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Immigrants' Experience with Publicly Funded Private Health Insurance

TO THE EDITOR: On October 31, 2009, Massachusetts involuntarily transferred about 30,000 legal immigrants (mostly "green card" holders) from Commonwealth Care, the state-subsidized insurance program, to a new private insurance plan. CultiCare, a subsidiary of the out-of-state, for-profit insurer Centene, agreed to take over their care for only \$1,300 per person, one third of the state's previous cost¹ and well below the average cost of adequate care nationally.² CultiCare excluded several hospitals (and their affiliated community health centers) that have traditionally provided safety-net care for immigrants, including Boston Medical Center and Cambridge Health Alliance (CHA), where we work.³

We used internal hospital data to determine the characteristics of patients who were transferred to CultiCare and who had formerly received their primary care at CHA. A total of 1325 patients who had visited a primary care provider at CHA during the past year were moved to CultiCare. Of these patients, 73% speak a primary language other than English, including Portuguese (24%), Spanish (20%), and Haitian Creole (9%); 19% have hypertension, and 10% have diabetes mellitus. A psychiatric disorder has been diagnosed in at least 9%.

We then evaluated the adequacy of the provider network for these patients. During the second and third months after the switch to CultiCare, we searched CultiCare's Web site⁴ for primary care providers within 5 miles of CHA's ZIP Code. The search returned 326 providers, of whom 217 were nonduplicate adult generalists. Of these providers, 25% could not be reached at the telephone number provided. Of those available by telephone, only 37% were actually accepting new CultiCare patients, and the average wait for an appointment was 33 days. In all, only 60 providers were accepting new CultiCare pa-

tients, and only 38 could provide service for even one of the three major linguistic minorities.

Given these findings, we believe that patients who were switched from Commonwealth Care to CultiCare had inadequate access to primary care 3 months into this new program. We fear that such "rationing by inconvenience"⁵ shuts patients out of care to the detriment of their health but to the benefit of CultiCare's bottom line. Policymakers, in Massachusetts and nationally, should reassess the role of profit-driven insurers in the provision of safety-net care.

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Disclosure forms provided by the authors are available with the full text of this letter at www.nejm.org.

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CORRECTION

Helicobacter pylori Infection (April 29, 2010;362:1597-604). A correction is described in the Correspondence section of this issue of the *Journal* (*Helicobacter pylori* Infection [August 5, 2010;363: 595-6]).