STILL STRIVING FOR AN EXPANDED WORLD

A SAMPLING OF THREE MEDICAID NON-EXPANSION STATES

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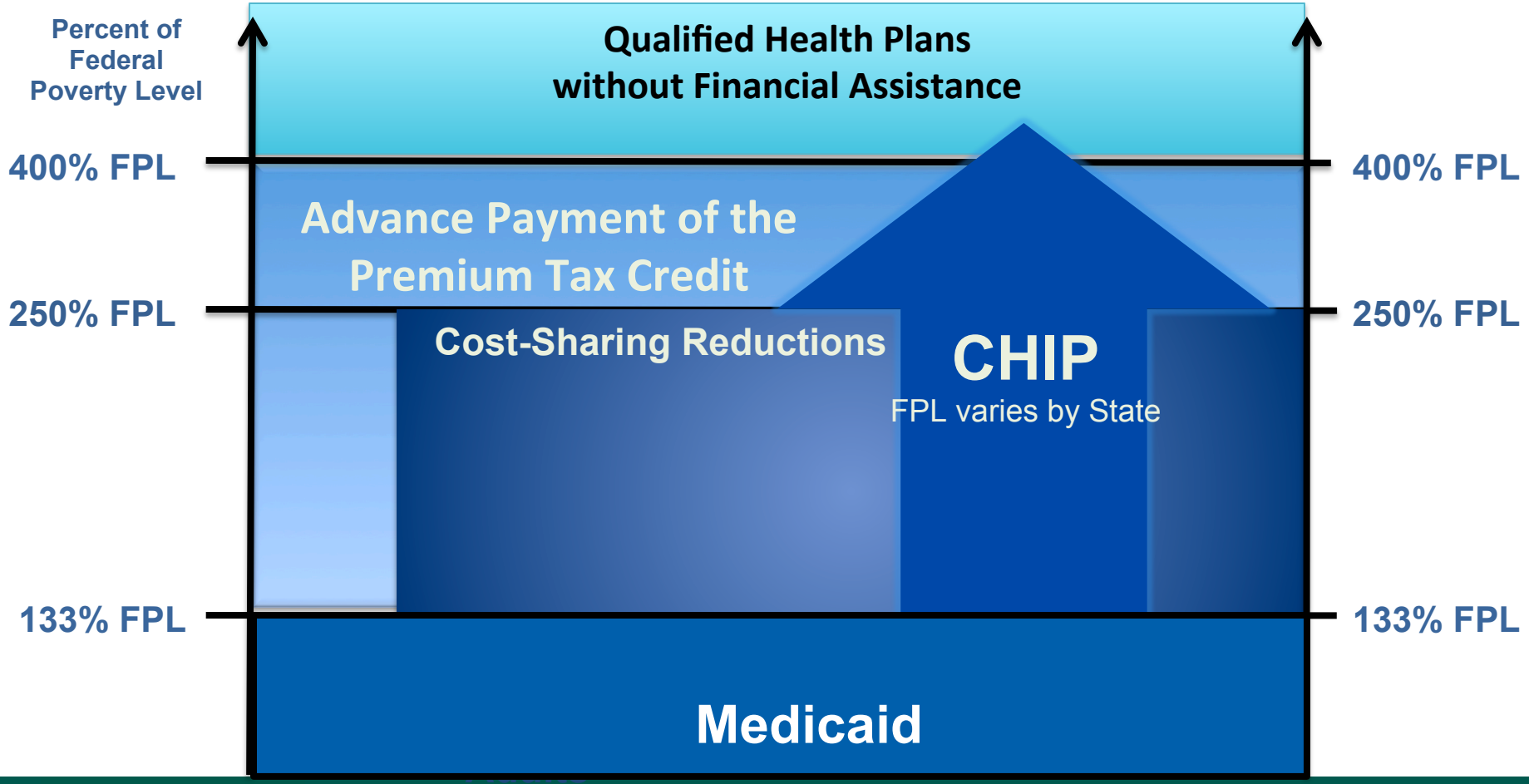
THE ACA'S ORIGINAL INTENT

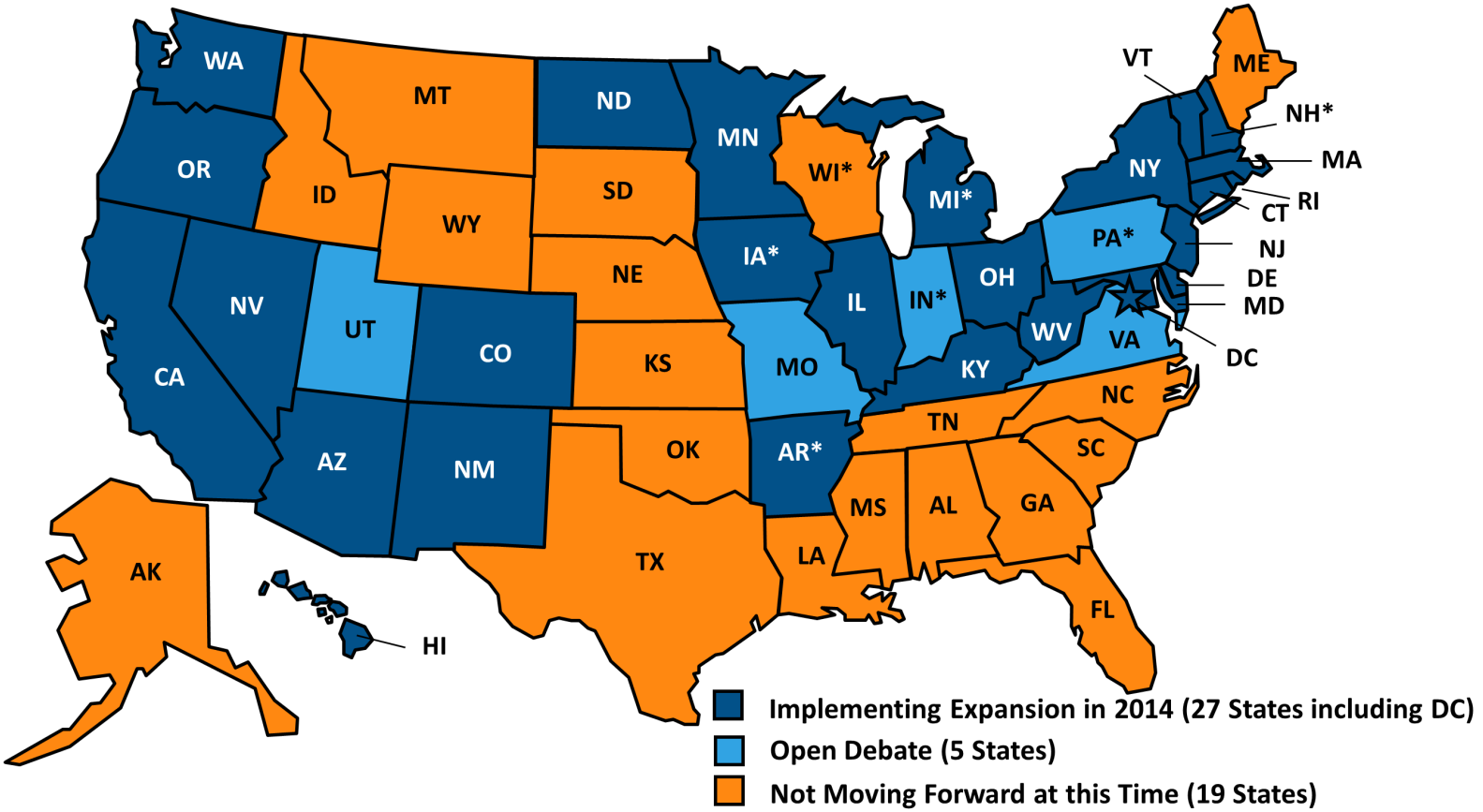


NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Source: Center for Health Care Strategies

SUPREME COURT DECISION

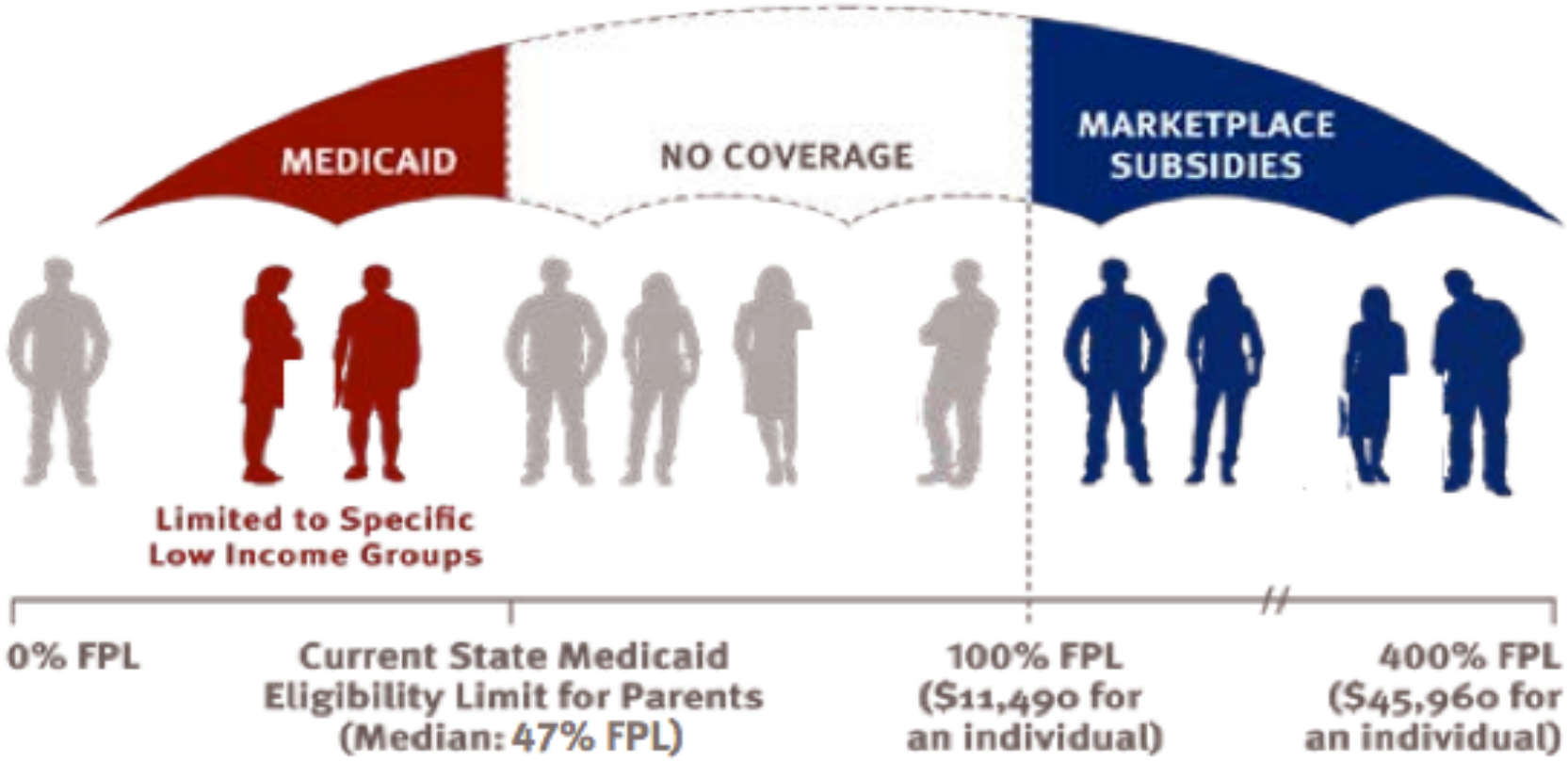
Current Status of State Medicaid Expansion Decisions, 2014



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.

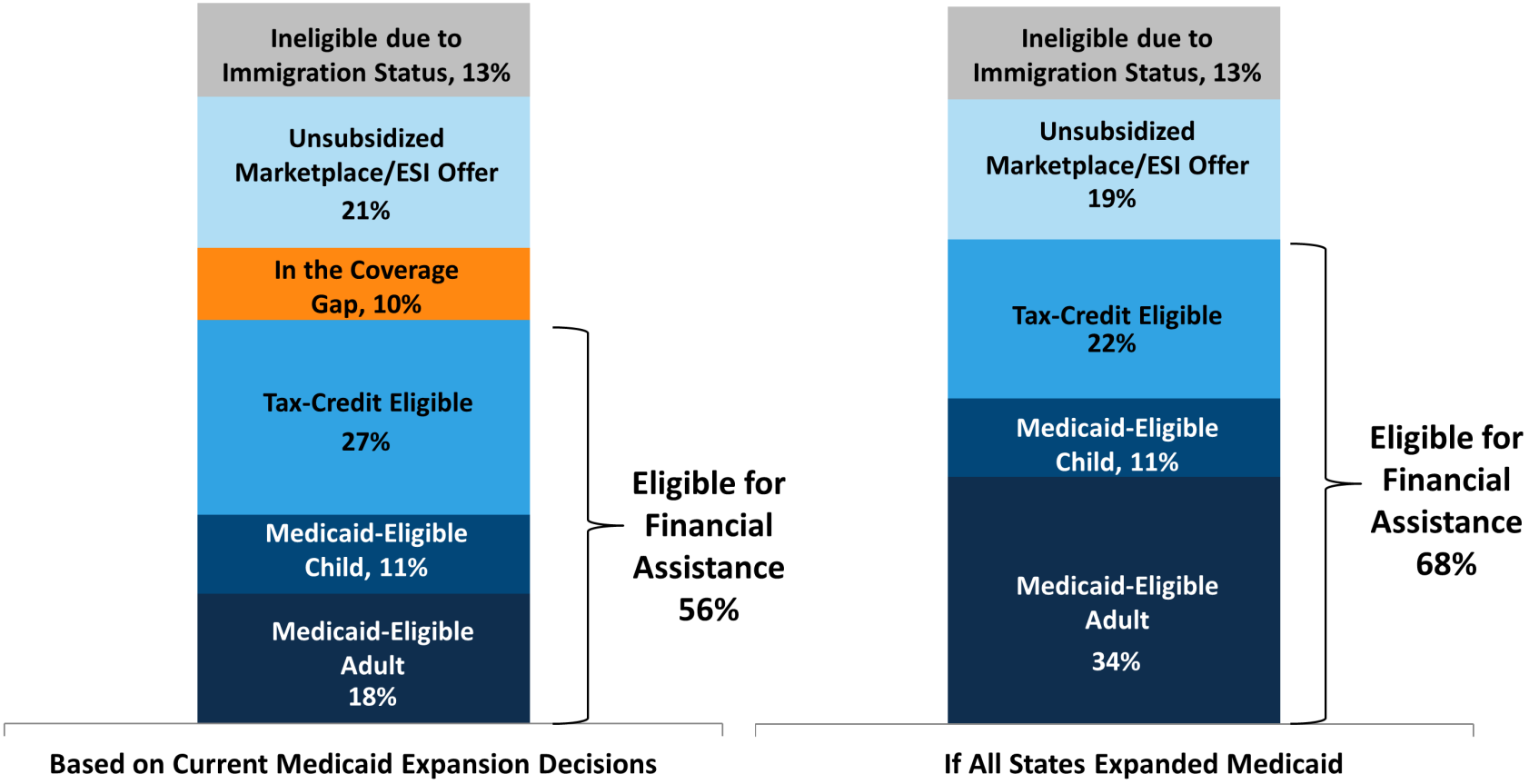
COVERAGE GAP



TWO TIERED HEALTH SYSTEM

Figure 3

Eligibility for Coverage Among Currently Uninsured Nonelderly Individuals Currently and if All States Expanded Medicaid

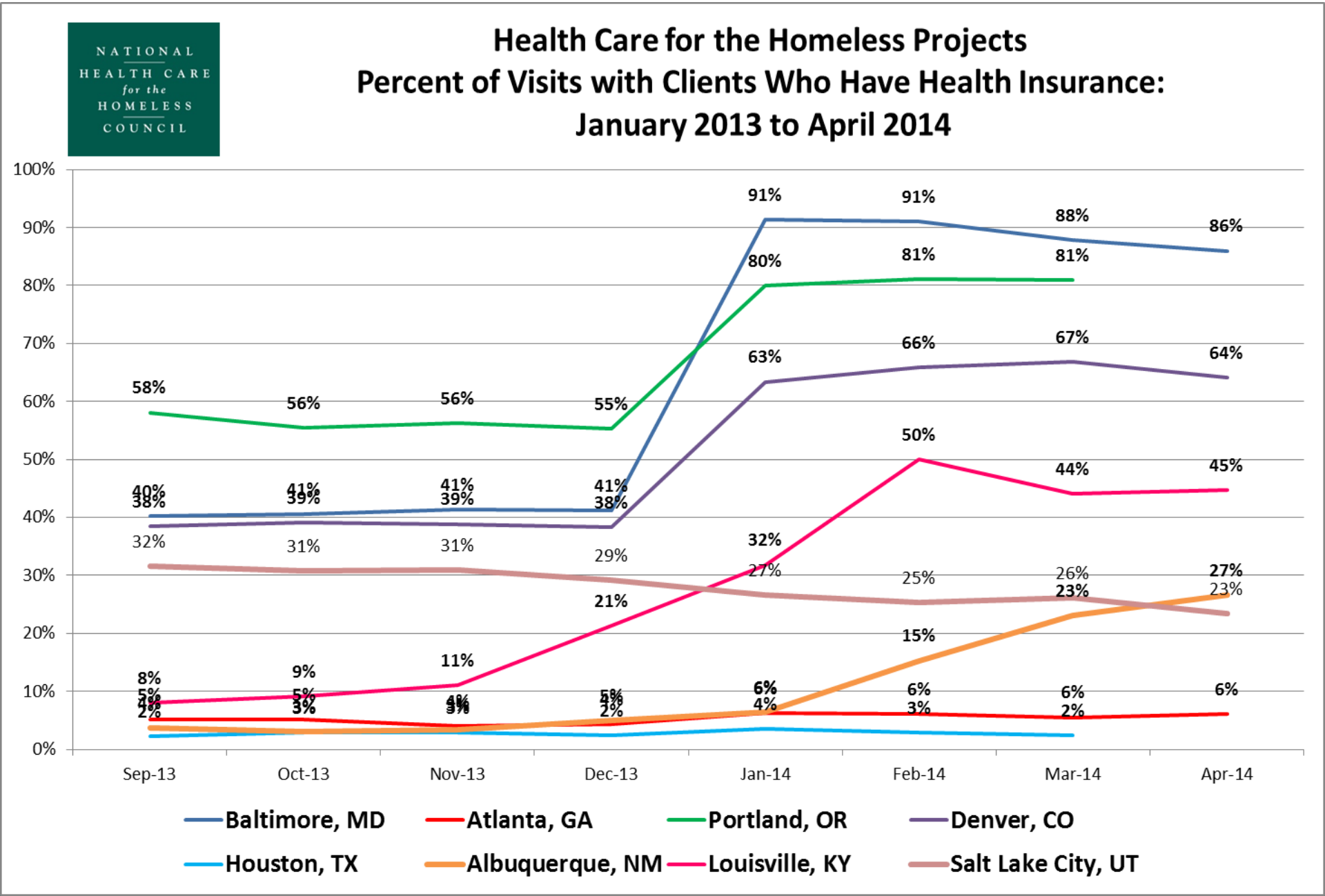


Total = 47.6 Million Nonelderly Uninsured

Notes: Those ineligible for financial assistance include people with an affordable offer of ESI, individuals eligible to purchase unsubsidized Marketplace coverage, and individuals ineligible for coverage due to immigration status.
SOURCE: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey.

THE HENRY J. KAISER FAMILY FOUNDATION

HCH GAINS IN INSURANCE



MEDICAID EXPANSION 'DEBATE'

FOR EXPANSION

- Feds pay 100% for first three years
- Will reduce other state costs
- Will reduce uncompensated care costs
- Will generate economic activity and jobs
- Will eliminate 'coverage gap'

AGAINST EXPANSION

- Too costly, will crowd out other state investments
- Federal match cannot be counted on
- Medicaid is a broken system, even worse than being uninsured
- Opposition to public programs and federal gov't

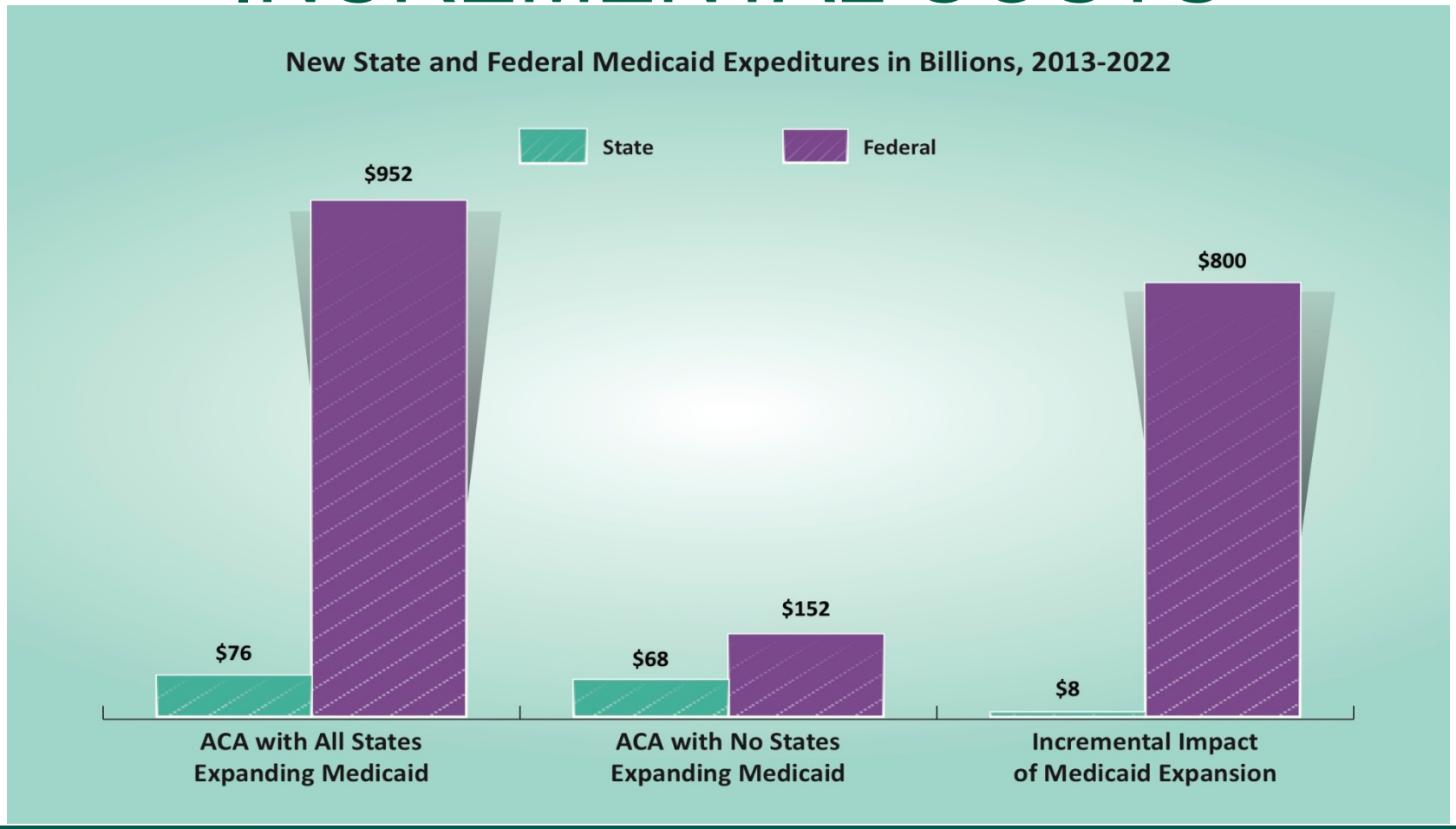
MEDICAID EXPANSION 'DEBATE'

"The economic case for Medicaid expansion for state officials is extremely strong" –Kaiser Family Foundation

2013-2023 (if all states expanded):

- **$800 billion in Federal spending**
- **$8 billion in state costs**
- $18 billion in state savings on uncompensated care
- $314 billion increase in hospital revenue
- Reductions in state-only mental health costs, inpatient care for prisoners, indigent care, etc.
- Increases in state tax revenue

INCREMENTAL COSTS



POLITICAL OPPOSITION

- Despite economic arguments, significant opposition remains
- HCH consumers in non-expansion states could be disappointed
- HCH projects must continue to provide care
- Improved Medicaid enrollment practices **(for all states)** may help

ADVOCACY MATTERS

- States can opt-in at any time
- New Hampshire just did in April
- Pennsylvania, Indiana, and even Utah might be next

A NOTE ON MEDICAID WAIVERS

- Waivers are the likely way forward
- Some themes:
  - Reliance on private insurance through premium assistance
  - Emphasis on healthy behaviors and personal responsibility
  - Waiving of Medicaid benefit and cost-sharing protections
- Can be a viable way forward, but watch out for barriers for those without homes
- **Make sure to provide comments!**

Mercy Care

Where Mercy Is Our Foundation

Medicaid Expansion
Georgia – "Missed Opportunity"

OUR MISSION **Mercy Care honors the heritage and advances the ministry of the Sisters of Mercy by providing excellent health care to poor and marginalized persons, and through advocacy for healthy communities.**

OUR VISION We will be a trusted partner in creating an environment where poor and marginalized people receive compassionate, excellent healthcare leading to improved quality of life and hope.

Patients by the Numbers

12,796 clinic patients
24,575 medical visits
8,359 dental visits
5,229 behavioral health visits
786 vision
7,972 enabling service encounters

68%
Homeless

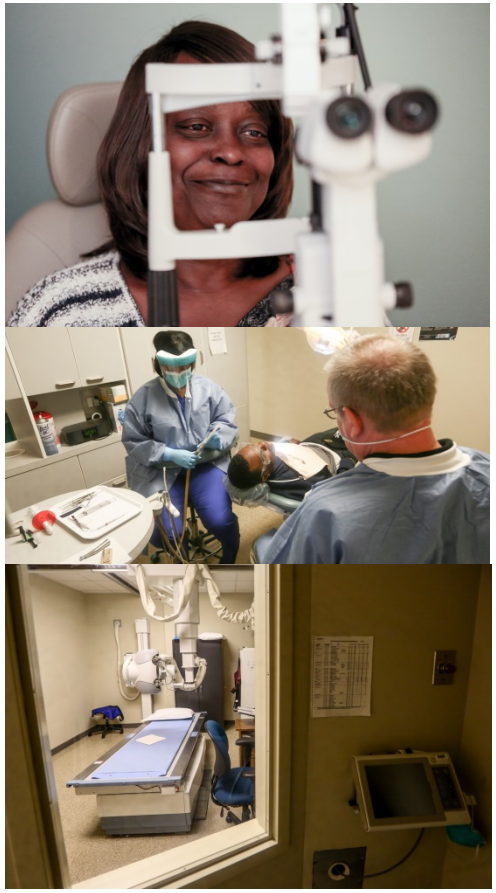
83%
At or below federal poverty line

91%
Uninsured

28%
Best served in language other than English

53%
Male

Full Range of Clinical Services



Comprehensive Primary Care
Hypertension, Diabetes, Asthma, Behavioral Health, Pediatrics

Preventive Care
Health screenings, Immunizations, Physicals, Breast and Cervical Cancer Education and Screenings, Mammography

Infectious Disease
HIV Counseling, Testing and Primary Care Services, TB Screenings and Treatment Referrals, STD Screening and Treatment

Recuperative Care
19 Bed Unit at 24/7 Gateway
Partnership with Grady Hospital
Focus on Medical and "Social" Recuperation

Dental Services
Preventative, Primary and Restorative (contracted)

Vision Services
Eye Exams, Free and Low Cost Glasses

Diagnostics - X-ray/ultrasound
with new emphasis on….

Behavioral Health
Integrated services within a primary care setting include assessment, counseling, medication management, substance abuse assessment with group counseling and an intensive psychosocial rehabilitation program.

8% of budget comes from **patient service revenue**

Innovative Approaches to Care

PATIENT-CENTERED MEDICAL HOME
NCQA
RECOGNIZED PRACTICE
2011

- Integration with Grady
  - ED Referrals
  - Staff Privileges
  - Access to EMR
- Patient Navigators & Community Health Workers
- Street Medicine
- PCMH Recognition
- Electronic Medical Record
- HIV Testing as Routine Care
- Award winning Recuperative Care Unit
- Integrated Behavioral Health

City Snapshot

20,000 homeless persons in city of Atlanta, Fulton County and DeKalb County.
14% increase in unsheltered homeless. 60% of immigrants are not yet U.S. citizens.
Fulton County and Dekalb County both have uninsured rates of 23%.
36 % of Dekalb County and 33% of Fulton County residents
live below 200% of poverty level.

The Gap

Atlanta's safety net
of providers meets only
35% of projected need.

Georgia Health Policy Center

Georgia's Reality

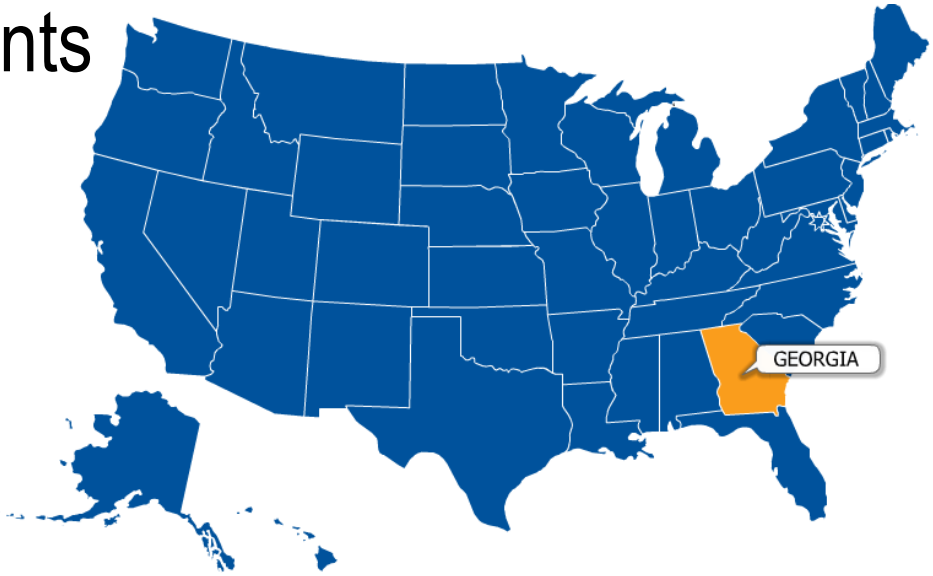
Georgia by the Numbers – Health Care

50th in Medicaid spending per patient

49th in statewide health care spending per capita

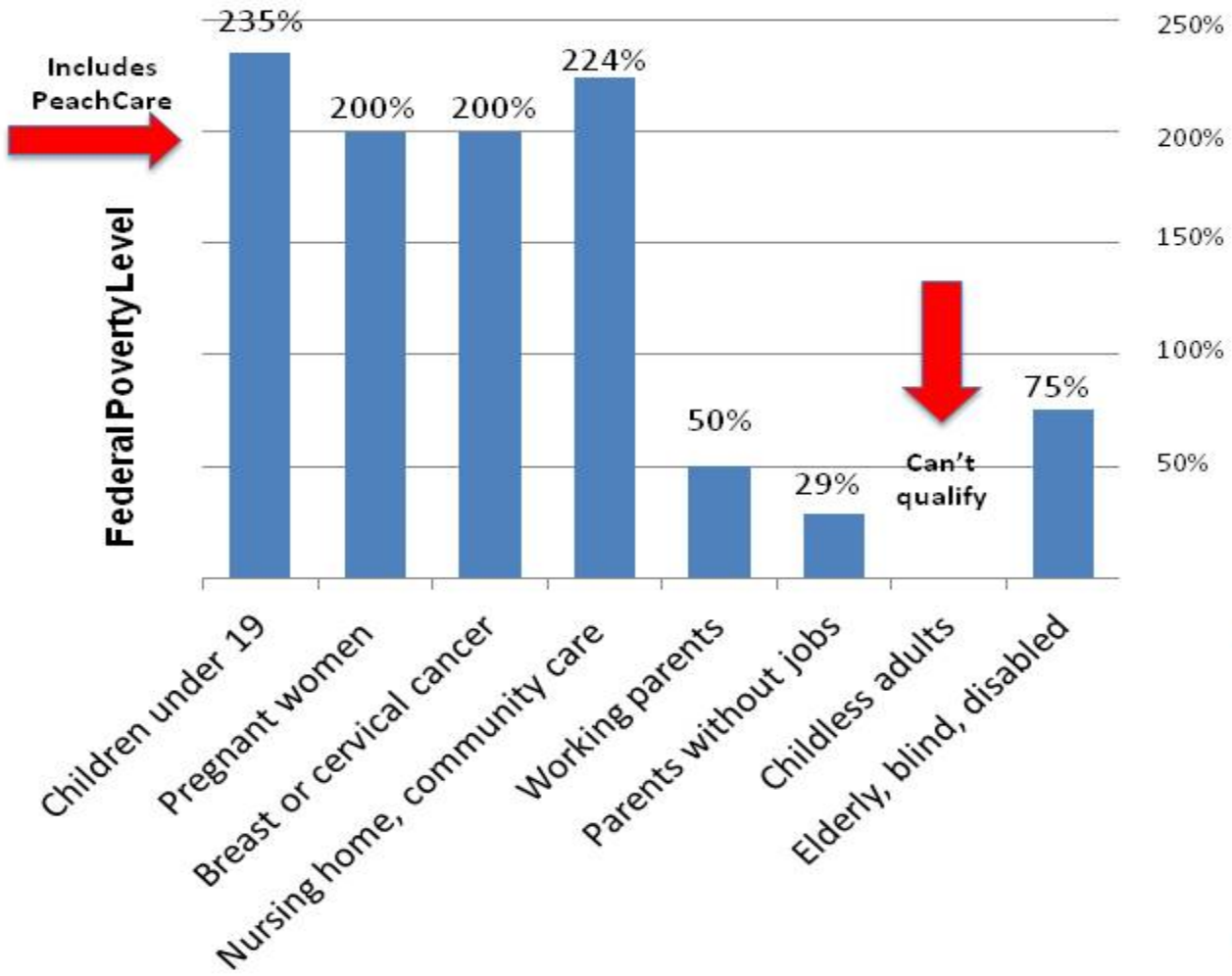
5th most uninsured residents

4th most uninsured kids



Source: www.GBPI.og

Georgia Medicaid Income Limits Today



100% Federal Poverty Level 2013

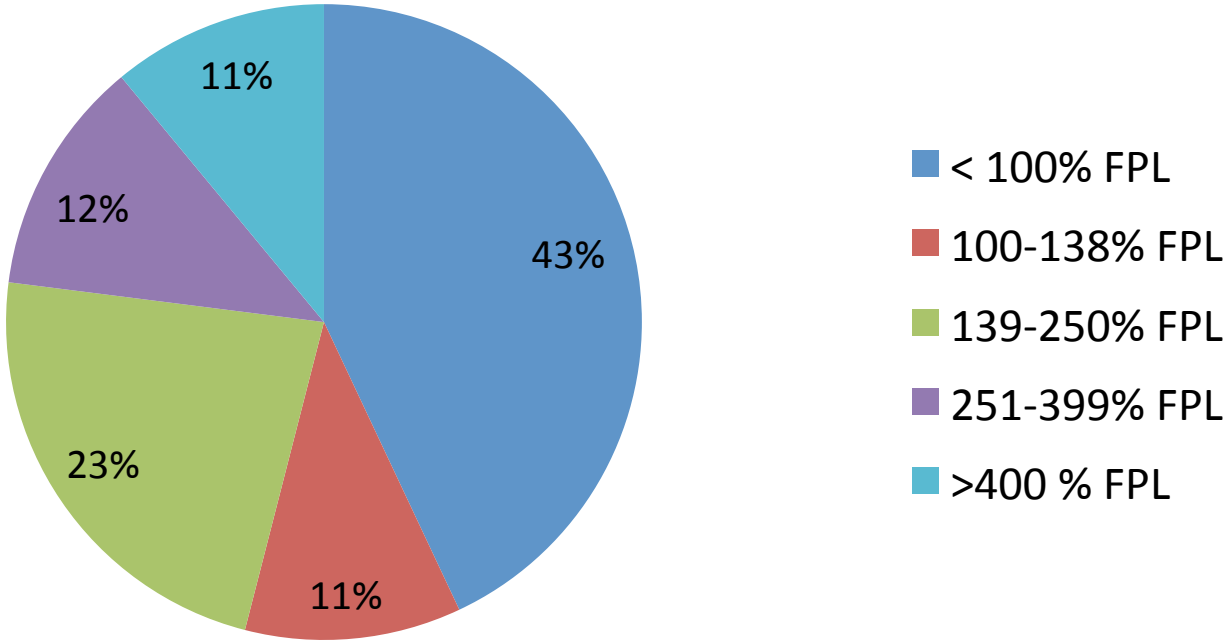
Family Size	Annual Income
1	$11,490
2	$15,510
3	$19,530
4	$23,550

COVER GEORGIA

The Big Picture, The Big Opportunity:

Covering the Uninsured – 500,000 Individuals

Distribution of Uninsured by Income



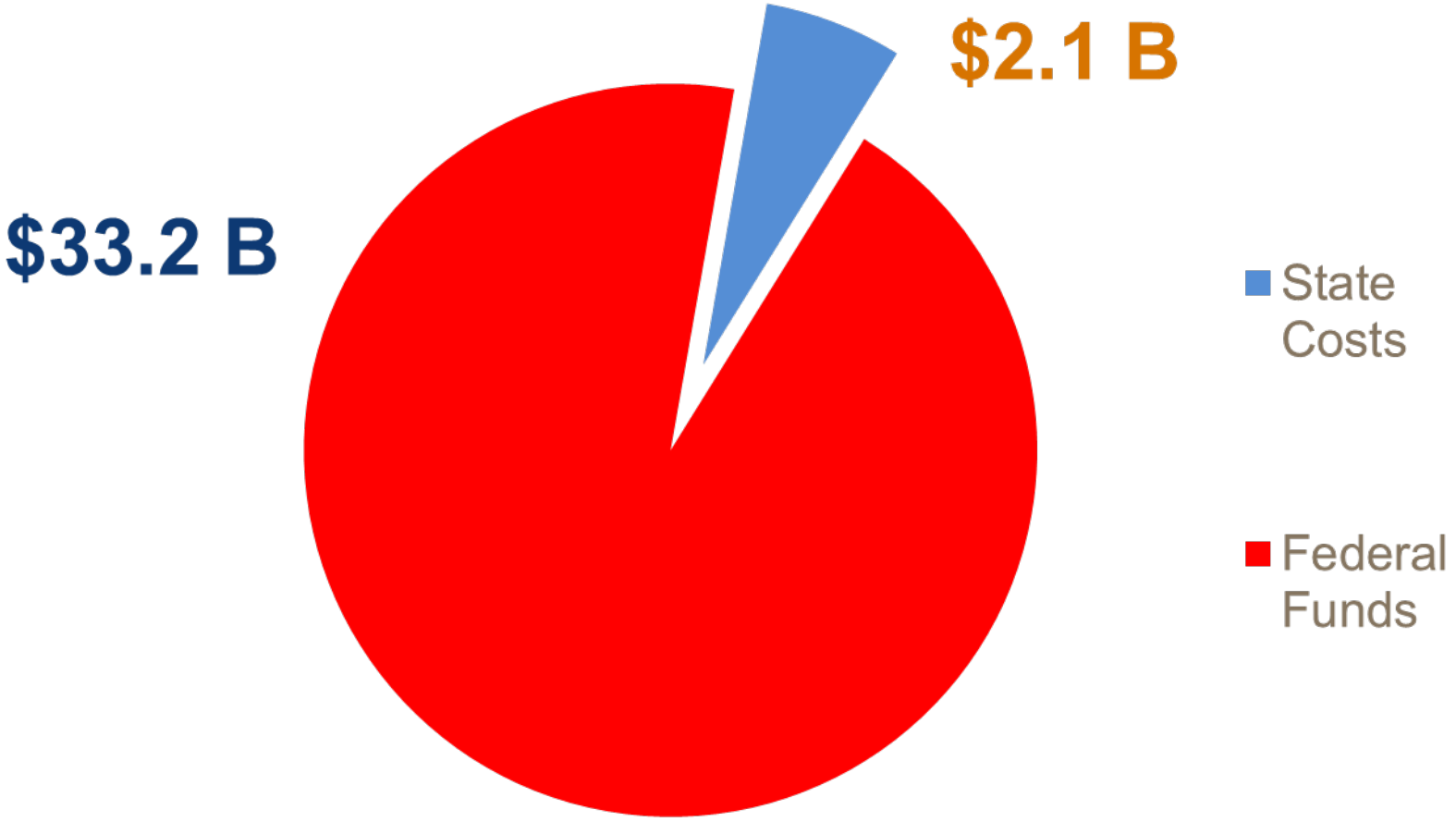
Source: CPS data, 2-year average 2010-2011 (Kaiser State Health Facts)

Mercy Care Patients – 83% < FPL

- Limited access to specialty services
- Long waits for Behavioral Health
- Continued impact on housing and jobs
- Financial loss- $3 – 4 million in new revenue

Georgia – Missed Opportunity

Georgia's Share of Costs is Minimal (2014-23)



Source: State Cost Estimates

New Revenue Offsets Much of New State Costs

	2014-2023 Total
Expansion Specific State Costs	$2.1 Billion
State Premium Tax Revenue	$751 Million
State Income & Sales Tax Revenue	$1.0 Billion
10-year Net State Costs (after new revenue)	**$353 million**
Average Yearly Costs as Percent of 2014 Budget	**0.2 percent**

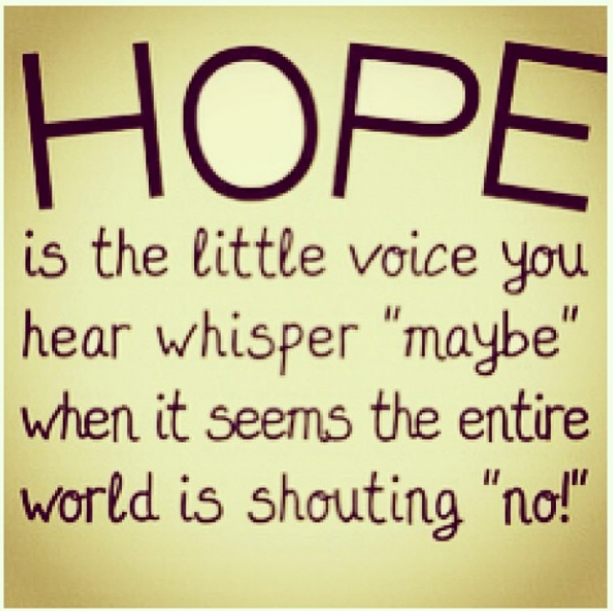
Sources: State Expenditure Forecast and "The Economic Impact of Medicaid Expansion in Georgia," William S. Custer, Feb. 2013

Recent obstacles…

- 2014 Legislative Session
  - HB 990
  - HB 943

The Good News

- Majority of Georgians Agree
- Addressed DSH through 2016
- Gubernatorial election
- Conversation has been started.



Current work and advocacy

Four legged stool:

- Faith community
- Business community
- Healthcare community
- Coalition building/education

Alternatives on the table

- Safety Net Collaborative
  - Pilot proposal
  - NACHC/AEH/GWU – Kaiser Grant
  - Approved ACO – Use of structure for pilot
  - Developing a new 501c3
  - Gathering political good will

On going "Readiness"

- New Atlanta CoC
  - Health Homes – Implemented first model
  - Integrated health services in the intake & assessment process
- Integrated BH
- PCMH
- New EMR – Link to Public Hospital

Healthcare for the Homeless Houston

health • hope • dignity

Frances E. Isbell, CEO

Healthcare for the Homeless - Houston

May 28, 2014

Brief Agency History

- Originated in 1998
- Houston-area service agencies for the homeless formed a consortium dedicated to the provision of comprehensive, coordinated healthcare for the homeless; developed initial vision of HHH
- Incorporated as a nonprofit organization in 2000
- Deemed an HRSA 330(h) program in 2002, awarded second FQHC designation for the Cathedral Clinic in 2007
- Currently serve 10,000 clients/year

Program Services

- 3 integrated primary/behavioral healthcare clinics w/ psychiatry/telepsychiatry, CM, SA, podiatry, LMFT, chaplaincy, O&E, CHW
- specialty women and children's clinic
- street medicine
- comprehensive oral health services
- vision assistance
- Jail Inreach Project (includes new prostitution recovery program)
- Hospital Inreach Project
- Project Access transportation program

Primary Care Behavioral Health Consultation

- Considered "extreme" integration
- Pilot project with homeless population
- Behavioral Health Consultant (BHC) will see patients with Primary Care Clinician at "point of care"
- Focus on CBT, MI, brief interventions
- Begins May 2014

Texas and Medicaid

- Considered the most restrictive state in regard to Medicaid
- General misconception: it covers all poor people
- Highest rate of uninsured in nation; ~1 million still uninsured in Harris County after implementation of ACA insurance marketplace
- Mental health spending lowest in nation until 2013
- Texas CHIP program has lost 2 federal court battles due to low rate of enrollment in past 10 years

Medicaid (non) Expansion

- ~1.9M people would be eligible
- Gov. Rick Perry vehement in his rejection; presumptive new governor's campaign staff more receptive
- Commissioner of Department of State Health Services may be open to expansion but is generally conservative
- Most of the medical community in favor of expansion
- Urban business communities, in general, in favor

MEDICAID (NON)EXPANSION/CONT.

- Texas legislature: proposes to find a "Texas Solution"
  - "Culture war" – urban vs. rural demographics
  - Argue for a block grant
  - Cost sharing; i.e., co-pays and deductibles
- "Back room" movement toward expansion, but outcome very uncertain
- Harris Co. planned to apply for a regional expansion, but CMS ultimately decided against regional expansions; 60/40 split but could expand coverage

Effects of Changing Demographics on Medicaid Expansion

- Texas is the fastest growing state; Houston is the fastest growing city in nation – majority moderately skilled and uninsured
- Minority population is now majority
- Young population with increased birth rate
- In 2016, Texas will spend more on Medicaid than on public education

MEDICAID 1115 WAIVER

- September 2011, CMS granted a 5-year waiver
- "Waives" certain mandated requirements
- Focus on innovation; cost reduction; improved clinical outcomes
- Covers people not eligible for traditional Medicaid
- City Health Dept: "Integrated Care for the Chronically Homeless Initiative"

Effects of Non-expansion on HHH

- No immediate financial changes, although continued education of private foundations & public essential
- Medicaid 1115 Waiver allowed HHH to expand services and capacity
- Increased expenditure of resources on policy and advocacy efforts
- Necessitated strengthening billing efforts to prepare for possible expansion (which slightly increased MCD revenue)

Advocacy in a Red State

- Coordinated advocacy efforts at local and state levels and across sectors essential
- ROI: cost/benefit analysis most helpful; legislators concerned about future funding
- Mental health and CJ releasees are of greater interest to both state and local officials in Texas, which has been useful in advocacy work; last legislative session increased funding to both

Advocacy in a Red State/ cont.

- Many 1115 Waiver projects target reduction in ED visits; by year 3, may have specific financial data for advocacy
- Especially important to address possibility of cost sharing & bundled payments
- Work with staff when legislature not in session; become a resource and "expert"

Advocacy in a Red State/ cont.

- Avoid discussion of politics, rather focus on need
- Recognize hostile political environment toward ACA in most red states and avoid discussion; recognize that any Republican appearing moderate sounds the death knoll for that politician

TO EXPAND OR NOT EXPAND?

THAT IS THE QUESTION.

A UTAH SHAKESPEAREAN MELODRAMA

Directed By
Jennifer Hyvonen, Communication Director
Fourth Street Clinic
Salt Lake City, UT
801.712.1211
jenn@fourthstreetclinic.org

The Players

Antagonists

Speaker Becky Lockhart

Republican House Leadership

Protagonists

Fourth Street Clinic

SLCo Dept. Behavioral Health Services

Utah Health Policy Project

Coalition of Religious Communities

AARP

Voices for Utah Children

CAB & BOD

Governor Gary Herbert

Plot

Everyday Utah looses **$769,987**

107-316 Utahns to die annually

BUT

Utah doesn't like government, regulations or taxes, and believes that the private market, state's rights, volunteers, the self made man and Jell-O will fix everything.

Opening Scene – End 13 Session

House (R) proposes bill to opt out of ACA

ME substituted for ACA, voted out of House

Cooler heads prevailed in Senate

OUTCOMES

Bars ACA implementation without Utah Legislature

Health Reform Task Force to study issue - Charity Care

Mid Summer Daydream – Doing more with less

An independent Cost Study was commissioned

Gov Work Groups tasked with finding Medicaid alternatives and reported out at Gov's Health Care Summit in Oct 2013

UHPP formed U4ME: held rallies, circulated petitions

FSC, BOD, CAB penned Op-Eds, spoke at community press conferences

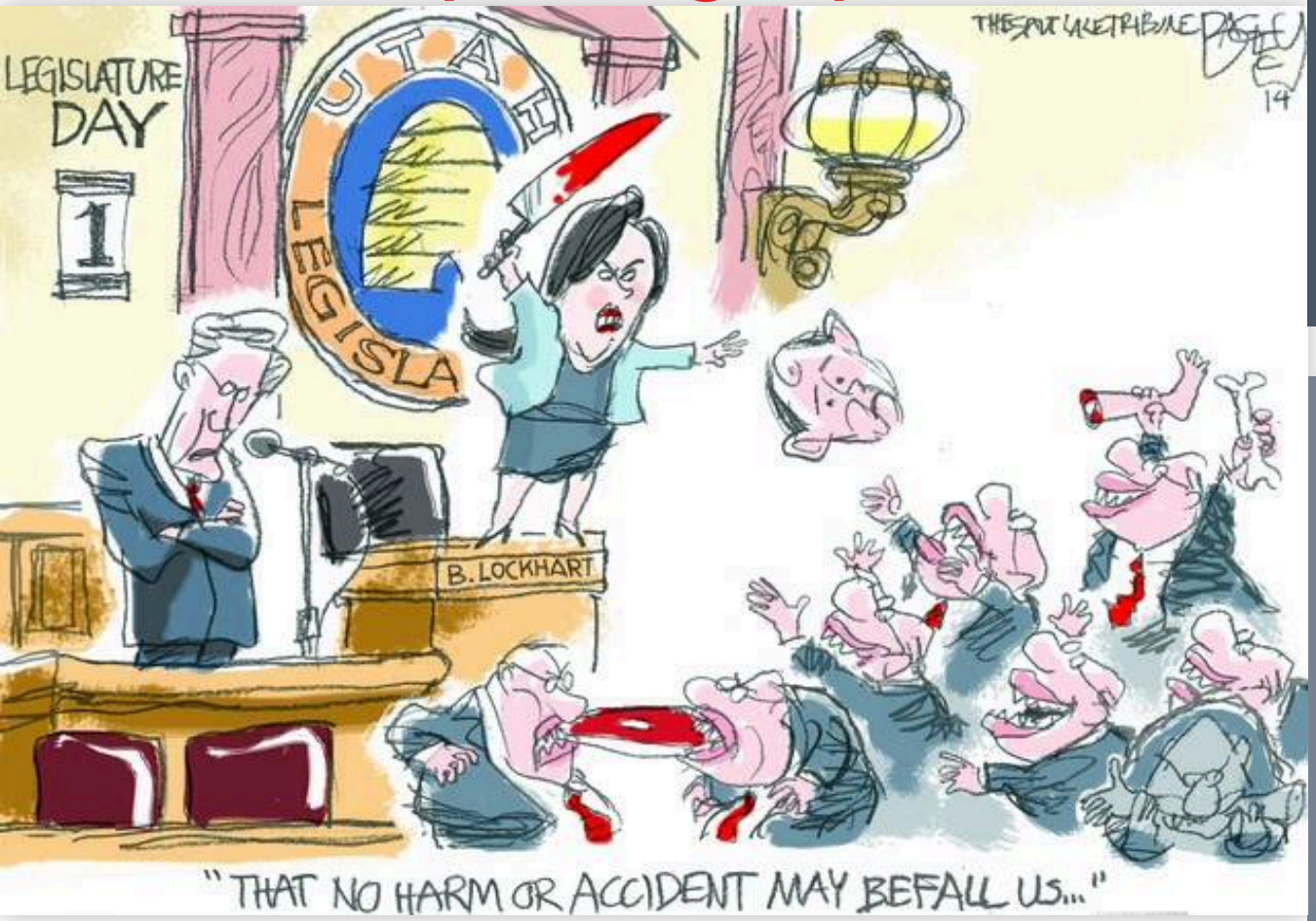
CAB testified at interim sessions, wrote letters to the task force committee and Governor.

Approach of 14 Session

“We will not to do nothing.”

- Gov. Herbert

2014 Opening Speech



"…I cannot support, and do not understand, why anyone would propose to saddle Utah any further with Obamacare, the most costly and catastrophic federal mandate of all.."

"Here's a suggestion. The next time the White House offers more unfunded mandates … and the governor's office tries to figure out how to pay for it, we as a House and we as a state should politely decline, drop a copy of the Constitution inside a statement 'return to sender,"

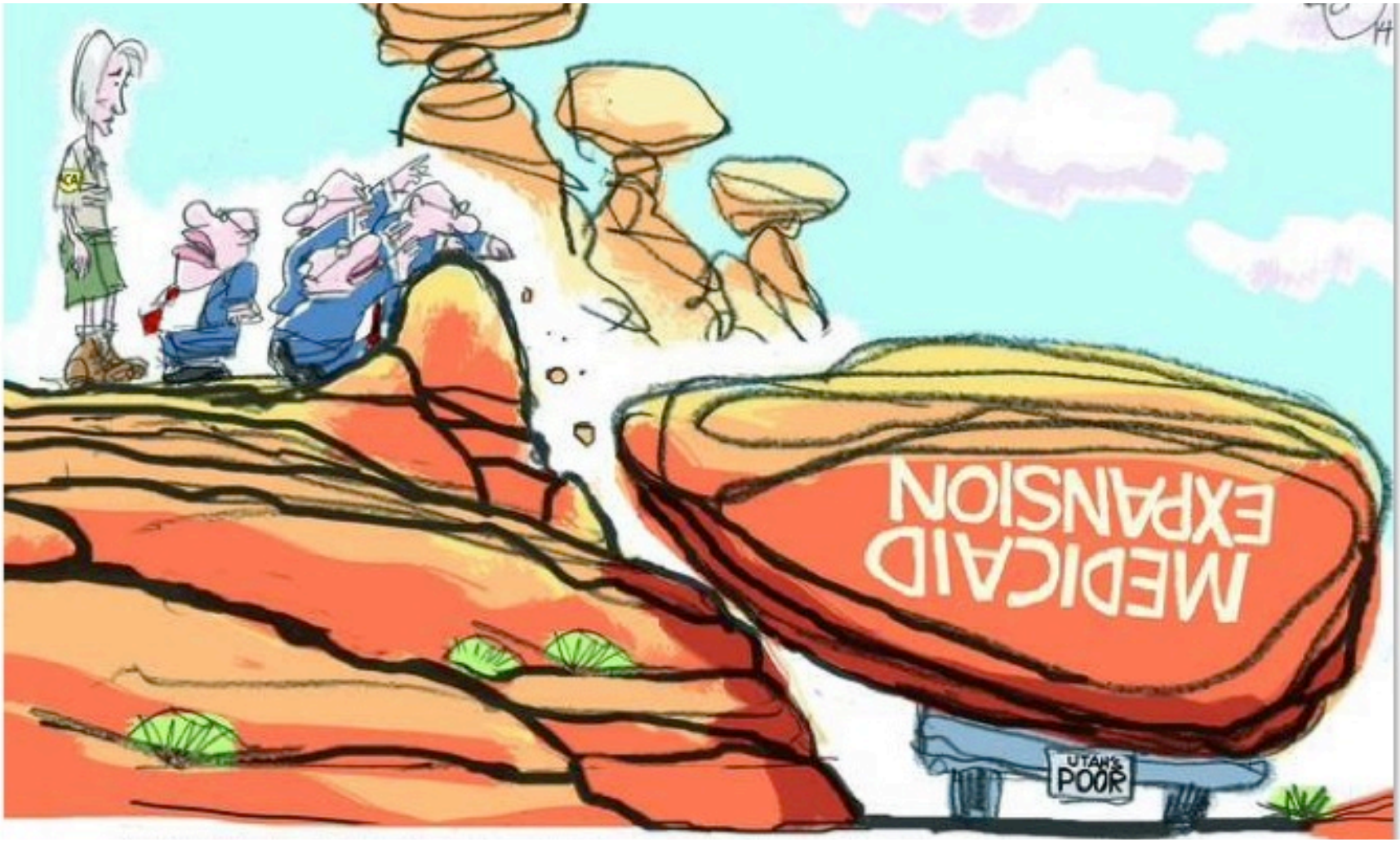
Bills Proposed

House – Utah Only Plan

Senate – 100% FPL, Private Option

Senate – Medicaid Expansion

End Result



Gov Responds

Called House Plan “Illogical”

Announces Utah Healthy Plan @4thStreetClinic

Gov. Herbert's Healthy Utah Plan closes the coverage gap by…

Supporting private insurance

Keeping $774 M of your tax dollars in Utah

Covering whole families

Preventing medical bankruptcy

Evaluating results after 3 years

Letting Utah opt-out

Speaking Up - HCH Advantages

We are medicine

Experts on “gap population”

Can respond to Charity Care models

Sympathetic patient population

CAB

Board of Directors

Add street cred

Activities & Steps

Organized Internally – Staff, CAB, Board, Roles, Stories

Timely response - public testimony, Op-Eds,
Letters to key constituents, rallies

Petitions

Clinic Tours – to both sides

PARTNERSHIPS & PARTICIPANTS in community and government work groups

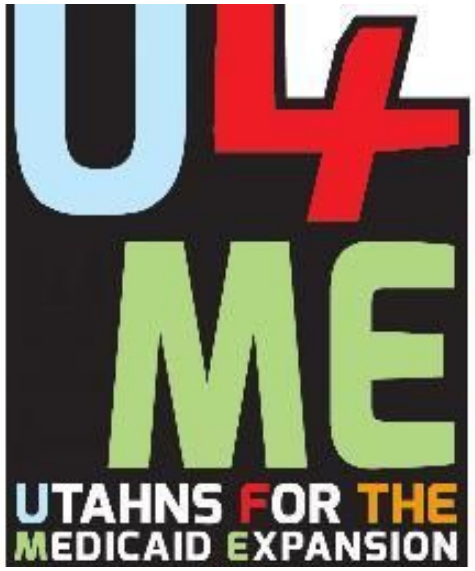
Messages

Stories and faces of Coverage Gap

Economic and humanitarian arguments

- $680 million to D.C. let's take $258 million back
- Fairness

Utah Solution



VS

Next Steps

Gov staff and community partner collaborations

Media & social media

Defining medically frail

Petition drives, story banking, studies, film screenings

Independent polling on public perceptions on ME

Patience, repetition

Continuing Services w/o ME

Dental clinic

Mental health and substance abuse services

Outreach and enrollment activities

Partnerships and other funds

(COG Grant to fund Outreach Coordination)

NATIONAL HCH COUNCIL RESOURCES

- Policy briefs, webinars, advocacy materials: www.nhchc.org/policy-advocacy/
- State Medicaid Expansion Advocacy page: http://www.nhchc.org/policy-advocacy/reform/state-medicaid-expansion-advocacy/
- Dan Rabbitt, Health Policy Organizer, drabbitt@nhchc.org