Refugee Health Funding Models: A Review of Models and A Vision for the Future

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Learning Objectives

• Identify the various strategies currently in use for funding refugee health services in PA

• Compare various strategies

• Identify potential efficiency and synergies to prepare for an uncertain future
Current Health Care Framework in PA

• **Medicaid Expansion** (enacted in February 2015): Eliminated previous categorical eligibility (ie, pregnant women, seniors, disabled.) Expands coverage to ALL those under 138% of Federal Poverty line.

• **Federally Facilitated Exchange** (enacted January 2014): PA utilizes the federally facilitated exchanges through HealthCare.gov to enroll those eligible in Marketplace plans.

• Lots of current proposed legislation at the federal and state levels:
  • PA House Bill 59 passed on July 11, 2017 requiring work verification requirements for all Medicaid enrollees statewide
Current Requirements and Needs

• **Refugee Health Screening** - Required to be completed within 90 days per R+P Cooperative agreement. CDC recommends completion of screening within 30 days.

• **Ongoing Care** – Many needs for ongoing care for both previously diagnosed and newly diagnosed *chronic diseases*.

• **Urgent and Serious Care** – Significant number of cases with *serious needs*. 
Refugee Arrives in Philadelphia (~ 850 per year)

HIAS Pennsylvania

Nationalities Service Center

Lutheran Children & Family Service

Coordinator

Jefferson Family Medicine Associates

Penn Center for Primary Care

Drexel Women’s Care Center

Children’s Hospital of Philadelphia

Nemours Pediatrics

Einstein Community Practice

Einstein Pediatric Clinic

Fairmount Primary Care Center

philarefugeehealth.org
Prevalence of Chronic Conditions in Refugees Seen at JFMA by Country of Origin including U.S. Comparison, 2007-2016

Prevalence of chronic conditions among adult refugees over the age of 18 resettled in Philadelphia, including hypertension, type II diabetes mellitus, asthma, and COPD. U.S. Comparison data collected from CDC, 2014, concerning adults over the age of 18 for hypertension, diabetes, asthma, and COPD, and over the age of 20 for overweight/obesity.
Diabetes Diagnosis Post-Arrival in Adult Refugees seen at JFMA by Country of Origin, 2007-2016

U.S. Comparison Overall (n=1256) Bhutan/Nepal (n=354) Ethiopia/Eritrea (n=72) Iraq (n=315) Burma through Malaysia (n=151)
Urgent and Serious Care Needs

An NSC Clinic Liaison escorts patients to their initial screening appointment.
Current Funding Strategies

Goals:

• Meet client needs for timely, comprehensive care
• Ensure coverage of costs (including interpretation)
• Ongoing surveillance efforts (PA E-Share)

Medicaid (FQHC – Flat Fee)

Medicaid (Other – CPT or Level of Service)

PA Refugee Health Program

Some costs billed to MA (labs, x-rays)
Comparison Project

• Examined PA Refugee Program Fee Schedule, FQHC reimbursement rates (vary widely) and MA CPT and level of service reimbursement rates.

• Comparison difficult due to significantly different funding mechanisms for FQHCs and non-FQHC providers.

• Among non-FQHC providers, reimbursement under the PA Refugee Program Fee Schedule and the MA reimbursement rates are similar.
Challenges and Opportunities

- Expedited Access to Medicaid Coverage: Requires coordination and assistance of local County Assistance Office.

- Interpretation Costs

- Immunization reimbursement is important as MA payments are low in this area

- Ensuring adequate surveillance through the PA E-Share system
Envisioning the Future: What We Know

• The Health Care landscape is uncertain.

• Refugees continue to arrive with both serious, urgent conditions and both undiagnosed and previously diagnosed chronic health conditions.

• Models for care must include more than just a focus physical health access. Needs for integrated mental health care, peer support models and specialized care are evident.
Envisioning the Future: Where We Go

• Ensuring diverse, responsive models help us respond to a changing landscape.

• Ensuring close collaboration between resettlement agencies, health care providers and state refugee health staff is critical to address a changing landscape.

• Examining potential opportunities for collaboration on demonstration projects, research projects and related opportunities may be helpful.