Hospital Partnerships: A Win-Win under SOAR

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Background

Hospitals experience significant fiscal and quality of care challenges when serving uninsured individuals who are homeless. These individuals tend to use the emergency room as their primary locus of care, resulting in poor primary care management and costly inadequate service delivery. Recommended follow-up care is often not received because these individuals are uninsured and have no resources with which to pay for treatment.

When individuals are assessed for the acute needs with which they present in emergency rooms, they are often hospitalized. Hospitalization is costly and not the most effective and efficient way to treat the acute and ongoing needs of those experiencing homelessness. Without health insurance, these individuals often delay seeking care until their health needs are more serious and harder to treat. Preventive care or care at an earlier stage of an illness or disorder would be more effective for the individual and for health care providers. Uncompensated care resulting from such hospitalizations and emergency visits means that either hospitals face deficits and/or communities and states pay for this expensive and less effective care.

Over the years, many hospitals have tried to meet this challenge by hiring private for-profit companies to assist in applying for Medicaid when uninsured individuals are hospitalized. For adults who are homeless, this does not work well as people are frequently discharged to the streets and follow-up on their Medicaid application is not done. Thus, again, costs are incurred with results that are less than optimal.

SSI/SSDI Outreach, Access and Recovery (SOAR)

The SOAR initiative is a federally funded partnership (HHS, HUD) that seeks to assist adults who are homeless to apply for SSI/SSDI, which generally provides health insurance as well. SOAR involves a comprehensive approach that includes training for community and hospital staffs in the intricacies of the SSI/SSDI application process and ensuring that approved individuals receive health insurance, treatment, and other services to begin recovery. This initiative is a "win" for all medical providers, including hospitals, as services and medications are then covered under Medicaid or Medicare, depending on the disability benefit received. Currently, 32 states and the District of Columbia provide automatic eligibility for Medicaid when an individual is approved for SSI. In the remaining states, Medicaid eligibility is usually possible with access to SSI but requires additional paperwork. In these states, under SOAR, case managers assist not only with SSI applications but also with the additional paperwork needed to access Medicaid.

Under SOAR, communities work to partner with local medical (physical and mental health) providers to obtain the necessary medical information to support disability applications and to ensure that such providers (including hospitals) are aware of individuals' access to Medicaid and

potential retroactive reimbursement for bills incurred prior to approval. In most states, Medicaid can pay for 90 days of retroactive bills once an individual is approved.

Examples of Successful Hospital Partnerships
In at least four communities highlighted below, hospitals have partnered with community providers who use the SOAR model. In both cases, the hospitals are providing a small amount of funding to the community provider in return for assisting homeless applicants for SSI/SSDI and Medicaid/Medicare who have been high users of expensive inpatient treatment. The hospitals are then able to recover significant portions of the debt incurred for their care.

- In Covington, Kentucky, St. Elizabeth Medical Center, agreed to fund a part-time position at a local homeless drop-in center, Welcome House, to assist with applications. The cost to the hospital for this position was $18,000. In less than a year's time, 21 people were approved for benefits. These individuals had bills with St. Elizabeth of $482,638 that covered services provided 90 days before application and beyond. It is estimated that, as of summer 2008, more than $182,000 has been recouped from Medicaid and Medicare reimbursement of uncompensated care since the start of the program.

  This does not take into account any future services provided by St. Elizabeth to these individuals, who were formerly uncompensated and reimbursed. The hospital has a return of about 14:1 on its initial investment thus far. With the payment of ongoing services, the ratio potentially could be much higher.

- In Providence, Rhode Island, four persons in 2006 cost Butler Hospital 146 hospital days in uncompensated care. The hospital cost per day is $1000. Approval for SSI and Medicaid for these individuals meant that Butler was reimbursed $197,000 for their care. Butler's initial investment in the SSI project, called ACCESS-RI, was $30,000. Thus, Butler Hospital recouped more than 6:1 on its investment.

- The Benefits and Entitlement Specialist Team (B.E.S.T.) program in Portland, Oregon, reports that approximately $111,000 of past medical bills has become reimbursable through retroactive Medicaid for only three cases. These bills were from 16 different medical providers**.**

- In Baltimore, Maryland, the SSI Outreach Project, the original model for SOAR, based at the University of Maryland Medical System (UMMS), found that the billing was over $300,000 for 20 individuals in one year who had received assistance from the project and obtained SSI/SSDI and Medicaid/Medicare. At that time, UMMS provided no funding for the SSI Outreach Project.

The National SOAR Technical Assistance Team at Policy Research Associates, Inc. is committed to assisting hospitals to create comparable types of partnerships as illustrated in the examples above. There is no question that the use of SOAR and a small initial investment in staffing is a win-win for the hospital, the individual, and the community. For more information on SOAR and partnering with hospitals, please contact soar@prainc.com.