

HEALTH MANAGEMENT ASSOCIATES

Medicaid and Supportive Housing: Establishing the Partnership

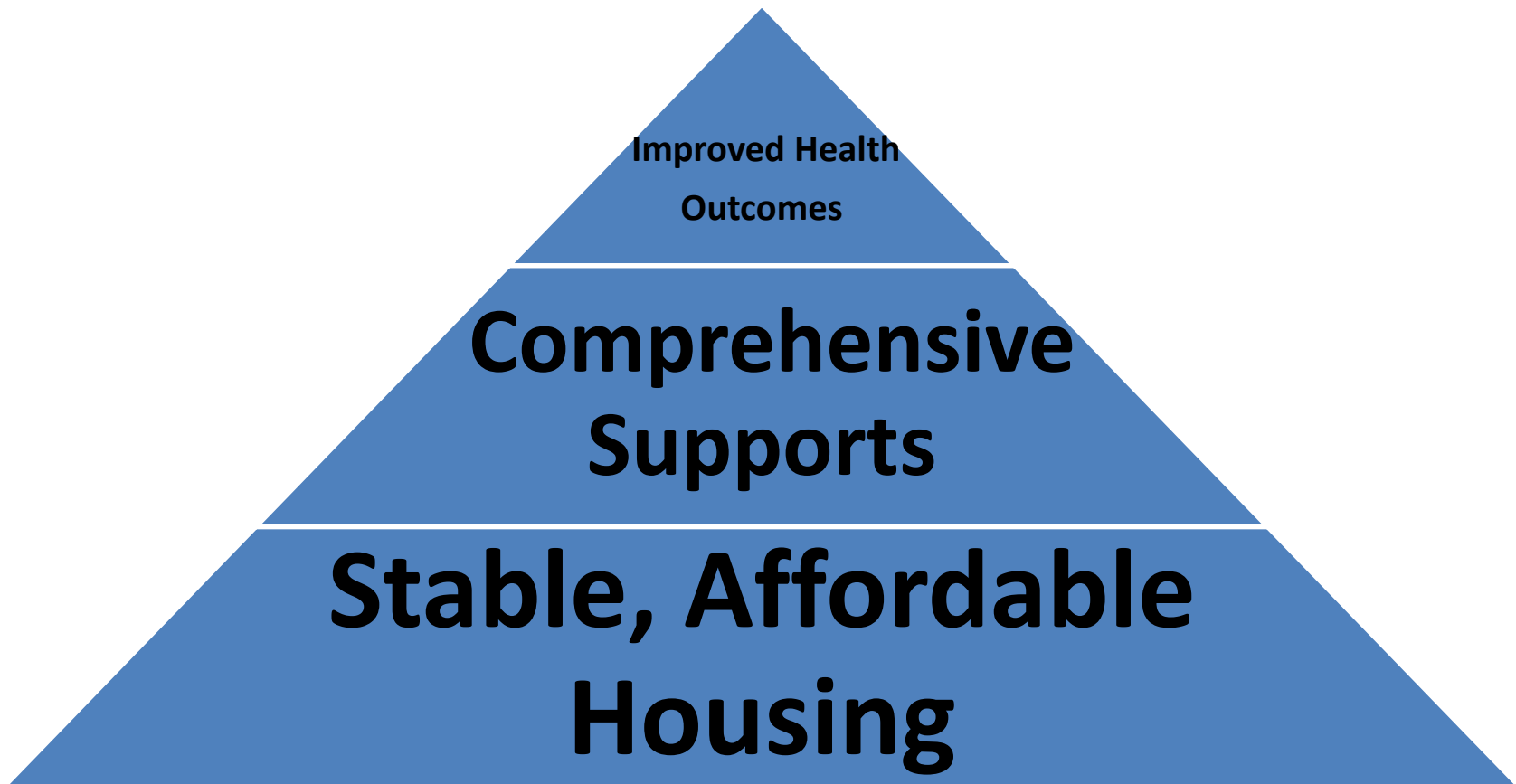
National Academies Workshop on Homelessness and Urban Sustainability: Implications of Changes to the US Health System on a Vulnerable Population

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Housing as a Foundation for Health



Evidence on Supportive Housing for Homeless Individuals is Strong

- Substantial body of evidence documenting the impact of supportive housing on:
 - Health Outcomes, e.g., improved health status, better mental health, lower substance abuse rates, higher survival rates for residents of supportive housing.
 - Utilization rates and cost, e.g., lower ED and inpatient hospital admissions, lower detox and psychiatric admissions.
 - Bolsters argument that stable, affordable housing is a foundation for better health outcomes and lower health costs.
- Despite the research and recognition of housing as a key social determinant, the two systems remain “siloed”.

Successful Partnerships Must Address a Number of Barriers

These barriers include:

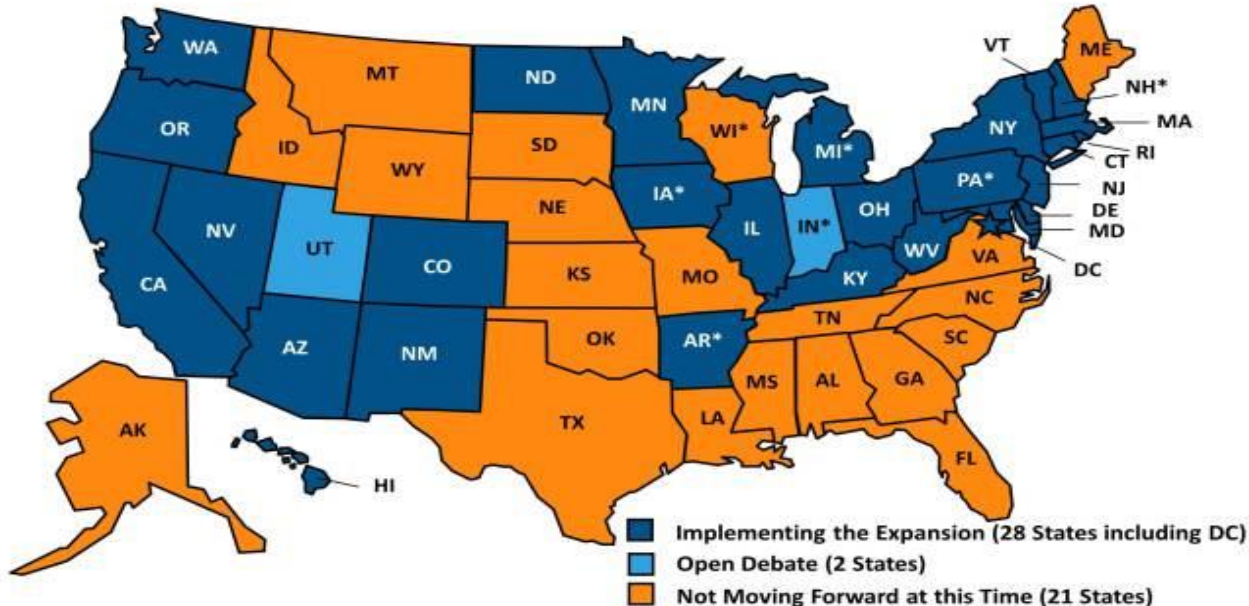
- Housing historically not defined as Medicaid reimburse-able
- Type of services provided not consistent with the medical model
- Capacity of housing organization as service provider
- Pressure on Medicaid Funding

But a necessary first step:

- Bridging the language divide -- Housing providers and healthcare payers will need to interface, understand and speak each others languages, in order to foster effective collaborations

Changing Dynamics of Medicaid: Expansion of Medicaid under the ACA

Current Status of State Medicaid Expansion Decisions

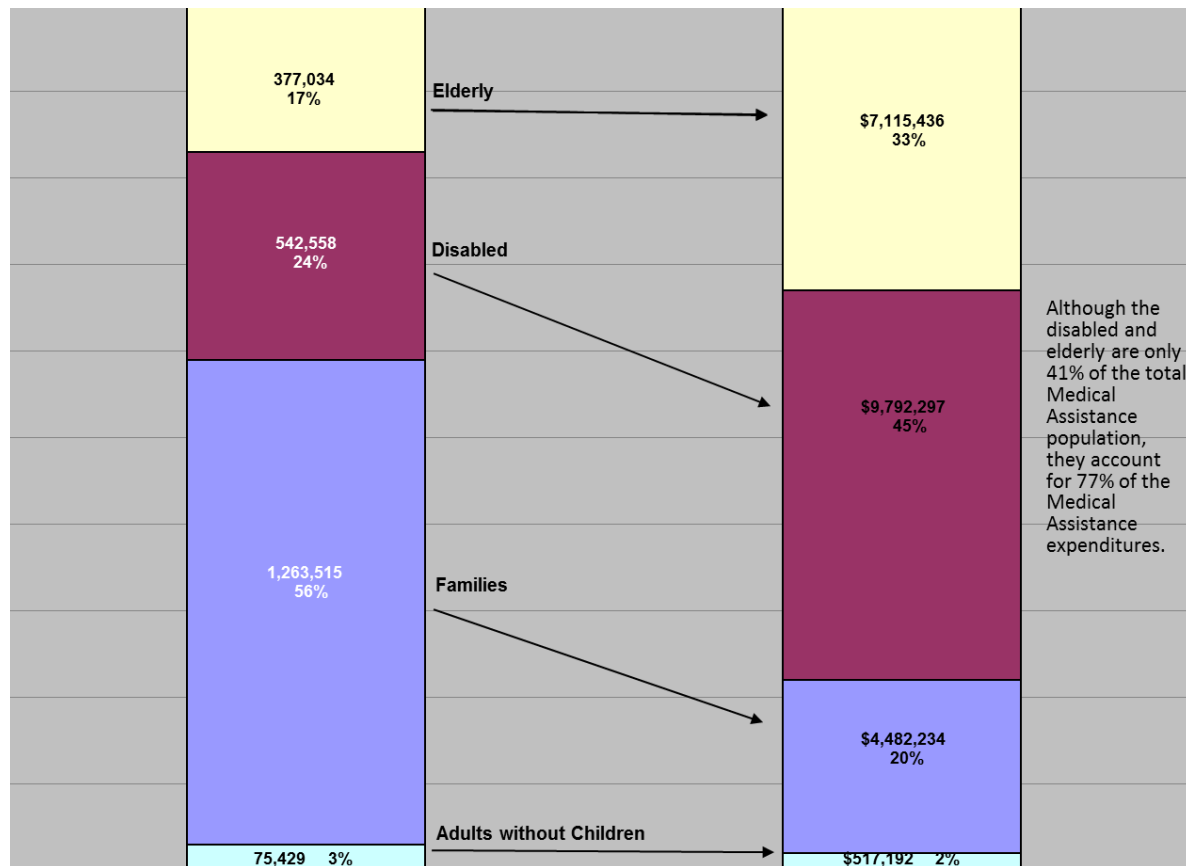


NOTES: Data are as of August 28, 2014. *AR, IA, MI, and PA have approved Section 1115 waivers for Medicaid expansion. In PA, coverage will begin in January 2015. NH is implementing the Medicaid expansion, but the state plans to seek a waiver at a later date. IN has a pending waiver to implement the Medicaid expansion. WI amended its Medicaid state plan and existing Section 1115 waiver to cover adults up to 100% FPL in Medicaid, but did not adopt the expansion.

SOURCES: Current status for each state is based on data from the Centers for Medicare and Medicaid Services, available [here](#), and KCMU analysis of current state activity on Medicaid expansion.

Medicaid Expenditures by Population Group

Fiscal Year 2014-2015
(Dollar Amounts in Thousands)



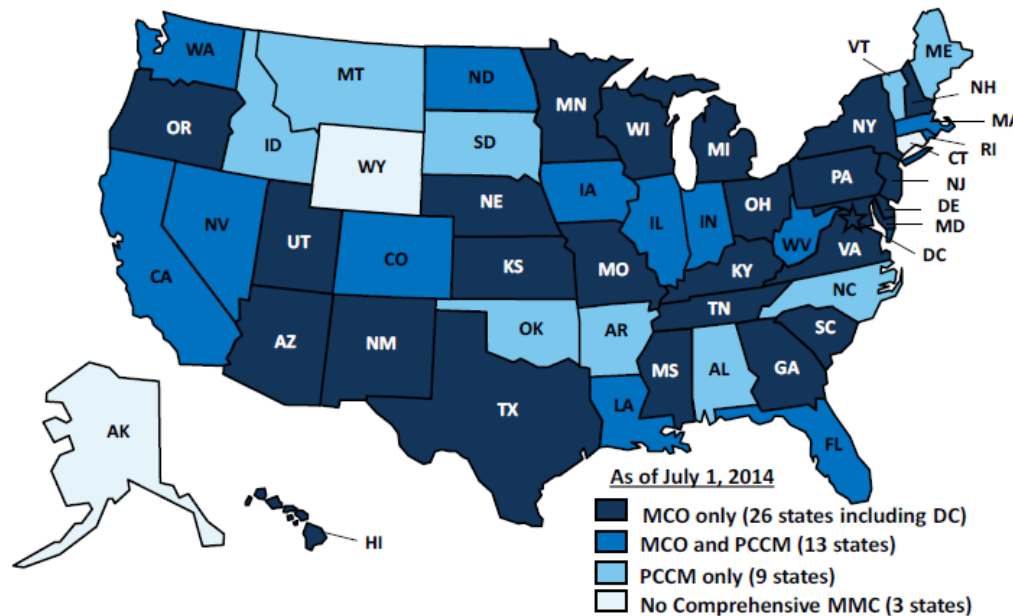
Changing Dynamics of Medicaid (Continued)

- Increased focus on a more holistic approach to care and achievement of the Triple Aim.
- New tools available through the ACA: e.g. Health Homes; 1915 (i); State Innovations Models (SIMs).
- Housing organizations providing service supports on site as natural partners in efforts by payers to achieve health outcomes.
- Housing organizations are becoming more focused on tracking outcomes/ measuring impact on health related metrics.

Changing Dynamics of Medicaid: Increased Reliance on Managed Care

Figure 5

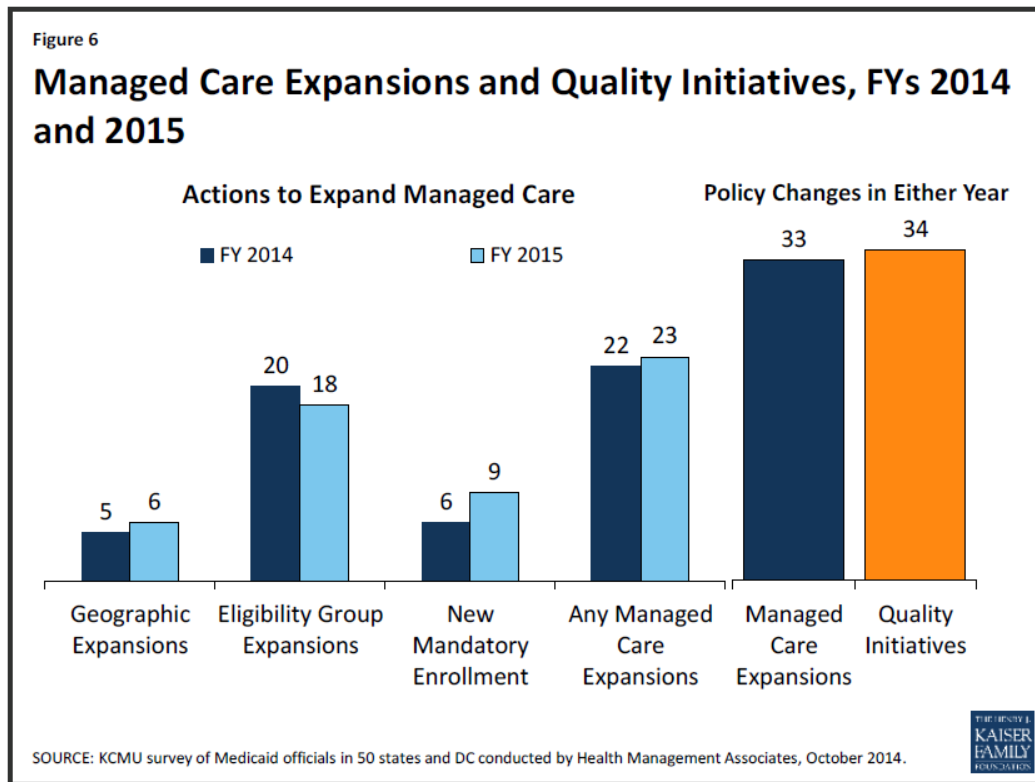
Comprehensive Medicaid Managed Care Models in the States, 2014



NOTES: ID's MMCP program, which is secondary to Medicare, has been re-categorized by CMS from a PAHP to an MCO by CMS but is not counted here as such. CA has a small PCCM program operating in LA county for those with HIV.

SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2014.

Partnership with Medicaid likely to Require Partnership with MCOs



Potential Advantages of Managed Care Model

- MCOs paid a capitation rate and are “at risk” for provision of care
- Incentives align for strategies to improve care/reduce costs for homeless population
- More flexibility in MCO model compared to FFS
- Supportive Housing will need to demonstrate/document interventions that move needle on key metrics

MCO Housing and Health Care Roundtable May 2014

- Meeting hosted by Stewards for Affordable Housing for the Future (SAHF) -- included SAHF Members, Medicaid MCOs, representatives from foundations, trade associations, and policy think tanks.
- Agreement on Critical Role of Housing
 - Plans mentioned efforts underway to establish linkages with housing.
- Better Understanding required of each other's Business Models – health plans and housing providers must become “bilingual”.

Key Roundtable Take-Aways

- Recognition of the assets which housing providers can bring:
 - Can be “eyes and ears” for health plans, providing real-time information on life factors that impact health of members.
 - Trusting relationship housing providers have with residents can be a platform to more fully engage them in their health care.
 - Can be an effective partner as plans seek to go beyond health care utilization as way of defining/ understanding needs of beneficiaries.

Potential Roles for Housing Entities

- Examples of specific challenges housing providers could help address:
 - Locating high risk members who are residents.
 - Helping residents maintain insurance eligibility.
 - Addressing medication compliance.
 - Peer programs to help residents manage chronic conditions.
 - Health education efforts to improve health literacy and prepare residents for appointments.

Partnership Building Blocks

- Suggestions for fostering more effective partnerships:
 - Consult early and often with plans to address their pain points.
 - Implement interventions that complement rather than duplicate health plan services and data collection.
 - Technology can be a helpful in fostering real time linkages and increase value of potential linkages.
 - Collaboration on mutual public policy interests.
- All Partnerships are local

One Health Plan's Approach -- UPMC

- UPMC partnering with local housing authority, community housing agency, and local primary care practice.
- Identified Medicaid/SNP Members who were homeless and whose medical spending was in the top 5%.
- Conduct member assessments, arranged for PCP visit and care plan development.
- Assist member in finding fair market housing (1 BR).
- Provide enhanced care coordination including follow-up after ER visits and hospital admissions, medication reconciliation and adherence, transportation assistance.
- 26 individuals served by program to date.
- UPMC reports a 6.6% reduction in total amount paid; 22% reduction in acute inpatient admits (non-BH); 4% reduction in ED visits, and 4% increase in physician office visits.

Forging Effective Partnerships

- Partnerships with MCOs not without challenges
 - Pressure on Medicaid Funding Overall/MCO Administrative Funds.
 - Scale of Potential Collaborations
 - Less of an issue to extent intervention is focused on high utilizers.
 - Housing organization capacity issues
- Increasing the Evidence Base of Successful Models
- Finding the Right Pathway will require:
 - Leadership – at Federal, state, local, MCO, and housing level
 - Collaboration and mutual alignment of goals
 - Increased Flexibility to test targeted approaches

Recommendations

- Increase technical assistance to help housing organizations and MCOs, as well as other care coordinating organizations, forge partnerships.
- Provide similar support to states to help them in navigating existing authorities.
- Increase dissemination of information on best practices
- Explore enhanced flexibility to test new models.

Questions And Answers

For additional information or follow-up questions, contact Mike Nardone at:

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THANK YOU