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

Presented by the Kaiser Family Foundation

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Today's Speakers

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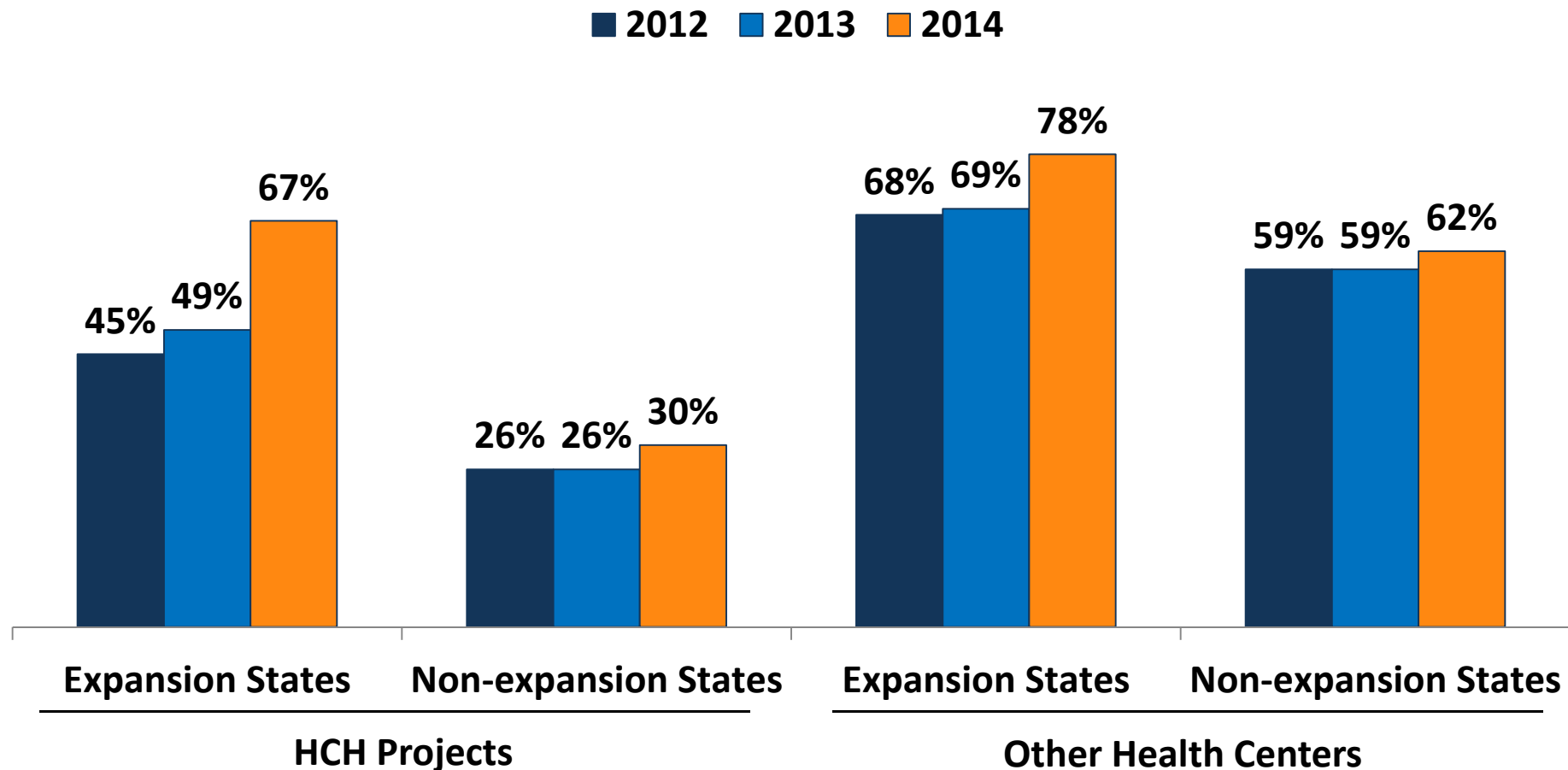**@barbaradipietro**

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Medicaid and the Uninsured

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

■ 2012 ■ 2013 ■ 2014

HCH Projects
- Expansion States: 45%, 49%, 67%
- Non-expansion States: 26%, 26%, 30%

Other Health Centers
- Expansion States: 68%, 69%, 78%
- Non-expansion States: 59%, 59%, 62%
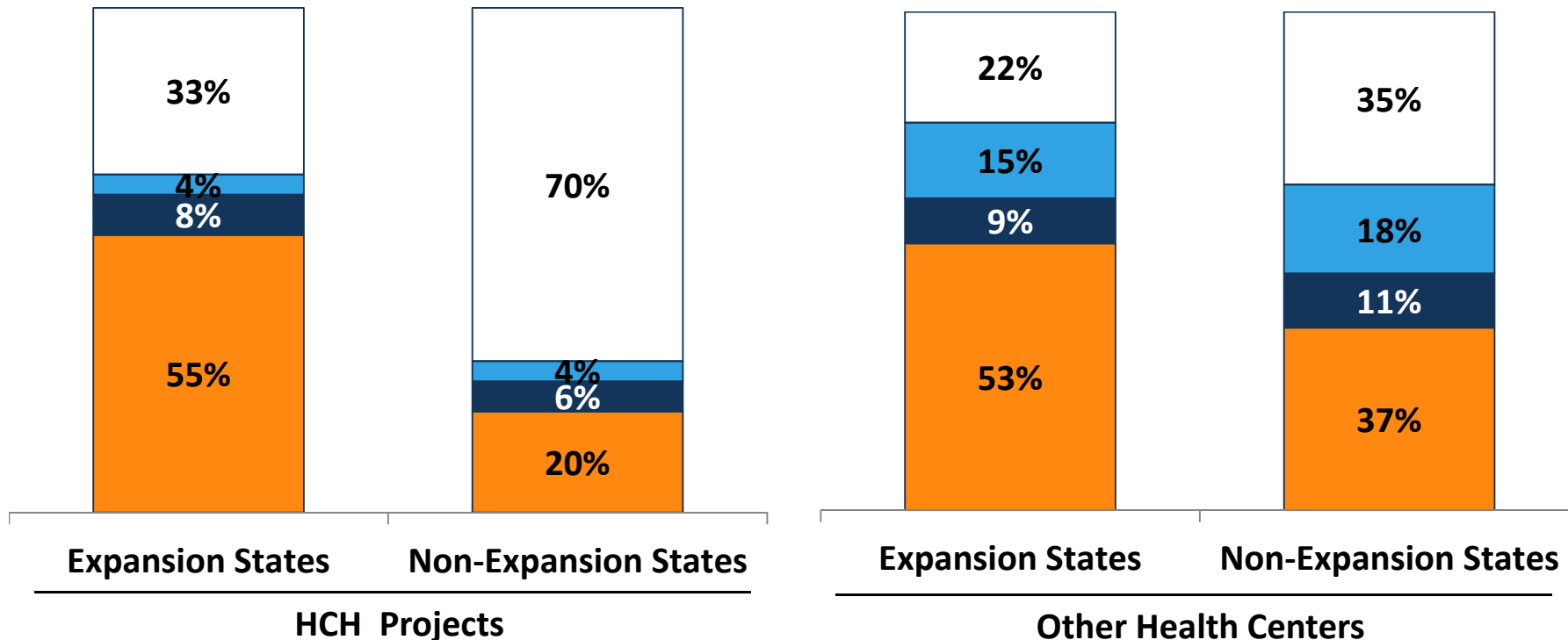
Note: Based on Medicaid expansion decisions as of 2014.
Source: KCMU and National Health Care for the Homeless Council analysis of 2012 - 2014 Uniform Data System data.

Coverage Distribution of Patients at HCH Projects and Other Health Centers in Expansion and Non-Expansion States, 2014

Legend:
- ☐ Uninsured
- ■ Private
- ■ Medicare/Other Public
- ■ Medicaid

HCH Projects

Expansion States:
- 33%
- 4%
- 8%
- 55%

Non-Expansion States:
- 70%
- 4%
- 6%
- 20%

Other Health Centers

Expansion States:
- 22%
- 15%
- 9%
- 53%

Non-Expansion States:
- 35%
- 18%
- 11%
- 37%

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Distribution of Patient Visits by Service Type at HCH Projects and Other Health Centers, 2014

HCH Projects
- 2%
- Dental: 8%
- Enabling Services: 15%
- Substance Abuse: 7%
- Mental Health: 15%
- Medical: 53%

Other Health Centers
- Vision and Other: 3%
- Dental: 13%
- Enabling Services: 5%
- Substance Abuse: 1%
- Mental Health: 6%
- Medical: 72%

Legend:
- ☐ Vision and Other
- ☐ Dental
- ☐ Enabling Services
- ■ Substance Abuse
- ■ Mental Health
- ■ Medical

Percentage Change in Patients and Patient Visits for HCH Projects and Other Health Centers, 2013-2014

■ Expansion States   ■ Non-Expansion States

HCH Projects
- Patients: -1% (Expansion), 3% (Non-Expansion)
- Patient Visits: -1% (Expansion), 1% (Non-Expansion)
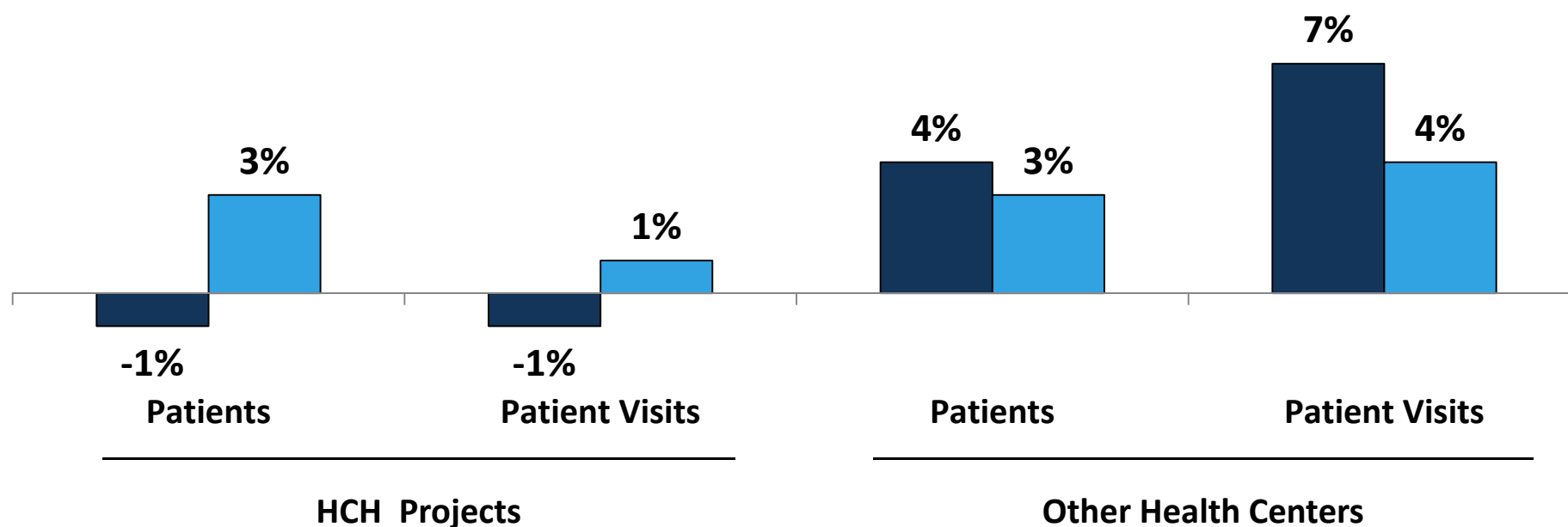
Other Health Centers
- Patients: 4% (Expansion), 3% (Non-Expansion)
- Patient Visits: 7% (Expansion), 4% (Non-Expansion)

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

■ **Expansion States**   ■ **Non-Expansion States**

HCH Projects		Other Health Centers	
Revenues	Costs	Revenues	Costs
7% / 2%	3% / 9%	14% / 12%	12% / 11%

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

HCH Projects

2013
- Other: 8%
- Self-Pay: 2%
- Third Party Payments: 32%
- Non-Federal Grants: 30%
- Other Federal Grants: 5%
- BPHC Grant: 25%

2014
- Other: 8%
- Self-Pay: 1%
- Third Party Payments: 38%
- Non-Federal Grants: 24%
- Other Federal Grants: 4%
- BPHC Grant: 21%

Other Health Centers

2013
- Other: 4%
- Self-Pay: 6%
- Third Party Payments: 56%
- Non-Federal Grants: 13%
- Other Federal Grants: 3%
- BPHC Grant: 17%

2014
- Other: 4%
- Self-Pay: 5%
- Third Party Payments: 59%
- Non-Federal Grants: 12%
- Other Federal Grants: 3%
- BPHC Grant: 18%

Legend:
- ☐ Other
- ☐ Self-Pay
- ■ Third Party Payments
- ■ Non-Federal Grants
- ■ Other Federal Grants
- ■ BPHC Grant

	HCH Projects		Other Health Centers		
	2013	2014	2013	2014	
	58	60	1,115	1,189	Number of Grantees
	$376.6	$400.9	$15,546.2	$17,581.6	Total Revenue (Millions)

Note: Other includes revenue not related to charge-based services or grants, which may include fund-raising, rent from tenants, and medical record fees.
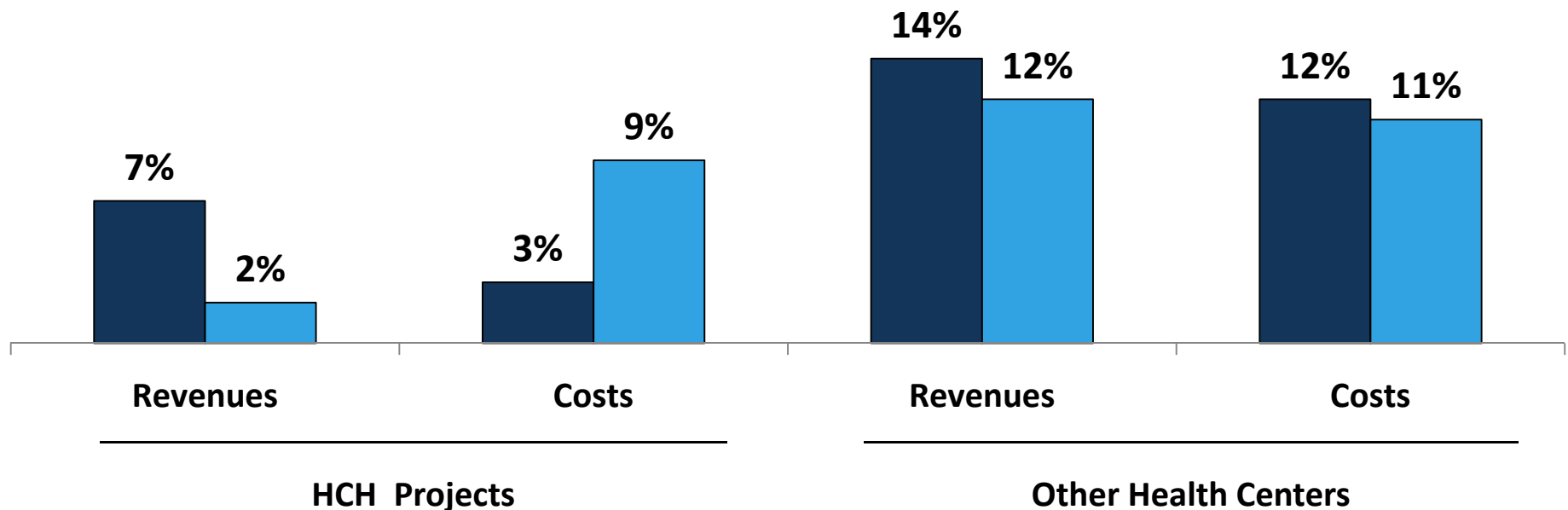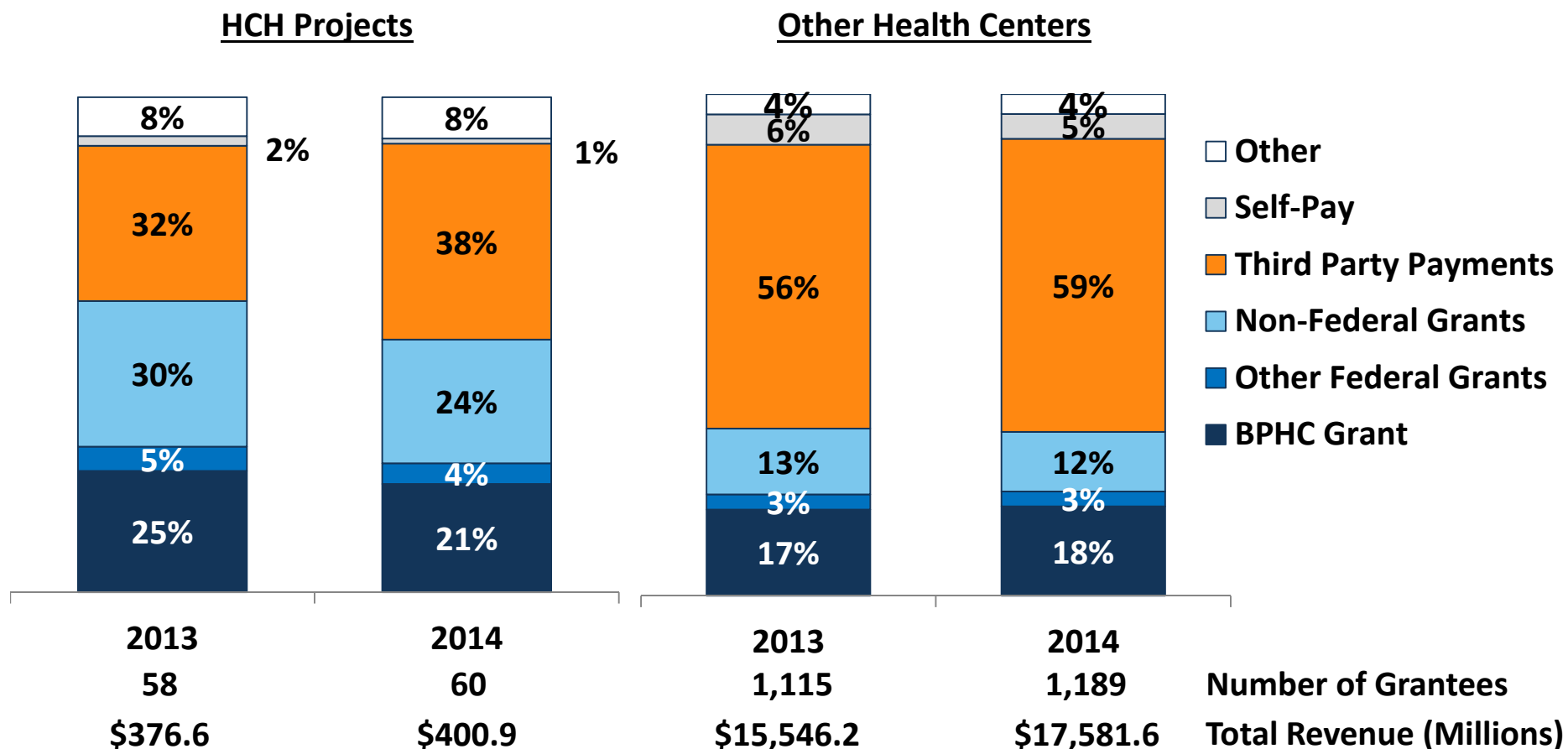SOURCE: KCMU and National Health Care for the Homeless Council analysis of 2013 - 2014 Uniform Data System data.

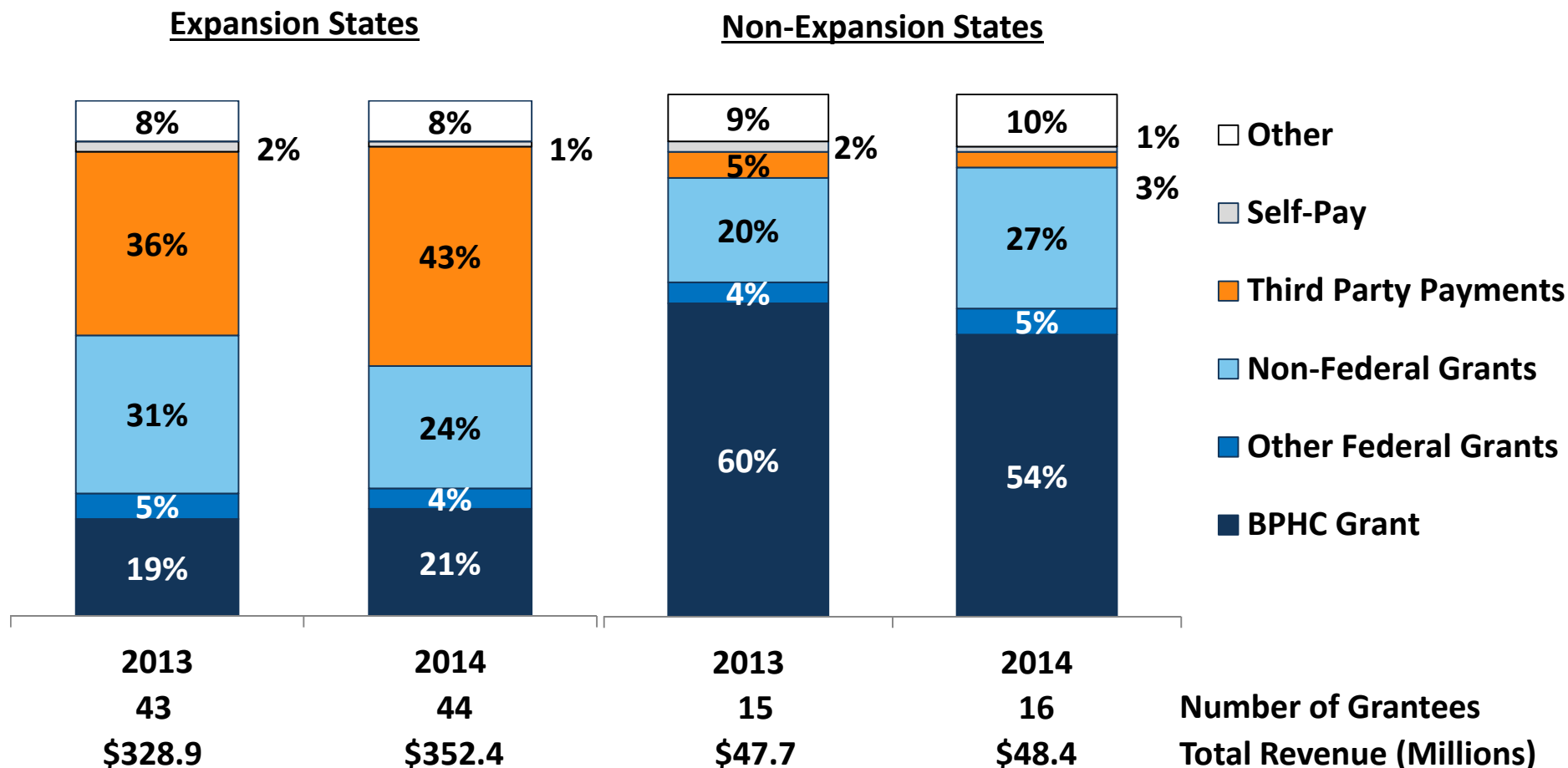# Distribution of Revenues at HCH Projects by Medicaid Expansion Status, 2013-2014

Expansion States

Non-Expansion States

Legend:
- ☐ Other
- ☐ Self-Pay
- ☐ Third Party Payments
- ☐ Non-Federal Grants
- ☐ Other Federal Grants
- ☐ BPHC Grant

Expansion States 2013: Other 8%, 2%, Third Party Payments 36%, Non-Federal Grants 31%, Other Federal Grants 5%, BPHC Grant 19%

Expansion States 2014: Other 8%, 1%, Third Party Payments 43%, Non-Federal Grants 24%, Other Federal Grants 4%, BPHC Grant 21%

Non-Expansion States 2013: Other 9%, 2%, 5%, Non-Federal Grants 20%, Other Federal Grants 4%, BPHC Grant 60%

Non-Expansion States 2014: Other 10%, 1%, 3%, Non-Federal Grants 27%, Other Federal Grants 5%, BPHC Grant 54%

	2013	2014	2013	2014	
	43	44	15	16	**Number of Grantees**
	$328.9	$352.4	$47.7	$48.4	**Total Revenue (Millions)**

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.

Key Issues Looking Ahead

- 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
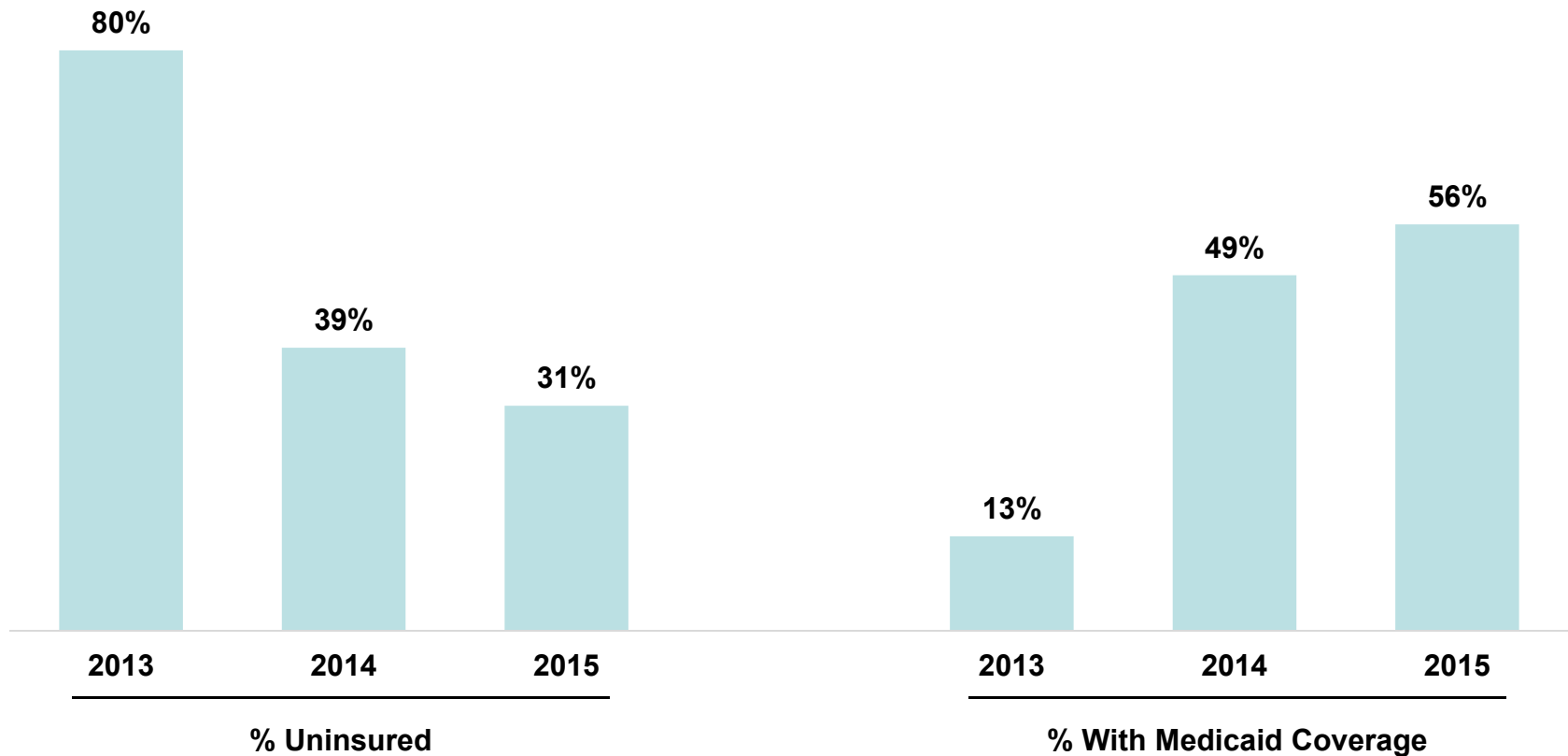
Andy Patterson   Jacquelynn Engle

Family Health Centers (FHC)

Louisville, KY

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

% Uninsured
- 2013: 80%
- 2014: 39%
- 2015: 31%

% With Medicaid Coverage
- 2013: 13%
- 2014: 49%
- 2015: 56%

Source: UDS data

Family Health Centers

Differences between Health Care for the Homeless and General Family Health Center Patients

2015 PATIENT INSURANCE AND ENROLLMENT SNAPSHOT		
	Health Care for the Homeless Site	All 7 Family Health Center Sites
Uninsured	31%	19%
Medicaid	56%	61%
Total Enrollments in Medicaid/QHP	898	5,815
% in Medicaid	90%	84%
% Incarceration Release Reactivations	1%	<1%

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.

Family Health Centers

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

Family
Health
Centers

# 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.

Sulzbacher Center
The Way Home

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

Year	Uninsured Rate
2013	96%
2014	94%
2015	92%

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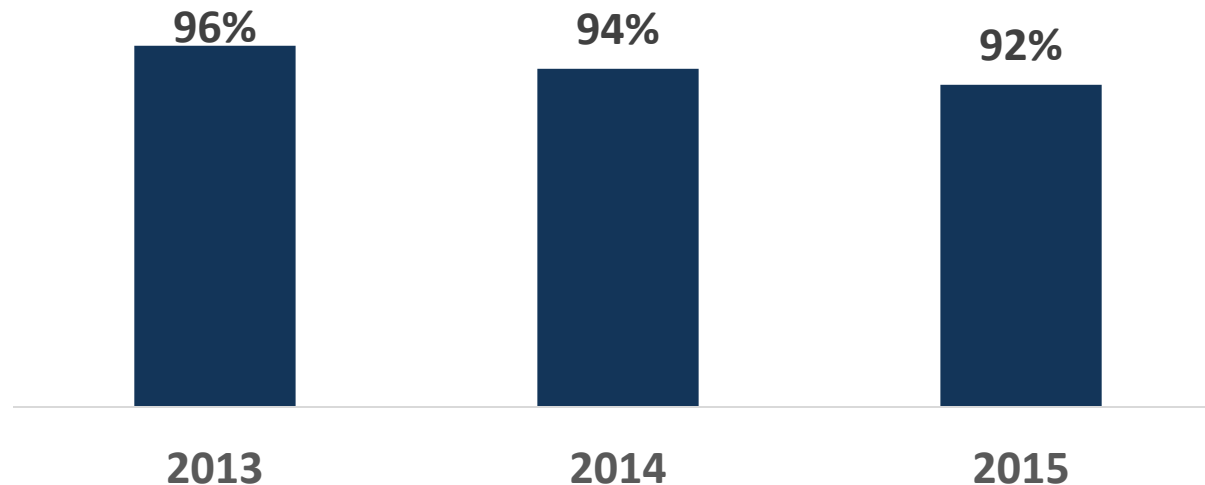
Service Gaps and Future Priorities in a Non-Expansion Environment

- **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

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Contact Information

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Thank you!

Until next time, keep in touch:

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