

North Dakota Legislative Branch**Health Services Committee****Tuesday, August 18, 2015****Presentation to Health Services Committee**

Chairman Lee and Members of the Health Services Committee, my name is Patrick Gulbranson, Chief Executive Officer of Family HealthCare located in Fargo, North Dakota and Moorhead, Minnesota. Thank you for allowing me to bring this testimony before you.

Family HealthCare's mission is to provide affordable, quality healthcare for every person. Family HealthCare is a private, non-profit, federally qualified health center (FQHC) governed by a 13 volunteer-based member Board of Directors and has been operating in the community for over 25 years. Family HealthCare is also the only provider of Homeless Health Services in North Dakota and western Minnesota. Family HealthCare is not a free clinic, uninsured and underinsured patients can access affordable medical and dental services through a sliding fee scale which allows patients to pay for most services based upon their income level and family size through an office visit fee schedule. Patients living at or below 200% of the Federal Poverty level are eligible for the sliding fee scale program.

In 2014, Family HealthCare provided care to an organizational record high of 14,527 patients including 54,445 visits. The patients' coverage types included the following:

- 45% uninsured, 26% Medicaid, 5% Medicare, and 24% private insurance
- 76% of patients are at or below 200% Federal Poverty Level

The Family HealthCare Fargo dental clinic is one of four safety net dental clinics in North Dakota; three of these clinics are FQHCs. Our providers are primarily performing basic procedures such as exams, cleanings, extractions, fillings, and steal bridges.

However, the needs are much greater. Additional services are needed for our patients, including crowns, partials, and dentures.

In 2014, Family HealthCare dental served 5,960 patients and 13,007 patient visits.

Family HealthCare is committed to providing quality care to our patients as evident by maintaining the Gold Seal of Approval from The Joint Commission, which provides a comprehensive evaluation process in the health care industry, and represents the 'gold standard' of quality in healthcare. Family HealthCare has been accredited by The Joint Commission since 2003. In December 2014, Family HealthCare received the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Level 3 Recognition for using evidence-based, patient-centered processes that focus on highly coordinated care and long-term, participative relationships.

Family HealthCare partners with Lutheran Social Services of North Dakota in providing a medical home for refugees. Family HealthCare serves over 400 refugee patients annually providing health assessments, treatment, preventive services and a Health Mentor Program. Refugees often have significant oral health needs.

The following is summary from Family HealthCare Certified Application Counselors of the scenarios Family HealthCare is experiencing with refugees as a result of Medicaid Expansion coverage not including dental and vision coverage for adults over the age of 20, which impact over 200 refugee patients annually at Family HealthCare.

- **Medicaid Coverage for Refugees during the first 8 months in the United States**
Before Medicaid expanded on January 1, 2014, refugees could qualify for traditional Medicaid, if they met the qualifications, or they would be placed in the Refugee Medical Assistance category. With either of these areas, adults and children would have dental and vision coverage. After Medicaid expanded, there is an additional category refugees can qualify for, Medicaid Expansion.

Refugees are assessed eligible for coverage in the following order:

1. A refugee may qualify for traditional Medicaid which includes dental and vision coverage for both adults and children.

Qualifications for traditional Medicaid include:

- a. Low-income individuals from birth
 - b. Children in foster care or subsidized adoption
 - c. Former foster care children up to age 26, under certain circumstances
 - d. Children with disabilities (birth to 19)
 - e. Pregnant women
 - f. Women with breast or cervical cancer
 - g. Workers with disabilities
 - h. Other blind and disabled individuals
 - i. Low-income Medicare beneficiaries (Medicare Savings Programs)
2. If they do not qualify into the traditional Medicaid category, they can qualify for North Dakota Medicaid Expansion coverage which does not include dental and vision coverage for adults (ages 21-65). Note: Individuals who are 19 years old or 20 years old have dental and vision coverage in this group.
 3. If they do not fall into the previous two categories, they will qualify for Refugee Medical Assistance, which includes adult dental and vision coverage for up to 8 months after they arrive in the United States. The month of arrival counts as month one.

Conclusion: If an adult refugee does not qualify for traditional Medicaid, they will most likely be without dental and vision coverage because they typically fall into the Medicaid Expansion category. Although the Refugee Medical Assistance program is still active, very few, if any, refugees fall into this category because they qualify for either traditional Medicaid or Medicaid Expansion. They can only get Refugee Medical Assistance as a last resort if they do not qualify for another program.

- **Medicaid Coverage for Refugees after the initial 8 months in the United States**

Before Medicaid Expansion, we saw a trend of refugee families in which the children and single parents are covered under Medicaid but in 2 parent households, the parents did not qualify for coverage.

Currently, refugees are assessed eligible for coverage in the following order after their initial 8 months:

1. A refugee may still continue to qualify for traditional Medicaid if the requirements are met and adults and children will continue to have dental and vision coverage.
2. If refugees do not qualify for traditional Medicaid, refugees can qualify for Medicaid Expansion if they meet the requirements. They will not have dental or vision coverage unless they are 19 years old or 20 years old. Children are not covered under Medicaid Expansion, only adults age 19-65.
3. They no longer qualify for the Refugee Medical Assistance program in Medicaid since they have passed the 8 month mark.
4. Those that do not qualify for traditional Medicaid or Medicaid Expansion, usually due to going over the income limit for all Medicaid programs, will be referred to HealthCare.gov to purchase a plan and to determine if they qualify for Advance Premium Tax Credits. However, those health plans may or may not cover dental or vision.

Conclusion: Now the parents are able to get medical coverage, however the adults likely have no dental or vision coverage under this expansion.

Dental and vision coverage provide important benefits to the health of our refugee patients and we support Medicaid Expansion coverage to include dental and vision coverage for adults age 20 and older. Thank you for allowing me to bring this testimony before you today.

Sincerely,

Patrick Gulbranson, Chief Executive Officer, Family HealthCare