

**+ Using Existing  
Networks to  
Educate the  
HCH Community  
about Health  
Reform**

**March 15, 2013**



**Dan Rabbitt , MSW**  
Health Policy Organizer  
National HCH Council

**Aracely Navarro**  
Regional Advocate  
California PCA

**Tonya Brownlow, MSW**  
Assistant Director of Ending  
Long-term Homelessness  
St. Stephen's Human Services

+

# Its been a long time since March, 2010



## HealthCare.gov



Health Insurance Marketplace



1 Click.  
Streamlined application for enrollment. 

Breaking the Link Between Poor Health and Homelessness

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

+

But Oct. 1, 2013 is around the corner



Breaking the Link Between Poor Health and Homelessness

NATIONAL  
HEALTH CARE  
for the  
HOMELESS  
COUNCIL



...are we ready?

(200 days between now and Oct. 1, 2013)

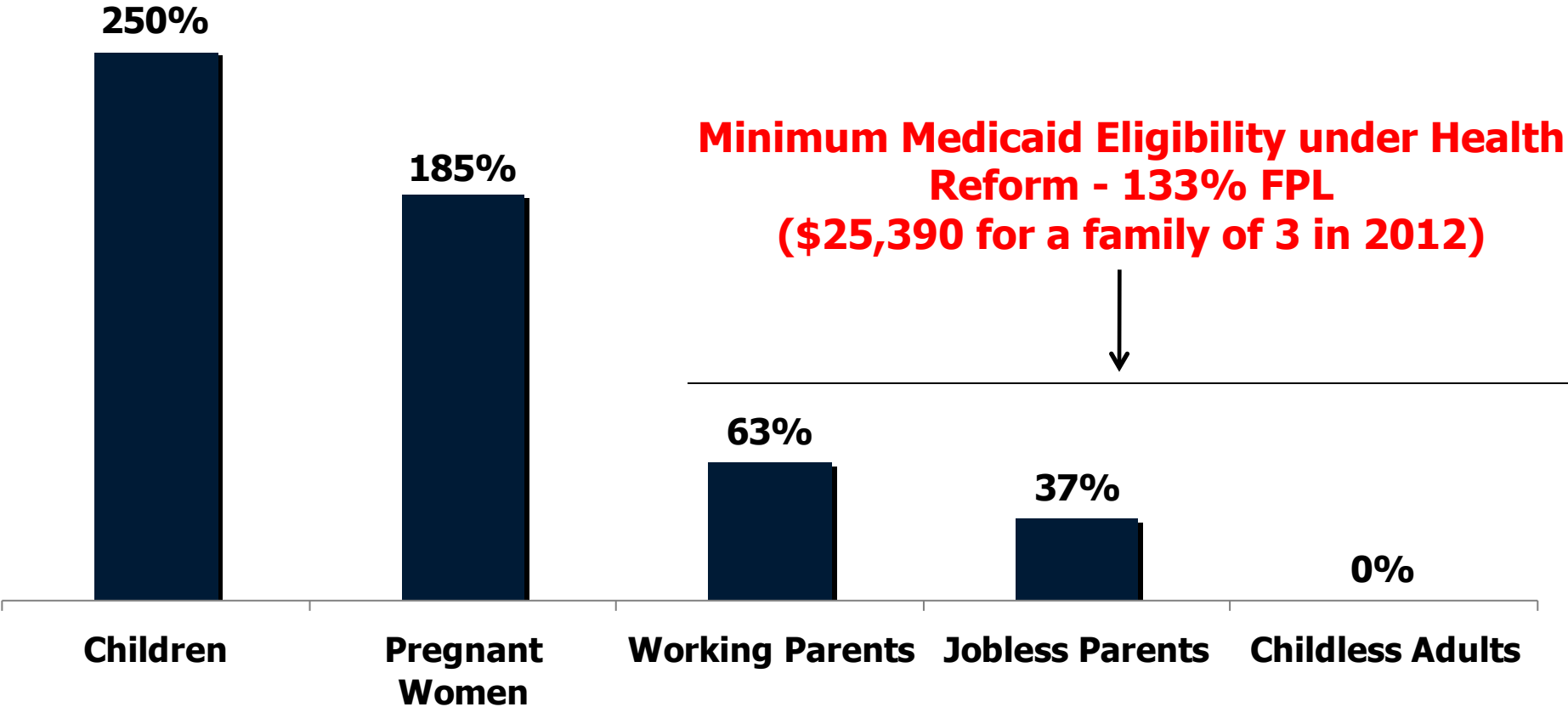


# Medicaid Expansion: Who Is Eligible?

- **Currently eligible:** children, pregnant women, those disabled, and some parents of children
- **Newly eligible (starting January 1, 2014):** Law expands Medicaid to non-disabled adults 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
- 8 states have started expanding Medicaid already (in full or partial)
  - CA, CT, CO, DC, MN, MO, NJ, WA



# Median Medicaid/CHIP Eligibility Thresholds, January 2012

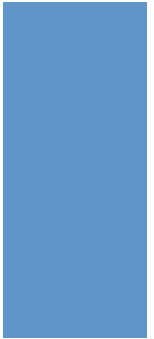


SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2012.



# Enrolling Many More People

- **Now:** Medicaid has 60 million enrollees (1 in 5 people)
- **2014:** Expansion adds 13-15 million new people (depending on outreach and enrollment)
- **“Woodwork”:** Could add 4-5 million currently eligible-unenrolled
- **Total:** about 80 million people will have Medicaid (about 1 in 4 people)



# + Easier Enrollment

- Law requires fast, simple process using technology
- Must coordinate Medicaid, state “Exchanges” and CHIP
- **NO Paper documentation 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



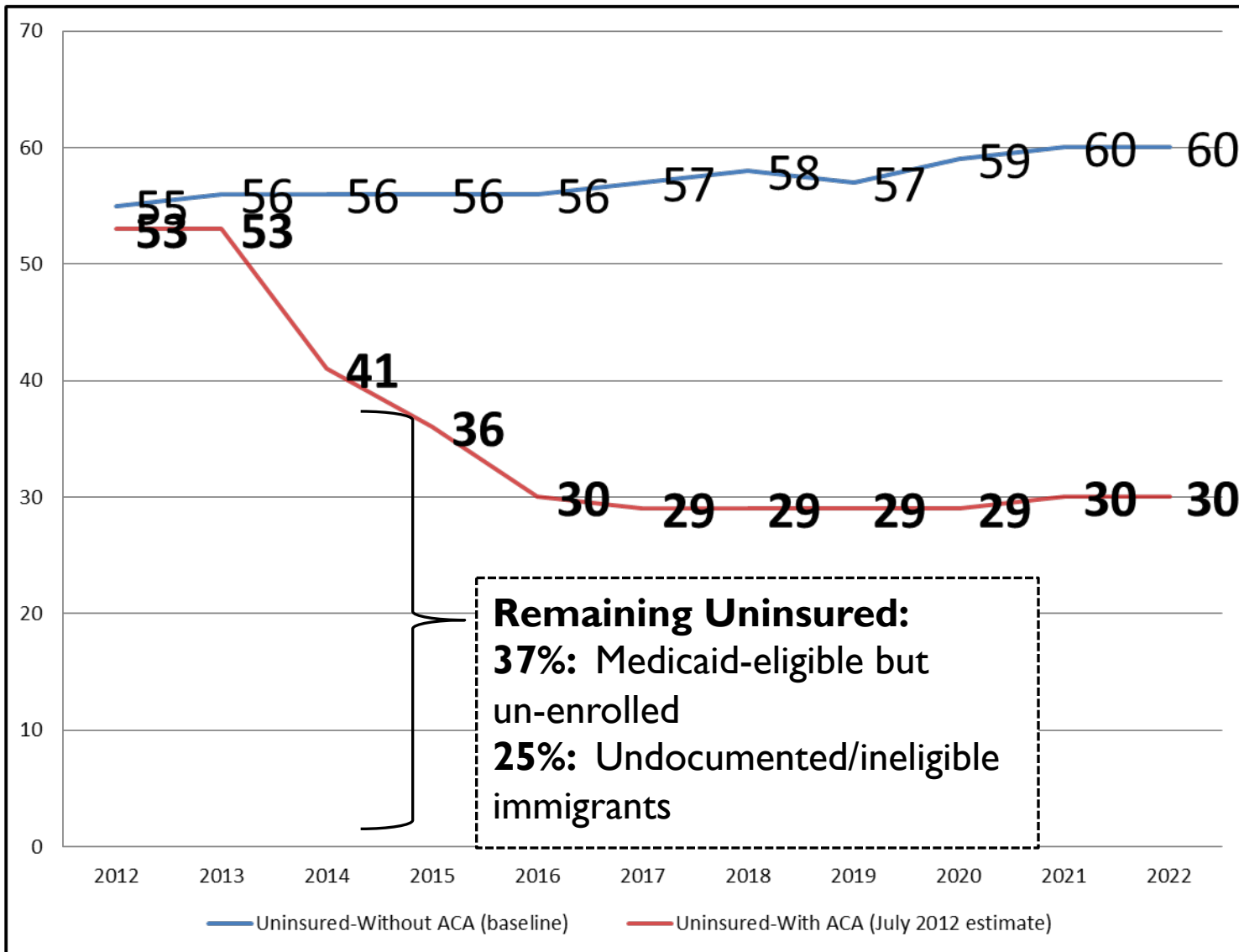
# + Facilitated by Technology

- **Eligibility will be based on income**
  - “Modified adjusted gross income” (MAGI)
  - 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
  - Alternative points of contact available
- No in-person interviews
- Simple renewal process, only need to renew once every 12 months
  - Automatic renewal unless there’s a change

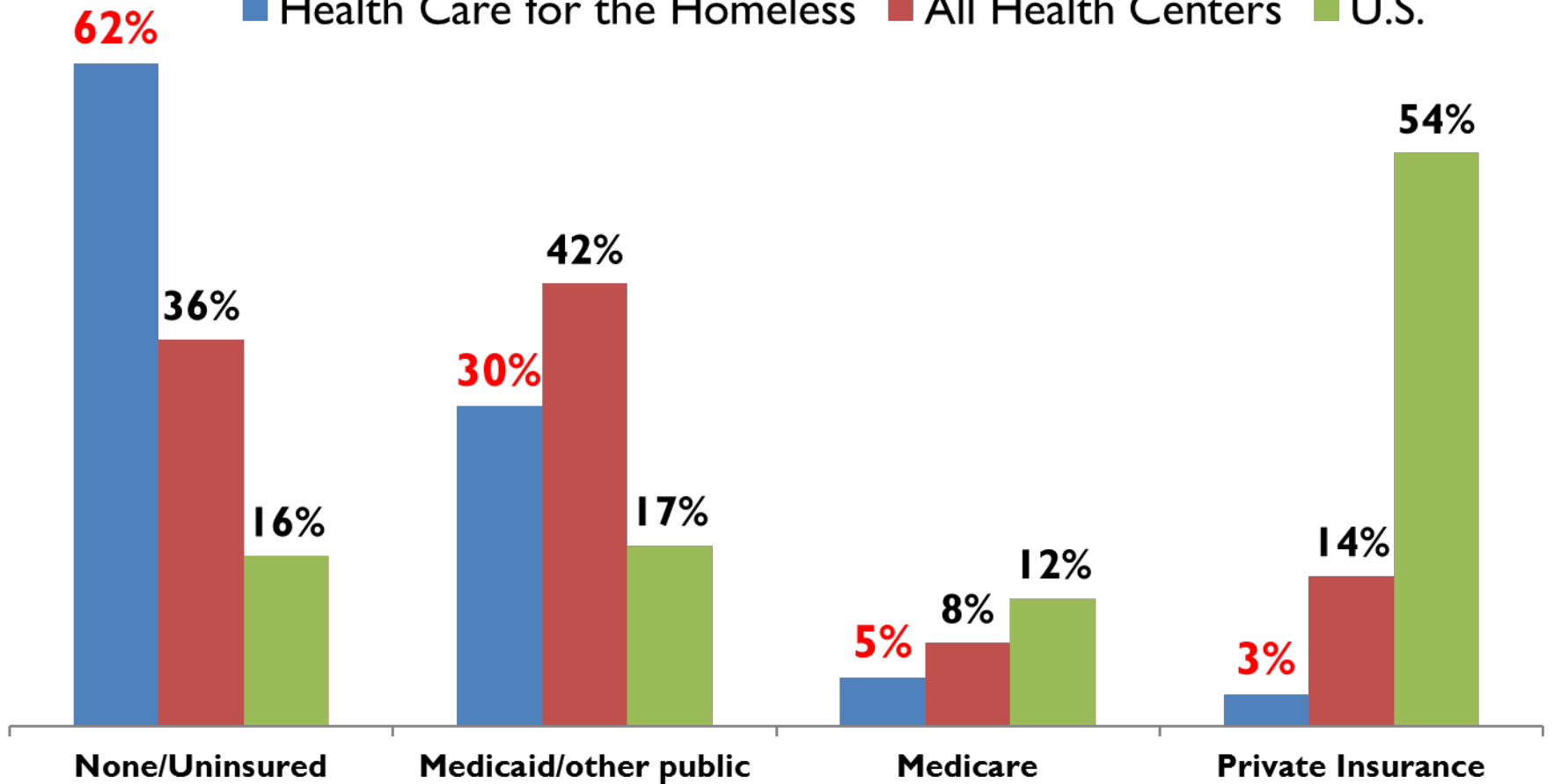
# + Those Remaining Uninsured



# 2011 Insurance Status: HCH v.All Health Centers v. U.S.

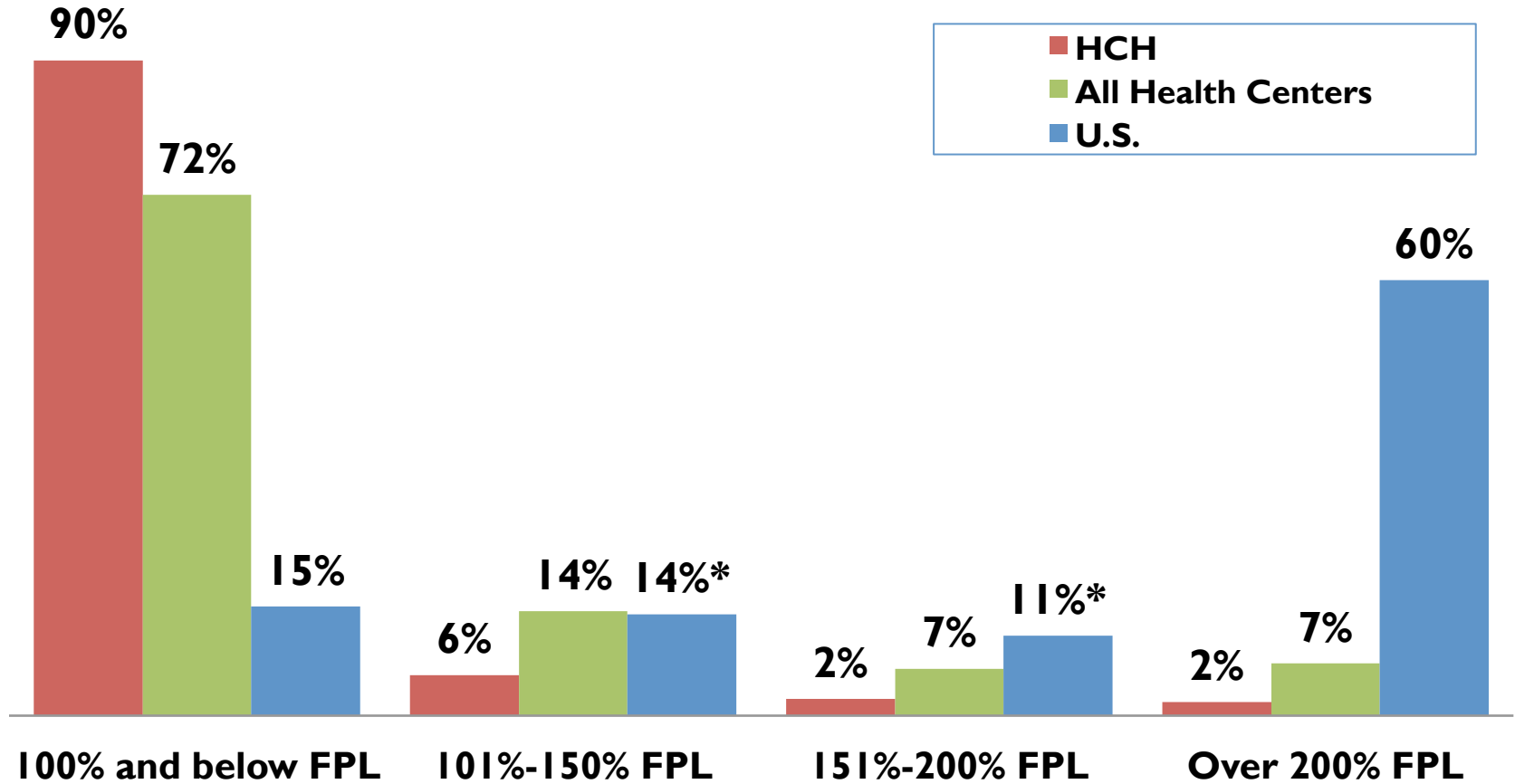


■ Health Care for the Homeless ■ All Health Centers ■ U.S.



Sources: 2011 UDS Data, HRSA;  
2011 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%)

# + Medicaid Expansion: Huge Opportunity, Huge Challenge



Health Care & Housing Are Human Rights

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# + Barriers to Enrollment: General Population

- Not eligible for coverage
- Lack of knowledge of options
- Lack of knowledge of new reforms
- Burdensome applications
- Past bad experiences with insurance companies
- Public insurance historically linked to welfare



# + Barriers to Enrollment: Vulnerable Populations



- Lower literacy
- Multiple disabilities
- Lack of address documentation, other identification
- Language or cultural barriers
- Distrust of institutions
- Historically ineligible



# + Outreach and Education is needed

## Existing social networks can help

- 83% of uninsured Americans who may be Medicaid eligible don't know the health reform law will help.
- Many health professionals are also unaware of upcoming changes
- Limited funding available for outreach and education
- Existing social networks can help
- Doctors are among the most trusted
- 'Someone like me' is among the most trusted
- Those who are knowledgeable are trusted

# + Two models to consider

## ■ Healthcare Ambassador Program:

- Developing materials and training to share with members of the community
- Working primarily through health center staff and patients

## ■ Community Educators:

- Fostering advocacy skills with current or former individuals experiencing homelessness
- Focus on local issues, and could focus on ACA education