

WELCOME

November 13, 2014

This webinar will begin promptly at 1pm ET

**LIVING AND WORKING IN THE
COVERAGE GAP:
HOMELESS HEALTH CARE
IN STATES YET TO EXPAND MEDICAID**

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PRESENTERS

- Host: **Dan Rabbitt**, MSW, Health Policy Organizer, National Health Care for the Homeless Council, Baltimore, MD
- **Judy Solomon, JD**, Vice President for Health Policy, Center on Budget and Policy Priorities, Washington, DC
- **Jenn Hyvonen, MPC**, HCH Director, Fourth Street Clinic, Salt Lake City, UT
- **Monique Winters**, Community Resource Specialist, St. Joseph's Mercy Care, Atlanta, GA
- **Jeff Driver**, Consumer Advisory Board, Downtown Clinic, Nashville, TN

MEDICAID EXPANSION AND HOMELESS HEALTH CARE

- Most people experiencing homelessness were uninsured prior to the ACA
- Few earn enough to qualify for subsidized private insurance through the State/Federal Marketplace
- Medicaid expansion is the main opportunity for new coverage



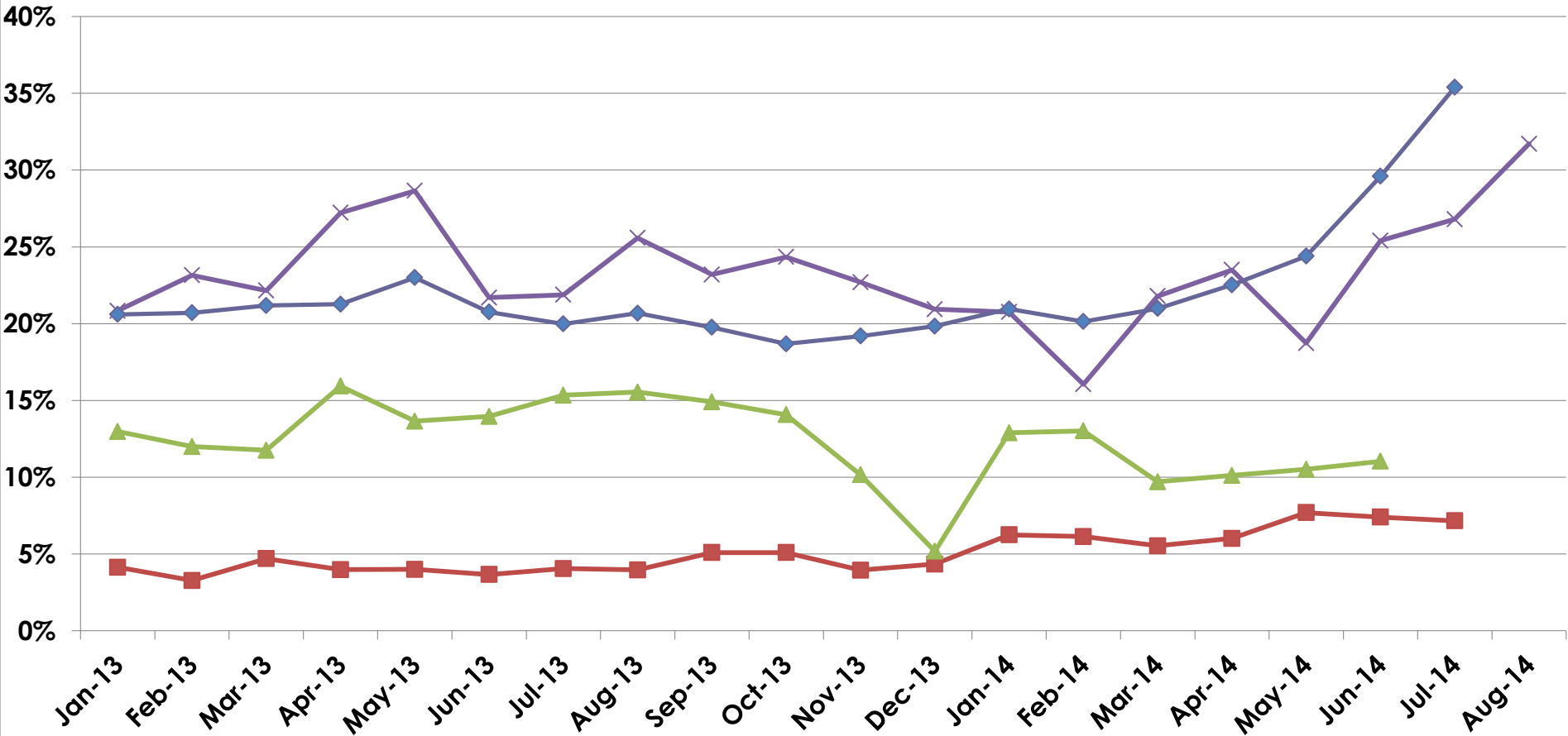
PROJECT OVERVIEW:

LIVING AND WORKING IN THE COVERAGE GAP

- Interviewed HCH leadership, enrollment staff, and consumers in five cities:
 - Atlanta, GA
 - Houston, TX
 - Manchester, NH
 - Nashville, TN
 - Salt Lake City, UT
- 19 interviews total from May-September 2014
- Focused on finances, billing/enrollment capacity, clinical barriers, and consumer experience

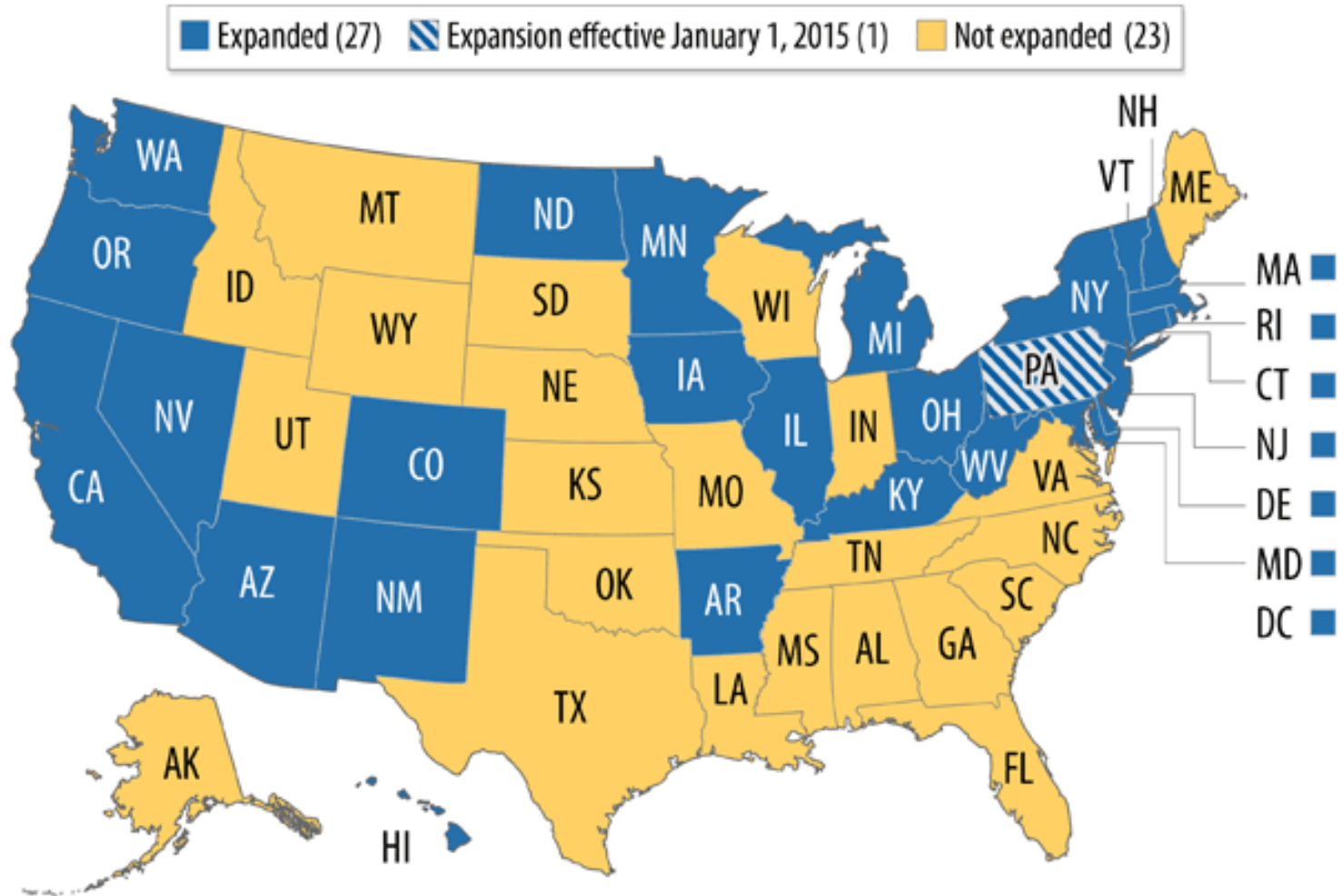
Percent of Visits with Clients Who Have Comprehensive Health Insurance: January 2013 to July 2014

Atlanta, GA Houston, TX Manchester, NH Salt Lake City, UT



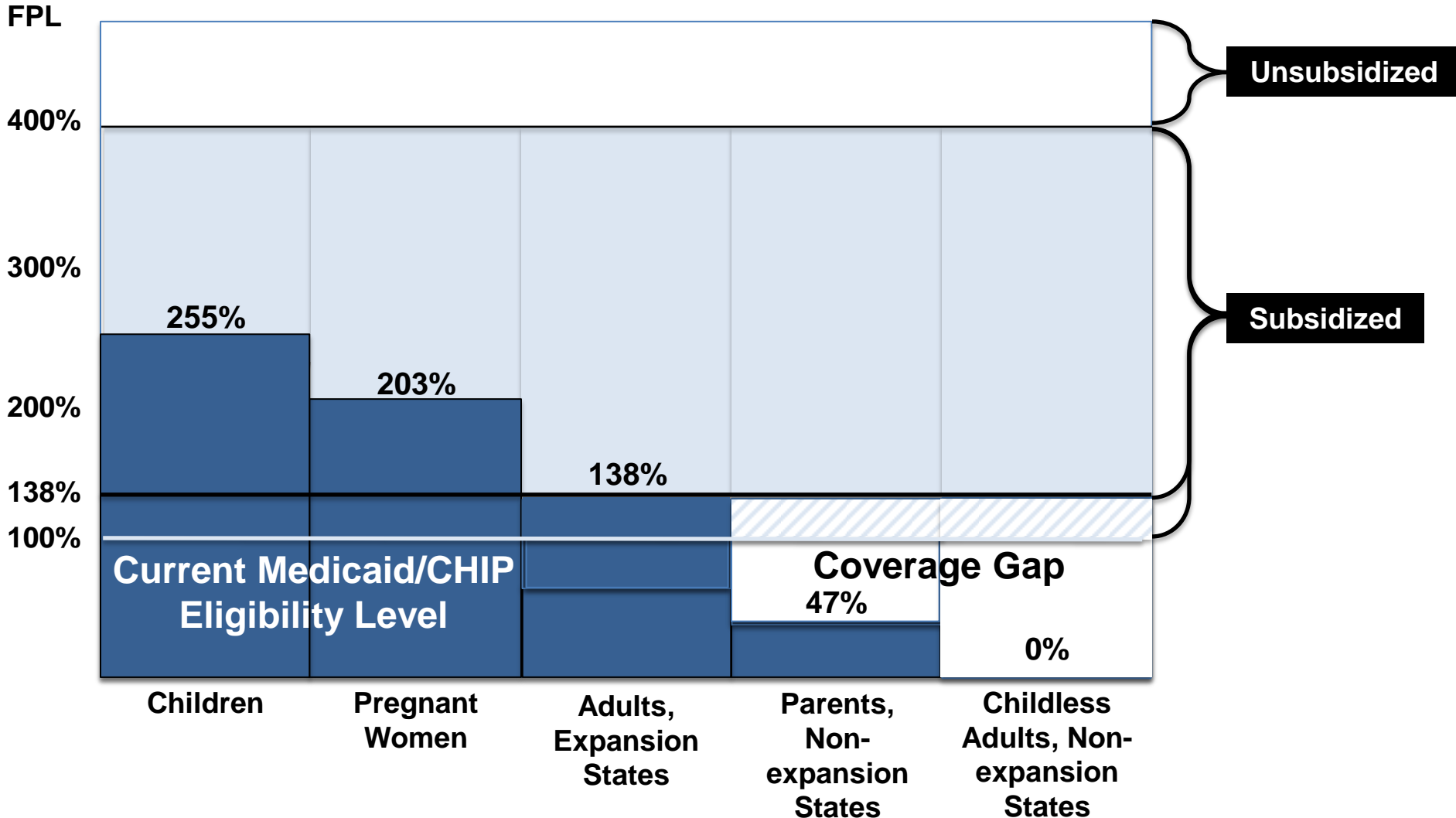


Status of State Medicaid Expansion in 2014





Coverage Landscape in 2014



Medicaid and CHIP coverage, based on 2012 eligibility levels in a typical state
 Source: Kaiser Commission on Medicaid and the Uninsured



“Waiver” is a Misnomer

- Section 1115 of the Social Security Act provides authority for demonstration projects
- Allows waivers of certain statutory provisions but only to the extent needed to further the objectives of the demonstration
- Budget neutrality required
 - Costs to federal government no more with the waiver than without
- Transparency requirements added in the ACA



Happening Now: The [State Name] Way to Expansion

- Approved demonstration projects
 - Arkansas Private Option
 - Iowa Marketplace Choice and Iowa Wellness Plan
 - Healthy Michigan Plan
 - Healthy PA
- Pending and forthcoming
 - Healthy Indiana Plan 2.0
 - Healthy Utah Plan
 - New Hampshire Health Protection Program



Common Themes of [Name of State] Approaches

- Use of “private coverage” via premium assistance
- “Personal responsibility” via cost-sharing and premiums
- Incentives for healthy behaviors
- Pushing the limits on waiver authority
 - Premiums and lock-outs for non-payment
 - Work requirements



Some Limits Have Been Set

- Partial expansions, including those with caps on enrollment, do not qualify for enhanced federal match (CMS 12/10/12 guidance)
- “Cost sharing for the expansion and current Medicaid populations. . . must conform to limits as established by statute and regulations.” (Letter from Cindy Mann to VA Secretary of Health and Human Resources)
- “HHS has not generally permitted premiums for populations with incomes below the poverty level.” (Letter from Cindy Mann to President of the Iowa Senate, April 23, 2013)
- Work requirements have never been approved



March 29, 2013 Guidance on Premium Assistance Demonstration Projects

- CMS will consider a “limited number” of premium assistance demonstrations
- Beneficiaries must have a choice of at least 2 Qualified Health Plans (QHPs)
- States must make arrangements with QHPs to “wrap around” Medicaid benefits and cost-sharing
- Demonstrations **MUST** end no later than 12/31/16



Correcting the Myths About Medicaid

- Opponents rely on a number of myths. Here's some of the [facts](#):
 - Medicaid is an efficient program.
 - States have a great deal of flexibility in the design of their Medicaid programs.
 - Medicaid expansion is a good deal for states. The federal government will pick up on average more than 95% of the cost over the next ten years.
 - The federal commitment to finance the expansion is stable.
 - Medicaid provides good access to care.



The Benefits of Medicaid Expansion Are Already Evident

- Uninsurance down sharply in expansion states
- Hospitals in expansion states have seen a 47% drop in admissions of uninsured patients
- State budgets
 - State Medicaid spending growing at a lower rate in expansion states
 - Savings in mental health, other areas showing up in state budgets



For More Information

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JENN HYVONEN HCH DIRECTOR



FOURTH STREET CLINIC

- Stand alone HCH, 25 years, AAAHC Medical Home
- 2013: 50 staff, 150 volunteers, 25,000 visits, 4,100 patients
- Medical, mental health, substance abuse, dental, pharmacy, case management
- 74% uninsured, 94-98% below 100% FPL
- 7.2 million with half in-kind and 20-25% private
- Operate in a Non-Expansion State

THEMES AMONG NON-EXPANSION STATES

- Appropriate care complicated by a lack of insurance
- Heavy reliance on HRSA grants, volunteers & fundraising
- Politicos favor expanding through private options
- Enrollment & billing processes take time/resources to develop

PRIOR TO O&E GRANT

- Eligibility on back end of patient flow
- Provider and MA driven
- High application denial rates
- Long wait times
- High claim denial rates

DEVELOPING ENROLLMENT PROCESSES

- Resourced O&E Supervisor, manages front desk & hired CACs
- Incorporated eligibility screening into patient registration
- DWS Outreach worker office next to O&E Supervisor
- Ready for MedEx due to PCA Database

DEVELOPING BILLING PROCESSES

- Revamped Credentialing Process
- Medicaid Coding Audit
- Training CFO and billers
- 1.5 billers
- Operate multiple sites & use volunteers

NEXT STEPS

- O&E beyond clinic walls
- Coding training for providers
- Feedback loop for from billing to providers
- Licensed Substance Abuse Outpatient Treatment
- Medicaid Pharmacy and Dental

UT MEDEX WAIVER

- Pro that homeless will have access to health insurance
- Pro if Medically frail includes a homeless definition
- Work requirement is now work option
- No Expansion combined with Fiscal Cliff

MONIQUE WINTERS



**Community Resource
Specialist**

THEMES AMONG ENROLLMENT STAFF IN NON-EXPANSION STATES

- Very few individuals experiencing homelessness are found eligible for new coverage options
- Outreach strategies varied; some targeted everyone, some targeted higher income people
- Provided other benefit enrollment assistance
- Provided education on the ACA
- Provided counseling and managed expectations
- Previously eligible but unenrolled consumers still needed a great deal of assistance

MERCY CARE

- Serving Atlanta's underserved and underinsured since 1985
- 15 Satellite Clinics
- 2 Mobile Coach
- Services Offered:
 - Comprehensive Primary Care
 - Preventive Care
 - Infectious Disease
 - Recuperative Care
 - Dental Services
 - Vision Services
 - Diagnostics - X-ray/ultrasound
 - Behavioral Health

PATIENTS BY THE NUMBERS



Across all sites in 2013:

12,796	Clinic patients
24,575	Medical visits
8,359	Dental visits
5,229	Mental health encounters
786	Vision encounters
7,972	Enabling service encounters

67%

Homeless

83%

At or below
federal poverty line

95%

Uninsured

28%

Best served in language
other than English

53%

Male

OVERVIEW OF O/E PLAN

- 3 Full Time staff members
- Outreach conducted at different partner sites and health fairs
- Community partners; Enroll America, social services agencies, faith based organizations, health departments, etc.
- All individuals lacking health coverage

GEORGIA ACA FACTS

- 316,543 selected Marketplace plans
- #5 in enrollments (Federally Facilitated Marketplace)
- 2ND lowest premiums (Average \$54/ with tax credits)
- 87% of Georgians selected plans w/ tax credit
- 71% selected Silver plan

MERCY CARE ACA FACTS

- Assisted: 6,418
- Enrolled: 1146 (QHP and Medicaid)
- Out of 5,272 not enrolled, the majority fell into the gap or
 - A select few opted to pay the penalty
 - Employer Coverage
 - Few (3) did not want Medicaid

CHALLENGES AND BARRIERS

- License Requirements
- Lack of Medicaid Expansion
- Website
- Lack of trust in government
- Misconceptions about “Obamacare”

INELIGIBLE CONSUMERS

- Education about the impact of Medicaid expansion
- Emphasizing what services are available to them even without insurance, and emphasizing the low or no copay

SECOND OPEN ENROLLMENT AND FUTURE FOR GEORGIA

- Reaching eligible consumers who did not access coverage last year
- Helping consumers keep and use their coverage appropriately
- Outreach and education throughout local community
- Promoting social change through advocacy opportunities, and safety net partnerships



www.mercyatlanta.org

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

JEFFREY DRIVER

**Member, Consumer
Advisory Board**



THEMES AMONG HCH CONSUMERS IN NON-EXPANSION STATES

- Very few individuals experiencing homelessness are found eligible for new coverage options
- Some consumers are angry, but more are resigned that they will not receive help
- Misinformation and rumor about the ACA
- Concern about current safety net services continuing
- Maintaining strong relationship with HCH

DOWNTOWN CLINIC

- 4,500 Unique Patients in 2013
- Approximately 16,000 patient visits
- “Typical” Patient has 5 or 6 chronic health conditions and as many as 10 to 12 prescriptions (i.e., Hypertension, Diabetes, COPD, co-occurring addiction and mental health disorders)
- Services: Primary Care, Behavioral Health, Dental, Health Education, Transportation and Case Management, Labs and Referrals to Specialty Care

JEFF'S CHALLENGES GETTING NEEDED HEALTH CARE

- Formulary Issues
- Lengthy process of SSI/TennCare approval
- Long waiting lists for housing/lack of affordable housing stock in Nashville
- Legal Issues/Accessing Legal Aid
- Long waits for specialty care

JEFF'S EXPERIENCE APPLYING FOR HEALTH COVERAGE

- Medicaid (TennCare) tied to SSI in Tennessee (requires legal representation or SOAR)
- Don't Earn Enough to Qualify for an Insurance Plan through the Exchange.
- Feelings of frustration and marginalization

QUESTIONS AND ANSWERS

For more information

www.nhchc.org

www.cbpp.org

www.kff.org

THANK YOU FOR YOUR PARTICIPATION

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