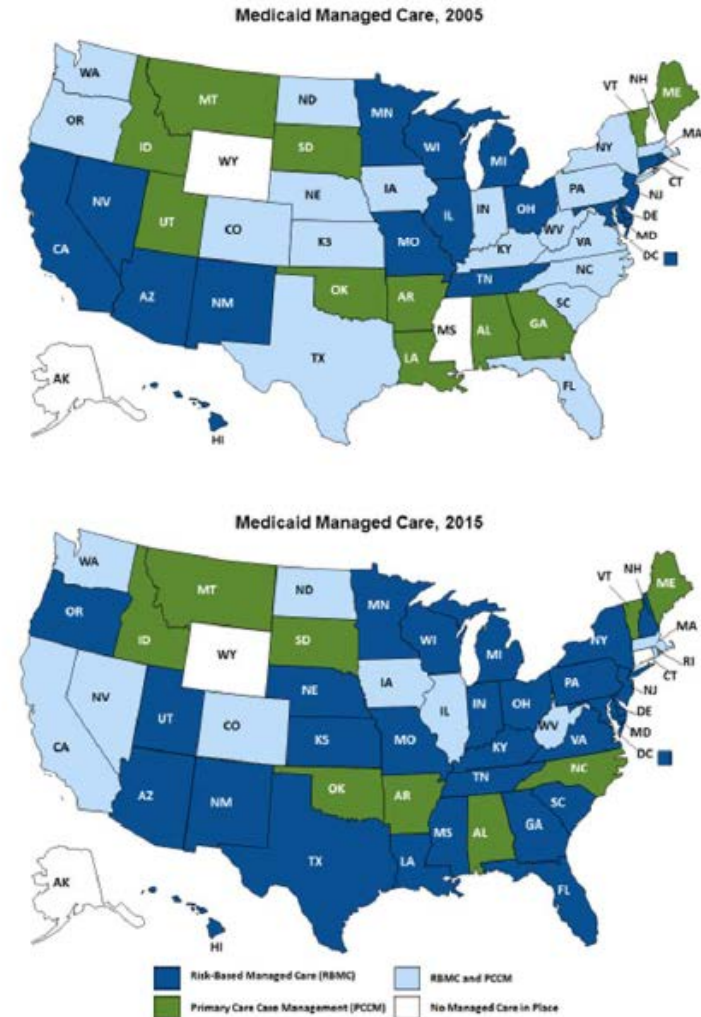

3.05 How to Make It Work: Medicaid and Financing Supportive Services in Housing Programs

Wednesday, July 27, 2:15 -3:45PM

National Context

- Medicaid Expansion
- Growing Footprint of Medicaid Managed Care
- Greater Recognition of Social Determinants of Health



Source: HMA Value of Medicaid Managed Care

Care Models Evolve

Past	Present	Future
Fragmented benefit design, systems and populations	Greater coordination of physical, behavioral and social services and supports	Full integration and whole person supports across Medicaid and human services benefits
Solely telephonic case management and unsophisticated risk stratification	Increasing use of Community Health Workers and Peer Supports. Risk modeling that factors in physical and behavioral health.	Engagement based on preference and supported by a clinician specialized in the primary influencing factor. Risk modeling that considers physical, behavioral and socioeconomic factors
No connectivity and little recognition of the role of housing	Building relationships with housing providers, homeless services providers, incorporating questions of housing into care planning	Additional opportunities to link housing and health data, support housing of the most vulnerable and integrate broader array of human services

Medicaid benefit and program design shapes the opportunity!

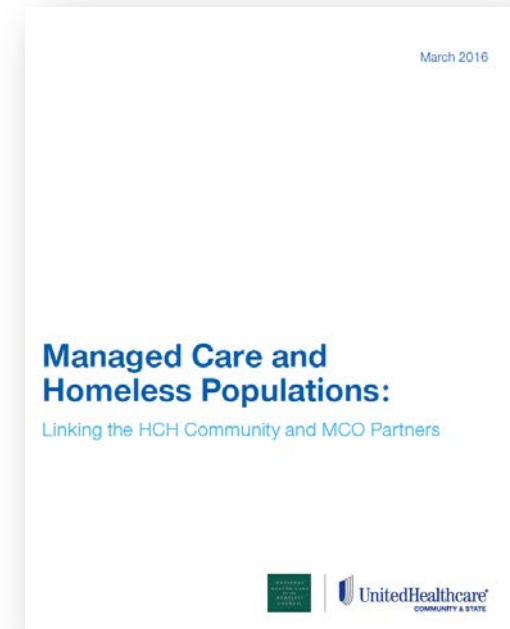
- Expansion vs. non-expansion
- Populations under managed care contract
- Benefits under managed care contract – behavioral health, LTSS/HCBS, housing supports, etc.
- Medical Loss Ratio calculations
- Care coordination requirements
- State program priorities
- Delivery and payment reform requirements
- Quality definitions, calculations and accountability

Needed for Success

- Countless opportunities to collaborate exist, but resources and capacity on both sides are limited
- Evaluating opportunities:
 - Members impacted
 - Opportunity to improve quality
 - Opportunity to improve utilization
 - Data available to support the decision to invest, track and demonstrate impact
 - ***Presence of trusted partners willing to innovate with unique skills and expertise***

Actionable Steps

- Meet with MCOs and Identify Priorities
 - How do services align?
 - Is your organization ready to partner?
 - How does a partnership align with the state needs?
- Leverage Data
 - Leverage ICD-10 codes – work collaboratively to increase awareness of need to code
 - Find individuals both entities are serving – e.g. HMIS
 - Collect health insurance information
- Identify Challenges of Improving Health
 - Understand the system better – collectively
 - Customer authorizations
- Implement Smaller Tangible Pilots
 - State policy often take a long time to change
 - Use data from pilots to advocate for change over time
- Collaborate to Improve the Broader System
 - Educate on policy changes that foster natural collaborations across health and housing



Edited from our work with
Healthcare for the
Homeless

Don't Get Surprised By

- Types of Arrangements
 - Covered services – billing for services
 - Innovative/non-traditional value based or incentives for improved quality
 - Contracts for support engaging individuals in care
- Contracts vs. Grants/Operational Funding
- Likely Required Coordination with MCO Care Coordinators
- Medicaid Provider Number May Be Needed
- HCBS Settings Rules and Person Centered Planning Requirements (Medicaid Waiver Requirements)

Questions?

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