



# Comments on Sunset Commission Issue 8 Recommendations

Michelle Carter  
Chief Executive Officer  
Community Health Service Agency

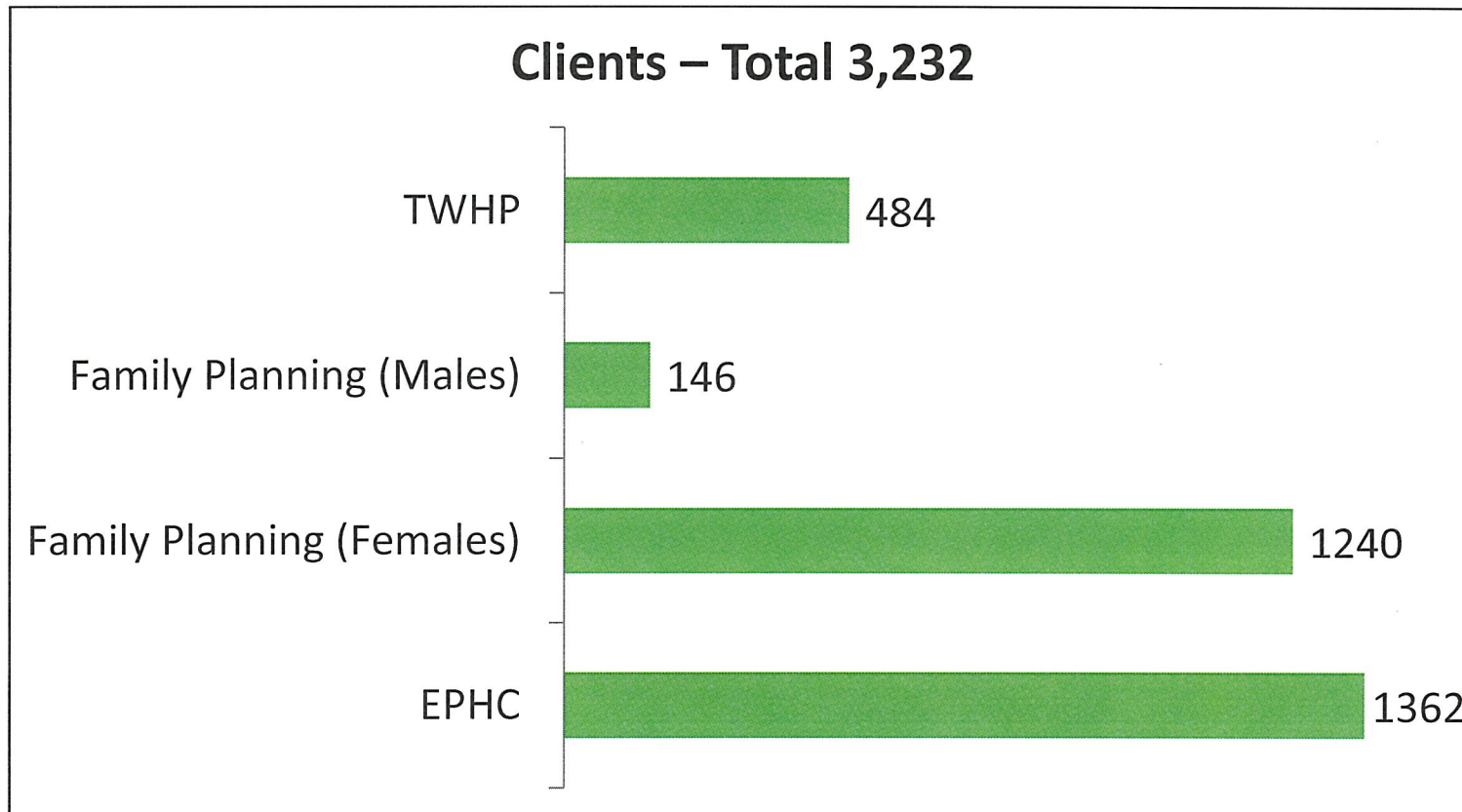
# Introduction

- Operating as an FQHC for 37 years
- Seven medical sites
- One dental site
- Serve a five county area
- Approximately 140 employees (19 Medical & Dental Providers)
- Provide care to 21,000 patients organization-wide
- 60,000 patient visits

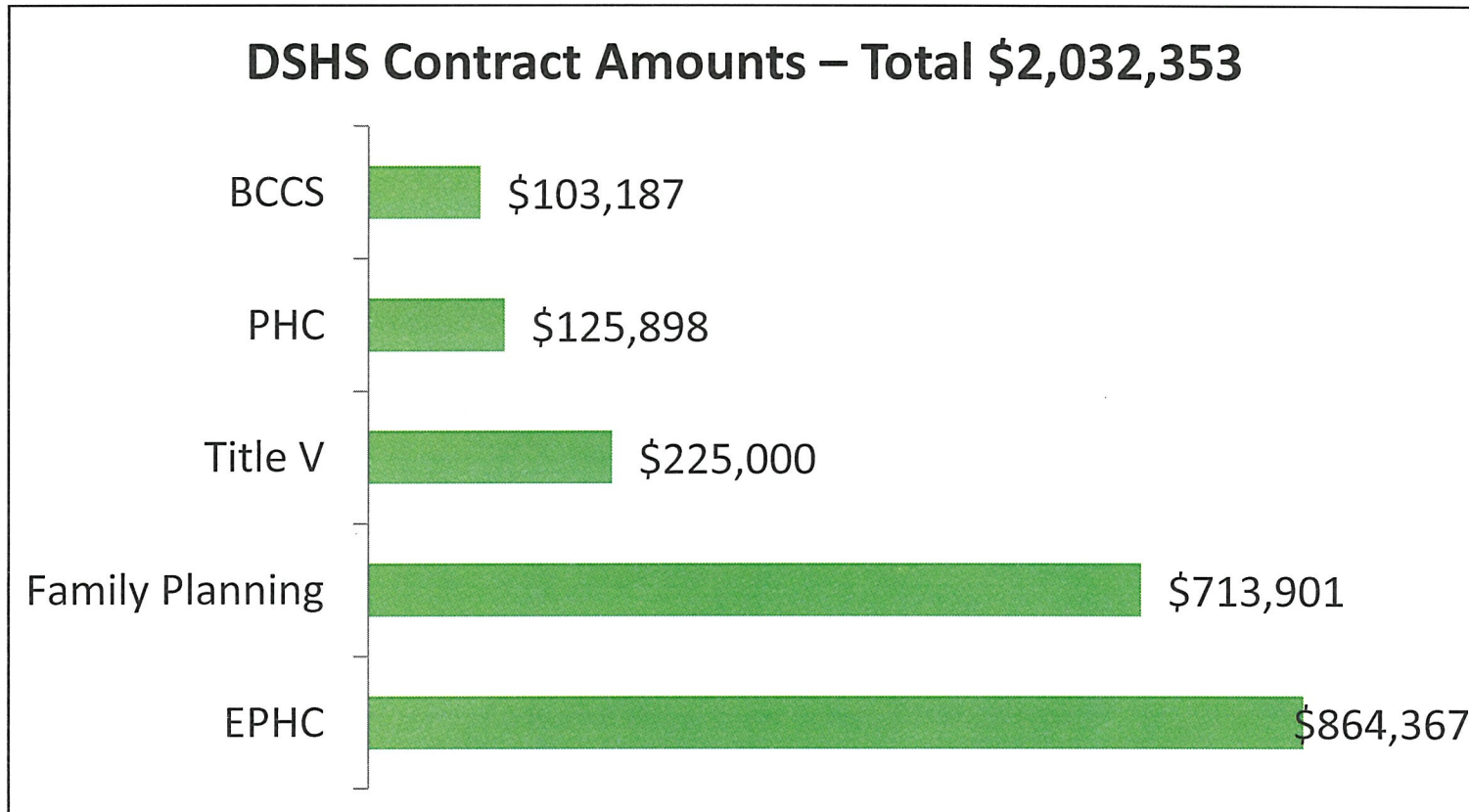




# Women's Health Programs at CHSA



# Women's Health Programs at CHSA





# Program Consolidation Eligibility

- Client Eligibility – 185% Federal Poverty Level
  - Current FPL Guidelines by Program:
    - TWHP: 185% FPL
    - Family Planning: 250% FPL
    - EPHC: 200% FPL
  - Reduction of Federal Poverty Level will result in unintended pregnancies, poor prenatal/birth outcomes, and additional Medicaid spending for child after birth (even if pregnancy is not covered by Medicaid)



# Program Consolidation

## Eligibility

- Client Eligibility – Women ages 15-44, not sterilized or pregnant
  - Loss of state funding coverage for 25% of CHSA's current DSHS female clients over age 44
  - Loss of access to Women's Health Services for post sterilization and post child-bearing age women
  - No other funding streams at the local level and federal grants are at capacity





# Program Consolidation

## Eligibility

- Client Eligibility – Client enrollment for the consolidated program would require an application to the state. Conditional eligibility would be authorized at each contractor's own financial risk.
  - Current structure of TWHP client eligibility process:
    - CHSA/Applicant submits application but applicant is responsible to submit further information (if necessary)
    - Eligibility process takes at least 30 days
    - If client is deemed ineligible, client visit can be charged to the Family Planning Program or the EPHC program
  - Adverse effects to CHSA of using current TWHP client eligibility process for consolidated women's health program:
    - Services rendered without payment or delayed payment
    - No reason to put providers at risk that make good faith effort to make patients eligible for all available programs
  - CHSA recommends keeping point of service eligibility



# Program Consolidation

## Covered Services

- Covered Services – Additional primary care services are covered by the program, but only if need is determined as part of a family planning visit.
- Loss of state funding coverage for women with primary care needs previously covered under EPHC
- Women would not be able to access this program for their general primary healthcare needs not identified through their family planning visit





# Program Consolidation

## Claims Administration

- Claims Administration – 100% Fee-for-Service
  - Reimbursement through 100% Fee-for-Service Medicaid rates has an adverse effect on CHSA's financial position
  - Medicaid rates do not cover the cost of services provided and the program must pay for itself

