FACT SHEET

Health Insurance at HCH Programs, 2020

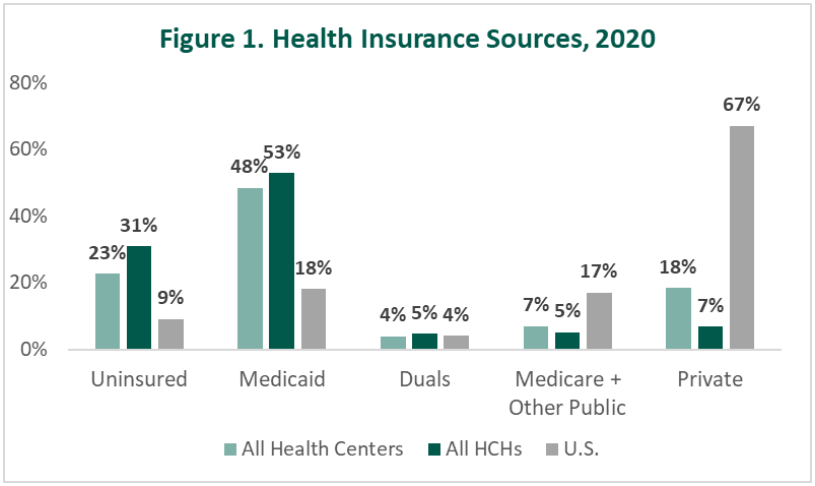
October 2021

Improving health depends on accessing health care services and engaging in appropriate treatment. People experiencing homelessness have higher rates of chronic conditions, acute illnesses, and behavioral health issues compared to their housed counterparts, which contributes to earlier mortality and poor health. This population also tends to experience greater barriers to accessing care because they tend not to have a stable mailing address, often lack transportation, face stigma and discrimination when accessing care, and must prioritize meeting basic survival needs such as finding food, shelter, and safety on a daily basis. Poor health is a leading cause of homelessness, and homelessness creates new health problems while worsening current ones. Combined, these factors make it hard to regain housing stability.

One of the most common barriers to accessing health care is a lack of health insurance, which pays for services. Traditionally, people experiencing homelessness have been uninsured at high rates because they cannot afford private insurance and were often not eligible for public programs such as Medicaid or Medicare. Health Care for the Homeless (HCH) programs, as part of the larger HRSA-funded health center program, are dedicated to providing comprehensive primary care, behavioral health, and support services to people who are homeless regardless of their insurance status or ability to pay. But absent insurance, these safety net providers are much more limited in their ability to refer patients to a broader range of needed care, such as hospitals, addiction and mental health treatment, and specialty care.

Medicaid Expansion

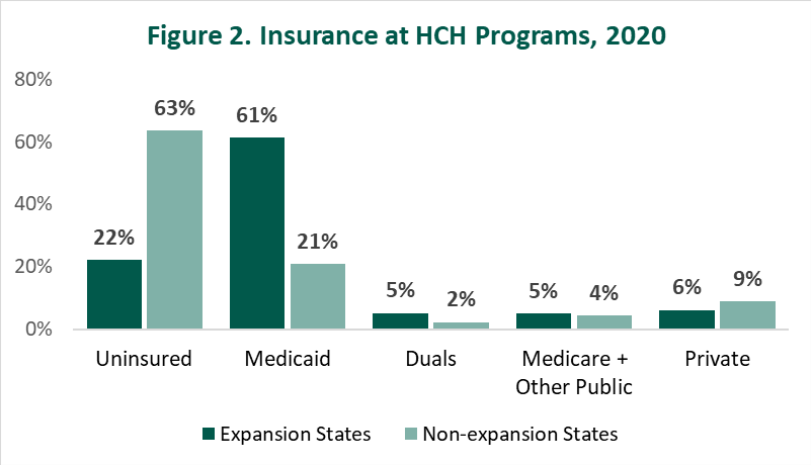
In 2014, changes in federal law gave states the option to expand Medicaid eligibility to single adults with income at or below 138% of poverty, as well as subsidized private insurance plans for those earning between 100% and 400% of poverty. Since then, the proportion of HCH patients without insurance has declined, although nationwide averages mask considerable variation among states. In 2020, there were 299 HCH programs that provided care to 917,975 patients. Just over half were enrolled in Medicaid (53%), while 5% were dually enrolled in both Medicare and Medicaid, an additional 5% were enrolled in Medicare (or another public program), and 7% had a private health insurance plan. About one-third (31%)



were uninsured (see Figure 1). Overall, patients at HCH programs were over three times more likely to be uninsured compared to the general public (31% v. 9%), and show higher rates of being uninsured even compared to patients in all health centers (31% v. 23%). Figure 2 shows the disparities in coverage among HCH programs—especially in Medicaid and uninsured—largely based on state decisions to expand Medicaid.

States that Expanded Medicaid (table 1)

Not surprisingly, in the 37 states (to include DC) that opted to expand Medicaid in 2020, there were significantly more insured patients, primarily through Medicaid (61%). Prior to the expansion, HCHs in expansion states had an uninsured rate of 51%; now, the rate under half that—at 22%. Medicare, those with private insurance, and those with both Medicare and Medicaid ("dual-eligibles," who are often disabled) are a smaller proportion of total coverage. However, there is a wide variation among states, even when they have expanded Medicaid:



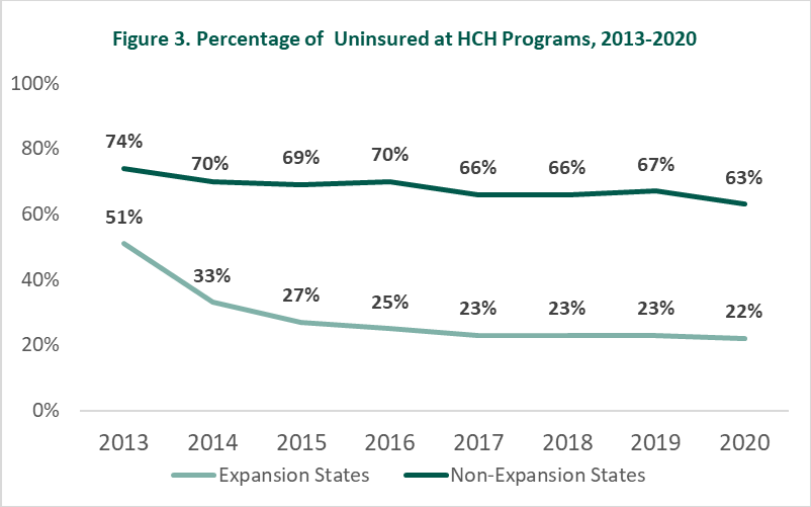
- Uninsured: Ranges from **10% to 86%.**
- Medicaid: Coverage ranges from **13% to 72%.**
- Dually-eligible for Medicare and Medicaid: Coverage ranges from 0% to 14%.
- Medicare and Other Public: Coverage ranges from 0% to 12%.
- Private insurance: Coverage ranges from 0% to 25%.

States that Have Not (Yet) Expanded Medicaid (table 2)

In 2020, HCHs in the 14 states that had not expanded Medicaid had an uninsured rate nearly three times as high as states that did expand Medicaid. Among this group of states, only 21% of all HCH patients had Medicaid coverage with more than half – 63% left uninsured. Similar to expansion states, those who are dually eligible for Medicare and Medicaid, those with Medicare only, and those with private insurance all represent small portions of total patients. Across non-expansion states, there is also wide variation in coverage:

- Uninsured: Ranges from **54% to 86%.**
- Medicaid: Coverage ranges from **5% to 33%.**
- Dually-eligible for Medicare and Medicaid: Coverage ranges from 1% to 4%.
- Medicare and Other Public: Coverage ranges from 2% to 14%.
- Private insurance: Coverage ranges from 3% to 27%

Discussion



All states and/or local communities vary widely in outreach and enrollment activities, eligibility for coverage, and the capacity of other safety net providers to serve vulnerable people. Rates of uninsured do not mean patients are uninsurable—just that they lacked coverage at the last visit from which data was gathered. A decrease in the number of uninsured in 2020, particularly in states that did not expanded Medicaid, is consistent with national trends that show growing enrollment in Medicaid over 2020. This growth is attributed to economic changes (such as job loss that result in more individuals qualifying for Medicaid), and provisions in federal legislation, such as the Families First Coronavirus Response Act, that require states to ensure continuous coverage through maintenance of effort (MOE) protections. States also have unique policy reasons for varying coverage rates. For example, Wisconsin establishes Medicaid eligibility only up to 100% of poverty so is not formally an expansion state, and

Nebraska's expansion did not take effect until October of 2020. Figure 3 shows the reduction in uninsured since
2013 for both expansion and non-expansion states— illustrating the ongoing disparity in health coverage driven largely by 14 states' refusal to expand Medicaid.

Overall, Medicaid is consistently the most common source of insurance for HCH patients, even in states that did not expand Medicaid to single adults. Given that 85% of HCH patients have income below 100% of poverty, it is not surprising that the uninsured rate is much lower in states that expanded Medicaid. As states continue working to reduce health care disparities and improve health, access to comprehensive health insurance remains a key factor.

Advocacy Actions

1. Call for state lawmakers in the states yet to expand Medicaid to take advantage of the robust federal incentives to expand the program included in the American Rescue Plan Act with no barriers to enrollment or coverage limitations (such as work requirements, service reductions, copays, or premiums).

2. Advocate for Congress to pass the array of health insurance expansion proposals on Capitol Hill, such as efforts to lower the Medicare eligibility age to 60, provide

coverage options for low-income people in states that will not expand Medicaid such as a public option, and ultimately establish a single-payer national health plan.

3. Advocate for state lawmakers to authorize presumptive eligibility for hospitals and/or health centers so that people who are likely eligible for Medicaid may obtain coverage more quickly.

4. Conduct assertive outreach & enrollment activities to ensure all those eligible are enrolled.

5. Facilitate tours and meetings with public officials at health centers and other service sites to illustrate the benefits of coverage and the need for low-barrier, streamlined benefits.

6. Engage clients and service providers to talk about how health insurance has helped them and incorporate these stories in advocacy activities.

7. Demonstrate the benefits of Medicaid coverage for people who are homelessness, as well as larger public health and health care issues, such as equitable COVID-19 response, the opioid crisis, mental health and substance use disorders, and chronic disease management. Also emphasize the importance of health insurance in providing a foundation of stability that in turn supports health, employment, and self-sufficiency.

Table 1. Health Insurance for Patients at HCH Programs in Medicaid Expansion States, 2020

States that Expanded Medicaid								
	# HCH Programs in 2019	Total # Patients	Uninsured	Medicaid	Medicare + Medicaid ("Duals")	Medicare/Other Public	Private	% Point Change in Uninsured since 2013
Total	**218**	**723,158**	**22%**	**61%**	**5%**	**5%**	**6%**	**-29%**
AK	2	1,432	17%	60%	11%	3%	9%	-35%
AR	1	492	22%	67%	2%	1%	8%	-69%
AZ	2	21,417	16%	60%	8%	5%	12%	-42%
CA	44	236,728	21%	66%	5%	5%	3%	-30%
CO	5	19,585	19%	64%	12%	2%	3%	-50%
CT	8	9,200	27%	60%	6%	1%	6%	-5%
DC	1	10,429	20%	56%	6%	12%	7%	-3%
DE	2	643	34%	41%	6%	3%	16%	-18%
HI	1	1,439	10%	72%	8%	4%	5%	-16%
IA	4	7,121	20%	63%	5%	3%	9%	-34%
ID	2	3,363	26%	57%	5%	5%	7%	-60%
IL	8	17,519	22%	64%	5%	6%	4%	-37%
IN	6	5,827	31%	56%	4%	2%	7%	-45%
KY	8	18,254	16%	59%	6%	8%	11%	-65%
LA	6	23,785	14%	67%	2%	5%	12%	-26%
MA	7	21,484	17%	58%	14%	5%	7%	-5%
MD	2	9,272	39%	47%	1%	12%	0%	-32%
ME	2	4,139	44%	42%	4%	1%	9%	-18%
MI	15	41,766	12%	63%	6%	4%	14%	-35%
MN	2	5,433	21%	64%	5%	8%	3%	-4%
MT	4	2,342	20%	65%	7%	5%	3%	-45%
ND	1	715	63%	28%	2%	3%	4%	-9%
NE*	1	3,291	72%	19%	2%	1%	6%	-18%
NH	3	4,317	12%	58%	5%	6%	18%	-62%
NJ	7	15,304	36%	46%	2%	6%	9%	-26%
NM	6	12,529	20%	61%	6%	5%	9%	-60%
NV	4	5,164	24%	51%	4%	9%	12%	-50%
NY	20	73,879	23%	61%	4%	5%	7%	-9%
OH	8	191,00	26%	60%	5%	6%	4%	-49%
OR	12	27,057	23%	62%	7%	4%	4%	-37%
PA	6	18,267	29%	57%	4%	4%	6%	-16%
RI	2	1,630	10%	67%	5%	9%	10%	-49%
UT	3	6,196	36%	50%	5%	4%	4%	-9%
VA	7	11,433	38%	29%	3%	5%	25%	-46%
VT	1	1,425	15%	65%	11%	4%	6%	25%
WA	7	52,846	14%	70%	3%	8%	5%	-30%
WV	1	8,335	86%	13%	0%	0%	0%	-44%

*Nebraska's Medicaid expansion did not take effect until October of 2020.

Table 2. Health Insurance for Patients at HCH Programs in Medicaid Non-Expansion States, 2020

States that Did Not Expand Medicaid								
	# HCH Programs in 2019	Total # Patients	Uninsured	Medicaid	Medicare + Medicaid ("Duals")	Medicare/Other Public	Private	% Point Change in Uninsured since 2013
Total	**76**	**190,786**	**63%**	**21%**	**2%**	**4%**	**9%**	**-11%**
AL	4	5,593	76%	13%	2%	3%	6%	-4%
FL	16	54,940	62%	22%	2%	3%	12%	-12%
GA	5	21,419	65%	25%	2%	2%	6%	-31%
KS	3	2,764	70%	18%	3%	4%	5%	-12%
MO	3	7,205	70%	20%	2%	4%	4%	-3%
MS	2	10,052	62%	21%	3%	3%	11%	5%
NC	11	9,593	56%	21%	4%	4%	15%	-12%
OK	2	3,543	79%	12%	1%	3%	6%	-11%
SC	4	5,155	66%	16%	2%	7%	9%	-55%
SD	2	1,430	59%	10%	2%	2%	27%	-12%
TN	7	16,270	54%	22%	4%	14%	6%	-24%
TX	12	48,740	65%	20%	2%	5%	7%	-32%
WI	3	2,841	55%	33%	2%	4%	6%	-58%
WY	2	1,241	86%	5%	2%	5%	3%	-3%

NOTES:
Puerto Rico: there are five HCH programs in PR, but as a U.S. territory, it receives a Medicaid block grant, and is not included in the above analysis. These five programs saw 4,296 patients: 58% Medicaid, 0% duals, 7% Medicare/OP, 7% private, 28% uninsured. Since 2013, the percentage of uninsured decreased by 3% points.
Data source: HRSA Uniform Data System (UDS) for Calendar Year 2020, Tables 3 and 4.
Use of UDS Data: All HCH programs differ in the level of internal resources for outreach and enrollment, as well as the demographics of patients seen. All communities are different in terms of the type and/or capacity of other health care providers in the area to see newly insurance (or remaining uninsured) patients. Finally, the data that informed this analysis defines a visit as "documented, face-to-face contact between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services." This definition may overlook other types of patient interactions that are not captured in this analysis.

More Resources

- Five Ways Medicaid Expansion Is Helping Homeless Populations *(Health Affairs)*
- 50 Reasons Medicaid Expansion is Good for Your State *(National Health Law Program)*
- How Has the Pandemic Affected Health Coverage in the U.S.? *(Kaiser Family Foundation)*