



## MASSACHUSETTS FACT SHEET

### AAFP on Children's Health Insurance Program

The AAFP promotes and supports a safe and nurturing environment for all children that includes access to comprehensive medical, dental and mental health care, psychological and legal security and does not discriminate on the basis of adoption, foster care, religion, sexual orientation, or gender identity. Every family physician is trained to, and has provided, care for children. In 2016, more than 80% of family physicians reported providing care for adolescents, and 73% reported caring for infants and children. Close to one-third of family physicians also provide care for newborns and infants, and many deliver babies in their communities.<sup>1</sup> AAFP has a major stake in ensuring the viability of the Children's Health Insurance Program (CHIP) and Medicaid, which serves almost seven times as many poor and disabled children as CHIP. The AAFP urges Congress to enact a long-term funding extension of CHIP to keep both programs strong and foster stability to low income children and families.

### Massachusetts Family Medicine

- There are 1,753 AAFP members in Massachusetts.<sup>2</sup>
- Massachusetts has 5 family medicine residency programs.
- Massachusetts has 46 medically underserved areas/populations.
- 1% of the residents in Massachusetts live in a health professional shortage area.

### Children's Health Insurance Program in Massachusetts

- Massachusetts operates a combination Children's Health Insurance Program called [MassHealth](#).
- 770,441 children are covered by Medicaid and CHIP in Massachusetts:
  - 185,578 children received CHIP-funded coverage
  - 584,863 received Medicaid-funded coverage<sup>3</sup>
- In 2015, there were 16,000 uninsured children in Massachusetts.<sup>4</sup>
- CHIP in Massachusetts covers children ages 0-18 from 151% - 300% of FPL.<sup>5</sup>
- Cost sharing is not associated with CHIP in Massachusetts.<sup>6</sup>
- Massachusetts is expected to exhaust federal CHIP funds by February 2018 if Congress does not reauthorize the program.<sup>7</sup>

<sup>1</sup> American Academy of Family Physicians Member Census, December 31, 2016. Retrieved from <http://www.aafp.org/about/the-aafp/family-medicine-facts/table-13.html>

<sup>2</sup> As of July 31, 2017.

<sup>3</sup> Child Enrollment in CHIP and Medicaid by State, FY 2016. Retrieved from <https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-31.-Child-Enrollment-in-CHIP-and-Medicaid-by-State-FY-2016.pdf>

<sup>4</sup> Alker, Joan, Alisa Chester. (2016, October). *Children's Health Coverage Rate Now at Historic High of 95 Percent*. Retrieved from <https://ccf.georgetown.edu/wp-content/uploads/2016/11/Kids-ACS-update-11-02-1.pdf>

<sup>5</sup> CHIP Eligibility Levels (2016) and Enrollment (2015) by State. (2017, March). Retrieved from <https://www.macpac.gov/wp-content/uploads/2017/05/Table-1B-1-CHIP-Eligibility-Levels-2016-and-enrollment-fy-2015-by-State.pdf>

<sup>6</sup> Brooks, Tricia, Karina Wagnerman. (2017, Jan). *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey*. Retrieved from <http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-as-of-Jan-2017>

<sup>7</sup> Federal CHIP Funding: When Will States Exhaust Allotments?. (2017, July). Retrieved from <https://www.macpac.gov/wp-content/uploads/2017/03/Federal-CHIP-Funding-When-Will-States-Exhaust-Allotments.pdf>

#### AAFP Headquarters

11400 Tomahawk Creek Pkwy.  
Leawood, KS 66211-2680  
800.274.2237 • 913.906.6000  
fp@aafp.org

#### AAFP Washington Office

1133 Connecticut Avenue, NW, Ste. 1100  
Washington, DC 20036-1011  
202.232.9033 • Fax: 202.232.9044  
capitol@aafp.org

## Medicaid/Medicare Parity

- The increase in Medicaid payment to 100% of Medicare for primary care services improved access to care among family physicians taking Medicaid by 7.7%.<sup>8</sup>
- AAFP's [Core Principles of Medicaid](#) supports payment for primary care services that are at least equal to Medicare's payment rate.
- Acceptance of new Medicaid patients among AAFP members is at an all-time high of 69%.
- Massachusetts did not continue Medicaid/Medicare Parity after the program ended in December 2014. Massachusetts Medicaid paid physicians only 70% of the Medicare payment for the same service in 2016.<sup>9</sup>

## Teaching Health Centers

- The AAFP supports [teaching health centers](#) (THCs) reauthorization legislation, [HR 3394](#) and [S 1754](#), the *Training the Next Generation of Primary Care Doctors Act of 2017*, as a critical program to increase the number of primary care physicians.
- The Teaching Health Center Graduate Medical Education (THCGME) program also addresses the regional primary care physician shortage, particularly within rural and underserved communities.
- There is one teaching health center graduate medical education program in Lawrence, Massachusetts.
  - [Greater Lawrence Family Health Center](#) has a residency program in family medicine and receives \$588,990 in federal THCGME support.
  - During the 2016-2017, there were 6 full-time equivalents.<sup>10</sup>
- Residents trained in THCs are well prepared for primary care practice in community settings, and data show that training in underserved communities increases the likelihood that these residents will choose to practice in similar settings upon graduation.<sup>11</sup> In addition, graduates of THCs are more likely to work in safety net clinics than residents who did not train in these centers.<sup>12</sup>

## National Health Service Corps

- The AAFP advocates for the reauthorization of funding for the [National Health Service Corps](#) (NHSC) which is vital to promoting access to family physicians in health professions shortage areas throughout the nation.
- In Massachusetts, the National Health Service Corps supports nearly 109 full-time clinicians.
  - Of those, 93 are in the NHSC loan repayment program.
  - 60 of the Massachusetts NHSC placements are in primary health care.<sup>13</sup>
- The NHSC helps bring health care to those who need it most. Today, 10,400 NHSC members provide culturally competent care to more than 11 million people.<sup>14</sup>

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<sup>8</sup> Basseyn, Simon, Chris Colameco, Janet Weiner. (2015, January 21). *Bumped-up Medicaid Fees for Primary Care Linked to Improved Appointment Availability*. Retrieved from <https://ldi.upenn.edu/bumped-medicaid-fees-primary-care-linked-improved-appointment-availability>

<sup>9</sup> Medicaid-to-Medicare Fee Index. Retrieved from <http://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/?currentTimeframe=0&sortModel=%7B%22collid%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>10</sup> *Teaching Health Center Graduate Medical Education Awardees*. (2017, April). Retrieved from <https://bhw.hrsa.gov/grants/medicine/thcgme/map>

<sup>11</sup> Cashman, Suzanne, Warren Ferguson, Daniel Lasser, Judith Savageau. (2009). *Family Medicine Residency Characteristics Associated with Practice in a Health Professions Shortage Area*. Retrieved from <http://www.stfm.org/fmhub/fm2009/June/Warren405.pdf>

<sup>12</sup> Bazemore, Andrew, Lars Peterson, Robert Phillips, Melanie Rafoul, Peter Wingrove. (2015, November 15). *Graduates of Teaching Health Centers are More Likely to Enter Practice in Primary Care Safety Net*. Retrieved from <http://www.aafp.org/afp/2015/1115/p868.html>

<sup>13</sup> *National Health Service Corps (NHSC) Current Provider FTE Summary by State Report*. Retrieved from <https://datawarehouse.hrsa.gov/topics/nhsc.aspx>

<sup>14</sup> *About the NHSC*. Retrieved from <https://nhsc.hrsa.gov/corpsexperience/aboutus/>