



MEDICAID ENROLLMENT:

A Frontline Guide for Engaging People Experiencing Homelessness

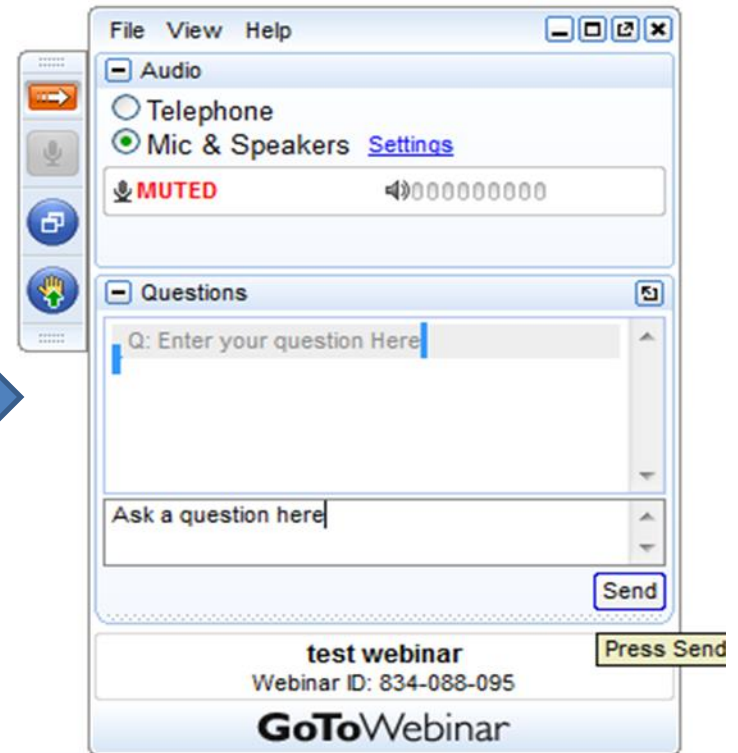
Wednesday, December 11, 2013

We will begin at 1:00 pm ET



Questions?

Please submit your questions via the *Questions* function found in your GoToWebinar toolbar.





Join the Conversation!



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Hosting a webinar on 12/11 at 1 pm
on #Medicaid eligibility under the
#affordablecareact. Register here:
bit.ly/1enTyJ7

1:07pm - 26 Nov 13 - web

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FOCUSING ON HOMELESS POPULATIONS IS IMPORTANT

- Large portion currently uninsured & in poor health
- New insurance eligibility = new possibilities for care
- Most vulnerable have significant challenges to enrollment & engagement in care
- Receiving health services will improve health & stability
- Wide network of homeless service providers will ensure law works for this group
- Sharing lessons learned highlights what works well

TODAY'S PRESENTERS

- **Liz Osborn**, Management and Program Analyst, U.S. Interagency Council on Homelessness
- **Barbara DiPietro**, Director of Policy, National Health Care for the Homeless Council
- **Julie Jones**, Manager of Patient Intake & Benefit Enrollment, Boston Health Care for the Homeless, Boston, Massachusetts
- **Julie Nelson**, Associate Director of Outreach, Benefits, and Entitlements, Heartland Health Outreach, Chicago, Illinois
- **Sheena Ward**, Senior Benefits and Entitlements Specialist, Heartland Health Outreach, Chicago, Illinois

U.S. Interagency Council on Homelessness Affordable Care Act Goals & Activities

Liz Osborn, Management and Program
Analyst, USICH





The Affordable Care Act

- Signed in to law March 23, 2010
 - Expands access to affordable health care to all Americans
 - Gives consumers new rights and protections that make coverage fairer and easier to understand
 - Improves the quality of health care, strengthens public health infrastructure
 - Lowers health care costs
 - Provides states new opportunities to expand their Medicaid programs to meet the needs of more low-income residents, including people experiencing homelessness



Improving Health and Stability

- *Opening Doors, Federal Strategic Plan to Prevent and End Homelessness* health and stability strategy:

“Improving health and stability, by linking health care with homeless assistance programs and housing, advancing stability for youth aging out of systems such as foster care and juvenile justice, and improving discharge planning for people who have frequent contact with hospitals and criminal justice systems.”



Previous Barriers to Coverage and Care

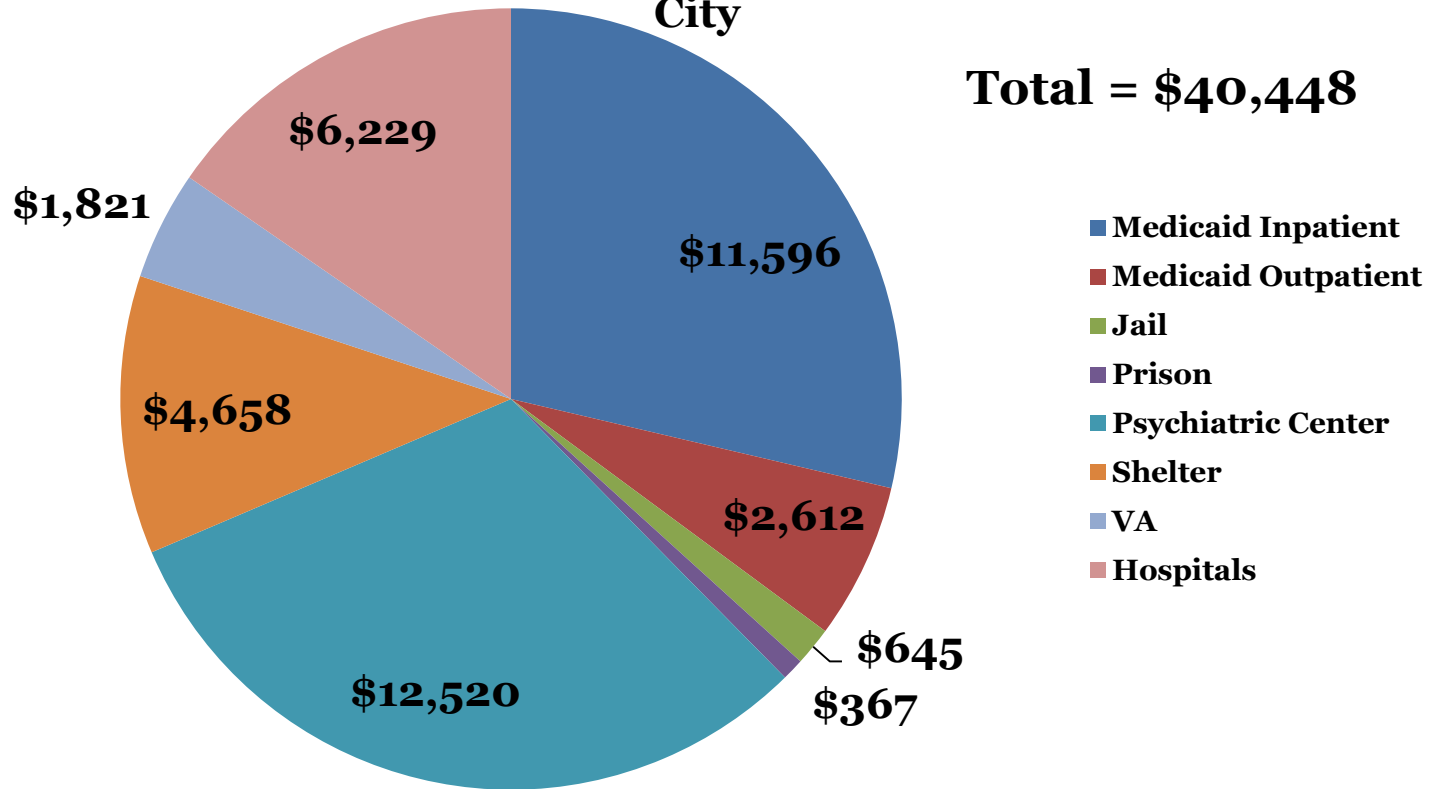
- People experiencing homelessness often have complex health challenges, and have limited access to health care due to unemployment and poverty.
 - Recent study found that 53 percent of people experiencing chronic homelessness were either uninsured or only covered under state/local plan.
 - Only people eligible for Medicaid were disabled, adults with children below a certain income, pregnant women, or certain seniors.

- Relying on emergency room visits and uncompensated hospital care results in poor health outcomes, higher mortality risks, and higher public costs.



High Costs, Poor Outcomes

Annual Per Person Cost of Homelessness in New York City



Source: Culhane, Metraux, and Hadley (2002)



Affordable Care Act Prevents and Ends Homelessness

- The Affordable Care Act is a game-changing tool in the national effort to end homelessness, benefiting people experiencing homelessness in three ways:
 - It makes health insurance more accessible and affordable
 - It ensures coverage of a broader set of health services including preventive, wellness, and behavioral health care; and
 - It encourages health care delivery to focus on quality and health outcomes, including addressing “whole person” health needs and partnering with community-based organizations.



Health Insurance Options for People Experiencing Homelessness

- Medicaid
 - Previously, most people only qualified for Medicaid if they were disabled, pregnant, parents, or children.
 - The Affordable Care Act gives states the option to expand Medicaid coverage to all eligible people whose earnings are less than 133 percent of the Federal Poverty Level, regardless of their disability or family status.
 - In 2013, that equals an individual annual income of \$15,282, and \$31,322 for a family of four

- Private Health Insurance
 - Through the new Health Insurance Marketplace people can compare and buy affordable private health insurance.
 - Families earning between 100 and 400 percent of the Federal Poverty Level may qualify for tax credits that can help offset the cost of health insurance.

- Visit HealthCare.gov to find out what health insurance options are available.



Medicaid Expansion at State Choice

- Following the Supreme Court ruling in 2012, the choice to expand Medicaid eligibility is left to States.
 - To find out if your State is participating, visit <https://www.healthcare.gov/do-i-qualify-for-medicaid/>
- Even in states that do not participate in expansion, some people experiencing homelessness may be eligible for Medicaid:
 - Pregnant women
 - Senior citizens
 - Parents
 - Children
 - People with disabilities
- Organizations that serve people experiencing homelessness who have disabilities can continue to assist with applications for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits, which usually confers Medicaid eligibility.



Enrollment

- Thanks to the Affordable Care Act, in the month of October, HHS documented 1.46 million people who will be eligible to enroll in Medicaid
- Last spring, [CMS released a set of options](#) States could use to enroll Medicaid beneficiaries.
 - Implementing the early adoption of Modified Adjusted Gross Income (MAGI)-based rules
 - Extending the Medicaid renewal period
 - Enrolling parents into Medicaid based on children's income eligibility
 - Enrolling individuals into Medicaid based on Supplemental Nutrition Assistance Program (SNAP) eligibility
 - Resulted in enrollment of almost 223,000 individuals
 - Adopting 12-month continuous eligibility for parents and other adults



Barriers to Enrollment

People experiencing homelessness may still have barriers to enrollment:

- Lack of awareness of eligibility changes
- Documentation and identification
- Distrust of service systems and providers
- Lack of mailing address, frequent mobility
- Language and literacy
- Fear of confronting health needs



Engaging People Experiencing Homelessness

- Now that they are eligible, how do we engage people experiencing homelessness?

- USICH and NHCHC released resource:
 - [Medicaid Enrollment: Your Guide for Engaging People Experiencing Homelessness](#)



Medicaid Services to End Homelessness

- Medicaid enrollment is first and critical step to accessing range of health and social services
- Through the Affordable Care Act, Medicaid will increasingly cover essential health services necessary for ending homelessness including behavioral health care, rehabilitation and habilitation services, prevention and wellness
- States can also cover case management services that support housing stability (in permanent supportive housing) under Medicaid

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

NATIONAL HCH COUNCIL: ROLES AND RESOURCES

Barbara DiPietro,
Director of Policy

NATIONAL
HEALTH CARE
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HOMELESS
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ROLE OF COUNCIL

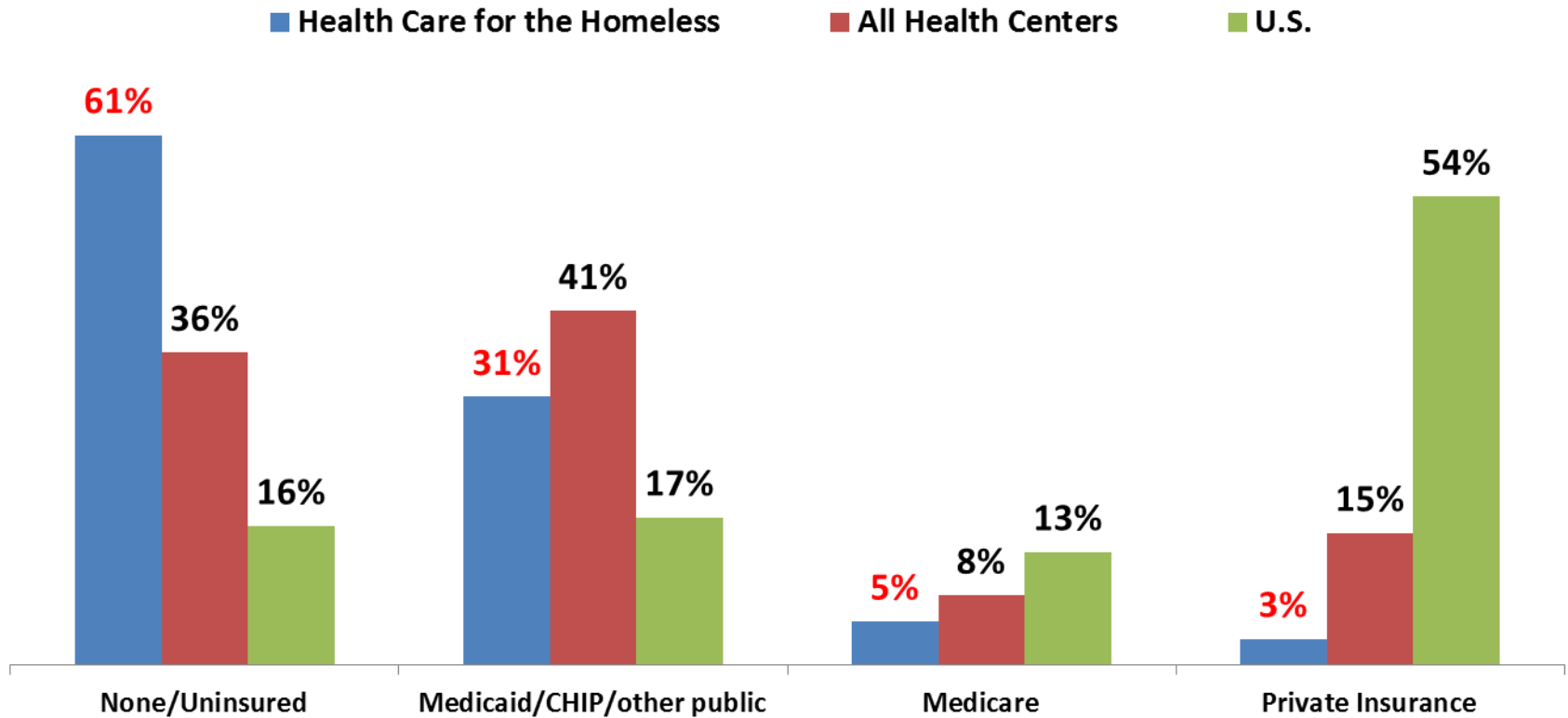
- Unite the best practices in homeless health care
- Provide training and TA to HCH grantees (and others)
- Support the HCH Community in its work to serve vulnerable population
- Engage in research, policy analysis and advocacy w/on behalf of providers and consumers
- Strive to prevent and end homelessness

ROLE OF HCH PROJECTS (AND OTHER HEALTH CENTERS)

- Provide primary care, addictions and support services to those who are homeless
- Engage in outreach & enrollment in benefits where eligible
- Identify underserved populations and engage them in care
- Partner with others in community to ensure comprehensive approach
- In 2012, 246 HCHs served 837,000 people
 - 1.1 million total homeless patients served by entire health center program

INSURANCE DISPARITIES

Insurance Status: HCH v. All Health Centers v. U.S.



HCH FRONTLINE WORKERS: FILLING A UNIQUE ROLE

- Focus on an overlooked population
- Patience, tenacity & kindness are key strengths
- Work in challenging circumstances
 - Public & political actions can complicate care
 - Systems often don't work as designed/intended
- Seen as vital providers and often serve as community response teams

AVAILABLE NOW: HCH COUNCIL RESOURCES

- [Outreach training and TA](#)
- [Enrollment toolkit](#)
- [ACA Policy briefs & webinars](#)
- [Consumer and frontline worker FAQs](#)
- [Library of publications](#)
- [Government documents](#)
- [Dedicated outreach page](#)

FORTHCOMING: HCH COUNCIL RESOURCES

- O&E Quick Guide and Tip Sheet (Jan. 2014)
 - Expert interviews with frontline workers in 10 cities (both expansion and non-expansion) regarding successful local strategies
- Policy briefs on HCH enrollment experiences (Spring 2014)
 - Identifying lessons learned and emerging themes as ACA unfolds in all states



BOSTON HEALTH CARE *for*
the HOMELESS PROGRAM

THE MASSACHUSETTS EXPERIENCE

Julie Jones,

Manager of Patient Intake & Benefit Enrollment
Boston Health Care for the Homeless

MASSACHUSETTS MEDICAID SYSTEM

- Massachusetts Health Care Reform – enacted by state legislature & signed into law by then Gov. Romney on April 12, 2006
- This expanded coverage to previously excluded groups, such as the long-term unemployed
- In 2011, the Massachusetts uninsured was 3.9% (compared to 15.1% for the nation)*
- 2014 will bring Medicaid Expansion, reaching even more individuals than before

*Blue Cross Blue Shield Foundation



EXPERIENCES AND LESSONS LEARNED

- Integrate insurance status checks into workflow and offer assistance at each unique visit
- Meet the patient where they are at
- Increase patient knowledge
- Train more staff than seems necessary
- Adapt to hurdles around proofs for patient (income, citizenship, etc.) and create internal workflows in response

TIPS FROM MEDICAID ENROLLMENT GUIDE

- **“Skip the alphabet soup, use familiar language”** – This goes for patients and staff; keep it simple and also avoid abbreviations
- **“Spend time one on one”** – If you take the time to go through the application with the patient, they often feel more comfortable sharing. We’ve also found that turning our computer screen so they can see what we are typing in helps patients feel more in control.

RECOMMENDATIONS FOR OTHER STATES

- Organize your resources (staff, space, and time) to reach as many patients as possible
- Don't feel discouraged if your enrollment numbers fluctuate
- Keep a record of submitted applications and follow up to see if they are approved/denied

EFFECTS OF MEDICAID ACCESS

- Increased access to specialists & other care that is outside BHCHP's capacity
 - Physical Therapy
 - Surgery
 - Home health services (if housed)
- Taking a proactive/preventative approach to health care
 - Mammograms
 - Colonoscopies
- Lower number of emergency room visits
 - New case management position just focused on high ER users
 - Build relationships with local hospitals

CLIENT STORY: JOHN

- 51 year old patient, homeless for over 12 yrs
- Severe bunions & foot pain
- Client did not know his SSN & was using an alias
- Obtained proof of citizenship (birth certificate) & client was able to receive Medicaid
- After receiving Medicaid, client was able to see a podiatrist & have surgery on his foot
- Client is now in a long term care facility, where he can receive services for his cognitive impairments as well as physical therapy for his foot

The Chicago Experience

**Julie Nelson, Associate Director of Outreach, Benefits
and Entitlements**

&

**Sheena Ward, Senior Benefits and Entitlements
Specialist**

Heartland Health Outreach

The Chicago Experience: Early Medicaid Expansion in Cook County

- Cook County Illinois received a waiver to expand Medicaid early. As a result, adults who met ACA Medicaid eligibility were able to enroll in Medicaid in 2013.
- Eligibility criteria same as 2014 ACA Medicaid
- Since January 2013 Heartland Health Outreach has assisted over 1700 individuals with applying and assessing eligibility for CountyCare. Over 1200 individuals have enrolled.

The Chicago Experience: Participant Responses to New Eligibility

Confusion

- Participants needed clear information. Many participants and community members struggled with understanding changes in eligibility as well as what services are covered. Illinois residents experienced several changes in Medicaid coverage in recent years adding to confusion.

Skepticism

- Some participants did not believe or trust that they would get approved or that the coverage would be beneficial

Excitement

- Many participants were excited and hopeful about the resources and options for health care

The Chicago Experience: Lessons Learned

Thinking Outside the Box for Outreach

- Look at outreach and education needs of participants as well as staff and case managers. Plan to collaborate with partners and offer to provide education for staff if needed
- Incorporate education and enrollment into outreach services.
- Ensure staff are available when it works best for the participants – evenings, weekends, etc.

Information is Power

- Ensure information on all plans and options are available so participants understand all options available to her or him

The Chicago Experience: Lessons Learned

Group Power

- Offered education session about Medicaid through existing groups or by offering workshops at outreach sites, generally well attended
- Offered workshops in health center, less successful

Spending Time One on One

- Redesigned patient flow and registration process to ensure all participants are able to connect with enrollment staff for questions or enrollment
- Enrollment team members were integrated into outreach teams

The Chicago Experience: Lessons Learned

Don't "sell" Medicaid, sell what Medicaid offers

- Identify what issues are most challenging for the individual (i.e. access to prescription medication, blood sugar testing supplies)

Enroll to engage in care

- First time patients of the health center frequently expressed happiness with being able to access multiple services at initial visit
- Initial data indicated slight increased rate of return for new participants that enrolled in CountyCare
- Enrollment staff observed participants applying through outreach tended to be more disconnected from care and frequent ER users

The Chicago Experience: Recommendations

- Identify talking points specific to your population
- Ensure all members of the team have a basic understanding of Medicaid and its potential benefits
 - Consider how to involve other teams members (ex. Health Care Providers or Medical Team)
 - Develop scripting
- Under-promise and over-deliver
- Ensure information about all possible plans and options is shared

The Chicago Experience: Recommendations

- **Ensure follow up is available for additional questions after application**
 - Enrollment info line
 - Using receipts
 - Enrollment Desk availability for enrolling as well as follow up
- **Collaborate with community partners to increase reach and identify participants that may need additional engagement**
- **Consider ways to redesign patient flow or registration processes to improve ease of enrollment**

The Chicago Experience: Recommendations

- **Maximize technology and flexibility**
 - In Illinois, the electronic hub verification system is working well
 - Reduces need to provide supplemental documentation
 - Monitor success in your state; people experiencing homelessness will be vulnerable to information gaps due to inconsistent phone and mail access if follow up information is needed.
 - Consider offering participants option to have worker be authorized representative
 - Also consider challenges of increased technology – some participants are not comfortable, can take longer, harder to use in some situations (street outreach)

The Chicago Experience: Success Story: Jane

- Jane has struggled with substance use and mental illness for years, making it difficult for her to consistently access care.
- She was assisted with enrolling in CountyCare through an outreach session, was approved, and began accessing psychiatric care, and decided to try Suboxone. As a result, Jane reduced her drug use.
- After a recent hospitalization, Jane was able to quickly follow up on all the specialty care testing and referrals she was given upon discharge.
- For the first time in many years, Jane feels hopeful that she has coverage and can access the health care services she needs to take better care of her health.
- Jane is accessing specialty care, getting hypertension under control and reducing substance use.

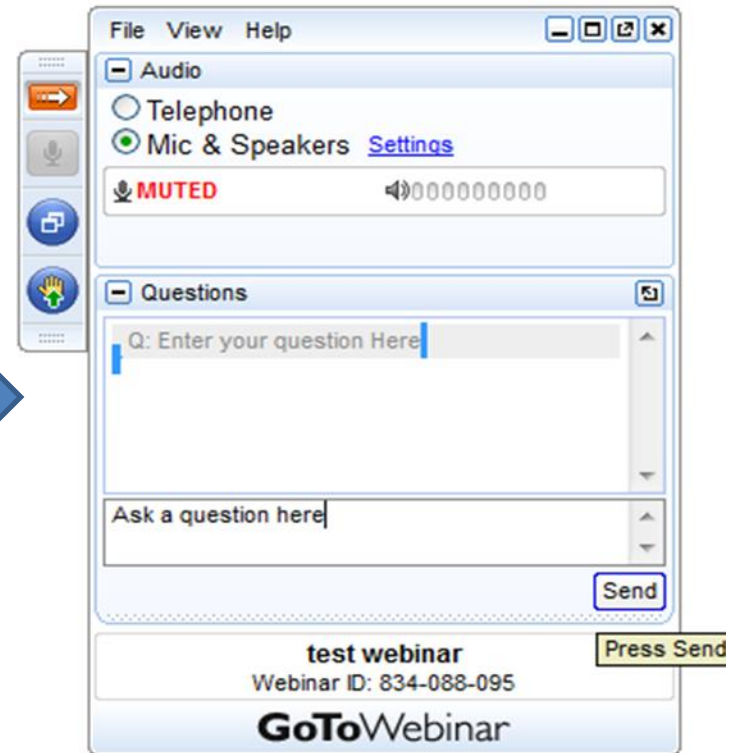
The Chicago Experience: Success Story: George

- George suffers severe symptoms of mental illness which often led to psychiatric hospitalizations. He had over six psychiatric hospitalizations in one year. He also has chronic physical health issues which resulted in him being a chronic ER user.
- He was assisted with enrolling in CountyCare through our primary care clinic, was approved, and shortly after qualified for disability benefits through SSI (thus ending his CountyCare).
- George expressed the desire to keep CountyCare due being able to access all his healthcare without the usual barriers. George has been an active participant in his healthcare and felt comfortable advocating for himself to explore his options.
- George's health has stabilized. He is no longer a frequent ER user. He is medication compliant and follows up with both his psychiatric and primary providers.



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EVALUATION

- Please take a moment to evaluate this webinar production at the following link:
- <https://www.surveymonkey.com/s/USI-CH-Enrollment>

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