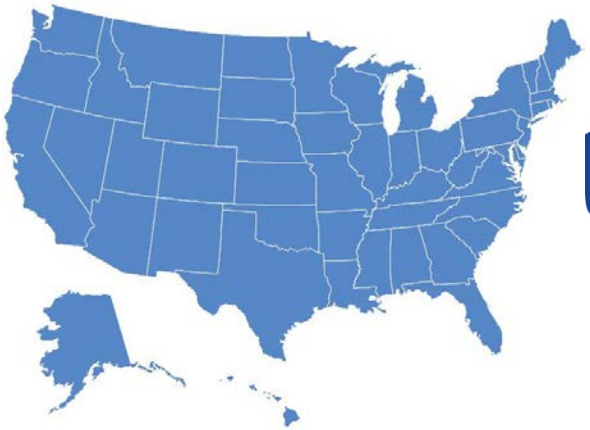
Why does a Managed Care Organization care about housing?

Understanding the intersection of housing and health care.

UnitedHealthcare®
Community Plan

How Medicaid Managed Care Works

Source: Architect of the Capitol



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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

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.

Triple Aim: A Win-Win-Win

UnitedHealthcare Community Plan

States, Members and Health Plans benefit when members:

- Are engaged in their health
- Experience improved health outcomes
- Establish relationships with their primary care doctor
- Utilize the right health care services in the right setting at the right time
- Live and receive services in the least restrictive setting

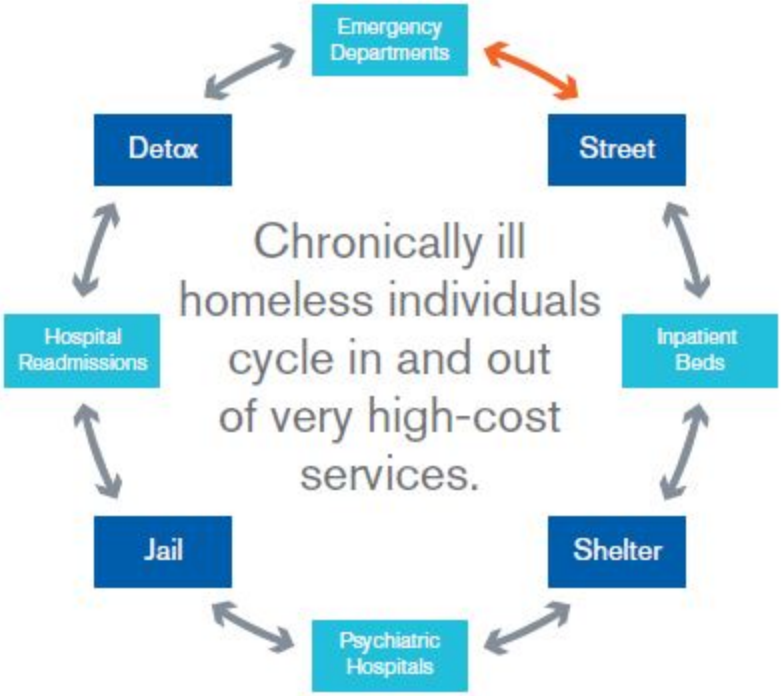
Source: UnitedHealthcare & Corporation for Supportive Housing Housing and Healthcare Webinar Series

Linking Housing and Health Care

UnitedHealthcare Community Plan

One of the most significant challenges faced by complex populations eligible for Medicaid is the availability of stable, appropriate, and affordable housing.

Housing stabilization can be an important element to reducing health system costs for individuals with behavioral health conditions and/or chronic illness.



Source: UnitedHealthcare & Corporation for Supportive Housing Housing and Healthcare Webinar Series

Sample Impacts of Housing

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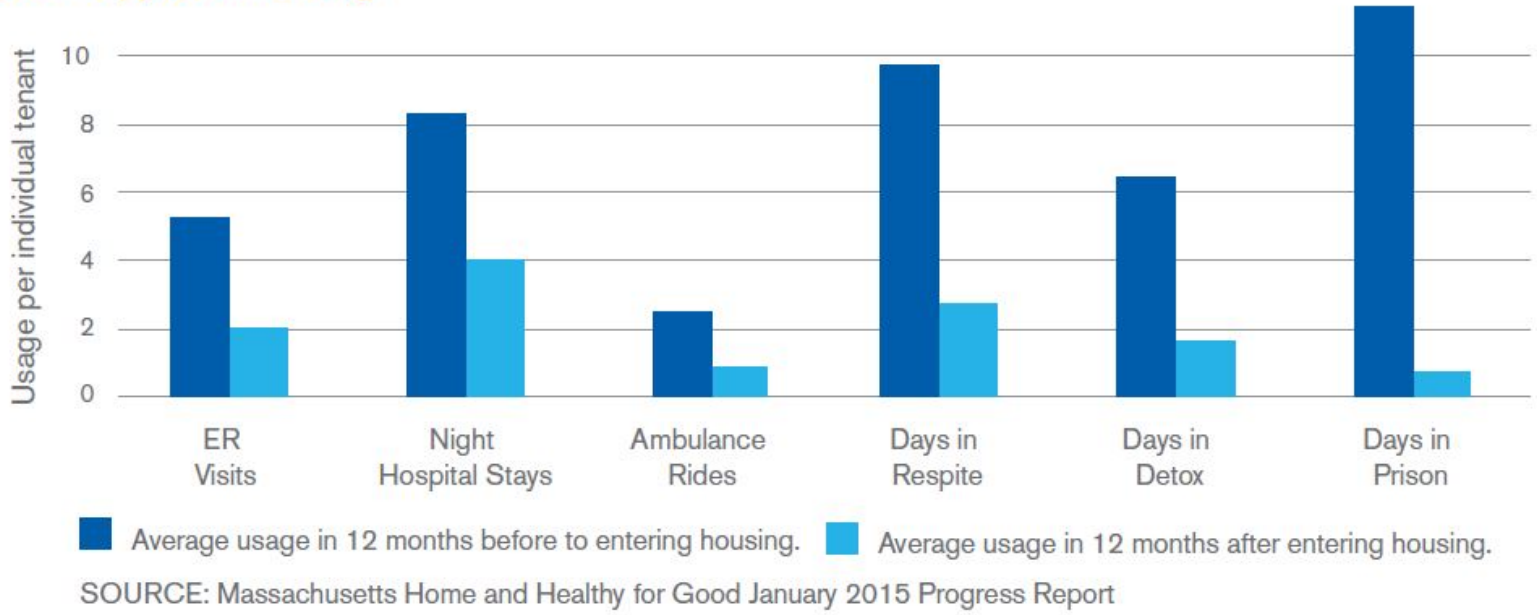
Impacts of supportive housing.



SOURCE: Massachusetts Home and Healthy for Good January 2015 Progress Report

Case Study: Texas Chronically Homeless Initiative

UnitedHealthcare Community Plan

The Vision

To develop robust partnerships with homeless coalitions in areas with high numbers of unable to locate, likely chronically homeless, individuals with high health care utilization. Leverage partners' tools and capabilities to locate these individuals, facilitate rapid supportive housing placement, and engage the managed care coordination team to wrap around Medicaid support services.

Our Partners

- Continuum of Care Program Providers

Case Study: Initial Data Showed

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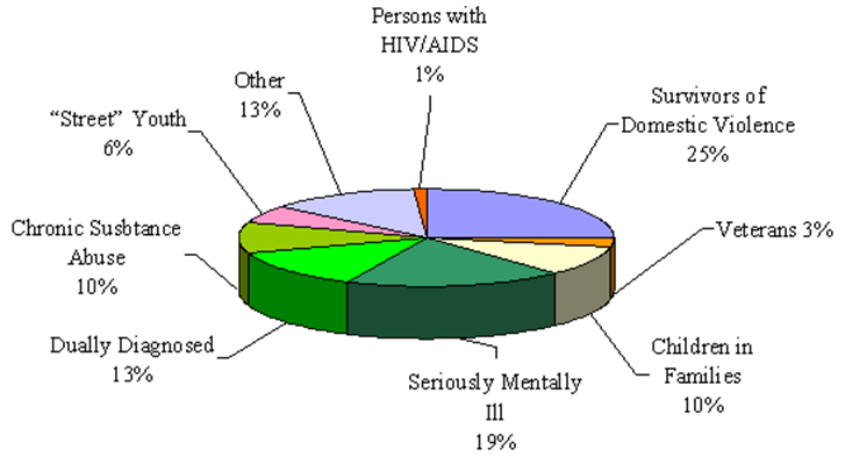
	Travis	Harris
# of UTL Individuals	2,278	9,950
Top 30 Individual Health Care Spend**	$3,380,513	$3,587,892
All UTL Individuals Health Care Spend	$13,509,606	$46,609,787

Based on Unable to Locate (UTL) data pulled Jan. 2015

Characteristics of Homeless Population in Austin



Source: Austin/Travis County 2001 Annual Survey of Homeless Service Providers, March 2001

**Avg. of 2013 & 2014_Meidcal,RX and BH

First HMIS data match with health plan identified 3093 members actively accessing homelessness services.

Case Study: Early Lessons Learned

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- Relationship building is foundational to building a successful partnership
- We have different languages and different “business” models
- Data makes the business case for the health plan
- Contracting for these “new” services takes time
- Metric definition is key and outcomes will take time
- Coalitions require ongoing education, communication, relationship building as membership and volunteers change
- Take time to learn and understand how each model works to identify common interests and the best way to build a collaborative partnership – may vary in markets as each COC is structured differently.

Case Study: Supportive Housing Collaborations

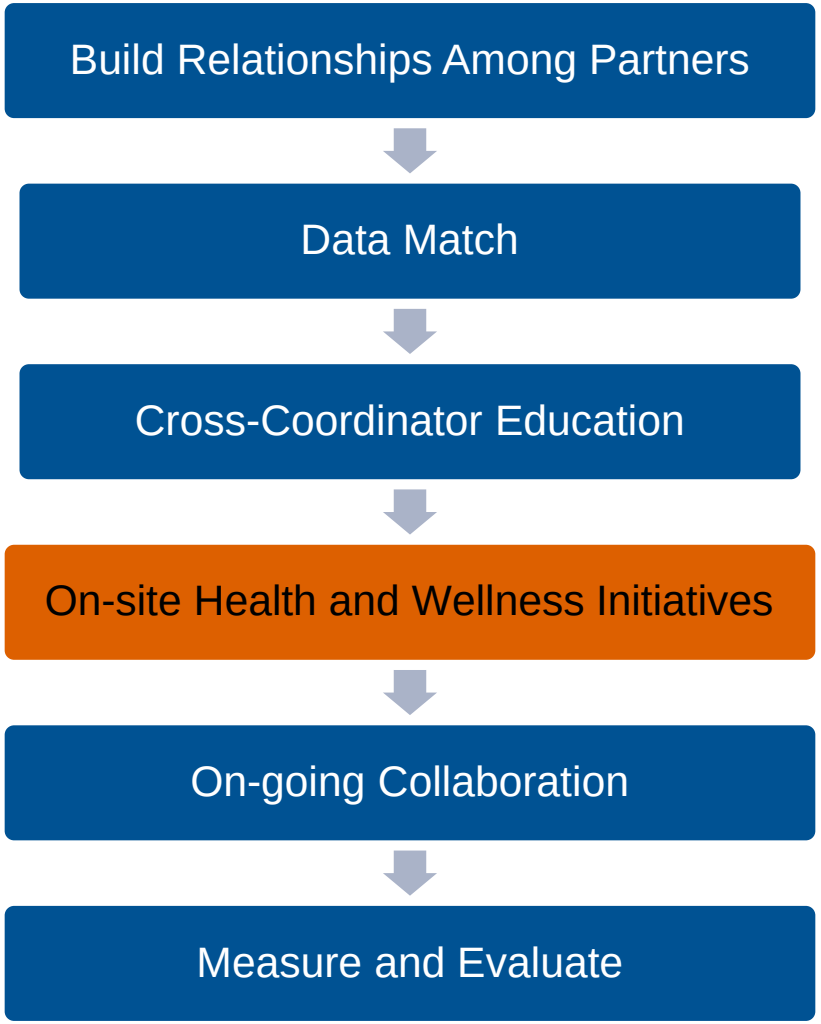
UnitedHealthcare Community Plan

The Vision

- **Partnership with a supportive housing development** with a significant concentration of Medicaid managed care members to create connectivity between residential supportive housing managers and social workers and the managed care coordination team for the beneficiary.

Our Partners

- Low Income Affordable Housing Developers
- Permanent Supportive Housing Providers



Case Study: Initial Conversations

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Opportunity lies in leveraging each entities' strengths to support the needs of the individual we are serving.

Health Plan Strengths	Supportive Housing Provider Strengths
• Accessing and arranging Medicaid services • Facilitating relationships with providers • Preparing for transitions from hospitals, nursing homes, institutions • Providing health and wellness programs • Assessing risk • Leveraging data	• One on one support • Catching early warning signs of health and/or functional changes • Recognizing changes in social or emotional state • Support basic needs – food, shelter, employment, residency stabilization

Case Study: Early Lessons Learned

UnitedHealthcare Community Plan

- Starts with sharing addresses, letting health plan identify volume and outcomes of members in site
- Facilitate cross education – learn what each group does currently
- Ask open, honest questions
- Admit to not being familiar and start with the basics
- Clarify terms – we can use the same words and mean different things (i.e. case management)
- Look for duplicative services and gaps in services
- Identify PSH services that are Medicaid benefits
  - Explore becoming Medicaid provider
  - Shift service responsibility to Medicaid managed care when appropriate and available to free up resources

Evaluating Opportunities

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- Countless opportunities to improve the link between housing and health care exist
- Limitations on what Medicaid can pay for and how health plans can account for the spending related to housing significantly impacts decisions to pursue
- When we evaluate a housing related opportunity within our health plans we consider many factors including:
  - Number of members impacted
  - Opportunity to improve quality
  - Opportunity to improve utilization
  - Data available to support the decision to invest
  - Presence of trusted partners

Questions