Medicaid Expansion for Adults: Planning, Implementation & Lessons Learned from Serving Children

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This Segment of the Workshop

- Medicaid expansion: major components of the law
- HCH patient demographics & visit patterns
- Outreach & enrollment
- Those remaining uninsured
- Challenges & questions
- Health center expansion
- Workforce planning
- Care delivery models
- **NEXT:** Clinical perspectives, lessons learned serving children

Medicaid Expansion: Who Is Eligible?

- **Currently eligible:** children, pregnant women, disabled people, and some parents of children
- **Newly eligible (starting January 1, 2014):** Law expands Medicaid to those at or below 138% FPL.
  - About $15,000/year for singles
  - About $25,500/year for family of 3
- Must be a U.S. citizen or legal resident here for at least 5 years
- Some states have started expanding Medicaid already

Medicaid Expansion Financing

- *Expansion group only:* Enhanced federal match to states
  - 100%: 2014 through 2016
  - 95%: 2017
  - 94%: 2018
  - 93%: 2019
  - 90%: 2020 and thereafter
- Current eligible groups: current federal match
- Maintenance of effort: Prohibited from reducing Medicaid or CHIP eligibility, increasing premiums or enrollment fees, or otherwise cutting enrollment *for mandatory groups/services*

Medicaid Will Serve Many More People

- **Now:** Medicaid has 60 million enrollees (1 in 5 people)
- **2014:** Expansion adds 16-20 million new people (depending on outreach and enrollment)
- **"Woodwork":** Could add up to 5 million currently eligible-unenrolled
- **Total:** about 80 million people will have Medicaid (about 1 in 4 people)
- **Largest benefit** in health reform law for low-income people

Signing up for Medicaid will be easier

- Law requires fast, simple process using technology
- Must coordinate Medicaid, state "Exchanges" and CHIP
- Paper documentation will not be needed
  - **Do not need:** paper copy of paycheck/utility bill, birth certificate, ID or social security card (unless there's a problem)
  - **Will need to know:** full legal name, social security number, your birth date, and income

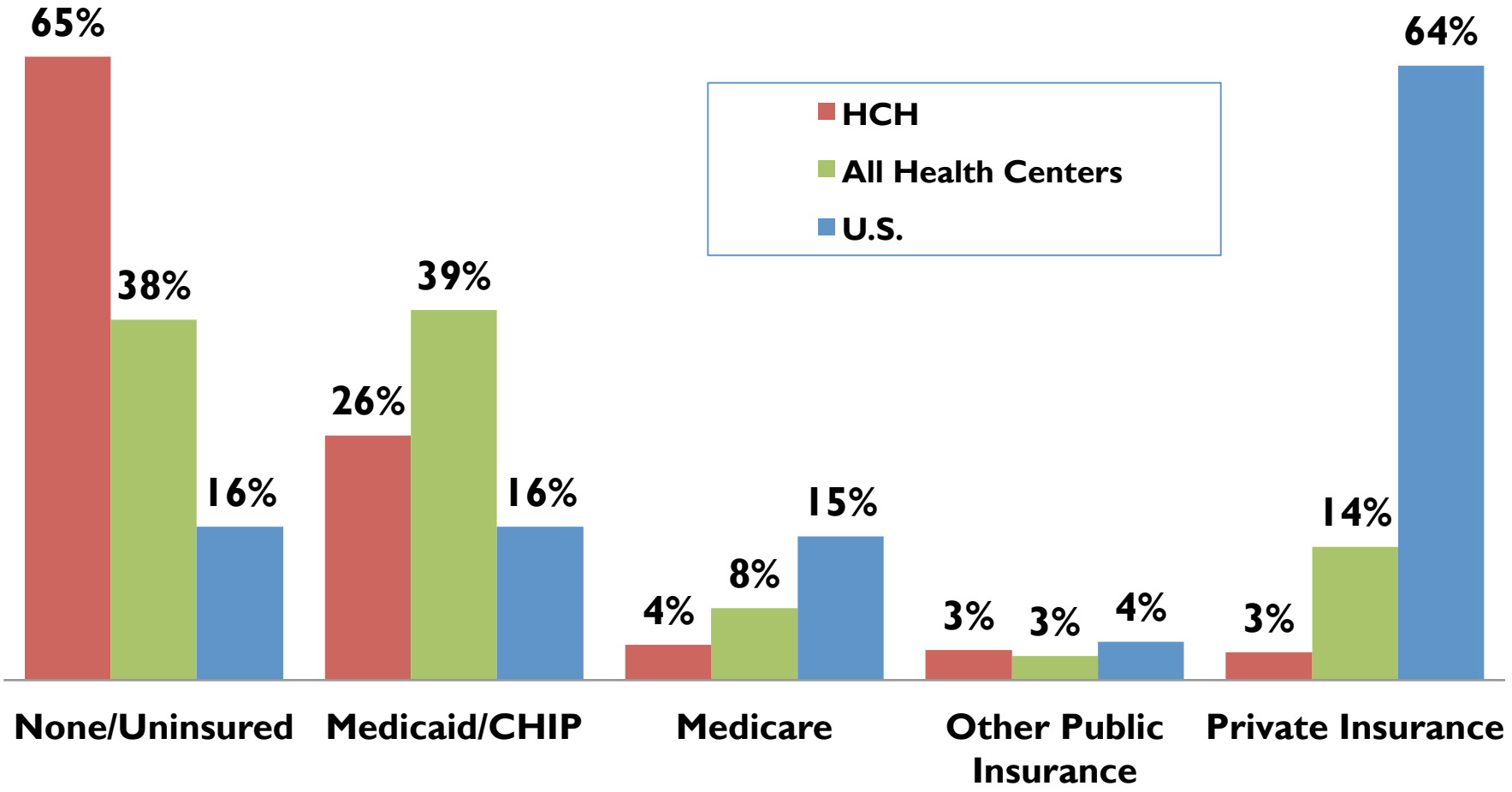
Technology Makes it Easier

- Eligibility will be based on income
  - Not whether you have children or a disability
  - Not whether you have a bank account, or the value of your car, or other "assets" you might have (no asset tests)
- The Medicaid system will automatically verify your income with the Internal Revenue Service (IRS).
- The Medicaid system will automatically verify your identity and your citizenship/residency status with Social Security.

Applying for the New Medicaid

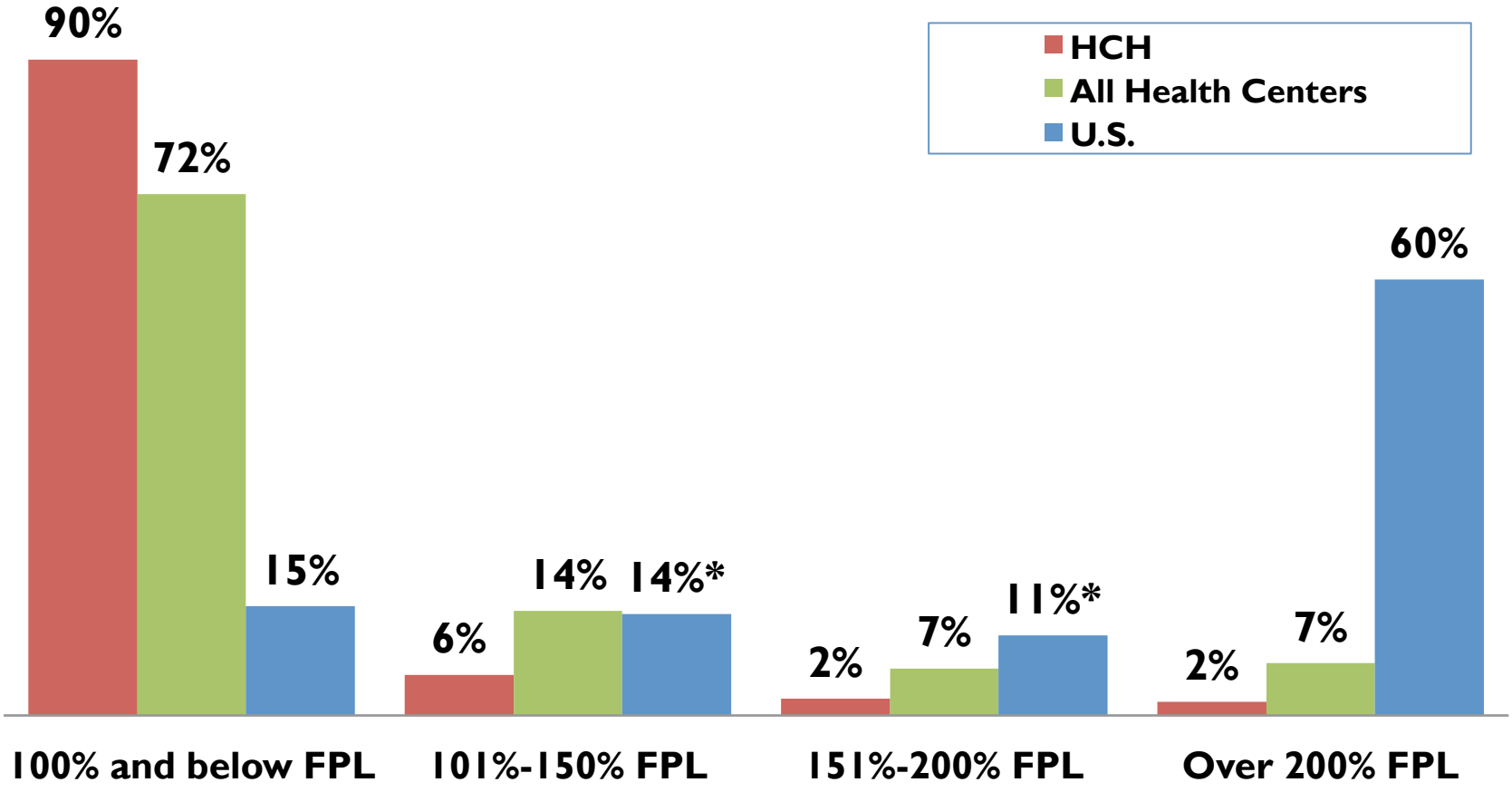
- Online applications (but can also do by phone and mail)
- Do not need a permanent address and do not need to prove residency in your state.
  - "No fixed address" will be an option
- No in-person interviews
- Simple renewal process, only need to renew once every 12 months
  - Automatic renewal unless there's a change

Patient Insurance Status: HCHs v. All Health Centers v. U.S.



Sources: 2010 UDS Data, HRSA; 2010 Census Data

Patient Income: HCHs v. All Health Centers v. U.S.



Sources: 2010 UDS Data, HRSA
2010 Census data
State Health Facts (Note: 101-139%)*

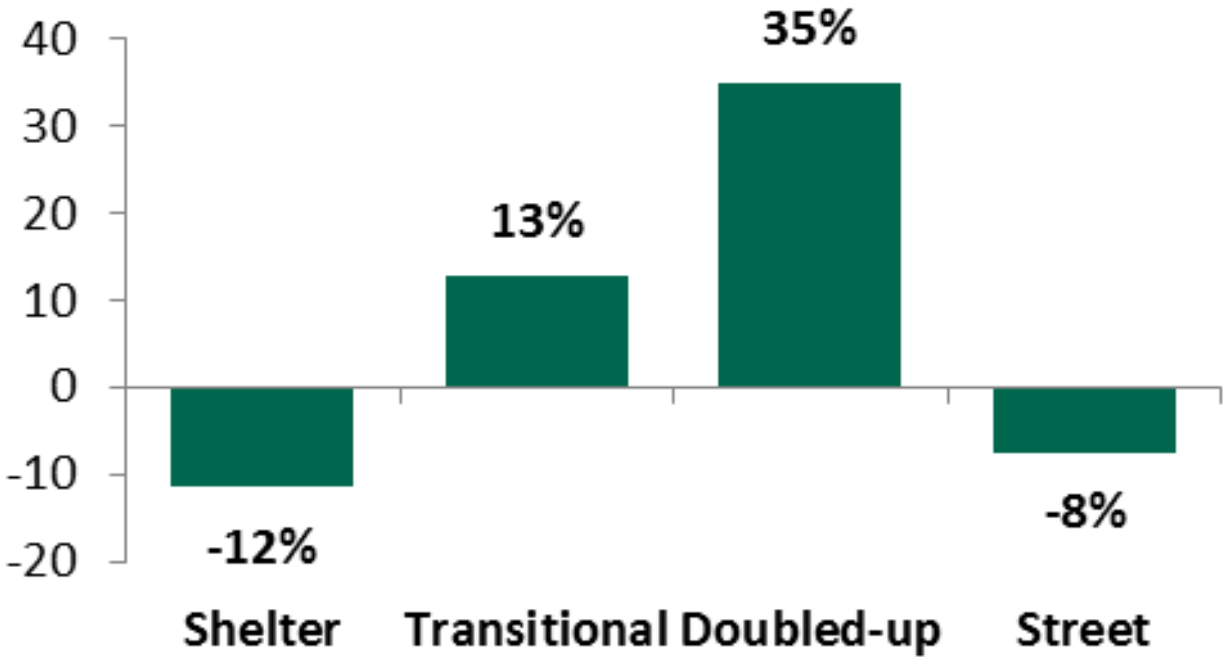
Those Remaining Uninsured

- Law does not provide a "right to health care"
- Estimate over 20 million left uninsured
  - Medicaid eligible (but not enrolled): 8-10 million
  - Undocumented persons: 6-7 million
- **Individual Mandate: requires most people to get health insurance or face a penalty.**
  - Medicaid counts toward the mandate
  - Penalty: $95 in 2014, $695 in 2016 — **BUT…**
  - Those not filing taxes are exempt from the penalty
    - Less than ~$10,000/year in 2012

Outreach & Enrollment

- Law requires states "establish procedures for outreach and enrollment activities to vulnerable & underserved populations"
  - Children
  - Unaccompanied homeless youth
  - Children and youth with special health care needs
  - Pregnant women
  - Racial and ethnic minorities
  - Rural populations
  - Victims of abuse or trauma
  - Individuals with mental health or substance-related disorders
  - Individuals with HIV/AIDS
- **Concern:** No resources allocated for these activities

Change in Proportion of Patients' Housing Status: HCH Projects 2006-2010



Enabling Services Visits: -15% (case managers, outreach workers, transportation, eligibility assistance, etc.)

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Medicaid Expansion: Our Challenges

- Meeting increase in demand for services
- Expanding services and workforce
- Balancing productivity & quality
- Identifying funding for service gaps and remaining uninsured
- Maximizing billing, coding & IT system functioning
- Participating in state-level decisions
- Ensuring staff training across all teams, at all levels

4 Clinical Questions

1. **Patients:** How will volume and acuity change? What additional services are needed beyond your walls?
2. **Access:** How quickly can patients be seen?
3. **Teams:** How do clinical/non-clinical staff communicate & collaborate?
4. **Needs:** How are the health needs of homeless populations being communicated to policymakers?

5 Administrative Questions

1. **Billing:** Is it maximized, do systems need to be upgraded, do staff need to be (re)trained?
2. **Filling gaps:** What other services/resources are needed, and how are these needs being communicated to state decisionmakers?
3. **Managed care:** How will a transition from block grants impact service delivery/staffing?
4. **Additional personnel:** How can you increase clinical & support staff (e.g., case managers, outreach workers, billing specialists, etc.)?
5. **Technical Assistance:** Are you reaching out to your PCA and/or the National HCH Council if needed?

Health Center Expansion

- $11 billion in new funding (in addition to annual funding) + creation of Trust Fund
- Funding for New Services and Locations: $9.5 billion total
  - FY2011: $1 billion (final: no increase)
  - FY2012: $1.2 billion (final: +$200M)
  - FY2013: $1.5 billion (final: TBD)
  - FY2014: $2.2 billion (final: TBD)
  - FY2015: $3.6 billion (final: TBD)

Completely depends on related Congressional decisions

- Funding for New Buildings: $1.5 billion total

What To Do With $11 Billion?

- National goal: Double the number of people served by CHCs
  - 20 million → 40 million by 2015
- New locations and new types of services
- Important venues for meeting the increase in demand for health services

Health Care Reform: Readiness

- Have a clear organization-wide plan
  - Vision
  - Goals and Objectives
  - Outcome Measures
  - Data Collection and Quality Improvement
  - Definition of Success

Health Center Expansion: Opportunities

- HRSA New Access Points
- HRSA Expanded Services
- HRSA Capital Funding
- Foundation Funding
- Medicaid Reimbursement
- Other Federal Funding

NEEDS ASSESSMENT

- Who will you Serve and what do they Need?
  - Who is homeless in your local area?
  - What are the most prevalent health care and social service needs?
  - Who is un-served or underserved?

Resources to Meet Needs

- Who provides the services in each area of identified need?
- How will Health Care Reform, including Medicaid expansion, impact any of these service providers?
- How will the state of the current economy impact any of these service providers?

Resources to Meet Needs (cont' d)

- What are the greatest gaps between Needs and Resources?
- Are you in a position to address any of these gaps?
- Could Health Care Reform help you to address any of these gaps either directly or in partnership with others?

Readiness: Finances

- Financial Management
  - Policies and procedures
  - Billing and collection systems
  - Systems for collecting, organizing and tracking key financial performance data

Readiness: Governance

- Does your Board understand the impacts of Health Care Reform?
- Has your board adopted a Strategic Plan incorporating the elements of HCR?

Workforce Provisions and Planning

- 20 million new patients to be seen at CHCs
- On top of already expanding patient volume & existing state efforts to address shortages
- Economy pushing more people into unstable housing and living situations
- How do we prepare for meeting patient needs?

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Workforce Provisions and Planning

- Where are the gaps in your existing staffing pattern?
- What staff will you need for service expansion?
- What is your staff retention rate?
- What strategies do you use to retain existing staff?
- What's the "health" of your team?

Workforce Provisions and Planning

- Are you a learning environment?
- How do you train for Evidence Based Practices?
- How can self-care training and integration be a key part of recruitment and retention strategies?

Workforce Provisions and Planning

- Do you have an opportunity to partner with a school of medicine or other training venue?
- Are you maximizing opportunities with the National Health Service Corps?
- How can volunteer clinicians be recruited to help fill gaps and further make connections in the community?

Care Delivery Models

- Ultimate goals:
  - Improve access
  - Increase quality
  - Decrease cost
- Emphasis on collecting data, eliminating disparities, improving systems, creating efficiencies
- Focus on TEAM: includes both clinical and non-clinical members
- Data sharing, electronic health records are key
- Models will influence finance and staffing

Care Delivery Models

- Renewed focus on coordination and integration of services
  - → Integrated care
  - → Patient-Centered Health Homes
  - → Accountable Care Organizations

Keeping an Eye on the Ultimate Goals

- Greater access to Medicaid hopefully translates into **better health**
- Growth of health center services/locations = **increased number of places to serve patients**
- Increased number of providers = **easier access to care**
- Greater use of EHR and team models hopefully translates into **better services**
- Better health + more resources = **preventing and ending homelessness**

More Information

- The National Health Care for the Homeless Council is a membership organization for those who work to improve the health of homeless people and who seek housing, health care, and adequate incomes for everyone. www.nhchc.org
- Additional health reform materials at: http://www.nhchc.org/healthcarereform.html
- NHCHC offers free individual memberships at: http://www.nhchc.org/council.html#membership
- **Technical assistance available**