Bringing the Affordable Care Act to the Streets

LESSONS LEARNED FROM THE FIRST YEAR OF OUTREACH AND ENROLLMENT

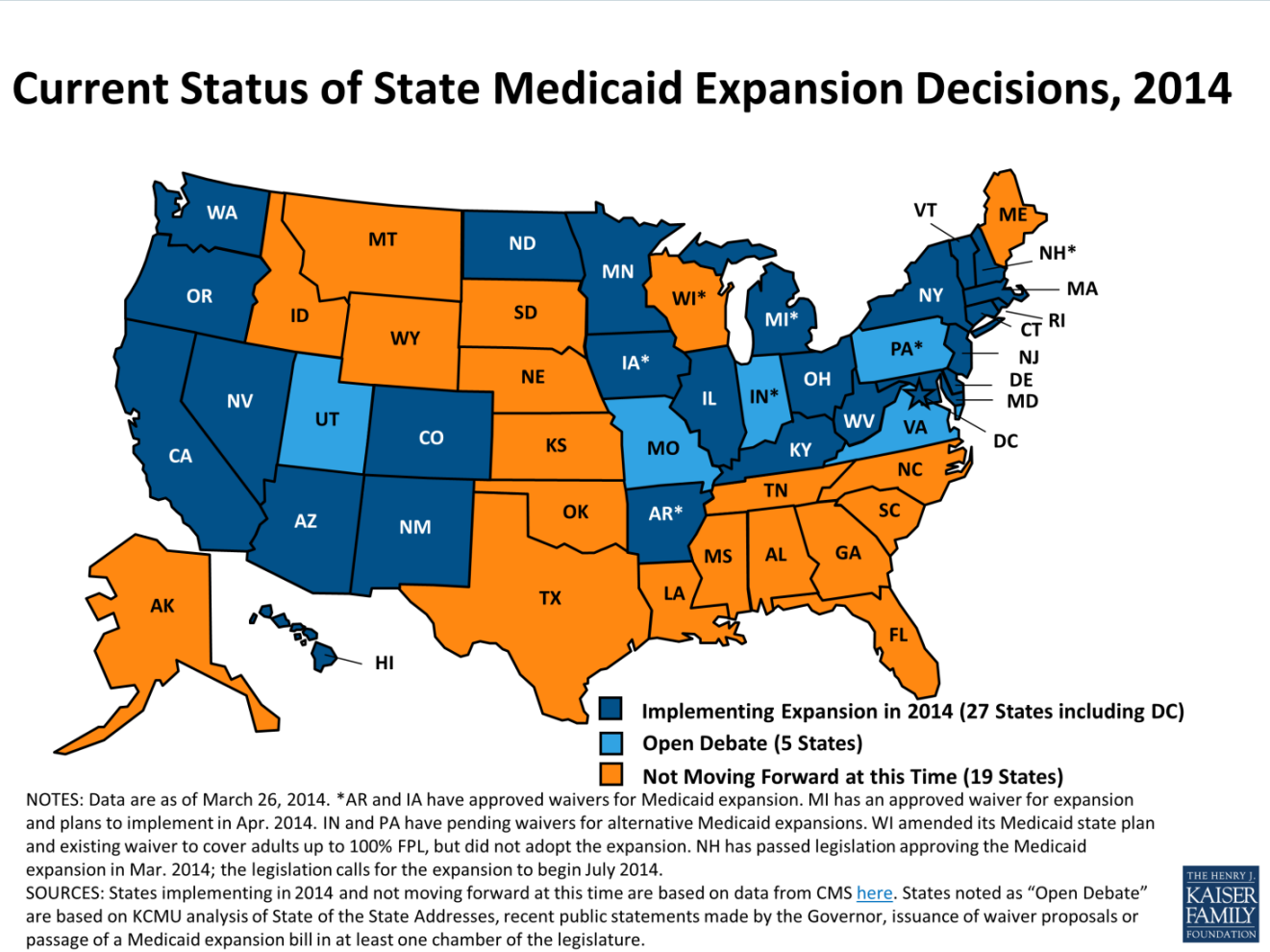
MARGARET FLANAGAN, LGSW
KATIE LEAGUE, LCSW-C
HEALTH CARE FOR THE HOMELESS
BALTIMORE, MD

What does the ACA, Obamacare, or health care reform mean to you?

ACA Overview

- Goal is to make health insurance more affordable and available to Americans
- Two major components:
  1. **Medicaid Expansion**
  2. Creation of a Marketplace to purchase private insurance (called Qualified Health Plans or QHPs)
- Supreme Court ruled Medicaid Expansion was optional
- States given the opportunity to expand Medicaid and flexibility to define new program

Who expanded Medicaid?



NOTES: Data are as of March 26, 2014. *AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and plans to implement in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS here. States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.

THE HENRY J. KAISER FAMILY FOUNDATION

Preparing for the ACA

THE MARYLAND EXPERIENCE

Early development of ACA in MD

- Maryland very invested in expanding Medicaid to low-income individuals
- Began meeting in 2012 to discuss how to roll out
- Developed process and procedures ahead of federal government regulations

Creation of 'The Exchange'

- New State Agency that facilitates enrollment
  - Works in accord with Department of Health and Mental Hygiene; the state agency that administers Medicaid
- In Maryland this is Maryland Health Benefit Exchange (MHBE)
- Maryland created own exchange and website, which means we do NOT use the federal system
  - Maryland created own website to enroll

Enrollment includes

- QHP – Qualified Health Plans. Insurance plans that can be purchased by Americans
- MA – Medical Assistance also known as Medicaid
  - EHB – Essential Health Benefits. The minimum benefits that must be covered by all insurance plans
  - MCO – Managed Care Organization. The provider of the Medicaid benefits
- Subsidies – tax incentives that help pay for premiums of the QHPs

Exchange partnerships

- Statewide Call Center
- Committees to oversee Expansion and Enrollment efforts
- Insurance Carriers
- State Agencies
  - Maryland Insurance Administration (MIA)
  - Department of Health and Mental Hygiene (DHMH)
  - Department of Human Resources (DHR)
- Connector Program

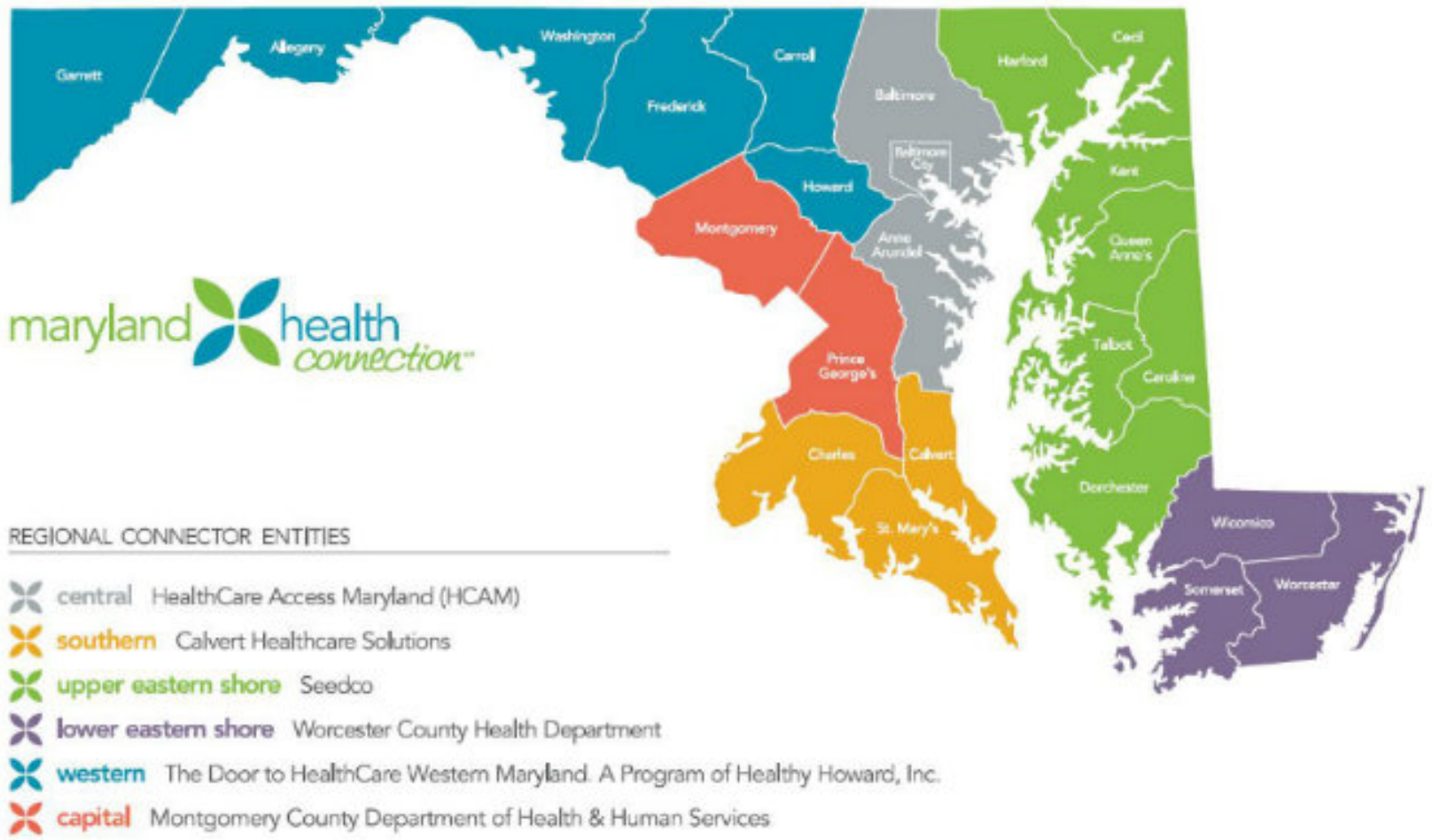
Connector Entities

- Agencies that oversees local enrollment efforts
- Operate local call centers
- In Maryland, six Connector Entities divided based on geographic region
  - Local partnerships better equipped to enroll individuals based on local demographics and expertise
- Receives funding from the Exchange to fund positions and agencies to have local input
  - Navigators
  - Assisters

Connector Outreach

- Navigator – A trained person, funded through the state, who can help an individual enroll in Medicaid or a QHP
- Assister – A trained person, funded through the state, who can help an individual enroll **only** in Medicaid
- Per federal regulations, individuals had to receive state-based training on enrollment

Maryland Connector Regions



Importance of the ACA for Health Care for the Homeless

Health Care for the Homeless – Baltimore, MD

- Maryland pledged to expand Medicaid
- Health Care for the Homeless recognized the value and importance of expansion for individuals experiencing homelessness
- For the first time, comprehensive health insurance offered to low-income, single adults (around 75% of our client population)

Medicaid Expansion for individuals experiencing homelessness

- New eligibility is based on family size and household income

Household Size	Income
1	$16,105 or less
2	$21,707 or less
3	$27,310 or less
4	$32,913 or less

- Categorical eligibility continues (disabled, pregnant women, etc.)
- Services offered through Medicaid expansion identical to current Medicaid program

What does Medicaid Cover (EHB)?

- Outpatient Care
- Emergency services
- In-patient Hospitalizations
- Maternity and newborn Care
- Mental Health
- Substance use treatment
- Prescriptions
- Lab services
- Preventative Services
- Pediatric Services (including vision and dental)

ACA MA vs. Categorical MA

- Categorical MA – full, comprehensive, most robust program. Cost is shared between state and federal government
  - Clients with SSI automatically get MA
  - Children, pregnant women get MA
- ACA MA – May not be as comprehensive as Categorical MA (MA lite). Cost is 100% covered by Federal government initially. Decreases starting in 2016. Will never be less than 90% covered by federal government

Managed Care Organizations

- All Medicaid recipients through Expansion MA must enroll in a MCO
- Can self-select or be auto-assigned
- HCH worked to ensure have partnerships and credentialing with all MCOs so clients can continue to access services

Outreach and Enrollment Project at HCH

HCH client needs

- Sought partnerships with Connector Entity to receive funding for Assisters
  - Interest in Medicaid
- Received funding for four Assisters (Exchange); two managers (HRSA)
- Wanted to ensure our clients had voice at the table
- Individuals had a right to access care and have access to insurance regardless of if coming to HCH
- Focus on those who are homeless, underserved, and vulnerable

Project Implementation

- Lessons learned from other areas (MA, CO)
- Focused on hiring strong candidates with background in human services, insurance, or homelessness
- Developed priorities and expertise in Medicaid
  - Built on outreach expertise

Focus on our clients

OUTREACH PLAN AND DEVELOPMENT

Outreach 'plan'

- Focus on what services an individuals does access: food, shelter, mail
- Education is happening on a one-on-one basis so clients are educated on what insurance means for them
- Created grid with pre-existing partnerships and other partnerships to develop
  - Contact person
  - Hours to be there/Frequency of visits necessary
  - Type of program

Outreach Partners

- Services already frequented by individuals experiencing homelessness:
  - Meal programs
  - Shelters
  - Day shelters
  - Libraries
  - Methadone clinics
  - Locations that have medical providers that volunteer
- Encampment

Outreach Partners (cont.)

- Parole and Probation
  - These clients often don't consider themselves homeless.
  - Often younger clients who aren't presenting to other locations for care
  - Many are in and out and don't know insurance status
  - Build relationships with Parole officers to become part of their check-in process
  - Often have resource fairs

Educational Outreach

- Outreach should not be just to clients
  - Nursing/medical schools
  - Social work programs
  - Case management providers
  - Other outreach workers
  - Emergency department staff – specifically social workers or discharge staff

Benefits of Outreach

- Health insurance is confusing! Unless you do it every day there are details you aren't going to know
- Maryland had significant challenges with the Exchange – Assisters figured out workarounds that made the process manageable
- Applications can be done during a 10-15 minute interaction with help
- Outreach workers can check insurance status – many people do not know if they have insurance

Results

- Medicaid enrollment has been higher than anticipated
  - Around 2/3 of ACA enrollment in MD
- Client's can be approved for benefits same-day which improve access to care, especially emergency care
- Uncompensated care costs have dropped at community clinics such as HCH
- Access to more clinics of the individuals CHOICE

Lessons learned

INDIVIDUAL, SYSTEM, AND AGENCY BARRIERS AND SUCCESSES

Anticipated Issues

- Clients would not want insurance
- Clients would not know necessary information
- Health insurance would be too complex to explain
- Online verification of ID, proof of income, etc. wouldn't work
- Saturation of need in clinic
- Trouble finding clients who are interested in insurance

What we found?

- Clients receptive and excited to have options for insurance
- Through outreach and patience, able to work through most problems in recall or missing information
- Education for assisters and support helped to work through complex health insurance questions
  - Relied on new and institutional knowledge

Actual Issues Faced with Exchange

- Website works 50% of the time
  - First few months – 10%
- MCO enrollment never worked
- Paper application still required phone follow-up
- Exchange did not generate MA numbers (reference number from Exchange was meaningless)
- Communication between the Exchange and the State's Medicaid program has several interruptions
- Lengthy wait times on all phone lines
- Overpromised and under-delivered

Lessons Learned on Outreach

- In-person assistance equalized the process
- Careful tracking is essential
- Capturing all of the information in one session is essential – follow-up is very difficult but a lot can be done without the client once the application is completed
- Paper back-ups of everything are necessary
- Establish strong lines of communication with the Connector Entity

More Lessons Learned

- MAIL!
- Education campaigns have focused on QHPs – this makes Medicaid education and outreach even more important
  - Open enrollment for Medicaid never closes!
- Having an automatic eligibility filter (food stamps, state insurance, etc.) helps with enrollment

Medicaid and Medicare quandary

- Individuals who currently get Medicare are **NOT** eligible for Medicaid – even if their income is below the threshold
- Individuals are eligible for Medicaid while they are waiting for Medicare following SSDI approval and wait period
- Individuals **cannot** opt-out of Medicare in favor of Medicaid
- Advocate proactive Medicare eligibility dates and State Supplemental programs (QMB, SLMB)

Agency Lessons Learned

- Important to have an infrastructure in place
- Finance/Billing –electronic systems to check insurance status and alert to activation allows to retroactively bill more easily
- Credentialing providers with MCOs
- Know which providers are accepting new patients
- Referrals for specialists
  - More options for specialists = higher work load for staff

Partner Lessons Learned

- Tracking – Connector entities are not generally providers, so they are not as concerned about benefits becoming active
- Troubleshooting
- Outreach sites
- Assess internal demand – where are your providers doing outreach

Medicaid expansion is making a difference in people's health and lives

ONE SUCCESS STORY

Summary

- ACA is not perfect solution; however, we will see:
  - Decreased cost to consumers
  - Decreased cost to hospitals and community health centers
  - A focus on affordability and cost
  - A shifting of priorities to health outcomes
- For the first time, low-income individuals have more options and choices of where to receive health care

What can you do?

- Encourage people to apply – let people know it is working even through frustration
- For not expansion states – know the financial benefits to the state
- **Open Enrollment for Medicaid does not end!**

Katie League, LCSW-C
Ph: (443) 703-1239
kleague@hchmd.org

Margaret Flanagan, LGSW
Ph: (443) 703-1347
mflanagan@hchmd.org