

Landmark health care reform legislation was signed into law in March 2010. Community Health Plan and Community Health Network of Washington shared the following high-level priorities for health care reform:

- Ensure coverage and access to care for all.
- Preserve and expand public programs to provide comprehensive coverage to more individuals.
- Provide stability for safety net providers and safety net health plans to fulfill their mission.

Reform Health Care to Ensure Access and Coverage for All		
Priority	Background	Outcome
Maximize Medicaid/CHIP expansions and federal funding.	<p>Medicaid is more cost-effective than commercial insurance and is a turnkey approach for health care reform.</p> <p>Expand Medicaid to the highest possible level, with full ongoing federal funding for the expansion to make it feasible for states to implement.</p> <p>Allow States the option to begin this expansion immediately with available state matching funds.</p>	<p>Medicaid expands to 133% FPL beginning in 2014. States have the option of an early expansion beginning in April 2010.</p> <p>Federal funding will be provided to states to help cover the expansion, 100% in 2014-2016, phasing down to 90% in 2020 and beyond.</p> <p><i>Washington State will apply for a waiver to receive federal funding for most individuals below 133% currently on Basic Health and General Assistance – Unemployable.</i></p>
Preserve Medicaid and CHIP outside of the Exchange.	This guarantees appropriate access to care for low-income individuals and preserves the Medicaid benefit package, with state oversight.	Medicaid and CHIP are kept out of the Exchange.
Eliminate the five-year bar for legal permanent residents.	States already have the option to cover pregnant women and children during the five-year waiting period. The waiting period should be eliminated for all legal permanent residents.	The five-year bar is not eliminated. If states choose the Basic Health option, it would be available to legal immigrants not eligible for Medicaid due to five-year bar.
Ensure a comprehensive insurance option for low-income individuals: public plan or Basic Health	We support a robust public plan option. Alternatively, we support the option for states to create a Basic Health program for individuals with between 133 and 200% FPL with requirements for adequate reimbursement to safety net providers.	States have the option to create a Basic Health program for individuals between 133-200% FPL with 95% of premium tax credits helping to offset the cost to the state and individuals.

Priority	Background	Outcome
Address geographic variation in Medicare Advantage (MA) to ensure continued access to care for Washington seniors.	Reforming MA payments to 100% FFS would disadvantage our Washington State because of historically low fee-for-service (FFS) payments that disincentivize providers to continue providing care to Medicare beneficiaries.	<p>MA rates are phased down to FFS beginning in 2011 and set at different percentages of Medicare FFS. Areas with low FFS rates receive higher payments and areas with higher FFS rates receive lower payments.</p> <p><i>Not included in legislation – agreement reached for a study by the Institute of Medicine, followed by a rebasing process based on the study’s findings by December 2012.</i></p> <p><i>Washington State expects rates at ~107.5% FFS in most counties.</i></p>
Implement Prospective Payment System (PPS) for CHC Medicare patients	Medicare should be required to appropriately reimburse preventive services when provided in the FQHC setting.	While not adjusted to a PPS payment, Medicare reimbursement would be updated to a new funding mechanism based on costs and the current, outdated cap would be eliminated.
Require Exchange plans to contract with CHCs.	This provision would ensure that as uninsured patients gain coverage, the plans covering them will not exclude safety net providers.	Health plans offering coverage on the Exchange must offer contracts to essential community providers (including CHCs).
Require Exchange plans to reimburse CHCs at PPS	Extending the PPS payment rate to private insurance plans participating in the Exchange protects CHCs from losing revenue when treating newly insured patients gaining coverage through the Exchange.	Exchange plans required to reimburse CHCs through a PPS.
Include safety net health plans in the Exchange	Language should explicitly specify that safety net health plans will be allowed to offer individual or small group products in either a state or national Exchange because so many of the newly uninsured will have a similar profile to current safety net health plan enrollees.	<i>Not included.</i>