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

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Learning Objectives

- Identify the various models currently in use for funding refugee health services in PA
- Discuss the pros and cons of various models
- 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 Health Screening

- Screenshot from PA E-Share

Chronic Diseases Diagnosed After Arrival

- Data from Colleen

Urgent and Serious Care Needs

- Case Study

Current Funding Models

Medicaid Model

- Forgoes billing to PA Refugee Health program
- All costs including those for screening billed to Medicaid
- Currently in use in Philadelphia by both university based hospital systems and Federally Qualified Health Centers

Hybrid Model

- Bills initial screening costs to PA Refugee Health Program
- Additional costs after screening billed to Medicaid
- Currently in use in many other parts of PA

Comparison Project

Data was compiled from a Refugee Health Clinic Fee Schedule for Federally Qualified Health Centers in PA (Table 1) and publically listed reimbursement rates for Medicaid form the US Department of Health and Human Services. The FQHC fee schedule contained negotiated rates of reimbursement for services listed under the initial domestic screening of refugees recommended by the CDC. The CPT codes for each service where cross referenced and compared with the Medicaid reimbursement rates put forth by the PA Department of Health.[4]

Primary data was organized by associating CPT codes for services and procedures with the CDC recommended guidelines and researching the designated rate of reimbursement for either MA or RMA. Cost comparison between the two models was conducted by taking the sum total of possible procedures at the rates provided for RMA and those provided for MA.

We worked closely with FQHC's and NSC affiliates from the Philadelphia Refugee Health Collaborative as well as other providers statewide who accept Medicaid and Refugee Medical Assistance to understand the differences in funding in terms of convenience, impact on quality, and overall benefit of the designated payer system to the refugee clinic. This was conducted via a series of conversations via phone and email with individuals directly involved with billing from offices in each category.

Service Code	Description	RMA	Medicaid PA
	Basic Refugee Health Assessment	400	221
	Mental Health Screening	100	100
71010	Radiologic exam; chest; single view; frontal	19	11.5
71020	Radiologic exam; chest; two views; frontal and lateral	25.03	15
71030	Radiologic Examination, chest, complete minimus 4 views	36.62	22.5
80049	Basic Metabolic Panel which includes: calcium, total (82310); carbon dioxide (82374); chloride (82435); creatinine (82565); glucose (82947); potassium (84132); sodium (84295); urea nitrogen (BUN) (84520).	9.36	48.66
80054	Comp metabolic panel which includes Albumin (82040); biliru total or direct (82250); calc (82310); chloride (82435); creatinine (82565); glucose (82947); phos, alkaline (84075); potass (84132); prot, total (84155); sodium (84295); transferase, aspartate amino (AST)(SGOT)(84450); urea	8	11.69
80058	Hepatic function panel which includes: Albumin (82040); bilirubin, total and direct (82251); phosphatase, alkaline (84075); transferase, alanine amino (ALT) (SGPT) (84460); transferase, aspartate amino (AST) (SGOT) (84450).	8	
80059	Hepatitis panel which includes: Hepatitis B Surface Antigen (HBSAG) (87340); Hepatitis B Surface Antibody (HBSAB) (86706); Hepatitis B Core Antibody (HBCAB), IGG and IGM (86704); Hepatitis A Antibody (HAAB), IGG and IGM (86708); Hepatitis C Antibody (86803)	41	76.35
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	4.37	4.35
81025	Urine Pregnancy test, by visual color comparison method	4	8.67
83036, 83037	Hemoglobin testing to determine Diabetic Mellitus (3044F, 3045F,3046F)	13.32	13.32
83655	Lead	10	16.61
84443	Thyroid stimulating Hormones test (TST)	23.05	23.05
84702	Gonadotropin, chorionic (HCG); quantitative	16.62	18.9
84703	Gonadotropin, chorionic (HCG);qualitative	10.38	10.32
84704	Gonadotropin, chorionic (HCG); free beta chain	16.22	18.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	6	10.66
85044	Blood count; reticulocyte, manual	4	5.91
86480	TB Skin Test Screen (TST)Skin Test; Tuberculosis - (F-STOP)	71.02	85.02
86481	Quantifer TB (with QFT) - Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	69.78	102.79
86580	TB Skin Test Screen (TST)Skin test; tuberculosis, intradermal	5.5	5.5
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)	4	5.86
86593	Syphilis test; quantitative	6.09	6.04
86631	Chlamydia trachomatis, amplified probe technique includes (87270, 87320, 87490, 87492, 87810)	9.88	11.98
86689	Antibody; HTLV or HIV Antibody, Confirmatory Test (e.g., WESTERN BLOT)	23.75	26.55
86694	Antibody; herpes simplex, non-specific type test	19.83	19.74
86696	Genital herpes: Antibody; herpes simplex, type 2	21.4	26.55
86701	HIV Screening: Antibody; HIV-1	12.27	13.19
86702	Antibody; HIV-2	13.83	14.46
86703	Antibody; HIV-1 and HIV-2, Single Assay	18.96	18.9
86750	Antibody; plasmodium (Malaria) (No MA fee established; requires a Program Exception when billed to MA)	18.09	18.09
86762, 90707, 90710	Measles, Mumps, Rubella (MMR) immunization	19.74	19.74
86787, 90710	Varicella (VZV) includes (90716)	17.67	17.67
87015	Concentration (any type), for infectious agents	7.5	9.16
87110	Antibody; Chlamydia, Culture, chlamydia, any source	26.1	16.98
87177	Ova and Parasites, direct smears, concentration and identification	7.5	12.21
87209	Smear, primary source with interpretation; complex special stain for ova and parasites	20.09	23.66
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	12.18	15.09
87390	Infectious agent Antigen detection by Enzyme Immunoassay technique, Qualitative or Semiquantitative, Multiple step method; HIV-1	10.5	24.1
87491	STD Screening: Infectious agent detection by nucleic acid (DNA or RNA)	23.19	48.15
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	27.51	27.51
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	23.19	48.14
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	58.76	58.76
90633	Hepatitis A, Meningococcal (90644)	10	10
90645-90648,	Heamophilus influenza type b (Hib) includes (90698,90721,90748)	10	10
90655, 90688	Pneumonococcal immunization includes (G0009)	10	10
90698, 90696	Diphtheria, Tetanus, Pertussis (DtaP) immunization includes (90700,90721)	10	10
90723, 90713	Polio (IPV, OPV)	10	10
90704, 072	Mumps	10	10
90705, 055	Measles	10	10
90706, 056	Rubella	10	10
90708	Measles and Rubella	10	10
90715, 90714, 90718	Diphtheria, Tetanus (Td, Tdap)	10	10
TOTALS		1403.1	1424.95

Results

- Comparison of 54 services that fall under the guidelines of the CDC refugee initial screening revealed that the cost to RMA versus MA were not found to be significantly different.
- The total cost to RMA is $1,403.10 and the cost to MA is $1,424.95.
- The two models varied significantly in the cost of initial behavior and mental health screenings which totaled $500.00 for RMA as compared with an average $300.00 for MA.
- The models also varied somewhat in costs for reimbursement of vaccines.

Medicaid Model

Pros

- Integrated into 'regular' office billing; no separate system
- Allows for urgent, serious care and/or chronic care to be addressed first or simultaneously as needed with no parallel billing structure

Cons

- Requires for early access to Medicaid to ensure consistency of billing
- Reimbursement rates may be lower, particularly for immunizations
- Not currently easily accommodated into the PA E-Share Surveillance model

Hybrid Model

Pros

- Higher reimbursement rates, particularly for immunizations

Cons

Potential Sticking Points

- Expedited Access to Medicaid Coverage: Requires coordination and assistance of local County Assistance Office.
- Immunization specific reimbursement from the PA Refugee Health Program
- Ensuring adequate surveillance through the PA E-Share system
- Interpretation Costs

Related Funding Strategies

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 on the purely clinical. Needs for integrated mental health care, peer support model 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.