

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

LIVING IN AN EXPANDED WORLD:

**A Sampling of Four
Medicaid Expansion States
(Maryland, Colorado, Oregon & New Mexico)**

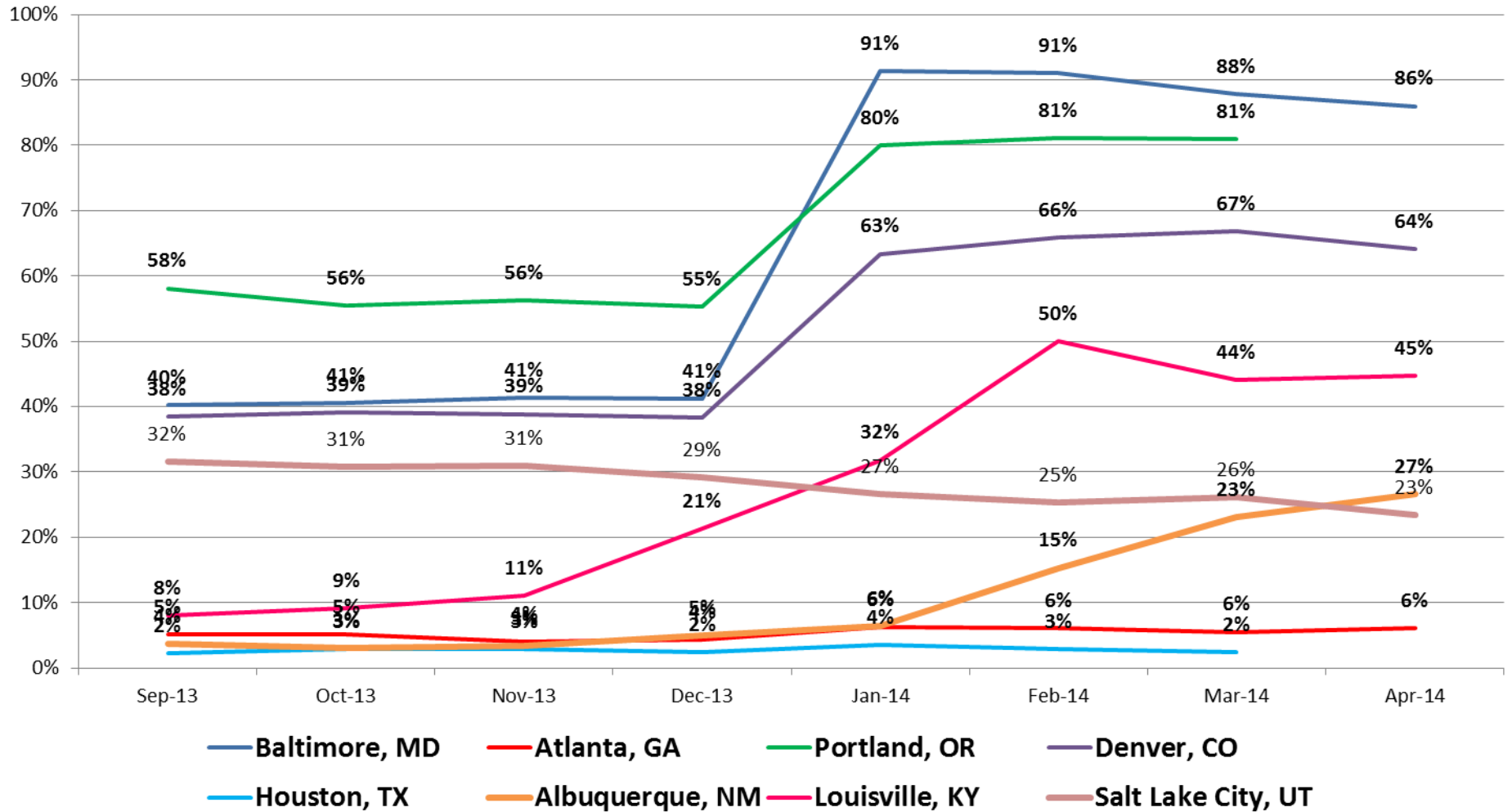
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WHY DOES ENROLLMENT MATTER?

- Connection to broad range of care
- Payment for services
- Potential to prevent and end homelessness
 - Reduces out of pocket costs for care, medical debt, bankruptcies
 - Treats health conditions before they become debilitating (or even prevents them from occurring in the first place!)
 - Allows covered services beyond clinical setting into supportive housing (at state option)
- Each state is having a different experience, largely shaped by Medicaid expansion decision, but also by other factors



Health Care for the Homeless Projects Percent of Visits with Clients Who Have Health Insurance: January 2013 to April 2014





HEALTH CARE
for the **HOMELESS** **INC.**

Medicaid Expansion

(a love story...)

Kevin Lindamood, MSW

President & CEO

Overview of Presentation

- Medicaid Expansion in Context
- Preparation & Advocacy
- Preliminary Outcomes
- Future Opportunities



Medicaid Expansion in Context





HEALTH CARE for the HOMELESS INC.

- Headquartered in Baltimore, Maryland
- One of 19 original Robert Wood Johnson Foundation HCH Projects in 1985
- Historically grant funded
- Multidisciplinary



HEALTH CARE OF HOMELESS

HEALTH CARE OF HOMELESS

421

NO LEFT TURN

Community Center



Everyone

deserves to go Home

ONE WAY

NO PARKING

NO PARKING

DGS

BENEVOLENT







HCH in 2013

- **\$13 Million** budget
- **140** Staff
- **7,000** Clients served in Baltimore (2013)
- **10,000** Statewide
- **78,000** Patient visits in Baltimore (2013)
- **88,000** Statewide
- **70%** Uninsured



Medicaid Coverage in Maryland

- MASO
 - Eliminated in 1992
- Indigent Care
- Primary Adult Care
- Expansion for Parents
- Among 1st to Embrace
ACA Expansion



Preparation & Advocacy



Strategic Planning

- Uncertain environment
- Financial losses
- Strategic focus upon:
 - Internal Capacity
 - Systems & Processes
 - Financial Stability
 - Health Care Access



Community Engagement

- Coordinating Council & Committees
- Medicaid Advisory Committee
- Federal & State Agencies
- Health Systems – Referral Networks
- Strengthening of Primary Care Association
- Local & National Media



Outreach & Enrollment

- Support from HRSA
- Exchange participation
- Four full-time “assisters”
- In-house staff



- 550 enrolled between Oct 1 & Jan 1
- Primary Adult Care Push
 - 96,000 PAC enrollees auto-enrolled Jan 1
- Extension of redetermination





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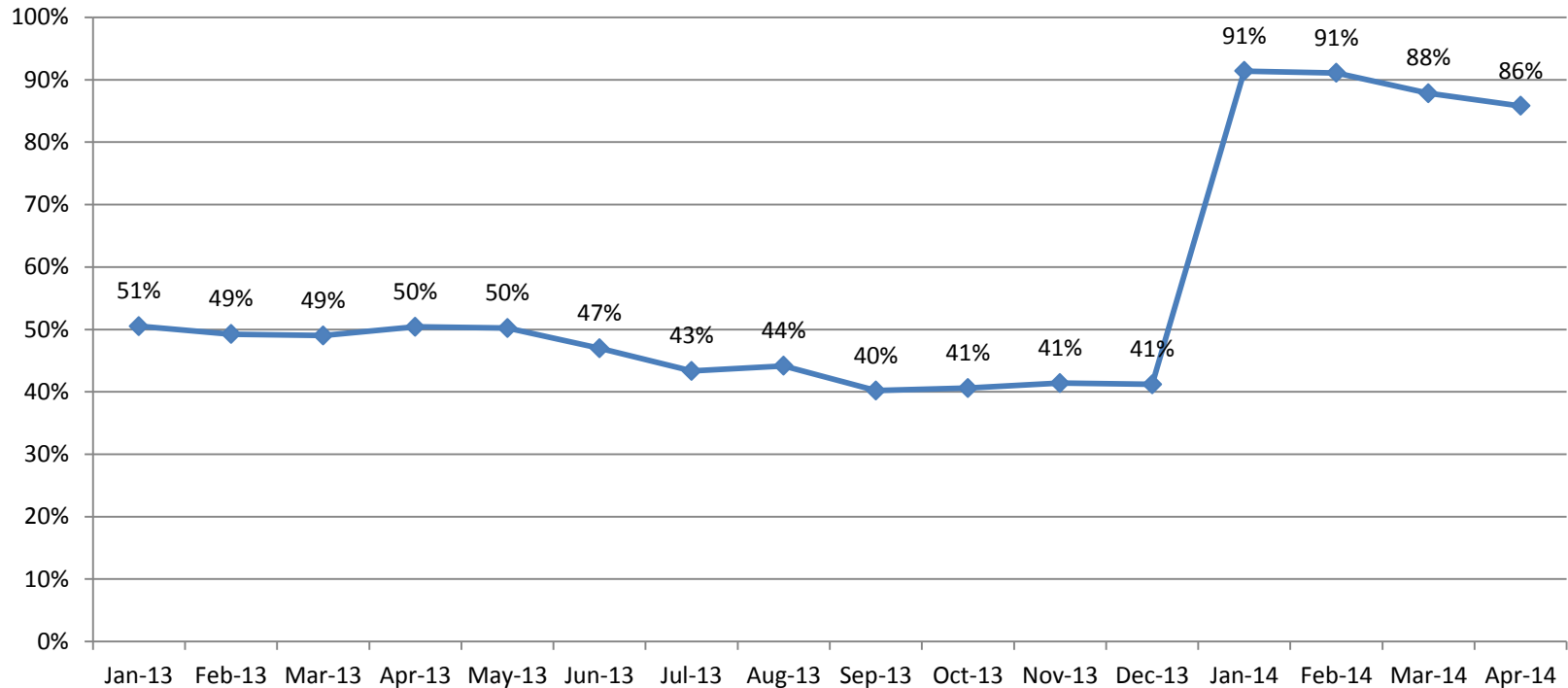
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Preliminary Outcomes



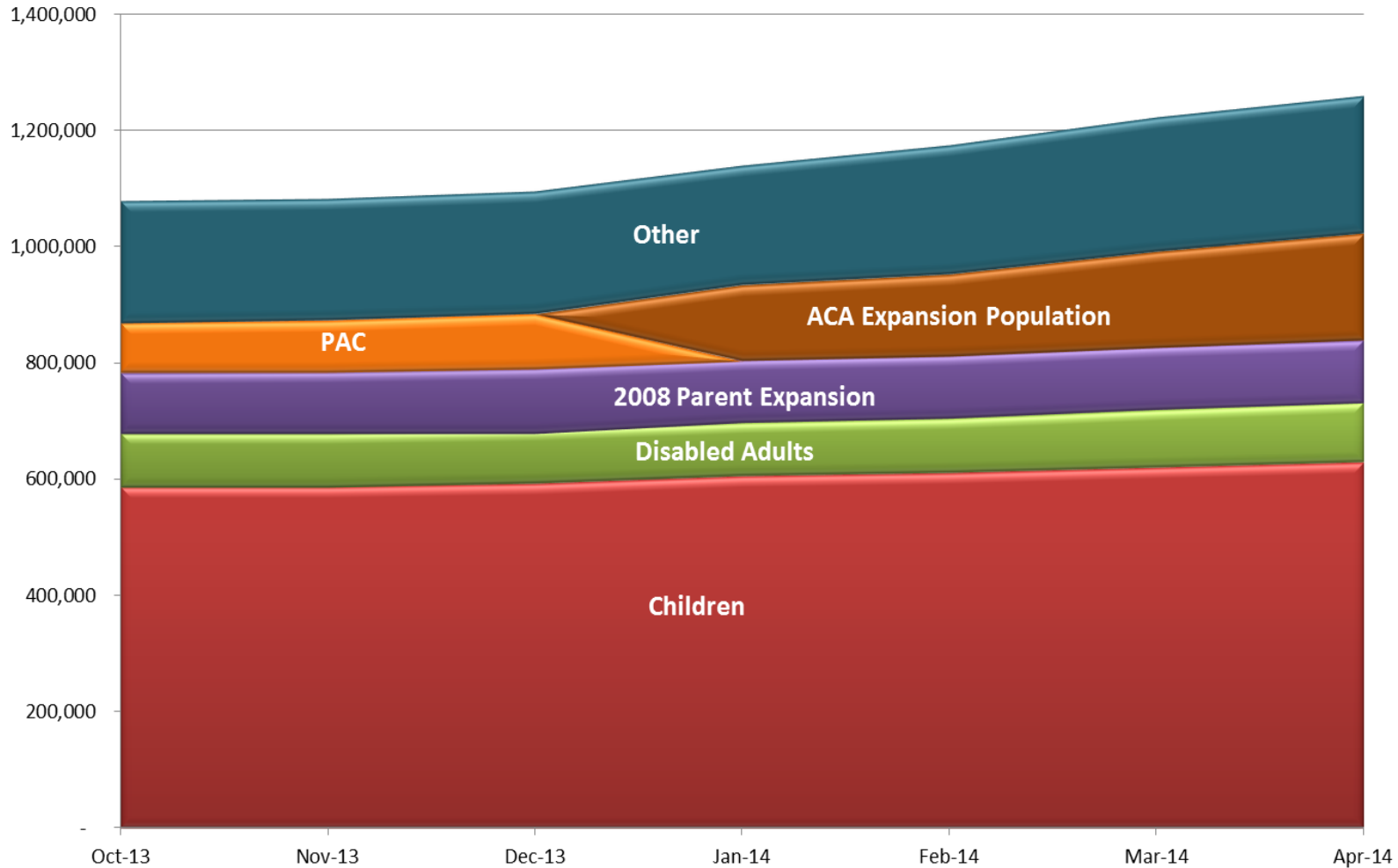
Visits with Insured Patients

Percent of Visits with Clients Who Have Comprehensive Health Insurance: January 2013 to April 2014

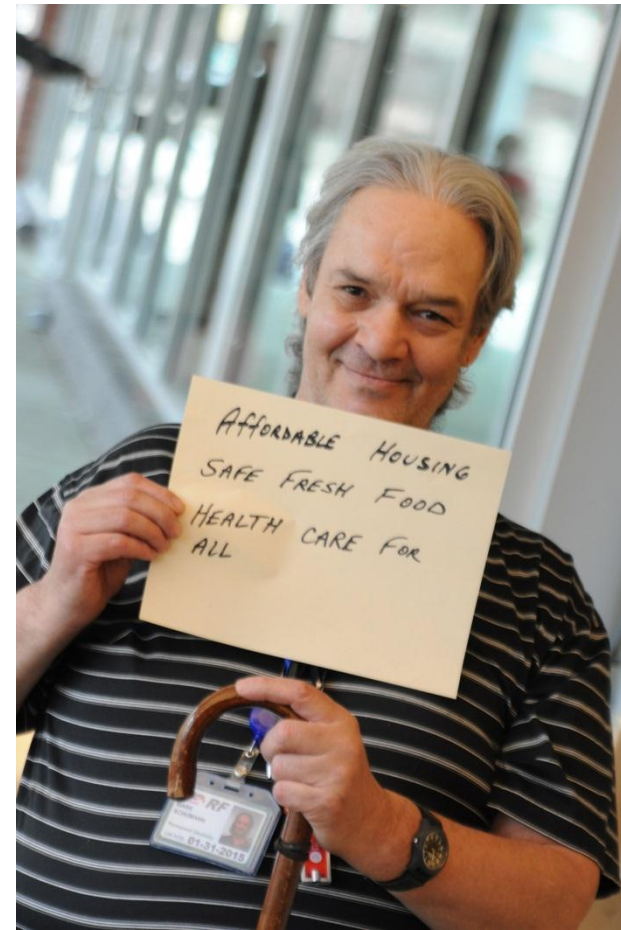
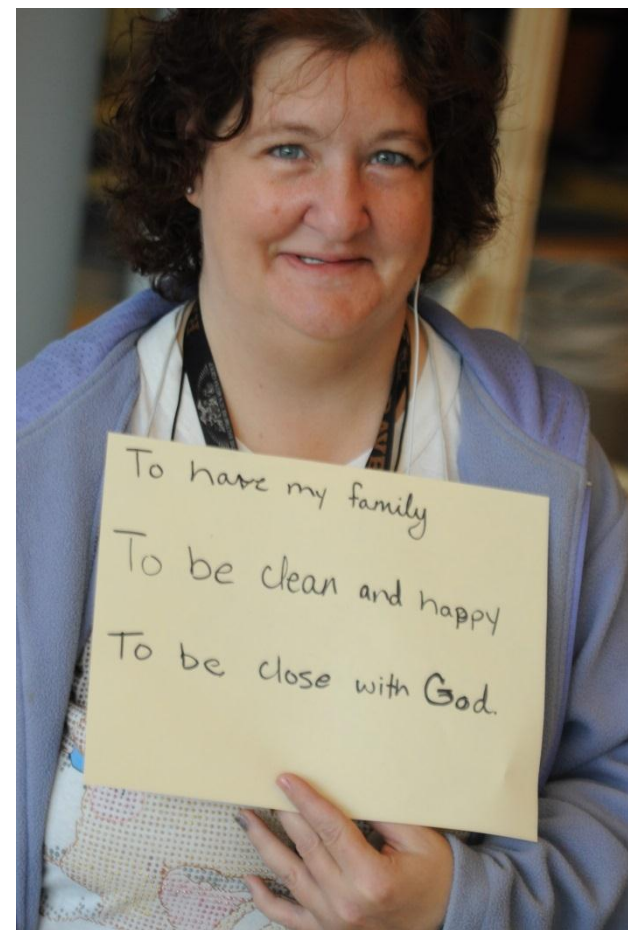


State Population Breakdown

Total Medicaid Enrollment by Coverage Category, Oct. 2013 - Apr. 2014







4-11-14
Began Being
Healthier.
Start New over
justified good Health

HCH in 2014

- **\$15 Million** budget
- **150+** Staff
- **85%+** of patient visits in first four months are with clients who have Medicaid or Medicare

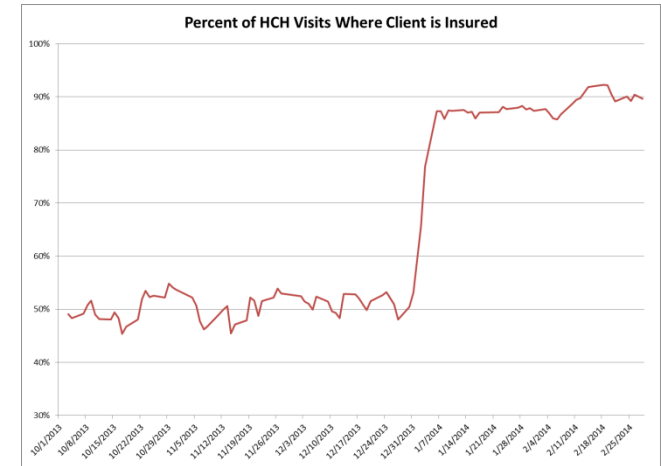


Medicaid Expansion in Context

- Financially stabilizing
- Improved access to specialty care and hospitalization
- 60% of HCH services billable

“Unfunded” services include:

- Outreach & enrollment
- Case management & supportive housing
- Adult dental care

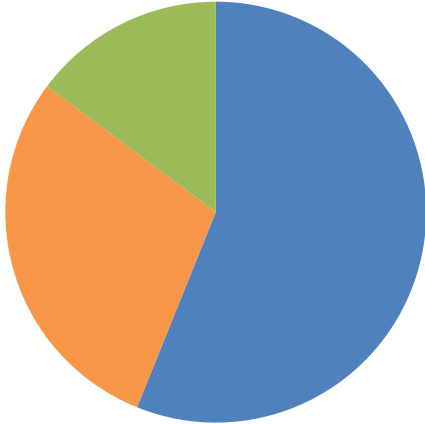


HCH Budget – *General Breakdown*

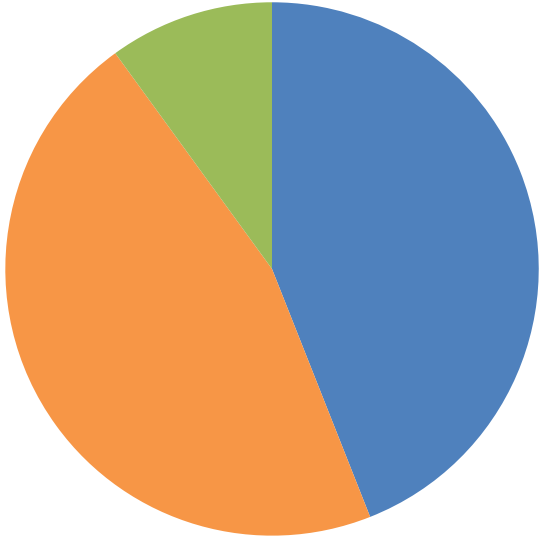
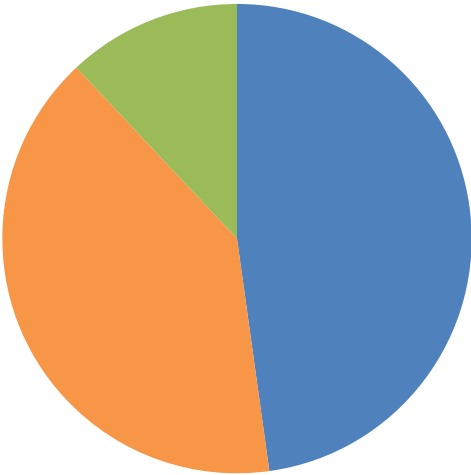
2012

2013

2014



- Grants
- Billing
- Private/
Other



\$11,745,889

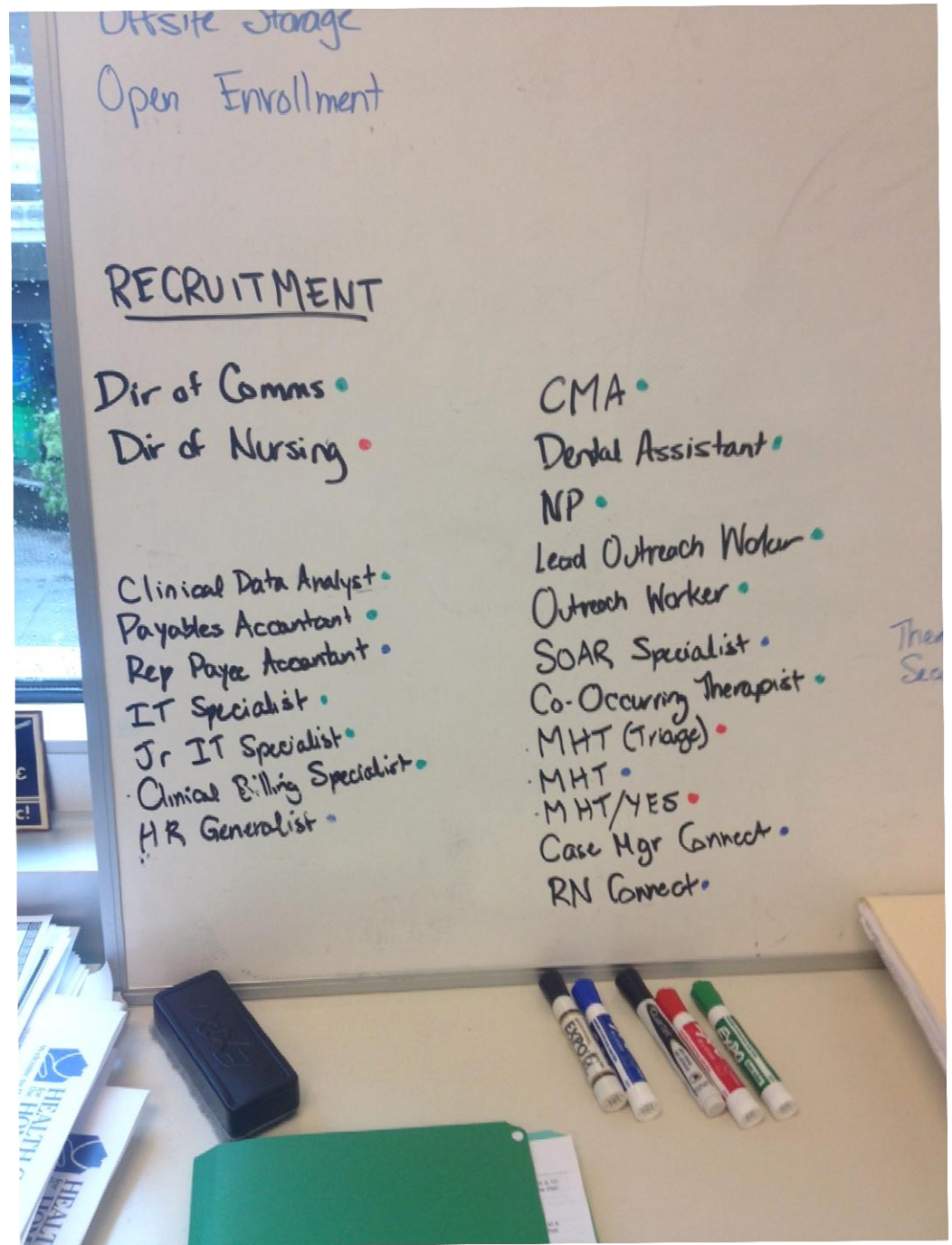
\$13,176,949

\$15,386,308



HCH HR Director's White Board

2014



1. I have a team now
2. don't have to do everything
myself" - LW

Opportunities



Partnerships & Future Reforms

- Alignment with hospital waiver
- Unprecedented opportunities for expansion
- Strengthened coalitions
- Waiver opportunities
- Highlight both benefits and limitations



HCH Mobile



Emergency Department Diversion

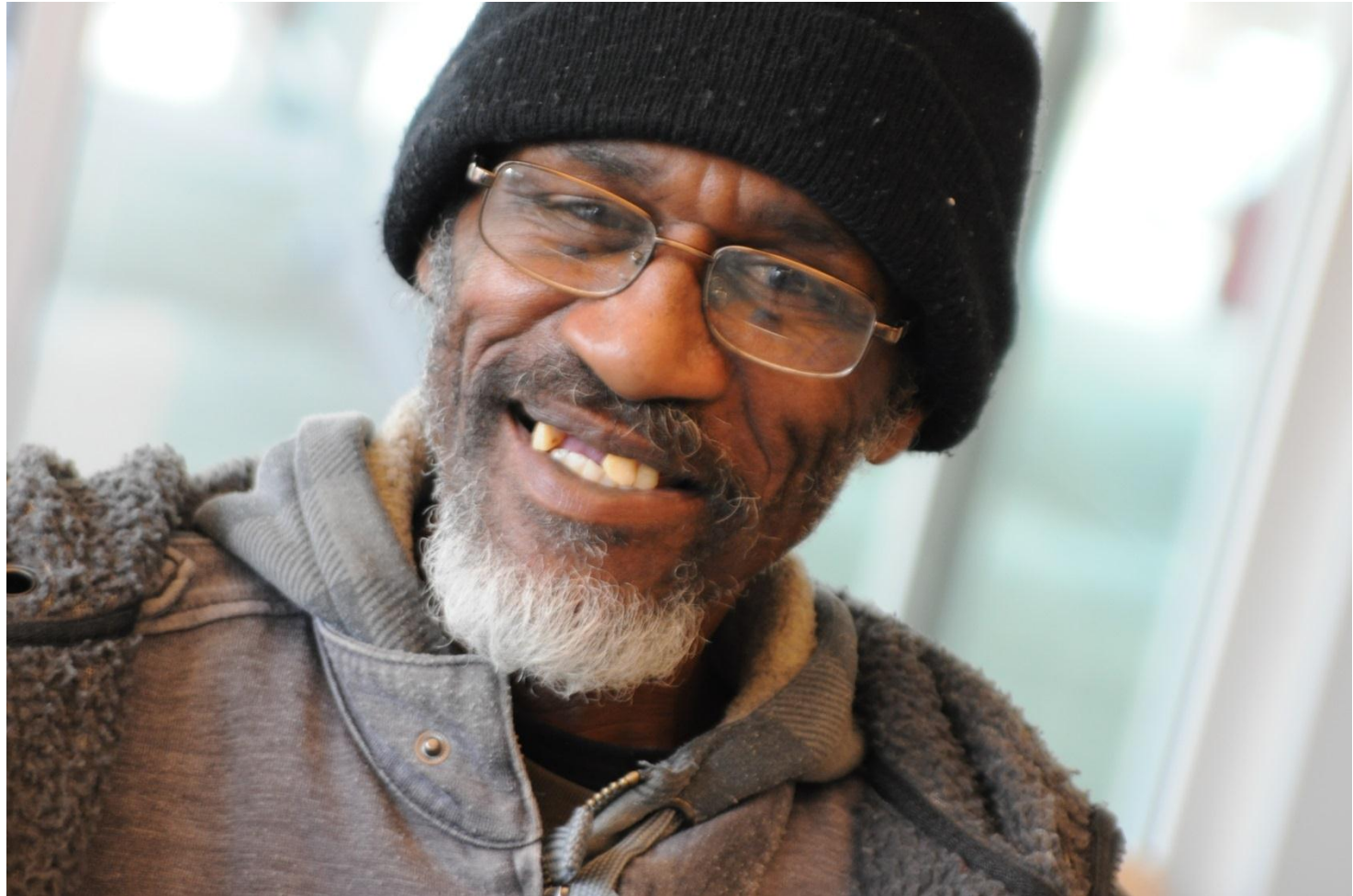




MAY 5 '14
MAY 2 '14

HB 813 HB 794
HB 813 HB 794

Homelessness is not permanent



Living in an **Expanded** World

A Sampling of Four Medicaid Expansion States

NHCHC Conference and Policy Symposium

May 28, 2014

Bette Iacino

Vice President Public Policy and Communications

Colorado Coalition for the Homeless

2009
THROUGH
2014



Medicaid expansion in Colorado has been a catalyst for a cultural and organizational shift at the Colorado Coalition for the Homeless

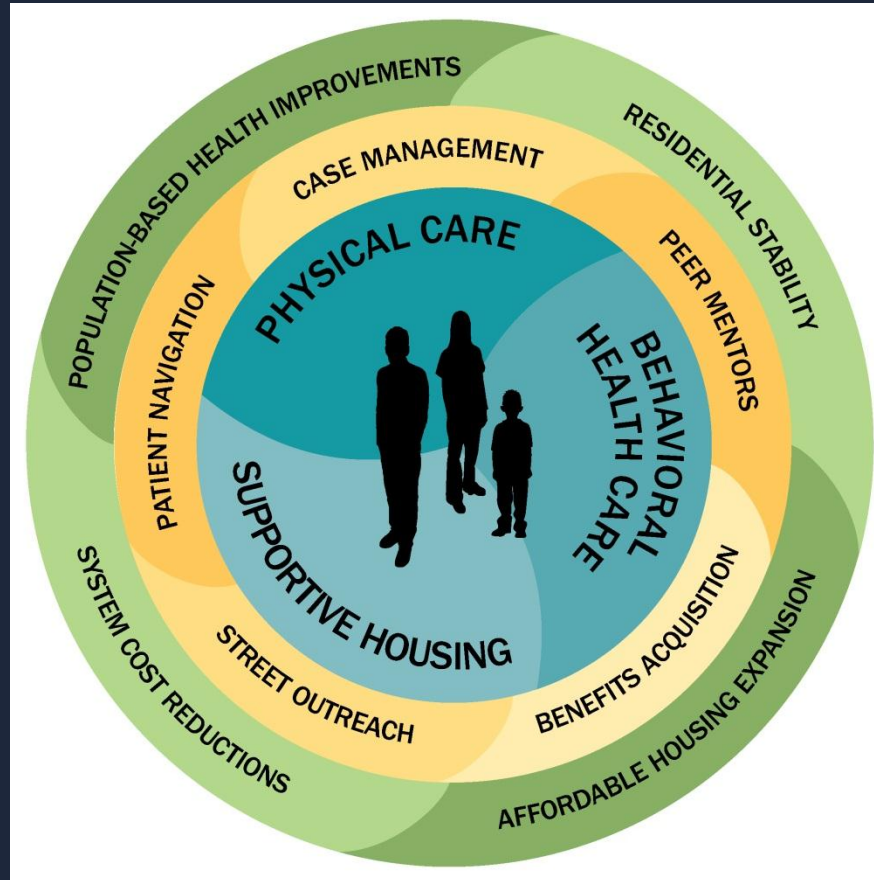
A New Normal: Five Big Changes

2009
THROUGH
2014



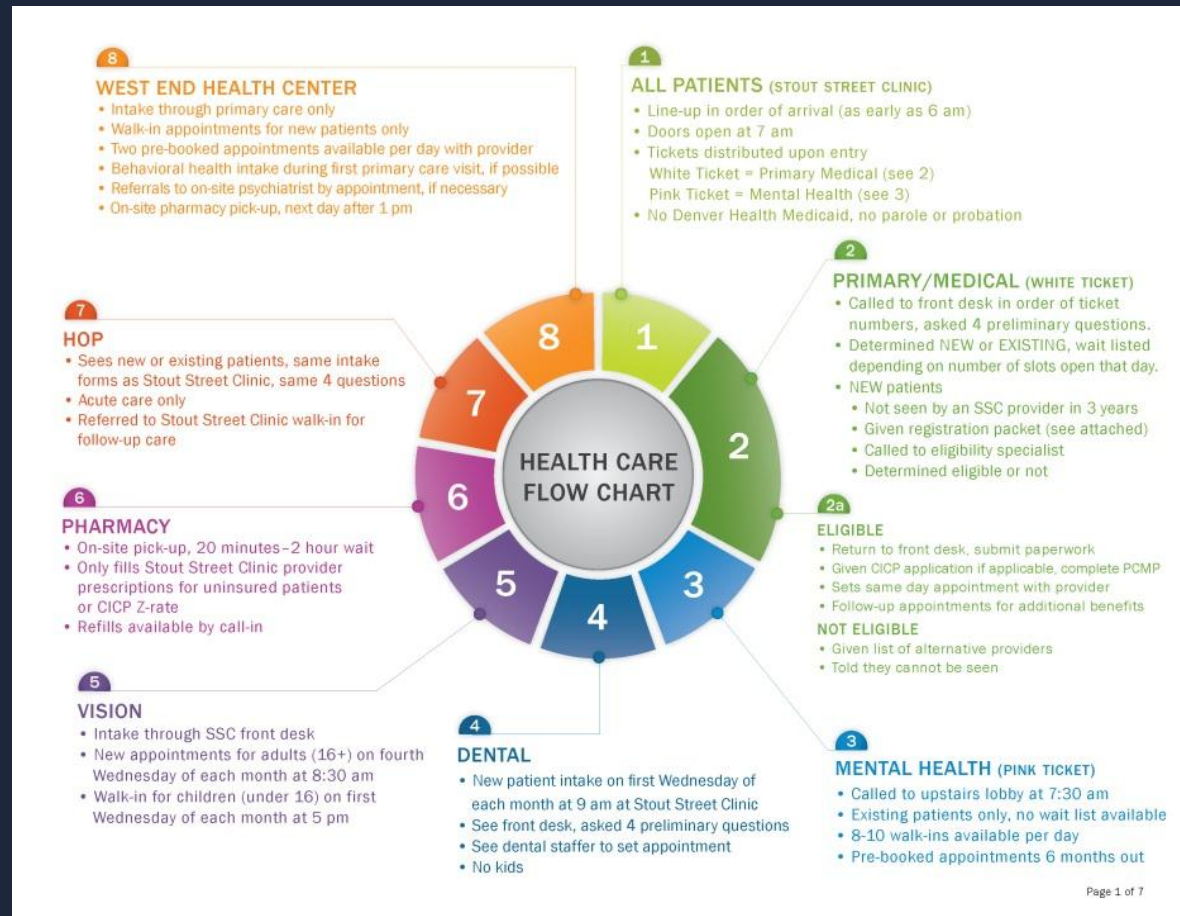
1 Construction of a new, expanded clinic and housing development

**2009
THROUGH
2014**



2 Adoption of a new, fully integrated model of care

2009
THROUGH
2014



3 Modification to clinic eligibility criteria

2009
THROUGH
2014



4 Staff reorganization and capacity building to advance integrated model

2009
THROUGH
2014



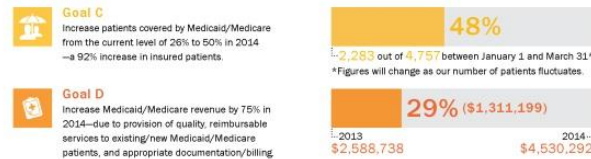
2014 ORGANIZATIONAL GOALS

PROGRESS AT-A-GLANCE: MARCH 31

INTEGRATED CARE DELIVERY



MEDICAID EXPANSION



HOUSING SERVICES



BUILDING A TRAUMA-INFORMED CULTURE



NOTE: Data collected from the Electronic Health Record (EHR), the Homeless Information Management System (HMIS), and the Coalition's Billing and Human Resources Departments.

5 Incentivized organizational goals

2009
THROUGH
2011

Colorado Health Care Affordability Act of 2009 finances Medicaid expansion

- Creates Hospital Provider Fee of 6%
Net Patient Revenue = \$190 million
FY 2012–2013
- Medicaid cost estimates at
\$900 monthly per person:
\$1.7 billion at 100% FPL
vs. \$770 million at 10% FPL
(50,000 people)

2009
THROUGH
2011

- Solution: cap enrollment to 10,000 with randomized selection
- Provide full state Medicaid package to adults without children (AwDC)
- Automatic enrollment into Accountable Care Collaborative
- State Convenes AwDC Advisory Committee (March)—meets monthly

2012

CONNECT *for* HEALTH
COLORADO



Colorado Expands Medicaid

From May 2012 through December 2013, Colorado covered a limited number of adults without dependent children (AwDC) through a waiver program.

2012



- Education and Advocacy Team leads CCH advocacy and enrollment activities
- 50 case managers trained to do enrollment
- Client eligibility assessment takes place (2,281 clients)

2012

- Paper applications completed in advance for all eligible clients to increase odds of selection
- Database established for advocacy and tracking purposes
 - ◆ Numerous state system and programming glitches identified and corrected

2012

Total Medicaid Enrollment Colorado - AwDC



6,000



7,900



10,000



9,798

2012

Total Medicaid Enrollment at the Coalition - AwDC

APPLICATIONS SUBMITTED 1,460	ENROLLED AwDC 766
ENROLLED OTHER MEDICAID 101	DENIED 160
NO RECORD 433 (advocacy focus)	CHURN (was on/moved off) 88

2013

Gearing up for the Affordable Care Act launch in Colorado and a NEW clinic!

- State doubles the enrollment cap to 20,000: reaches 14,772 in June
- AwDC Committee meets last time (December)
- AwDC ends October 2013

2013



- Stout Street Health Center (SSHHC) breaks ground
- SSHC Eligibility Guidelines revised
- 9 O&E Staff/Volunteers On Board (July to October hire & train)

2013



- Assessment of all “front-desk” procedures completed
- Outreach enrollment expanded to 12 external sites

2013

“Got Medicaid?” Marketing Begins

WHAT IS
MEDICAID?

- 1** Medicaid pays for your health care.
- 2** No fees or co-pays at Stout Street Health Center.
- 3** You can apply today at Stout Street Health Center! We can help you.
- 4** All you need is your social security number and your monthly income.

COLORADO COALITION Homeless **NEW STOUT STREET HEALTH CENTER**
OPENING SPRING 2014, JUST AROUND THE CORNER

(303) 293-2220 | WWW.COLORADOCOALITION.ORG

HOW DOES
MEDICAID
HELP ME?

-  Doctor Visits
-  Health Care for Kids
-  Hospital and Emergency Room Care
-  Maternity and Newborn Care
-  Family Planning
-  Mental Health and Substance Use Treatment
-  X-Rays and Blood Work
-  Vision Care
-  Pharmacy
-  Physical and Speech Therapy

ASK US HOW TO SIGN-UP TODAY!



2013

SSHHC Marketing

WE'RE BUILDING A NEW CLINIC

TO BETTER SERVE YOU!

NEW STOUT STREET HEALTH CENTER
OPENING SPRING 2014, JUST AROUND THE CORNER

COLORADO COALITION for the Homeless

(303) 283-2220 | WWW.COLORADOCOALITION.ORG

NEW!
STOUT STREET HEALTH CENTER

- ▶ Opens in the Spring 2014
- ▶ Replaces the old Stout Street Clinic
- ▶ Bigger, better building just around the corner
- ▶ Same helpful staff and great care—all in one place
- ▶ Comfortable waiting areas and no more lines on the street
- ▶ Easy hours and appointment scheduling
- ▶ No fees or co-pays, even if you have Medicaid
- ▶ Get medical, mental health, pharmacy, dental, vision and eye care

WE CARE ABOUT YOU!

COLORADO COALITION for the Homeless

NEW!
STOUT STREET HEALTH CENTER
OPENS 2014

2013

Total Medicaid Enrollment at the Coalition

**APPLICATIONS
SUBMITTED**

872

APPROVALS

769

ADVOCACY

103

2014

“AwDC” Phased-Out: Medicaid Open Enrollment Begins for all Coloradans

- 178,000 people enrolled in Medicaid (April 2014)
- Expanded dental coverage, preventive & comprehensive (April & July 2014)

2014

Total Medicaid Enrollment at the Coalition (as of May 1, 2014)

**APPLICATIONS
SUBMITTED**

862

APPROVALS

553

ADVOCACY

309

Coalition Medicaid Enrollment

2014

76% Enrollment Rate

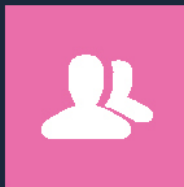
YEAR	TOTAL APPLICATIONS	TOTAL ENROLLED	TOTAL "EXTRA" ADVOCACY
2012	1,460	1,066	394
2013	872	769	103
2014	862	553	309
TOTAL	3,194	2,388	806

6,000 Advocacy "Touches"

2014

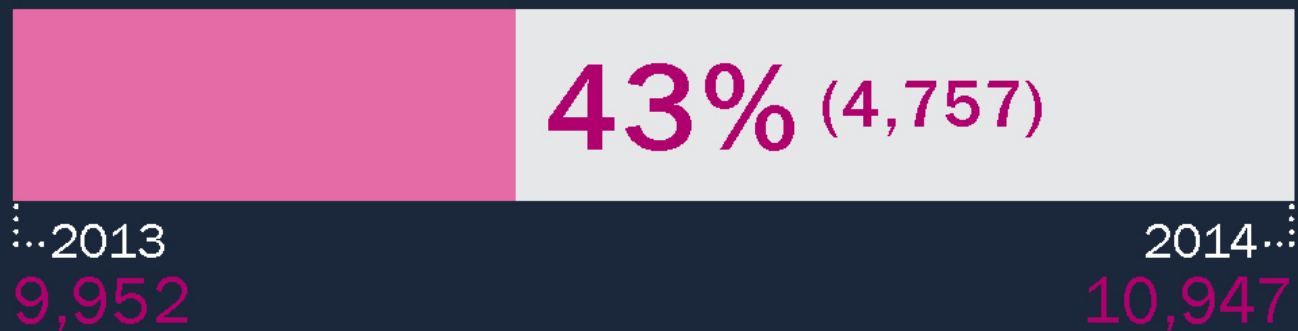
Progress on Organizational Goals

Integrated Care Delivery



Goal A

Increase the number of patients/clients receiving integrated health services and housing services through all Coalition programs by 10% in 2014.



2014

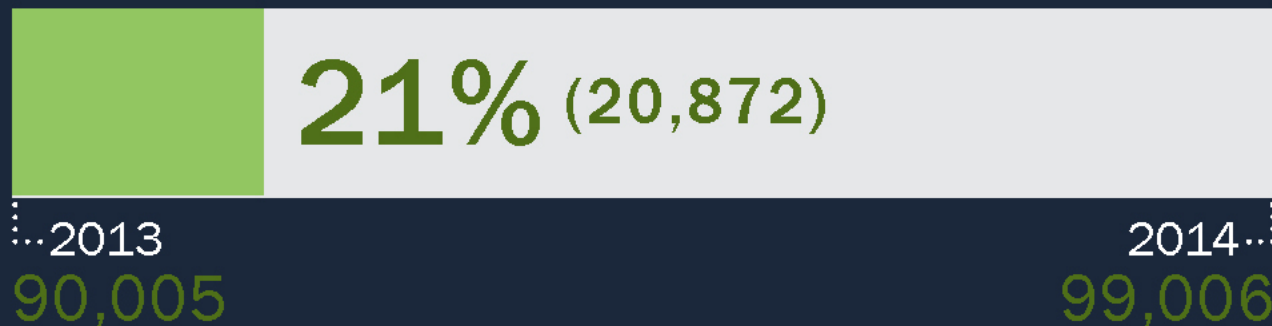
Progress on Organizational Goals

Integrated Care Delivery



Goal B

Increase the number of patient/client visits provided by all Coalition programs by 10% in 2014.



2014

Progress on Organizational Goals

Medicaid Expansion



Goal C

Increase patients covered by Medicaid/Medicare from the current level of 26% to 50% in 2014 —a 92% increase in insured patients.

48%

... **2,283** out of **4,757** between January 1 and March 31*

*Figures will change as our number of patients fluctuates.

2014

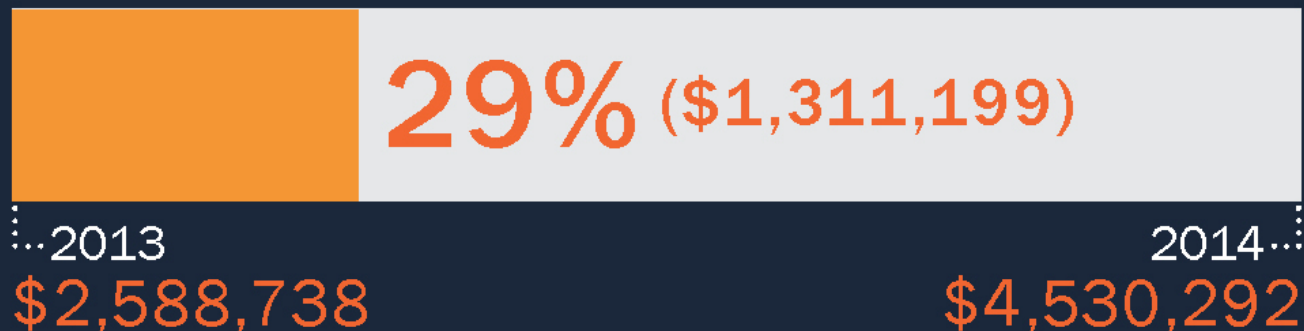
Progress on Organizational Goals

Medicaid Expansion



Goal D

Increase Medicaid/Medicare revenue by 75% in 2014—due to provision of quality, reimbursable services to existing/new Medicaid/Medicare patients, and appropriate documentation/billing.



2015



Looking to 2015

- Sustain and expand Medicaid enrollment
- Continue to advocate
- Improve Medicaid financing for Supportive Housing Services

Living in an Expanded World: Coordinated Care Organizations in Oregon

Rachel Post, L.C.S.W. Public Policy Director

Central City Concern

- **Who we serve** – yearly, more than 13,000 single adults, older adults, teens, parents and children throughout the Portland, Oregon metro area.
- **Who we are** – 46% of our 700 employees self-identify as in recovery; 25% have experienced Central City Concern’s programs first hand.
- **We believe** - every person we serve has unique skills & talents that can enrich the health, security, sustainability, and quality of life for us all.

CCC Health Home Model

CCC Federally Qualified Health Center:

- Old Town Clinic: PCPC
- Hooper Detoxification & Stabilization Center
- CCC Recovery Center
- Old Town Recovery Center (pictured)
- Recuperative Care Program



CCC Health Services

	2013-14	2014-15
Health Services Budget	\$29,600,000	\$34,000,000
Unduplicated Patients	6,664	7,159
Encounters	148,312	159,360
Uninsured %	49%	19%

Greatest area of growth is in addictions services which are now covered by the Oregon Health Plan

Healthcare transformation in Oregon

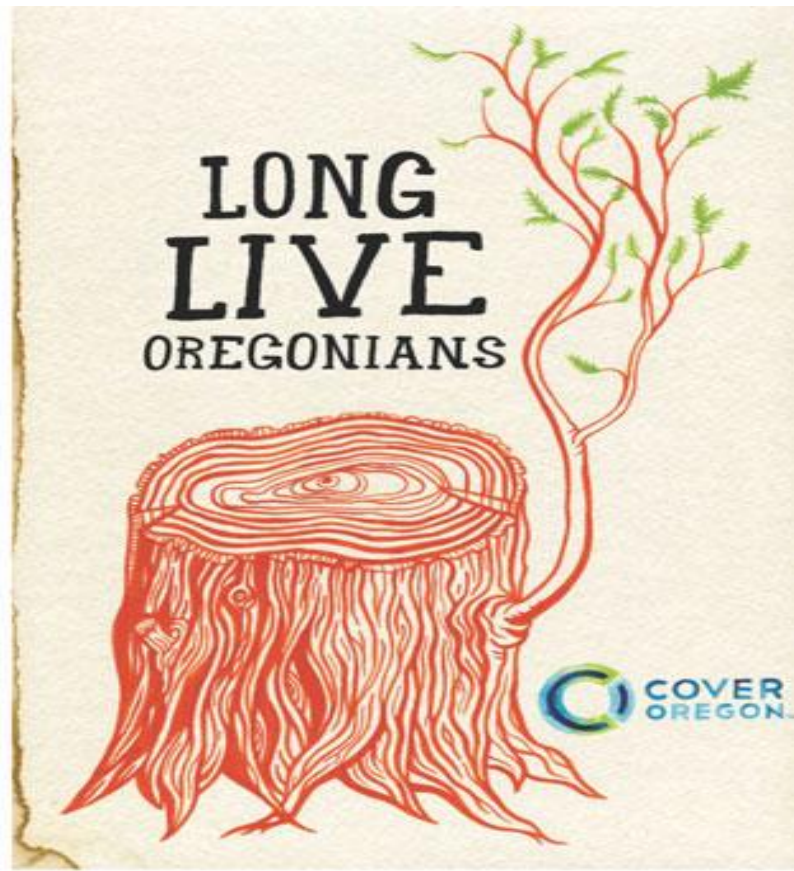


**Governor Kitzhaber
Old Town Clinic – Feb 2011**



**Governor Kitzhaber
Old Town Recovery Center– May 2012**

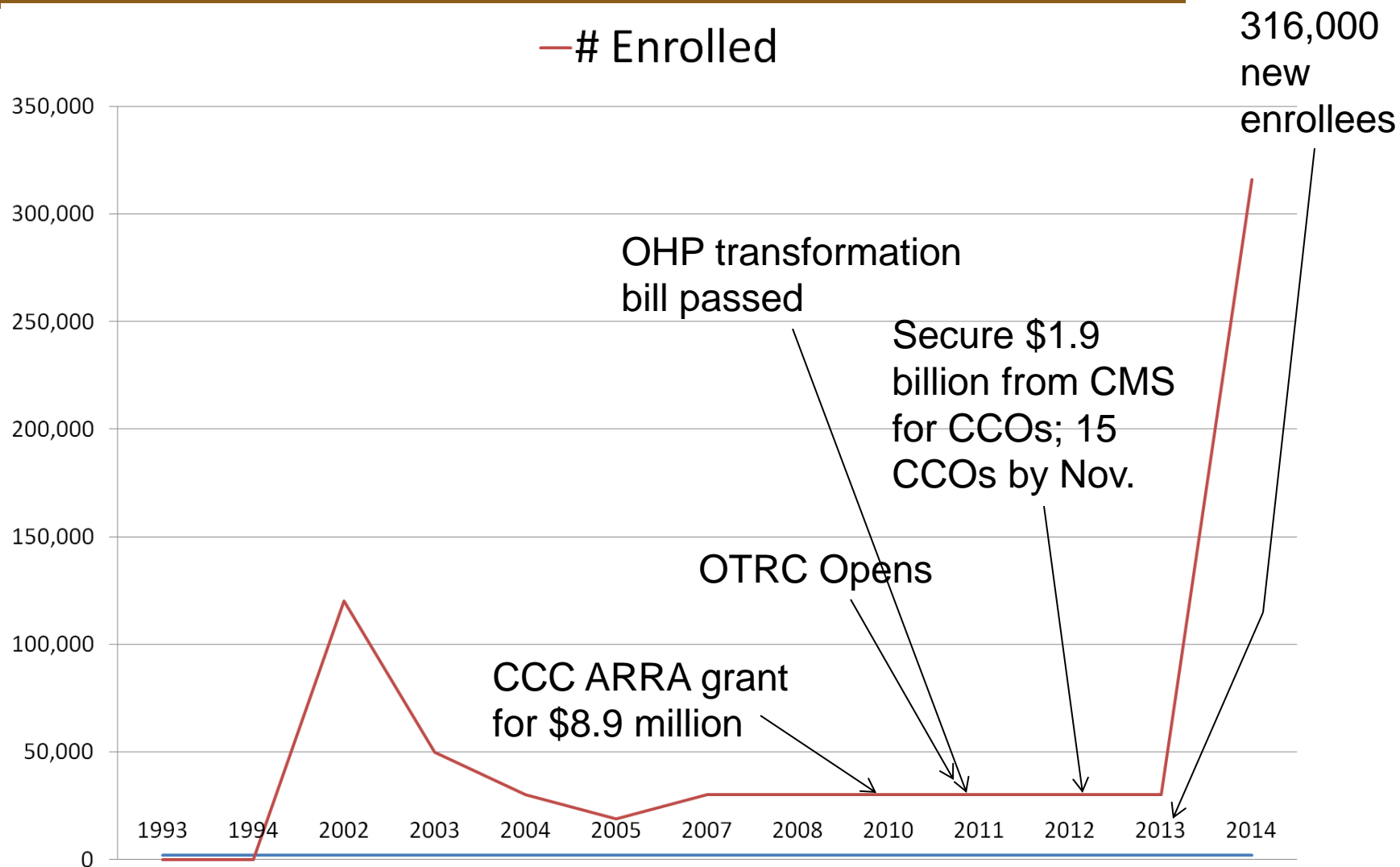
Oregon's Health Exchange



Headlines

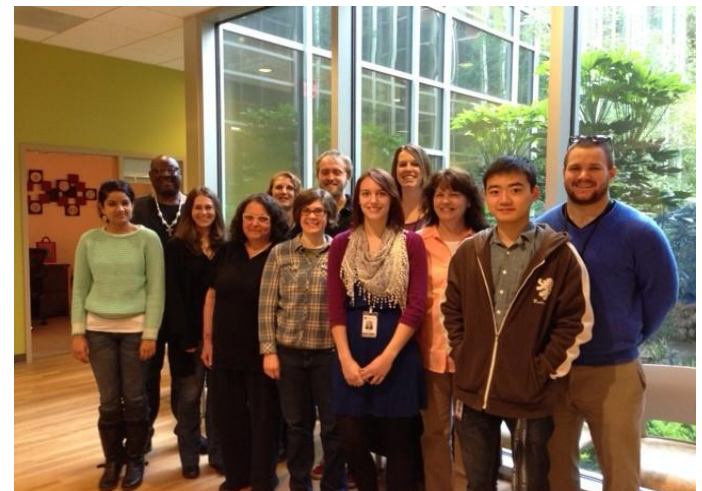
- “Health Care Exchange in Oregon Not Meeting High Hopes” New York Times
- “Cover Oregon: \$248 million state exchange to be jettisoned in favor of federal system” Oregonian
- **“COVER OREGON OFFICIALLY ADMITS ENROLLMENT SITE IS BROKEN BEYOND REPAIR”** Wall Street Journal

Medicaid Expansion in Oregon



CCC Outreach and Enrollment efforts

- HRSA funding for 2 full time outreach and enrollment staff
- 40 staff as assisters from across all programs trained
- Strategy: in-reach to CCC uninsured clients first, then outreach to partner agencies
- Since October 1, enrolled over 1,750 people
- Over 97% enrolled in Medicaid
- CCC insured rate went from 55% in Dec 2013 to 81% in March 2014



Coordinated Care Organizations

A network of health care providers who have agreed to work together in their local communities for Medicaid patients

Support new patient-centered and team-focused models of care, and reduce health disparities.

Service coordination and focus on prevention, chronic illness management

Triple Aim, Fixed global budget and Accountable for health outcomes

Health Share of Oregon (CCO)

Founding Members – Reserve Powers

Hospital Systems:

- Adventist Health
- Kaiser Permanente
- Legacy Health
- Oregon Health & Science University
- Providence Health & Services
- Tuality Healthcare

Counties

- Clackamas County
- Multnomah County
- Washington County

Other

CareOregon (MCO)
Central City Concern

New Board members

- Primary Care Provider physician
- Specialty physician
- Primary Care Provider Nurse
or Nurse Practitioner
- Mental Health Provider
- Addictions Provider
- Dentist
- Community-at-Large
- Community-at-Large
- Chair of HSO Community
Advisory Council

Central City Concern role in CCO

- Founding member
- Strategic education around homelessness
- Tri-County Community Behavioral Healthcare Network
- Vice Chair of Finance Committee
- Clinical Work Groups- Risk Accepting Entity
- Supportive Housing Work Group

What's next? Examples:

- Expand Health Services capacity by 1,500 patient
- Expand capacity to address chronic and primary substance use disorders for those with criminal hx
- Expand capacity to house 55-60 individuals



Questions?

Contact: rachel.post@ccconcern.org

(971)244-5020

www.ccconcern.org

Living in an Expanded World:

A Sampling of Four
Medicaid Expansion States

NHCHC Conference and Policy Symposium
May 28, 2014



Jennifer L. Metzler, MPH,
Executive Director



Albuquerque, NM

- Largest city in the state, population approximately 560k
- Economic, population, services center of NM
- At the crossroads of I-25 & I-40
- Border state, vast space, low per capita
- Small town, rural feel to Greater Metro area: Sandia Mountains, West Mesa, and a river runs through it...

Albuquerque Health Care for the Homeless, Inc.



Albuquerque, NM

- Albuquerque's poverty rate ranges around 20%
- NM consistently takes one of the top spots for poverty rates nationally
- At least 11% of the population is foreign-born; nearly 30% of households speak other than English as a primary language
- Minority-majority state
- 3,600 point-in-time, 10,000-16,000 per year experience homelessness

Albuquerque Health Care for the Homeless, Inc.



1985

ABQ Health Care, Inc. for the Homeless opens the doors of the Silver Bullet and begins outreach services.

Albuquerque Health Care for the Homeless, Inc.



1985 to present

AHCH is a freestanding HCH project/grantee, providing integrated primary medical and dental, behavioral health and social services through extensive outreach and at its central services campus.

Albuquerque Health Care for the Homeless, Inc.



1985 to present

AHCH has grown to 90 staff reaching nearly 7,500 men, women, children and youth experiencing homelessness each year.

Serve exclusively people w/o homes, consistently 95-98% at or below 100% FPL, 85-95% uninsured.

Albuquerque Health Care for the Homeless, Inc.



Mid-late 1990s

NM's Medicaid program:

- Historically, very limited eligibility, only about 10-15% for people experiencing homelessness
- Managed care and a behavioral health carve-out contracted to a single corporate entity (series of) by the NM Behavioral Health Purchasing Collaborative and administered by the NM Human Services Department

Albuquerque Health Care for the Homeless, Inc.



February 2013

Entering the New Landscape

- AHCH Board and Senior Management end a series of strategic planning sessions with many “what-if’s” pending;
- Examine non-negotiables and sacred cows, assumptions, tensions.
- Conclude: 20% of the population that experiences homelessness will still need us.
- Therefore, maintain mission, shift business model (from 15-20% Medicaid to 80% Medicaid)

Albuquerque Health Care for the Homeless, Inc.



June 2013

Shock and Awe

- NMHSD conducts Medicaid audits of 15 behavioral health providers, alleges “credible allegation of fraud”, stops Medicaid payments to 85% of the statewide BH system
- Cash flow impact causes many to close doors, State hires Arizona companies to take over contracts and services
- System rocked, ongoing investigations by NM Attorney General, State Auditor, NM Legislature ongoing and exonerations trickling out

Albuquerque Health Care for the Homeless, Inc.



January 2013

NM Governor Susana Martinez announces that she will expand Medicaid, meaning expanded coverage for an estimated 196,000 adults and 50,000 children.

Albuquerque Health Care for the Homeless, Inc.



July 2013

NM receives final approval of 1115 waiver to create the Centennial Care program

Contracts with 4 Managed Care Organizations to implement

- BlueCross BlueShield NM
- Molina
- Presbyterian Health Plan
- United Healthcare

OptumHealth NM, a subsidiary of UHC, will continue to manage all state non-Medicaid behavioral health funds through a managed care model

Albuquerque Health Care for the Homeless, Inc.



July – present

Peeling back the onion of Centennial Care:

- MCOs must provide care coordination directly
- Providers cannot bill case management
- Required “in-home” assessments for members
- Possible co-pays for 101%-138% FPL
- State and local indigent care funds at risk in anticipation of “windfall” of Medicaid (City services, County indigent, State Rural Primary Health Care Act)

Albuquerque Health Care for the Homeless, Inc.



July 2013–present

Shaping the New Landscape

Being a resource, assertive outreach to and advocacy:

- State Legislators
- NMPCA leadership, other FQHCs
- BH Providers Association
- Health access advocacy groups
- MCOs, contracting, planning, outstationing, joint outreach offers, etc.

Albuquerque Health Care for the Homeless, Inc.

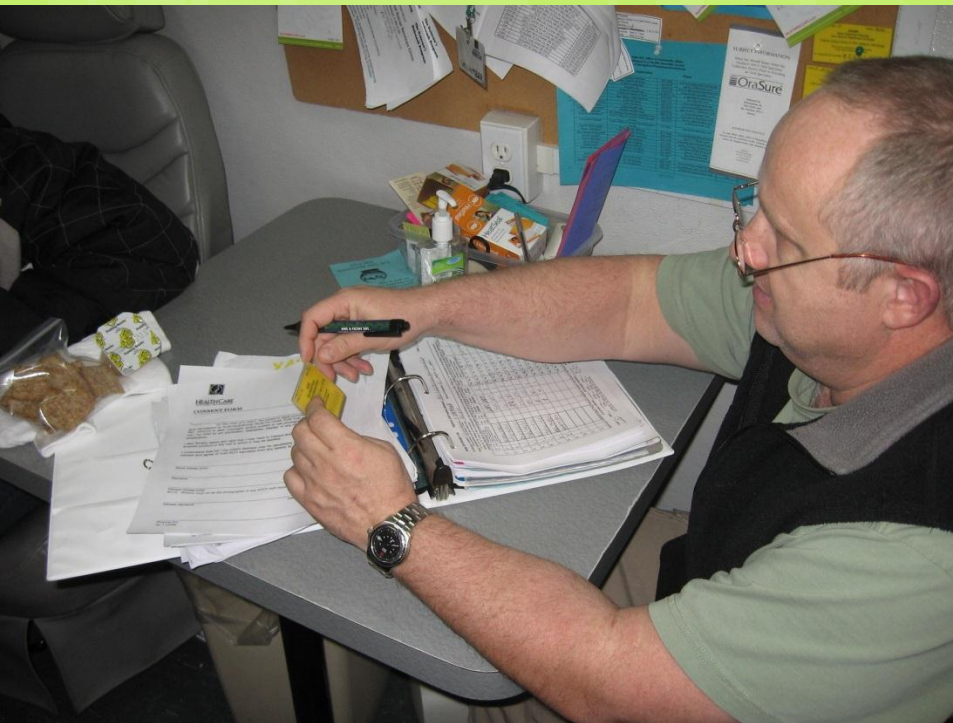


NM Snapshot May 2014

Over 112,000 Medicaid enrollees

- Electronic system is anywhere from 60-70 days behind in approvals, or losing them, limbo
- Determiner numbers for trained assisters still held up
- Gov. Martinez vetoed legislation to enroll people in jail/prison, NM Medicaid vows to do anyhow, creating confusion for enrollees
- Problems with violations at NMHSD offices; NM Center on Law & Poverty class action suit prevailed in court...
- ...And appearances of applications (still not approved nor denied) sped up in the portal by nearly 3 weeks!

Albuquerque Health Care for the Homeless, Inc.



AHCH Snapshot May 2014

453 Enrolled/208 Approved (46%)

- +2.0 O/E, one in clinic, one in field at any given time
- Also trained 7 other social services and administrative staff
- Pregúntame buttons=O/E everyone's job
- Night, day, weekends, unconventional sites even for HCH, during 1 police chase/shooting (!)
- Adjusting outreach location map, tapping out sites and leveling off
- Statewide O/E collective effort strong

Albuquerque Health Care for the Homeless, Inc.



AHCH Snapshot May 2014

3 of 4 MCO contracts executed, \$ not rolling in yet...

- MCOs must pay us as FQHC by law, contract or not
- Credentialing and database problems
- Providers having difficulty with referrals and prior authorizations, affecting continuity of care
- High turnover in MCOs sent negotiations back to the drawing board over and over again...
- Difficulty getting paid
- AHCH billable encounters increasing, slowly, and significantly, doubling through April 2014
- Loss of case management revenue ~\$155k to-date
- Projections validated: 20% will remain unenrolled (12-15% undocumented immigrants and ineligible, 2% aging gap and bumped to Medicare, unknown % of Native American and other opt-outs)

Albuquerque Health Care for the Homeless, Inc.



May 2014 Forward

Beating the Drum

- Continuing to do outreach/enrollment
- Continuing to negotiate hard on contracts
- Continuing to document kinds in both, as well as access and continuity of care throughout Centennial Care system
- Continuing to do advocacy at all levels, with all decisionmakers

Albuquerque Health Care for the Homeless, Inc.



Upshot

Expansion=Access + Revenue
(good)

Expansion=It ain't over

Albuquerque Health Care for the Homeless, Inc.



Being HCH

Todavía en la lucha

Albuquerque Health Care for the Homeless, Inc.



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Albuquerque, NM



Albuquerque Health Care for the Homeless, Inc.