Serving the Homeless Community: New Findings on the Impact of the Medicaid Expansion

Presented by the Kaiser Family Foundation

April 26, 2016
Join the conversation on Twitter

#ACAHomeless

@KaiserFamFound
@SArtiga2
@barbaradipietro
@FHCLouisville
@TheWayHome
Today’s Moderator

Samantha Artiga

Director, Disparities Policy Project and Associate Director, KCMU

*Kaiser Family Foundation*

@SArtiga2
Today’s Speakers

Barbara DiPietro
National Health Care of the Homeless Council
@barbaradipietro

Andy Patterson
Family Health Centers (FHC)
Louisville, KY
@FHCLouisville

Jacquelynn Engle
Sulzbacher Center
Jacksonville, FL

Cindy Funkhouser

THE KAISER COMMISSION ON
Medicaid and the Uninsured
Barbara DiPietro

Senior Director of Policy

National Health Care of the Homeless Council

@barbaradipietro
Examining how the Medicaid Expansion has affected Providers Serving the Homeless Population

- Analysis of coverage, revenue, and cost data for Health Care for the Homeless (HCH) Projects
- Examines differences between HCH projects in expansion and non-expansion states
- Compares HCH projects to other health centers serving a broader low-income population
- Builds on previous focus group reports that explored early impacts of the Medicaid expansion for homeless patients and providers
Percent of Patients with Insurance at HCH Projects and Other Health Centers in Expansion and Non-Expansion States, 2012-2014

Note: Based on Medicaid expansion decisions as of 2014.
Source: KCMU and National Health Care for the Homeless Council analysis of 2012 - 2014 Uniform Data System data.
Coverage Distribution of Patients at HCH Projects and Other Health Centers in Expansion and Non-Expansion States, 2014

Note: Based on Medicaid expansion decisions as of 2014. Private includes employer and non-group coverage; Medicaid includes Children’s Health Insurance Program coverage; Medicare/Other Public includes Tricare and other public programs. Source: KCMU and National Health Care for the Homeless Council analysis of 2012 - 2014 Uniform Data System data.
Distribution of Patient Visits by Service Type at HCH Projects and Other Health Centers, 2014

HCH Projects
- Vision and Other: 2%
- Dental: 15%
- Enabling Services: 7%
- Substance Abuse: 15%
- Medical: 53%

Other Health Centers
- Vision and Other: 3%
- Dental: 13%
- Enabling Services: 5%
- Substance Abuse: 6%
- Mental Health: 72%

Note: Based on Medicaid expansion decisions as of 2014. Private includes employer and non-group coverage; Medicaid includes Children’s Health Insurance Program coverage; Medicare/Other Public includes Tricare and other public programs. Source: KCMU and National Health Care for the Homeless Council analysis of 2014 Uniform Data System data.
Percentage Change in Patients and Patient Visits for HCH Projects and Other Health Centers, 2013-2014

-1% 3% 1% 4% 3% 4%

Expansion States Non-Expansion States

-1% 1% 4% 3% 7% 4%

Patients Patient Visits HCH Projects Other Health Centers

Percentage Change in Revenues and Costs for HCH Projects and Other Health Centers, 2013-2014

<table>
<thead>
<tr>
<th></th>
<th>Expansion States</th>
<th>Non-Expansion States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>HCH Projects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Other Health Centers</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Distribution of Revenues at HCH Projects and Other Health Centers, 2013-2014

### HCH Projects

- **2013**: $376.6 million
  - Self-Pay: 32%
  - Third Party Payments: 30%
  - Non-Federal Grants: 5%
  - Other Federal Grants: 25%
  - BPHC Grant: 2%
- **2014**: $400.9 million
  - Self-Pay: 38%
  - Third Party Payments: 24%
  - Non-Federal Grants: 4%
  - Other Federal Grants: 21%
  - BPHC Grant: 2%

### Other Health Centers

- **2013**: $15,546.2 million
  - Self-Pay: 4%
  - Third Party Payments: 13%
  - Non-Federal Grants: 17%
  - Other Federal Grants: 3%
  - BPHC Grant: 12%
  - Other: 4%
- **2014**: $17,581.6 million
  - Self-Pay: 6%
  - Third Party Payments: 56%
  - Non-Federal Grants: 12%
  - Other Federal Grants: 3%
  - BPHC Grant: 18%
  - Other: 5%

### Number of Grantees
- **2013**: 58
- **2014**: 60
- **2013**: 1,115
- **2014**: 1,189

Note: Other includes revenue not related to charge-based services or grants, which may include fund-raising, rent from tenants, and medical record fees.

Distribution of Revenues at HCH Projects by Medicaid Expansion Status, 2013-2014

**Expansion States**
- 2013: $328.9 million
- 2014: $352.4 million

**Non-Expansion States**
- 2013: $47.7 million
- 2014: $48.4 million

**Note:** Other includes revenue not related to charge-based services or grants, which may include fund-raising, rent from tenants, and medical record fees.

**Source:** KCMU and National Health Care for the Homeless Council analysis of 2013 - 2014 Uniform Data System data.
HCH projects in expansion states experienced larger coverage gains and increases in third-party payments compared to those in non-expansion states.

In expansion states:
- Coverage gains may lead to increased access to care that could help improve health outcomes and reduce disparities over time.
- Coverage increases may facilitate new connections among providers and greater access to integrated data systems.
- Increases in third-party payments may provide increased financial stability and support strategic and operational improvements, but also create new administrative challenges.
- Other financing sources remain important for services that are not reimbursable.

In non-expansion states:
- Majority of patient population remains uninsured, leaving gaps in access to care that may lead to greater disparities over time.
- Providers rely almost exclusively on grant funding, making them highly sensitive to any changes in funding.
Speakers

Andy Patterson  Jacquelynn Engle

Family Health Centers (FHC)

Louisville, KY

@FHCLouisville
Health Coverage among Health Care for the Homeless Center Patients at Family Health Center Site, 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>% Uninsured</th>
<th>% With Medicaid Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>80%</td>
<td>13%</td>
</tr>
<tr>
<td>2014</td>
<td>39%</td>
<td>49%</td>
</tr>
<tr>
<td>2015</td>
<td>31%</td>
<td>56%</td>
</tr>
</tbody>
</table>

Source: UDS data
### Differences between Health Care for the Homeless and General Family Health Center Patients

#### Findings

- HCH patients are at higher risk of being uninsured.
- Among those enrolled, HCH patients are more likely to be enrolled in Medicaid vs. a QHP.
- HCH patients are at higher risk for gaps in coverage and account for a large share of coverage breaks. While just 1% of HCH enrollees had their Medicaid reactivated after release from incarceration, they accounted for over half (55%) of these reactivations.

<table>
<thead>
<tr>
<th>2015 PATIENT INSURANCE AND ENROLLMENT SNAPSHOT</th>
<th>Health Care for the Homeless Site</th>
<th>All 7 Family Health Center Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>31%</td>
<td>19%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>56%</td>
<td>61%</td>
</tr>
<tr>
<td>Total Enrollments in Medicaid/QHP</td>
<td>898</td>
<td>5,815</td>
</tr>
<tr>
<td>% in Medicaid</td>
<td>90%</td>
<td>84%</td>
</tr>
<tr>
<td>% Incarceration Release Reactivations</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
Impact of Medicaid Coverage Gains

- Pays for specialty services
- Quicker referrals to specialty services
- Access to substance abuse and mental health services
- Increased choice of providers
- Complexity of system & patients
- Increased revenue
- Decreased medication costs (from over $300,000 in 2013 to $50,000 in most recent 12 months)
- Increased self esteem and access to stabilization services
Cindy Funkhouser

President and CEO

*Sulzbacher Center in Jacksonville, Florida*

@TheWayHome
Caring for Patients Who are Homeless in a Medicaid Non-Expansion State (Florida)

• Without Medicaid expansion poor adults have no access to affordable health coverage

• Many of these adults rely on hospital emergency rooms, but are unable to pay

• Sulzbacher provides access to primary care, dental, behavioral health, optical, substance abuse, HIV, and limited pediatric services on-site, but access to specialty services is challenging for those without coverage

• Ways Sulzbacher leverages limited resources
  – Collaborates with community partners to help individuals access services
  – Serves as a teaching facility for medical and dental residents, interns, and students for all regional medical schools, increasing the capacity to serve patients
  – Provides emergency dental care and partnering with the local hospitals to divert patients with dental needs from the ER. In the first 8 months of tracking, the Center has saved the local hospitals $725,754.
## Financing Issues for Clinics Serving the Homeless Community without Medicaid Expansion

- Without Medicaid expansion, Sulzbacher remains heavily dependent on HRSA section 330 grant funding, along with other federal and foundation grants.
- Fundraising and private donations are also required to fill in the gaps.
- Absence of Medicaid funding limits availability of services.
- Funding limits also makes it difficult to recruit and retain providers.

### Patient Uninsured Rate at Sulzbacher Health Clinics, 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>96%</td>
</tr>
<tr>
<td>2014</td>
<td>94%</td>
</tr>
<tr>
<td>2015</td>
<td>92%</td>
</tr>
</tbody>
</table>
Service Gaps and Future Priorities in a Non-Expansion Environment

- **Mental Health**
  - Florida 49th out of 50 States in mental health funding
  - Fractured system with a dearth of resources
  - Severe shortage of and inability to hire psychiatrists
  - New legislation expands role of Advanced Registered Nurse Practitioners

- **Dental**
  - Little to no access for uninsured adults
  - Limited financial support from private donors
  - Lack of volunteer dentists (on-going)
  - E.R. diversion

- **HIV Primary Care**
  - Florida leads nation in new HIV infections *Miami Herald 1/22/16*
  - HIV rates/100,000: 1) Miami 37.2, 3) Jacksonville 29.1, 8) Orlando 23.3 *US Census & CDC*
  - Not treated as crisis/State-level DOH funding cuts
Chris Lee, Communications Officer
Kaiser Family Foundation | Washington, D.C.
Email: CLee@KFF.org
Thank you!

Until next time, keep in touch:

Twitter: @KaiserFamFound

Facebook: /KaiserFamilyFoundation

LinkedIn: /company/kaiser-family-foundation

Email: kff.org/email