

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

AS MEDICAID EXPANSION PROGRESSES:

**New Opportunities & Challenges
Connecting Homeless Clients to
Coverage & Care**

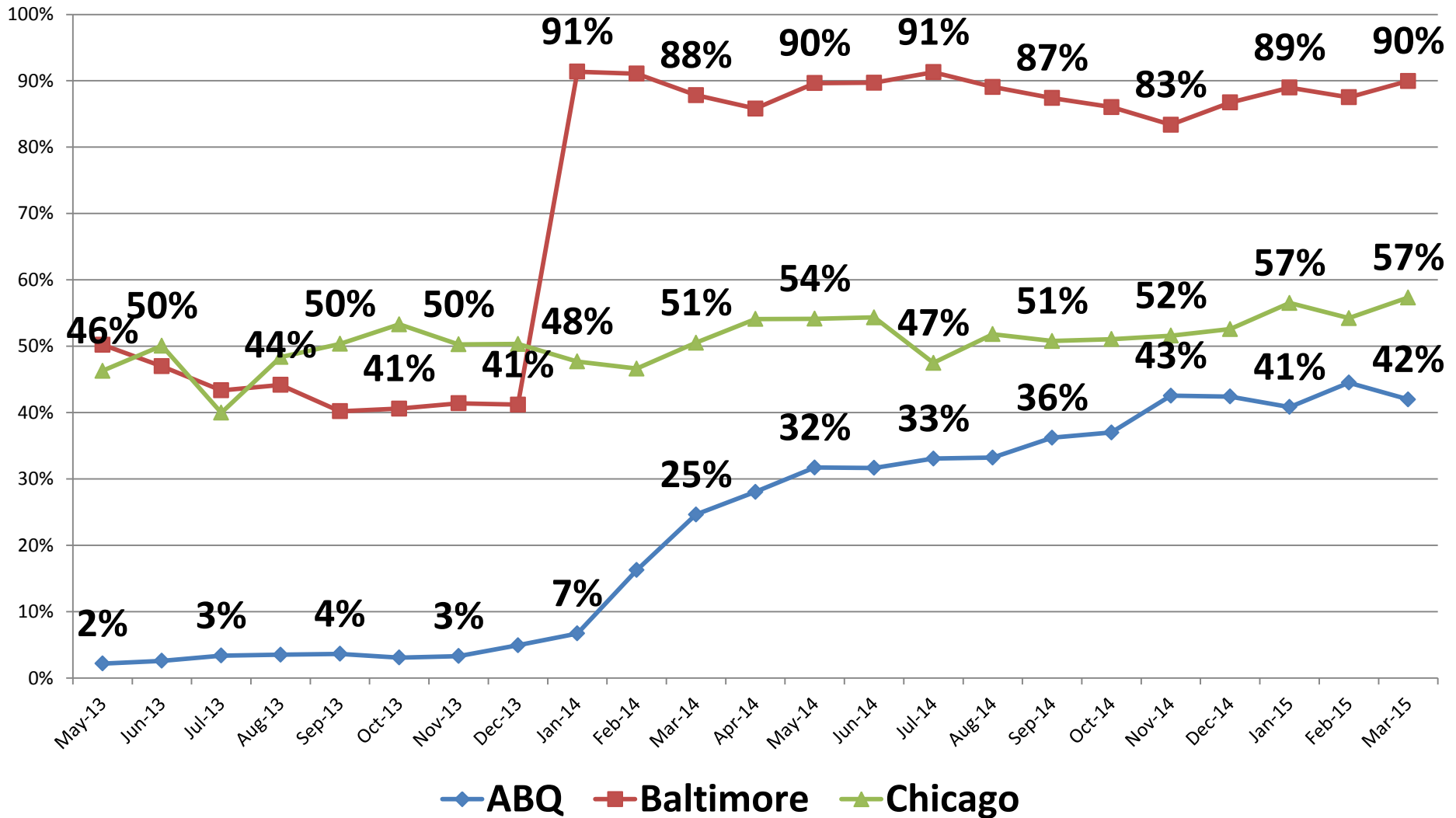
May 9, 2015

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STATE OF AFFAIRS

- 29 states + DC have expanded Medicaid under ACA
- As of January 2015, **70 million now enrolled** in Medicaid
→ 11.2 million more since October 2013 (19% increase)
- **Enrolling** clients into benefits (many under managed care)
- **Connecting** people to broader range of care
- **Managing** a changing financial & operational landscape
- **Addressing** limitations of coverage, gaps in service, and ongoing need for complementary funding
- **Maximizing** new partnerships & broader interest in “special populations” & social determinants of health

Percent of Visits with Insured Clients



PRESENTERS

- **Kevin Lindamood**, MSW, President & CEO, Baltimore HCH, Maryland
- **Matias Vega**, MD, Medicaid Director, Albuquerque HCH, New Mexico
- **Sheena Ward**, BA, Benefits and Entitlements Supervisor, Heartland Health Outreach, Chicago, Illinois

Baltimore: Project Snapshot

- Established in 1985 – Now in 30th Year
- Multi-Disciplinary Services, Education, Advocacy
- Medicaid Expansion State, Managed Care Fee-for-Service
- Strategic Planning in 2012 for 2013-2017 Plan

	2013	2014	2015
Budget	\$13 Million	\$15 Million	\$17.8 Million
Staff	140	155	200
Clients Served	7,000	8,600	21% increase (Q1)
Total Patient Visits	78,000	90,000	21% increase (Q1)
% Uninsured	70%	~10%	~10%



Post-Expansion Environment

- Growth based on need
- Specialty care access
- Service sustainability (60%/40%)
- Strengthened infrastructure
- Maryland hospital system reforms



New Challenges

- **Beyond fee-for-service:** *Focus on quality and clinical outcomes*
- **Cost savings:** *Broadening “health” interventions*
- **Sustainable growth:** *Leveraging billing & grants to meet comprehensive needs*
- **Tentative partnerships:** *Moving ahead in uncertain times*



Notable Successes



- Outreach & Enrollment
- Transformed Business Model
- PCMH Accreditation
- Service Expansion
- Strengthened “Unfunded” Services
- Supportive Housing

Chicago: Project Snapshot

- Number patients/visits (2014): 7,661/32,945
- Two service locations: N & W side of Chicago
- **Medical**
 - Primary care & dental, nutrition education and counseling
 - Specialty care for chronic illnesses: diabetes, HIV/AIDS, mental illness and more
- **Community Support Services**
 - Assistance with transportation to medical visits through your insurance
 - Onsite Laundry and Shower
- **Behavioral Health**
 - Same day crisis intervention
 - Psychiatry

Chicago: Post-Expansion Environment

- MCO transitions
- More access to health care
- Better opportunities for health education
- PCMH-patient more involved in healthcare
 - Make better decisions around care ER versus PCP

Chicago: New Challenges

- Missed redeterminations
- Confused about MCOs and how it pertains to coverage
- Pending Medicaid budget cuts
- Retention of patients
- Adapting to MCO environment as an agency

Chicago: Notable Successes

- Opening the new clinic site in 2014 on the West side
- 460 individuals enrolled or re-enrolled since March 2014-March 2015



Albuquerque: Project Snapshot

- Started in 1985
- Patients/visits (2014): 4,349/20,183
- Service locations: 1 campus site and 12+ outreach sites
- Services offered onsite:
 - Integrated Medical/Behavioral Health
 - Primary care: chronic, acute & urgent care; substance use services; psychiatric services; counseling, crisis intervention; pharmacy in-house
 - Specialty Clinics: DM, Vision, Accudetox
 - Dental
 - Case Management
 - Housing
 - Harm Reduction including syringe exchange services
 - ArtStreet: community art studio/art therapy



Albuquerque: Post-Expansion Environment

- Section 1115 Waiver (started 1/2014)
- Yearly benefit renewal
- 50% increase in enrollment
- 4 MCOs with separate Medical/BH/Dental contracts (12 total)
- BH carved-in
- Assignment issues: not listed as PCPs but as urgent care
 - MCOs unable to identify homeless status
 - If listed as PCPs, non-homeless patients assigned
- Adult dental services added to benefits package
- Comprehensive Community Support Services model (not traditional CM, which works better for high risk patients)



Albuquerque: New Challenges

- FQHC rate does not cover costs
- Potential loss of State primary care/dental grants
- CM & dental services not reimbursed
- Pharmacy issues
 - Decreased demand, varying formularies, both in-house & commercial challenges, transportation
- Referral & lab management issues (prior approval, IT/EHR)
- Initial decrease in patients/visits due to patients trying mainstream healthcare systems
- Mainstream healthcare systems not welcoming to our patients



Albuquerque: Notable Successes

- Increased enrollment to 42% currently overall in AHCH
 - 60% in Medical program now
- Increased access to a wider variety of covered services for patients
 - Lower referral wait times initially, but slowing down again
 - Patients needing higher level of services can get most of them
 - Nursing homes, assisted living facilities, hospice
- AHCH changed to a longer transition time period for post-HLN using critical time intervention model
- Adult dental services in benefits package
- Improved Medicaid revenue stream

QUESTIONS, ANSWERS & DISCUSSION

- **Kevin Lindamood**, MSW, President & CEO, Baltimore HCH, Maryland
- **Matias Vega**, MD, Medicaid Director, Albuquerque HCH, New Mexico
- **Sheena Ward**, BA, Benefits and Entitlements Supervisor, Heartland Health Outreach, Chicago, Illinois

A FEW RESOURCES

- Kaiser Family Foundation:
 - Report 1: [Medicaid Coverage and Care for the Homeless Population: Key Lessons to Consider for the 2014 Medicaid Expansion](#) (September 2012)
 - Report 2: [Early Impacts of the Medicaid Expansion for the Homeless Population](#) (November 2014)
- [National HCH Council Health Reform](#):
 - Policy briefs, webinars, government documents, other resources