HEALTH REFORM & MEDICAID EXPANSION

Opportunities and Challenges for the HCH Community
HCH & OTHER HEALTH CENTER INSURANCE CHANGES, 2012-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>HCH</th>
<th>Non-HCH CHCs</th>
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<tbody>
<tr>
<td>2012</td>
<td>64%</td>
<td>34%</td>
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<tr>
<td>2013</td>
<td>65%</td>
<td>36%</td>
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<tr>
<td>2014</td>
<td>72%</td>
<td>48%</td>
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INSURANCE DISPARITIES BY TYPE OF STATE AND HEALTH CENTER, 2014

HCHs (268 grantees, ~850K patients)
- Expansion states: 67%
- Non-expansion states: 30%

Non-HCH health centers
(1,010 grantees, ~22M patients)
- Expansion states: 79%
- Non-expansion states: 64%
MEDICAID EXPANSION & PMHC: PERCENT OF INSURED CLIENT VISITS

Note: Average 931 visits/month
SPEAKERS TODAY

- **Jim Willshier**, Director of Policy & Partnership, PA Association of Community Health Centers
- **Melissa Fox**, Sr. Managing Director of Health, Public Health Management Corporation
- **Corrie Tice**, Health Network Social Services Manager, PHMC
- **Moderator: Barbara DiPietro**, Sr. Director of Policy, National HCH Council
FIVE CHALLENGES

1. Addressing needs of a community divided by “yes” or “no” (or “maybe”)
2. Ensuring ongoing outreach, enrollment & engagement in services
3. Validating the “HCH Model of Care”
4. Focusing beyond the ACA
5. Securing resources to address social determinants of health
FIVE OPPORTUNITIES

1. Improving health and stability
2. Growing “HCH Model of Care” to the larger health care system
3. Using data to target interventions & maximize limited resources
4. Engaging new stakeholders in broader solutions
5. Preventing & ending homelessness via #1
CURRENT POLICY PRIORITIES

1. Sharing best practices in outreach, enrollment, engagement & care
2. Establishing “value” amid payment reforms
3. Maximizing state options under Medicaid
4. Continuing to focus on housing as a health care intervention
5. Protecting traditional safety net funding sources to fill gaps in Medicaid
ADVANCE NOTICE:
DISCUSSION QUESTIONS

• What issue(s) would you like to discuss further or have better explained?

• Is there an ACA or Medicaid question we did not address that you’d like to raise?

• Are there opportunities or challenges you see (or anticipate) that were not mentioned?

• How do you anticipate using this information?
What is PACHC?

Pennsylvania’s Primary Care Association, representing federally qualified health centers (FQHCs), FQHC Look-Alikes, rural health clinics (RHCs), and other like-mission primary care providers
National Community Health Center Facts

• Largest primary care network in the country!
  – FQHC Patient Base is over **23 million people**
  – Over **8,000** clinical locations in every state and U.S. territory

• Rapidly growing over the past decade
  – **9,600** Physicians
  – **6,400** CRNPs, CNMs and PAs
  – **132,000** Staff

• Generate jobs and money:
  – **$20 billion** for local economies
  – **189,000** jobs
• Serve more than 700,000 people annually in PA at more than 250 sites in 49 rural and urban counties
• Provide more than 2 million visits annually
• Contribute more than $500 million to economies of local communities
• Provide more than 3,500 FTE jobs in PA
SCOTUS Decision on ACA

- Supreme Court’s surprising decision in 2013 left state’s with the option to expand Medicaid through a “new” program

- Governor Corbett opted into a “private coverage option”, i.e. Healthy Pennsylvania

- Pennsylvania estimated enrollment up to 682,880 individuals through 2019
Medicaid Expansion in Pennsylvania

- February of 2015 marked Governor Wolf’s announcement for traditional Medicaid expansion and phase out of Healthy Pennsylvania/Private Coverage Option

- Medicaid expanded in Pennsylvania, effective last month to nearly 500,000 eligible Pennsylvanians
Medicaid Moving Forward

- CMS has not officially signed off on consolidation of HealthChoices benefit package
- In 2017, federal match for “newly eligible” population will be reduced to 95%
- DHS currently in process of soliciting new contracts for HealthChoices (implementation in 2017)
  - New players are likely to come into Pennsylvania as a result
Medicaid Advocacy in Community

- Expanding adult benefits beyond current limits
- Reforming the Benefit Limit Exception process
Jim Willshier, Director of Policy & Partnership
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Website: www.PACHC.org
PHMC is a nonprofit public health institute that creates and sustains healthier communities through direct service, partnership, innovation, policy, research, technical assistance and a prepared workforce.

PHMC has served the greater Philadelphia region since 1972 and has become one of the largest and most comprehensive public health organizations in the nation.
Healthcare for the Homeless – PHMC

- Supporting the homeless community since 1988
- Mary Howard Health Center is the main access point with other satellite locations
- RN Outreach Team providing care in almost 20 shelters around the city
- Behavioral Health firmly integrated with Primary Care
- Home Health Assessment Program (HHA)
- Homeless Medical Respite program
- Calcutta House is newest addition
Health teams took very active roles in connecting patients to coverage.

Limited resources to assist in the enrollment process

Patient difficulties with managing complicated processes

Infrastructure that was not designed to suit the needs of the homeless
Life after Medicaid Expansion

- HealthChoices
- Health teams continue to take a very active role in patient enrollment
- Made it easier for homeless patients to be placed in the appropriate plans
- Increase in insured patients/decrease in uninsured
- Increase in overall patient utilization
Key Opportunities

- Resources, resources, resources
- Connecting to high-risk patients who are eligible for coverage and still are not utilizing the medical home for care
- Behavioral health coverage
- Continuing to assess internal operations to ensure we’re simplifying the process for our patients
Stories from the Frontlines of Outreach & Enrollment

- Local History of PA Medicaid Expansion
- Challenges
- Successes
- Stories
PA’s Medicaid Rollercoaster - A Brief History of the Past Year

- **Aug. 2014:** CMS approved PA Medicaid waiver (Corbett Admin)
- **Nov. 2014:** Corbett’s Healthy PA plan prepares for roll out
- **Jan. 2015:** Healthy PA plans officially begin  
  (Consumers are confused, assisters are frustrated: PCOs = the WORST)
- **Feb. 2015:** Gov. Elect Wolf commits to traditional MA Expansion
- **Apr. 2015:** Transition from Healthy PA to Health Choices begins  
  - Multiple phases, many notices, much education, lots of advocacy
- **Sept. 2015:** Transition to Health Choices concludes  
  - (All adults now have same benefits package)
WARNING!!!

FRUSTRATION AHEAD
Impact of Healthy PA

- Created inequitable tiered system of coverage based on health needs
- “Low-risk” PCO packages part of different managed-care system
- PCO package did NOT include dental, MATP (Logisticare), or CBH coverage
- 45,000 medically needy recipients receiving full MA benefits were erroneously moved to PCO plans
- The health screening process was flawed, so many new MA Expansion AND Disability category eligibles were assigned to wrong benefits packages
- Complexity of Healthy PA led to application processing delays and widespread confusion among consumers and CAO staff.
Features of Health Choices

- Health Choices mirrors ACA’s original outline for MA Expansion
- Expanded MA to all adults (19yo+) with incomes <138% FPL, regardless of health needs ➔ no more health screening questionnaire
- Creation of Adult package -- All individuals receive this same package
  - Includes ACA Essential Health Benefits standard
  - Basic dental, MATP, and CBH coverage
- Benefits package managed by Health Choices MCOs that we are used to working with:
  - Keystone First, Health Partners, Aetna Better Health, United Healthcare
  - Access (Fee-for-Service) for certain recipients (EMA, Medicare dual-eligibles)
Health Choices Transition & Current Medicaid Enrollment Process
- The Consumer Experience

• Notices, notices, notices!
  • Many clients confused by the deluge of notices received
  • Prevalence of limited literacy skills/reading comprehension
  • Continuously changing addresses, oftentimes do not receive
  • Sent out/received after due dates

• Requests for info related to consumer medical & asset status
  • Compass
  • Supporting documentation

• Difficulty for this population to produce ID, address documentation

• Benefits easily cut when renewals not received
Health Choices Transition - The Assister Experience

- Focus on education, clarifying lasting misconceptions and confusion around eligibility requirements
  - For BOTH clients AND CAO workers
- Educating & advocating for clients on policies & rights
  - No longer need to disclose health or asset info
  - Providers/pharmacies CANNOT refuse treatment based on inability to pay
- Assisting with understanding notices & submitting paperwork received from CAOs
Challenges in Outreach & Enrollment

- Medicaid Expansion vs. Disability Categories
  - Consumers on SSDI and above the Medicaid income limit
    - MAWD vs. Marketplace
  - Consumers who are working with a health condition
    - Healthy Horizons
- Education to CAO workers on differences between MA Expansion eligibility and disability category requirements
- Transferring patients out of disability categories who are eligible for MA Expansion
- EMERGENCY MEDICAL ASSISTANCE
- DENTAL
Successful Strategies in Outreach & Enrollment

- Very “hands-on,” involved assistance
- ALL the forms!
- Community Partnership with Philadelphia CAO and access to district liaisons for trouble-shooting cases
- Scan/email ALL the paperwork—reduce consumer interface with CAOs
- Medical-Legal Partnership between PHMC & Community Legal Services
- EDUCATE & ADVOCATE!
Feel free to contact me with more questions!

Corrie Tice, MSS, LSW
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PHMC Health Network
ctice@phmc.org
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