

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

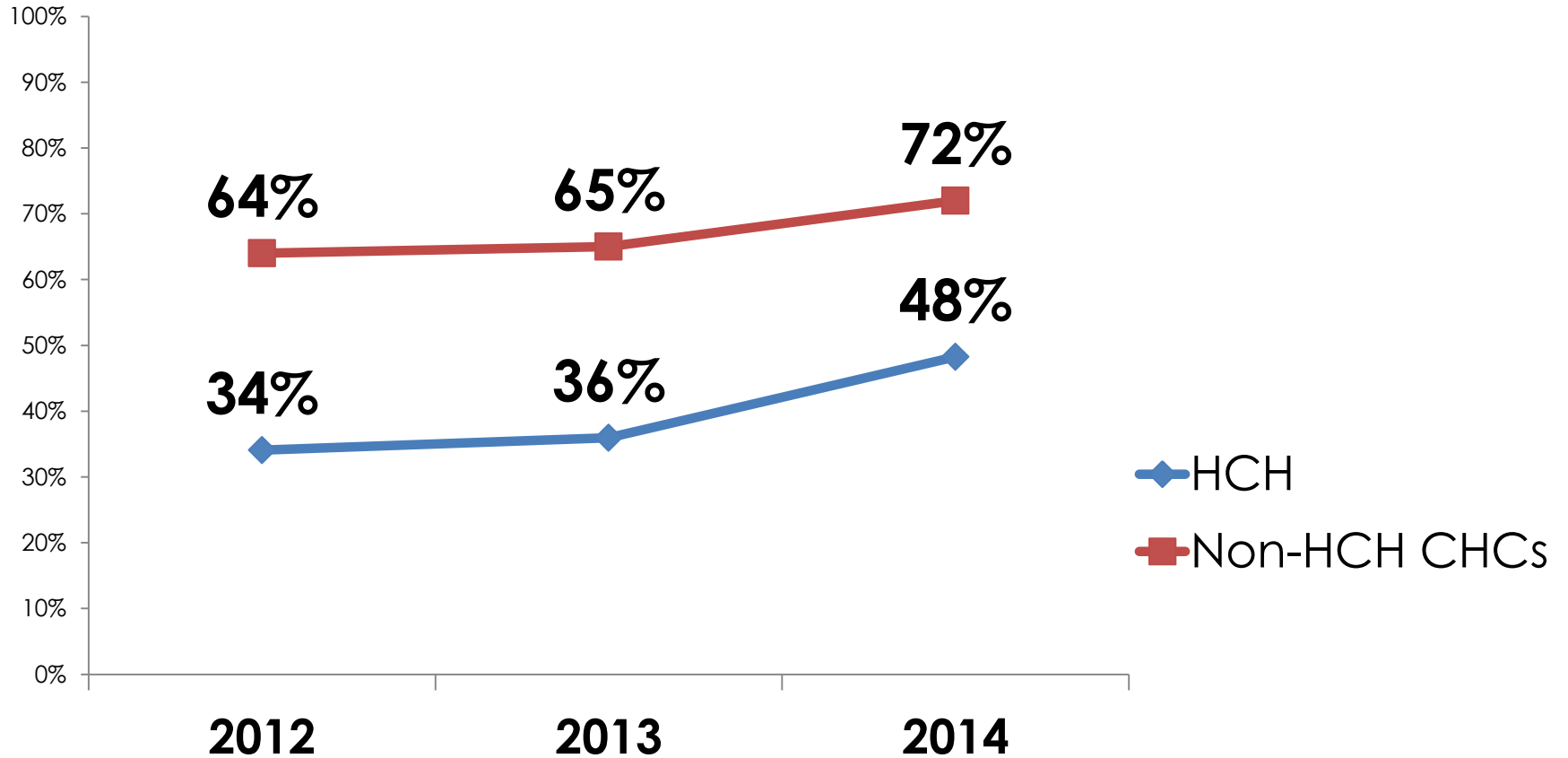
# HEALTH REFORM & MEDICAID EXPANSION

---

Opportunities and Challenges  
for the HCH Community



# HCH & OTHER HEALTH CENTER INSURANCE CHANGES, 2012-2014



# INSURANCE DISPARITIES BY TYPE OF STATE AND HEALTH CENTER, 2014

**HCHs** (268 grantees, ~850K patients)

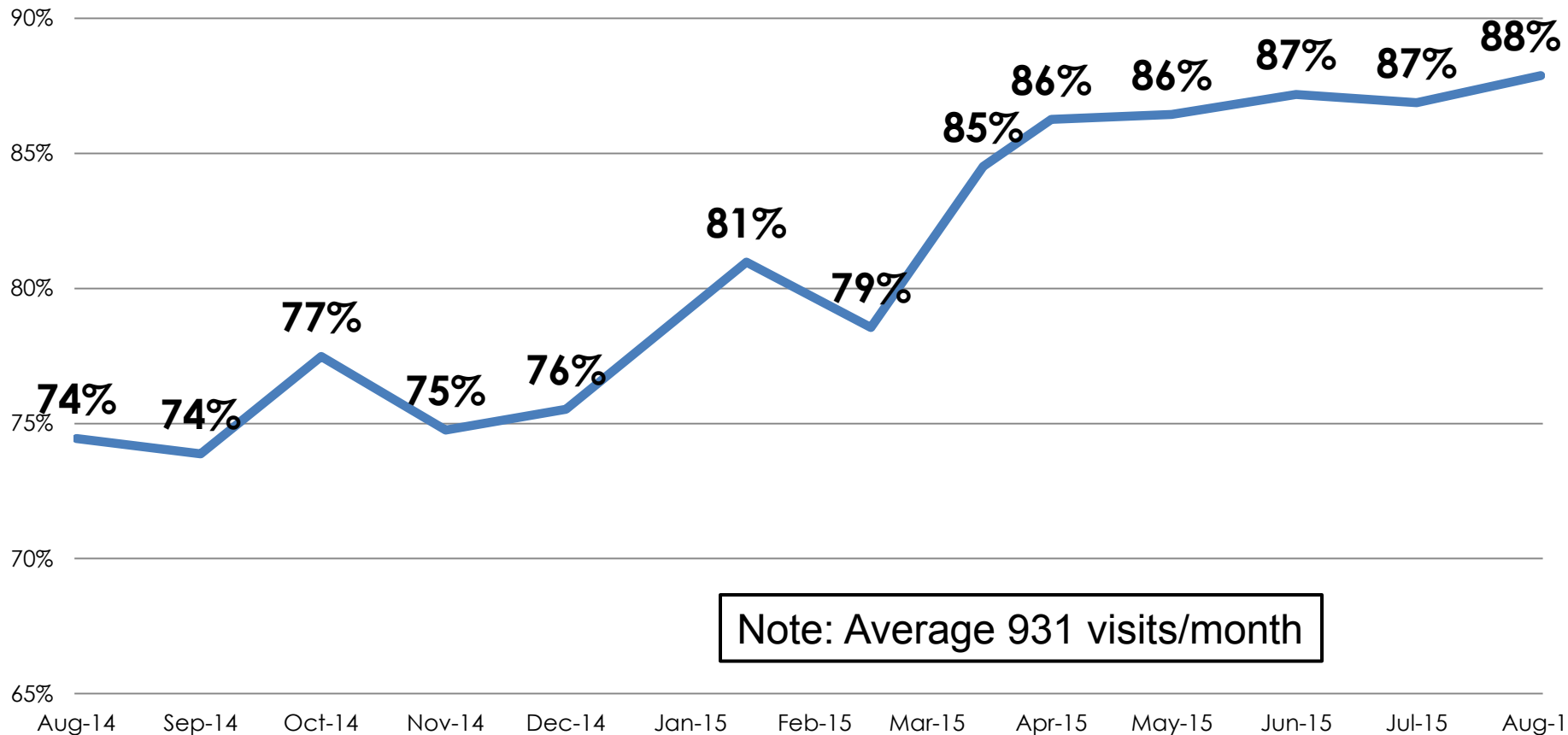
- Expansion states: 67%
- Non-expansion states: 30%

## **Non-HCH health centers**

(1,010 grantees, ~22M patients)

- Expansion states: 79%
- Non-expansion states: 64%

# MEDICAID EXPANSION & PMHC: PERCENT OF INSURED CLIENT VISITS



# SPEAKERS TODAY

- **Jim Willshier**, Director of Policy & Partnership, PA Association of Community Health Centers
- **Melissa Fox**, Sr. Managing Director of Health, Public Health Management Corporation
- **Corrie Tice**, Health Network Social Services Manager, PHMC
- *Moderator:* **Barbara DiPietro**, Sr. Director of Policy, National HCH Council

# FIVE CHALLENGES

1. Addressing needs of a community divided by “yes” or “no” (or “maybe”)
2. Ensuring ongoing outreach, enrollment & engagement in services
3. Validating the “HCH Model of Care”
4. Focusing beyond the ACA
5. Securing resources to address social determinants of health

# FIVE OPPORTUNITIES

1. Improving health and stability
2. Growing “HCH Model of Care” to the larger health care system
3. Using data to target interventions & maximize limited resources
4. Engaging new stakeholders in broader solutions
5. Preventing & ending homelessness via #1

# CURRENT POLICY PRIORITIES

1. Sharing best practices in outreach, enrollment, engagement & care
2. Establishing “value” amid payment reforms
3. Maximizing state options under Medicaid
4. Continuing to focus on housing as a health care intervention
5. Protecting traditional safety net funding sources to fill gaps in Medicaid



# ADVANCE NOTICE: DISCUSSION QUESTIONS

- What issue(s) would you like to discuss further or have better explained?
- Is there an ACA or Medicaid question we did not address that you'd like to raise?
- Are there opportunities or challenges you see (or anticipate) that were not mentioned?
- How do you anticipate using this information?



PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

## What is PACHC?

Pennsylvania's Primary Care Association,  
representing federally qualified health centers  
(FQHCs), FQHC Look-Alikes, rural health clinics  
(RHCs), and other like-mission primary care  
providers



PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

## National Community Health Center Facts

- Largest primary care network in the country!
  - FQHC Patient Base is over **23 million people**
  - Over **8,000** clinical locations in every state and U.S. territory
- Rapidly growing over the past decade
  - **9,600 Physicians**
  - **6,400 CRNPs, CNMs and PAs**
  - **132,000 Staff**
- Generate jobs and money:
  - **\$20 billion** for local economies
  - **189,000 jobs**



## PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

- Serve more than **700,000** people annually in PA at more than 250 sites in 49 rural and urban counties
- Provide more than **2 million** visits annually
- Contribute more than **\$500 million** to economies of local communities
- Provide more than **3,500 FTE** jobs in PA

## PA FQHCs





PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

## **SCOTUS Decision on ACA**

- Supreme Court's surprising decision in 2013 left state's with the option to expand Medicaid through a "new" program
- Governor Corbett opted into a "private coverage option", i.e. Healthy Pennsylvania
- Pennsylvania estimated enrollment up to 682,880 individuals through 2019



PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

## Medicaid Expansion in Pennsylvania

- February of 2015 marked Governor Wolf's announcement for traditional Medicaid expansion and phase out of Healthy Pennsylvania/Private Coverage Option
- Medicaid expanded in Pennsylvania, effective last month to nearly 500,000 eligible Pennsylvanians



PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

## Medicaid Moving Forward

- CMS has not officially signed off on consolidation of HealthChoices benefit package
- In 2017, federal match for “newly eligible” population will be reduced to 95%
- DHS currently in process of soliciting new contracts for HealthChoices (implementation in 2017)
  - New players are likely to come into Pennsylvania as a result



PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

## Medicaid Advocacy in Community

- Expanding adult benefits beyond current limits
- Reforming the Benefit Limit Exception process





PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

- **Jim Willshier, Director of Policy & Partnership**  
**jim@pachc.org**  
**(717) 761-6443, extension 206**

**Website: [www.PACHC.org](http://www.PACHC.org)**



**PUBLIC HEALTH**  
management corporation

# **Healthcare For the Homeless**

## **Philadelphia**



# Who is PHMC?

- ▶ PHMC is a nonprofit public health institute that creates and sustains healthier communities through direct service, partnership, innovation, policy, research, technical assistance and a prepared workforce.
- ▶ PHMC has served the greater Philadelphia region since 1972 and has become one of the largest and most comprehensive public health organizations in the nation.

# Healthcare for the Homeless – PHMC

- Supporting the homeless community since 1988
- Mary Howard Health Center is the main access point with other satellite locations
- RN Outreach Team providing care in almost 20 shelters around the city
- Behavioral Health firmly integrated with Primary Care
- Home Health Assessment Program (HHA)
- Homeless Medical Respite program
- Calcutta House is newest addition



# Life before Medicaid Expansion

- ▶ Health teams took very active roles in connecting patients to coverage.
- ▶ Limited resources to assist in the enrollment process
- ▶ Patient difficulties with managing complicated processes
- ▶ Infrastructure that was not designed to suit the needs of the homeless



# Life after Medicaid Expansion

- ▶ HealthChoices
- ▶ Health teams continue to take a very active role in patient enrollment
- ▶ Made it easier for homeless patients to be placed in the appropriate plans
- ▶ Increase in insured patients / decrease in uninsured
- ▶ Increase in overall patient utilization

# Key Opportunities

- ▶ Resources, resources, resources
- ▶ Connecting to high-risk patients who are eligible for coverage and still are not utilizing the medical home for care
- ▶ Behavioral health coverage
- ▶ Continuing to assess internal operations to ensure we're simplifying the process for our patients

# Stories from the Frontlines of Outreach & Enrollment



- Local History of PA Medicaid Expansion
- Challenges
- Successes
- Stories



# PA's Medicaid Rollercoaster

## - A Brief History of the Past Year

- **Aug. 2014:** CMS approved PA Medicaid waiver (Corbett Admin)
- **Nov. 2014:** Corbett's Healthy PA plan prepares for roll out
- **Jan. 2015:** Healthy PA plans officially begin  
(Consumers are confused, assisters are frustrated: PCOs = the WORST)
- **Feb. 2015:** Gov. Elect Wolf commits to traditional MA Expansion
- **Apr. 2015:** Transition from Healthy PA to Health Choices begins
  - Multiple phases, many notices, much education, lots of advocacy)
- **Sept. 2015:** Transition to Health Choices concludes
  - (All adults now have same benefits package)

WARNING!!!



# Impact of Healthy PA

- Created inequitable tiered system of coverage based on health needs
  - “Low-risk” PCO packages part of different managed-care system
  - **PCO package did NOT include dental, MATP (Logisticare), or CBH coverage**
- **45,000 medically needy recipients receiving full MA benefits were erroneously moved to PCO plans**
- The health screening process was flawed, so many new MA Expansion AND Disability category eligibles were assigned to wrong benefits packages
- Complexity of Healthy PA led to application processing delays and widespread confusion among consumers and CAO staff.

# Features of *Health Choices*

- Health Choices mirrors ACA's original outline for MA Expansion
- Expanded MA to all adults (19yo+) with incomes <138% FPL, **regardless of health needs → no more health screening questionnaire**
- Creation of *Adult* package -- All individuals receive this same package
  - Includes ACA Essential Health Benefits standard
  - Basic dental, MATP, and CBH coverage
- Benefits package managed by Health Choices MCOs that we are used to working with:
  - Keystone First, Health Partners, Aetna Better Health, United Healthcare
  - Access (Fee-for-Service) for certain recipients (EMA, Medicare dual-eligibles)

# Health Choices Transition & Current Medicaid Enrollment Process

## - The Consumer Experience

- Notices, notices, notices!
  - Many clients confused by the deluge of notices received
  - Prevalence of limited literacy skills/reading comprehension
  - Continuously changing addresses, oftentimes do not receive
  - Sent out/received after due dates
- Requests for info related to consumer medical & asset status
  - Compass
  - Supporting documentation
- Difficulty for this population to produce ID, address documentation
- Benefits easily cut when renewals not received

# Health Choices Transition - The Assister Experience

- Focus on education, clarifying lasting misconceptions and confusion around eligibility requirements
  - For BOTH clients AND CAO workers
- Educating & advocating for clients on policies & rights
  - No longer need to disclose health or asset info
  - Providers/pharmacies CANNOT refuse treatment based on inability to pay
- Assisting with understanding notices & submitting paperwork received from CAOs



# Challenges in Outreach & Enrollment

- Medicaid Expansion vs. Disability Categories
  - Consumers on SSDI and above the Medicaid income limit
    - MAWD vs. Marketplace
  - Consumers who are working with a health condition
    - Healthy Horizons
- Education to CAO workers on differences between MA Expansion eligibility and disability category requirements
- Transferring patients out of disability categories who are eligible for MA Expansion
- EMERGENCY MEDICAL ASSISTANCE
- DENTAL

# Successful Strategies in Outreach & Enrollment

- Very “hands-on,” involved assistance
- ALL the forms!
- Community Partnership with Philadelphia CAO and access to district liaisons for trouble-shooting cases
- Scan/email ALL the paperwork— reduce consumer interface with CAOs



- Medical-Legal Partnership between PHMC & Community Legal Services
- EDUCATE & ADVOCATE!

**DONT JUST  
TELL THEM  
SHOW THEM!**



# Q&A

**Feel free to contact me with more questions!**

**Corrie Tice, MSS, LSW**

**Social Services Manager**

**PHMC Health Network**

**[ctice@phmc.org](mailto:ctice@phmc.org)**



# DISCUSSION QUESTIONS

- What issue(s) would you like to discuss further or have better explained?
- Is there an ACA or Medicaid question we did not address that you'd like to raise?
- Are there opportunities or challenges you see (or anticipate) that were not mentioned?
- How do you anticipate using this information?