

Public Hospitals Hope To Attract More Upscale Patients Under Affordable Care Act

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Todd Obolsky lives in a studio apartment in Manhattan, drives a leased Toyota Corolla and occasionally splurges on experimental cuisine in the East Village. When the [Affordable Care Act](#) [1] allowed him to buy insurance for the first time in years, he was so price-sensitive that \$30 a month made a difference in which plan he picked.

So the obvious choice was [MetroPlus](#) [2]. It offered the best deal at the coverage level he was looking for — about \$400 a month for a gold plan, the second-highest of the four levels. “That’s like as high as I can possibly go without living on rice,” he said.

He never noticed that it was the insurance company of New York City’s public hospital system; to a typical shopper on New York’s health exchange, it looks no different from big-name companies, like Empire or United.

But to the [Health and Hospitals Corporation](#) [3], the city’s public hospital agency, it is not merely another insurance plan. The corporation created MetroPlus, and sees it as a powerful opportunity to attract a different class of patients — somewhat higher-income, more educated and more stable — to a system whose historic mission has been to serve the poor, and whose finances have been straining.

“It’s a potential significant source of additional revenue,” said Alan Aviles, the corporation’s president. While “we won’t necessarily have concierge services; there won’t be a piano in the atrium,” he said he hoped the new customers would find that his hospitals were underrated.

Around the country, a number of public health systems and charity hospitals serving large numbers of poor patients see the health exchanges, created by the states under the act, as a way to widen their customer base. In Los Angeles, [L.A. Care](#) [4], a publicly run health plan, has enrolled about 8,000 people so far via the California exchange. The [Henry Ford Health System](#) [5] in Detroit, which has roots in organized labor and the auto industry, has signed up about 4,000 people in its exchange plans.

The [University of Arizona Health](#) [6] Plans have attracted only 250 people, said James Stover, their chief executive. But he said they were still trying to sign up young people who were part of the university system, as well as uninsured people on the cusp of Medicaid eligibility, who are partly responsible for the system’s \$100 million a year in uncompensated care. “It makes a lot of sense from a mission standpoint to go into the marketplace and try to find coverage for these individuals,” Mr. Stover said.

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