or enrolled in a public health care program such as Medical Assistance or MinnesotaCare. Moreover, 70% of our patients are from communities of color and a staggering 95% have incomes below 200% of poverty.

MNACHC supports the overriding goal of **providing a seamless eligibility and enrollment experience** for Minnesotans applying for the various public assistance programs. As community-based providers to low-income communities in inner-city neighborhoods and rural towns in Minnesota, we understand the complexity that our patients and Health Center staff face in the eligibility and enrollment process.

MNACHC strongly oppose any proposals that reduce benefits offered under any existing public programs. As providers to low-income communities for nearly five decades in Minnesota, **we are keenly aware of the valuable benefits that Minnesota's public health care programs provide to our patients as a pathway out of poverty.**

Aligning benefit sets across the three programs (MA, MinnesotaCare, SEGIP) assumes that a "one size fits all" approach will benefit enrollees. The reality is that these populations are different and their benefit sets have been – to the extent funded by the Legislature – developed over decades to meet their needs.

FQHCs recognize the limits of existing coverage programs, and provide additional services -- at our own cost – to ensure our patients have access to culturally appropriate care. As community-based organizations (51% of the Boards of Directors of an FQHC must also be patients), Health Centers are aware of these needs and develop the necessary services beyond public program benefits that enable patients to access primary care medical, dental and mental health services at FQHC sites.

Of utmost concern to our Association are the MA and MinnesotaCare benefits that are valuable to our low-income patients. Specifically, the following MA and MinnesotaCare benefits are critical to improve the quality care, lower costs and enhance patient experience:

- Mental health services;
- Oral health benefits for children;
- Interpreter services for Minnesota's changing population; and
- Transportation services.

Reducing or eliminating these services for Medical Assistance and MinnesotaCare is in direct opposition to reform efforts that elevate primary care services in order to reduce unnecessary spending for avoidable emergency room use and inpatient hospitalizations.

Again, we strongly oppose any proposal that reduces the benefit set for MA and MinnesotaCare enrollees. A reduction in benefits will result in: 1] a worsening of health care outcomes; and 2] higher costs resulting from reducing primary care services.

Please do not hesitate to contact me at jonathan.watson@mnachc.org to learn more about our concerns outlined in this memorandum or Minnesota's FQHCs in general. Thank you.

Respectfully submitted,

Jonathan Watson
Associate Director | Director of Public Policy