

Why does a healthcare company care about housing?

Understanding the intersection of housing and healthcare

Lynn Sanders, Statewide Housing Strategy Manager

Melanie Lamb, Director, Member Advocacy

Our Experience and Capabilities



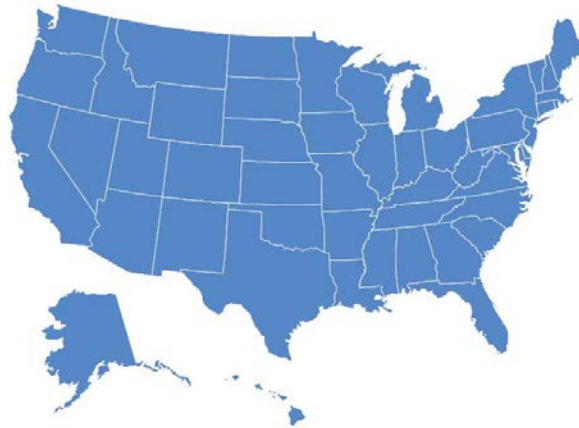
We partner with **23 states** to deliver Medicaid Managed Care services and operate Medicare plans for Medicare & Medicaid eligible individuals in 14 states.

- **Largest health benefits company** dedicated to serving the economically disadvantaged, the medically underserved and those without the benefit of employer funded coverage
- Provide **innovative Medicaid managed care solutions** to states – bridge the gap to make health care more accessible and more affordable
- Leverage the **national capabilities of UnitedHealth Group to deliver local market level support** for effective care management, strong regulatory partnerships, greater administrative efficiency, improved clinical outcomes and adaptability in a changing market environment

How Medicaid Managed Care Works



Source: Architect of the Capitol



Federal Government

- Establishes basic rules and criteria States must follow in the design and operation of a Medicaid program
- Covers a significant portion of the costs of Medicaid (varies by state and population)
- Approves contracts and rates between states and managed care entities

State Governments

- Establishes program rules, benefits, eligibility, contract provisions and the rates health plans will be paid to administer the Medicaid program
- Compensates the health plans using a per member per month capitated rate

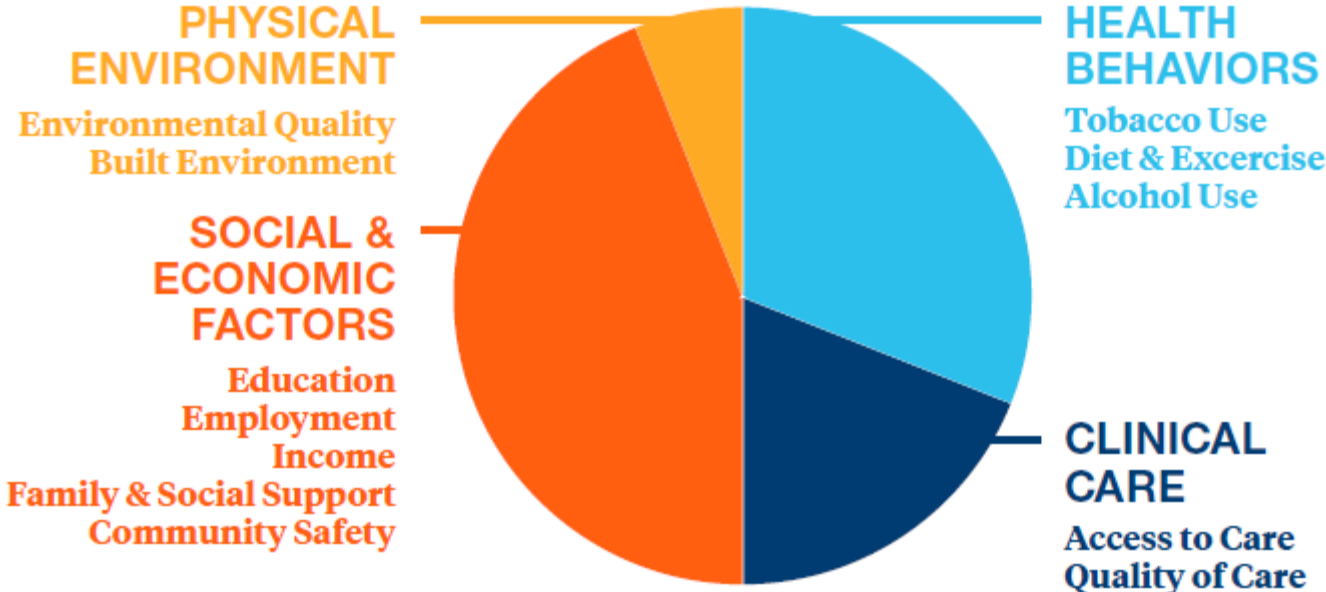
Managed Care Organizations - Health Plans

- Administer the Medicaid program according to the terms of the contract with the state for their assigned Medicaid beneficiaries
- Are measured on their ability to support their members in receiving preventive treatment, achieving state goals, and meeting other quality metrics established by the state.

The Impact of Socioeconomic Factors

50/50 Roles

Social, economic and physical factors are equally important as traditional clinical and health behaviors in determining health outcomes.



Source: Robert Wood Johnson Foundation Factors Affecting Health Outcomes at the Community Level

Impact of Housing on Health Care

1 Costs to health care systems were lower after people moved into affordable housing.

- Total Medicaid expenditures declined by 12 percent.
- Declines in expenditures were seen for all housing types.
- **IMPLICATION:** *Access to affordable housing will likely drive down costs to the health care system.*

Overall	FAM	PSH	SPD
-12%	-8%	-14%	-16%

2 Primary care visits went up after move-in; emergency department visits went down.

- Outpatient primary care utilization increased 20 percent in the year after moving in, while ED use fell by 18 percent.
- Similar trends were observed for each housing type.
- **IMPLICATION:** *Affordable housing helps meet major health reform utilization metrics.*



3 Residents reported that access to care and quality of care improved after moving into housing.

- Many residents reported that health care access and quality were better after move-in than before; very few people reported it was worse.
- **IMPLICATION:** *Expenditure and utilization differences did not come at the expense of access or quality.*

ACCESS to health care after moving to affordable housing	Better	Worse	QUALITY of health care after moving to affordable housing	Better	Worse
	40%	4%		38%	7%

4 Integrated health services were a key driver of health care outcomes.

- The presence of health services was a driver of lower costs and ED use, despite low awareness among residents. (See Exhibits 1 to 21.)
- **IMPLICATION:** *Increasing use of these services may result in even greater cost differences.*

Adjusted impact of health services:

EXPENDITURES	-\$115 member/month	ED VISITS	-0.43 visits/year
--------------	---------------------	-----------	-------------------

Source: Enterprise & CORE . Health in Housing: Exploring the Intersection between Housing and Health Care. February 2016

Opportunities for Partnerships

CoC Strengths

- Coordinating access to affordable housing
- Coordinating and leveraging funders of supportive housing
- Connecting health plans and housing providers

Housing Provider Strengths

- Catching early warning signs of health and/or functional changes
- Recognizing changes in social or emotional state
- Providing tenancy supports
- Supporting basic needs – food, shelter, employment

Health Plan Strengths

- Accessing and arranging Medicaid and Medicare services
- Facilitating relationships with healthcare providers
- Preparing for transitions from hospitals, nursing homes, institutions
- Providing health and wellness programs
- Assessing risk
- Leveraging data

- Differences in Medicaid program design dictate interests and opportunities to innovate in health/housing collaborations
 - CHOICES and ECF CHOICES programs focus on individuals receiving services in the community
 - Coverage for housing related supports and services in Medicaid waiver programs
- States must consider policy and practice options for maximizing Medicaid funding for housing related supports and services
- States must consider CMS Home and Community Based Settings Rules when working on housing
- States making the business case for supportive housing are gaining traction

CHOICES and ECF CHOICES



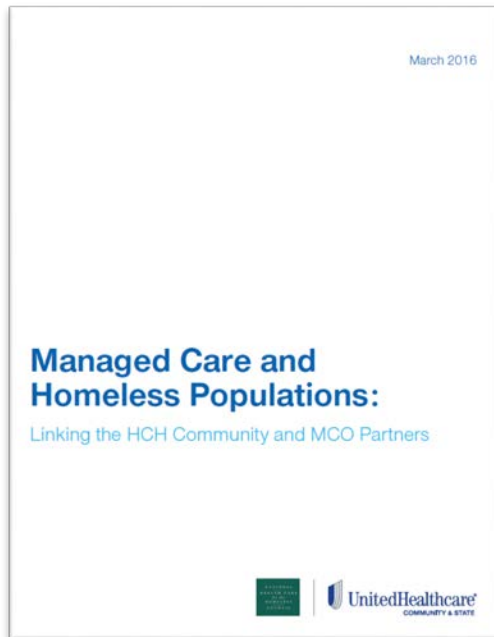
CHOICES	Employment and Community First (ECF) CHOICES
<p>TennCare’s program to provide long term services and support to elderly (65 +) and adults with disabilities in the home/community setting or nursing facility</p> <p>Nursing Facility care</p> <p>Home and Community Based (HCBS) Services</p> <ul style="list-style-type: none">• Short Term Nursing Facility Care• Assisted Living Facility• Personal Care/ Attendant Care visits• Home Delivered Meals• Personal Emergency Response System (PERS)• Adult Day Care• Respite Care -- In-home and In-patient respite care• Assistive technology• Minor home modifications• Pest control <p>Services must meet medical necessity</p>	<p>Home and Community Based Services (HCBS) program for individuals with an Intellectual Disability and/or Developmental Disability.</p> <p>Tennessee is the first state in the country to develop and implement an integrated and HCBS program for this population.</p> <p>ECF CHOICES, aligns incentives toward promoting and supporting integrated, competitive employment and independent living as the first and preferred option for individuals enrolled in the program.</p>

Statewide Housing Strategy



Housing Successes





Edited from our work with
Healthcare for the
Homeless

Questions?

Lynn Sanders

Statewide Housing Strategy Manager

Lynn.Sanders@uhc.com

877-314-7689

Melanie Lamb

Director, Member Advocacy

Melanie_W_Lamb@uhc.com

615-493-9572

Our Mission



Helping People Live Healthier Lives

