Changes in Medicaid Enrollment Associated with the ACA Eligibility Expansion among Adults Experiencing or at-Risk of Homelessness

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INTRODUCTION

Background

- Persons experiencing homelessness are at elevated risk of mortality and infectious disease, often exhibit poorly managed chronic conditions, and bear heightened risk of criminal victimization and other traumas.[1-7]
- Recent changes to Medicaid programs have sought to address the health of enrollees experiencing homelessness; however, barriers, such as lack of stable addresses and required documentation, may limit the reach of such initiatives.[8-10]

Research Objective

- To better understand how Medicaid reforms might affect individuals experiencing homelessness, we examined the extent to which the ACA Medicaid eligibility expansion in two states affected enrollment in Medicaid among persons experiencing or at-risk of homelessness.

METHODS

Study Design

- Novel data linkage between the US Housing and Urban Development's Homelessness Management Information System (HMIS) and state Medicaid enrollment files in New Jersey and Pennsylvania.
- Interrupted time-series approach to estimate both the immediate and the longer-term trend in effect of the eligibility expansion on Medicaid enrollment among persons experiencing or at-risk of homelessness who used HMIS recorded services.

Populations

- NJ (2014) and PA (2015) over 72 months (2011-2016)
- 294,636 person-months in NJ and 52,278 person-months in PA. aged 18-64 receiving homeless services recorded in the HMIS, in 19 of 21 NJ counties and 44 of 67 PA counties.

RESULTS

Figure 1. Percent of Medicaid enrollment among non-elderly experiencing or at-risk of homelessness in Pennsylvania, 2011-2016
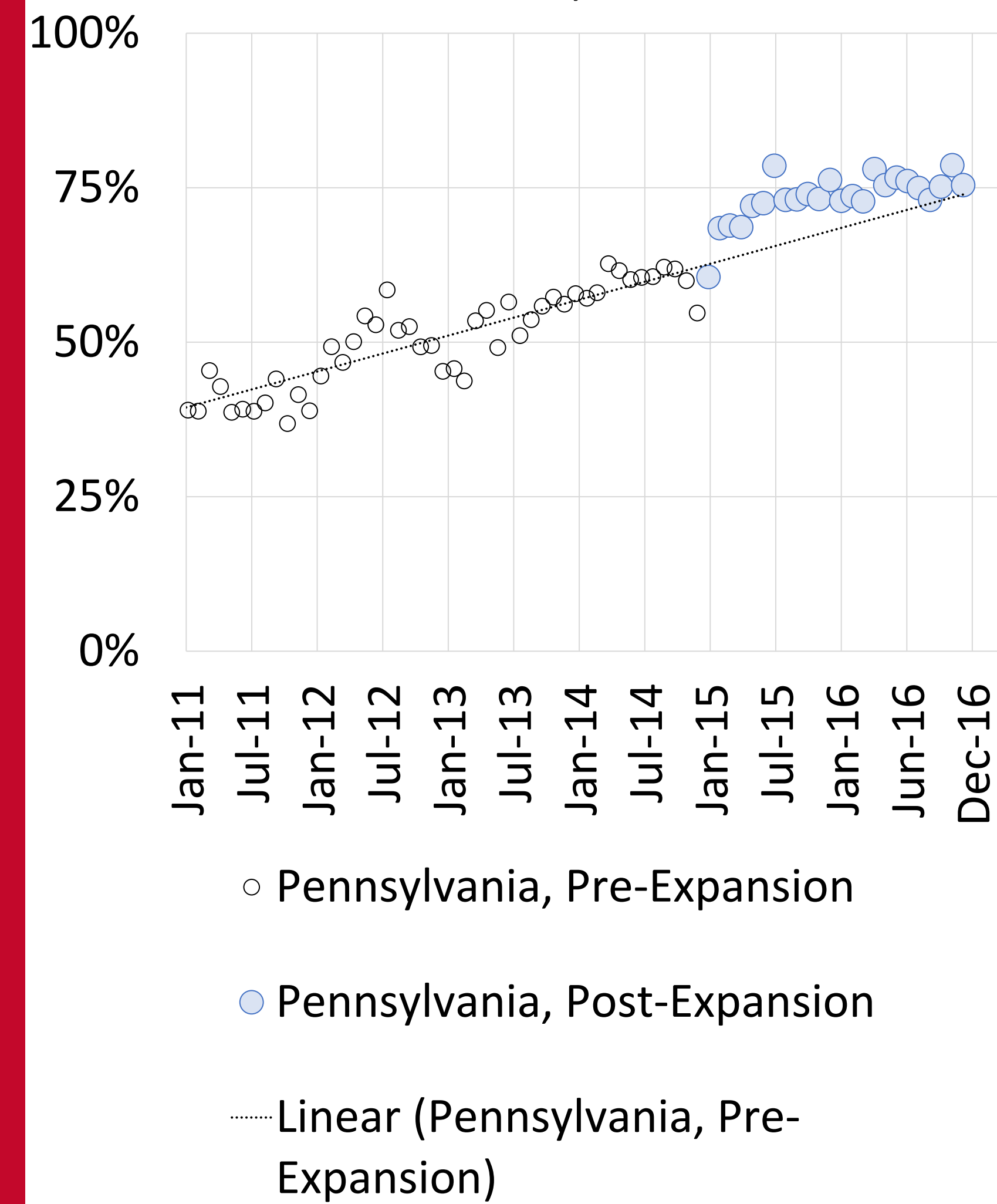
- Pennsylvania, Pre-Expansion
- Pennsylvania, Post-Expansion
- Linear (Pennsylvania, Pre-Expansion)

Figure 2. Percent of Medicaid enrollment among non-elderly experiencing or at-risk of homelessness in New Jersey, 2011-2016

- New Jersey, Pre-Expansion
- New Jersey, Post-Expansion
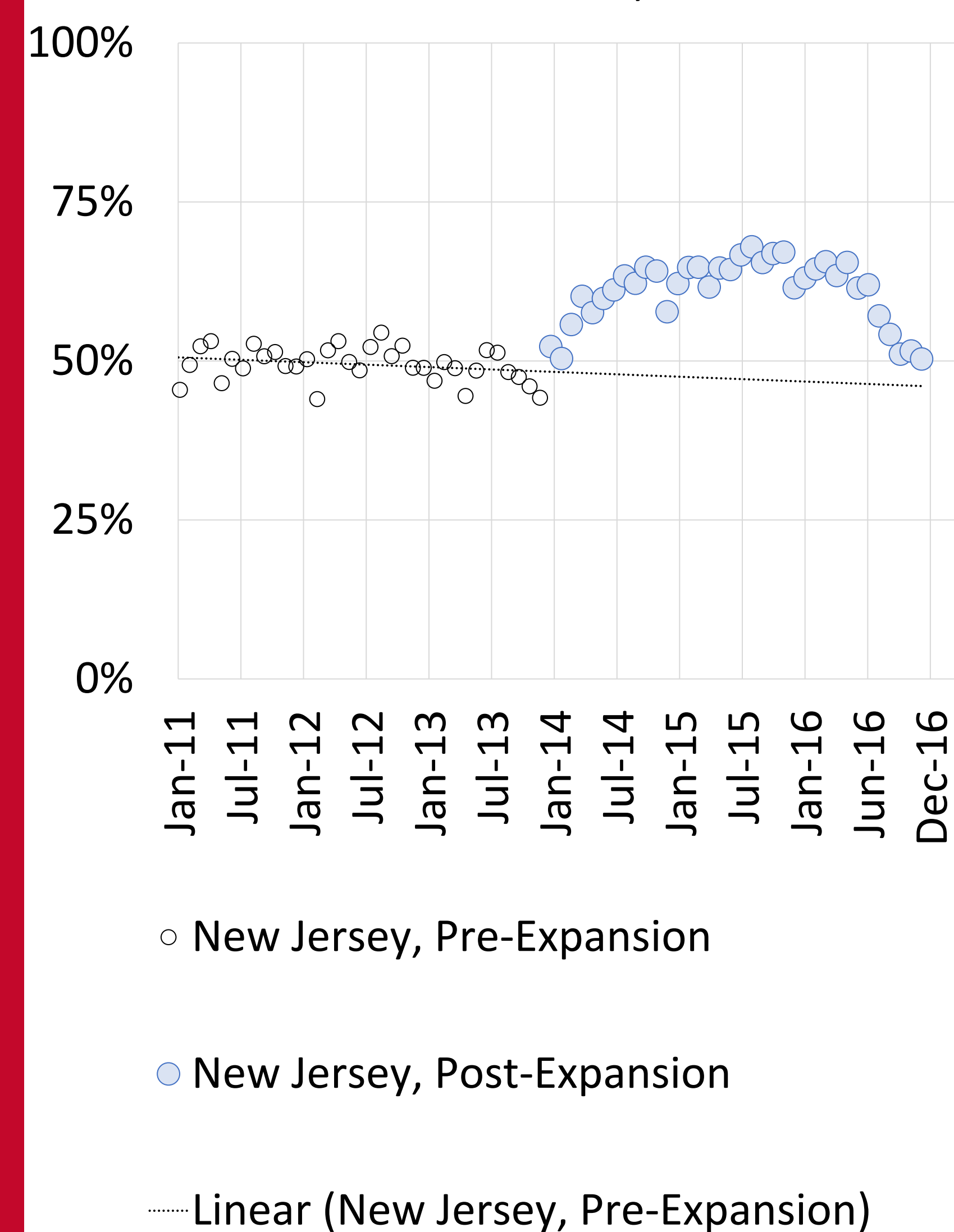- Linear (New Jersey, Pre-Expansion)

Table. Interrupted Time-Series Analysis of the ACA expansion in Medicaid enrollment among Individuals Experiencing or At-Risk of Homelessness in NJ and PA, 2011-2017	NJ	PA
Model (Likelihood of Medicaid Enrollment)	Coefficient (95% Confidence Interval)	
Medicaid expansion (Δ intercept)	0.075***	0.085***
	(0.045-0.106)	(0.055-0.115)
Months since expansion (Δ slope)	0.006***	0.002
	(0.004-0.008)	(-0.001-0.004)
Trend	-0.001*	0.004*
	(-0.002-0)	(0.001-0.008)
Homelessness indicative services		
1 month with encounter (per year)	0.146***	0.069***
	(0.096-0.200)	(0.45-0.093)
2+ months with encounter (per year)	0.185***	0.128***
	(0.128-0.244)	(0.110-0.145)
Race/ethnicity (white NH reference)		
Asian and other, NH[a]	-0.058***	-0.030
	(-0.102 to -0.017)	(-0.076-0.016)
Black/African American, NH	0.008	-0.015*
	(-0.014-0.031)	(-0.029 to -0.001)
Hispanic	-0.036*	-0.002
	(-0.066 to -0.005)	(-0.030-0.027)
Age	-0.001*	0.000
	(-0.002- 0)	(0.000-0.000)
Female (male or non-binary reference)	0.123***	0.186***
	(0.107-0.140)	(0.167-0.205)
2016 Δ intercept	0.003	-0.013
	(-0.019-0.027)	(-0.040-0.015)
2016 Δ slope	-0.019***	-0.004***
	(-0.026 to -0.013)	(-0.007 to -0.001)
Constant	0.400***	0.193***
	(0.331-0.466)	(0.083-0.303)
Observations	274,773	33,414
R-squared	0.055	0.129

Source: Data linkage of Homelessness Management Information System and Medicaid monthly enrollment files. Authors' analysis.

Abbreviations: NJ, New Jersey; PA, Pennsylvania; HMIS, Homeless Management Information System; MMIS, Medicaid Management Information System;
Notes: Robust standard errors in parentheses. *** p<0.001, * p<0.05, [a]Includes values of American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, multiple, "client doesn't know," "client refused," and "data not collected."

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CONCLUSION

- Our findings demonstrate the success of Medicaid enrollment efforts among persons experiencing or at-risk of homelessness following the ACA expansion.
- There is a need for strong partnerships between state Medicaid and housing agencies and service providers for future initiatives.

Implications for Policy or Practice

- The high association of contact with homelessness indicative services and Medicaid enrollment suggests the importance of understanding how staff-client encounters at housing and homelessness service programs affect Medicaid enrollment.
- For those states that have recently expanded Medicaid eligibility or are considering expansion, understanding these relationships would support sustained rates of enrollment in this high-need population and inform support strategies to be offered in conjunction with Medicaid coverage.

Acknowledgements

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