

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

Gretchen Shanfeld, MPH

Director of Health and Wellness, Nationalities Service Center

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*.

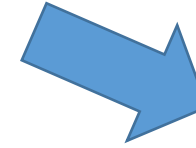


PHILADELPHIA
REFUGEE HEALTH
COLLABORATIVE

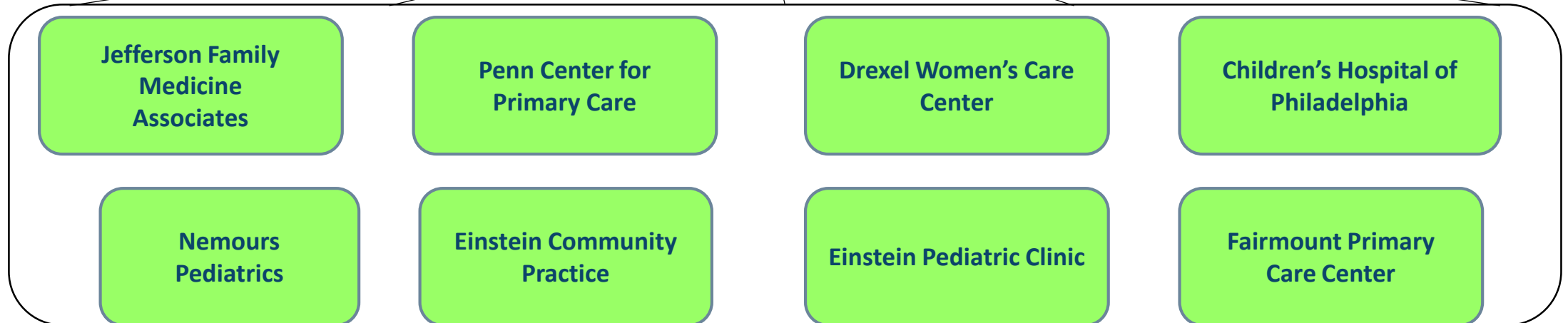
philarefugeehealth.org



Refugee Arrives in
Philadelphia
(~ 850 per year)

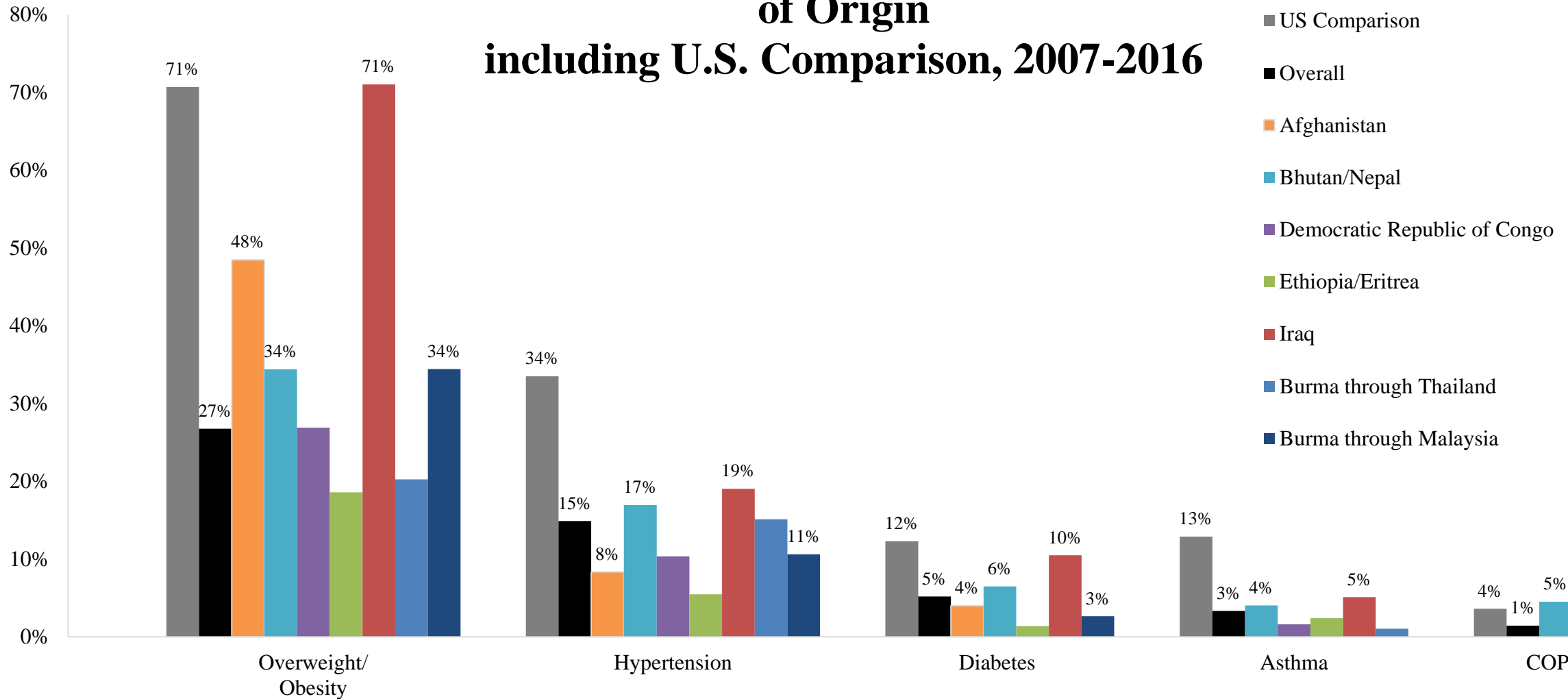


Coordinator



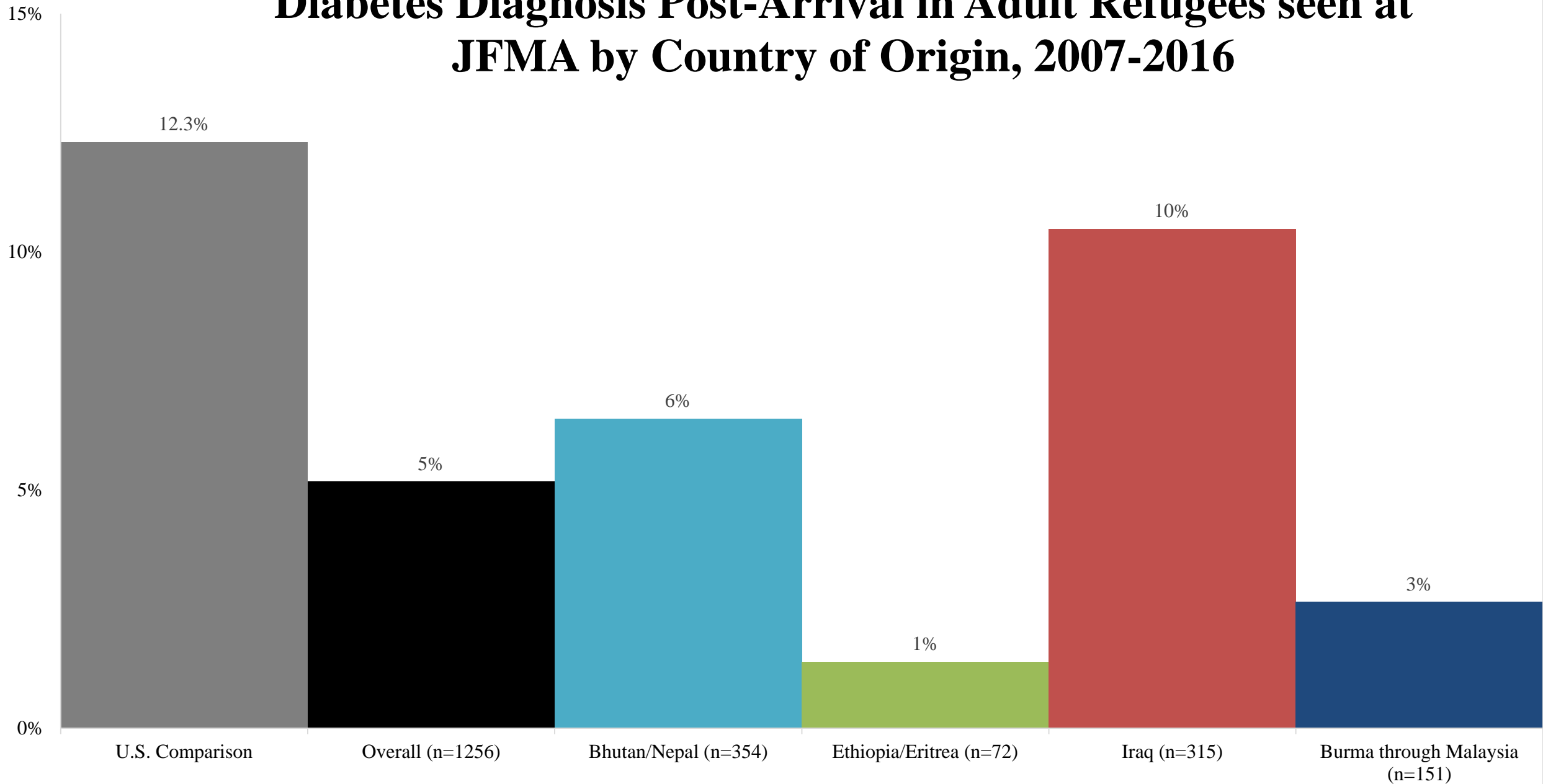
Prevalence of Chronic Conditions in Refugees Seen at JFMA by Country of Origin

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



Urgent and Serious Care Needs



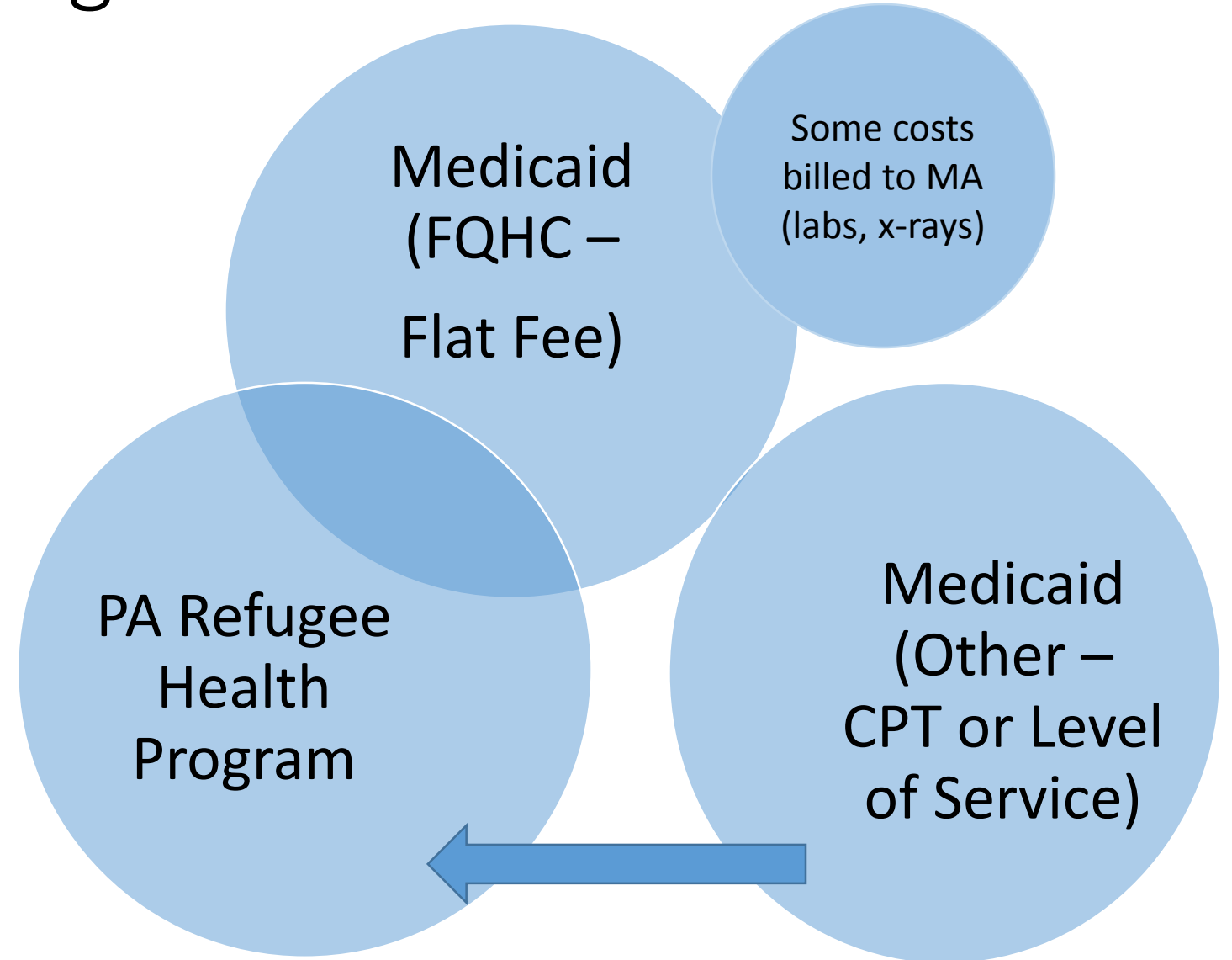
An NSC Clinic Liaison escorts patients to their initial screening appointment.



Current Funding Strategies

Goals:

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





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.