

The Affordable Care Act and Children with Vision and Eye Health Needs

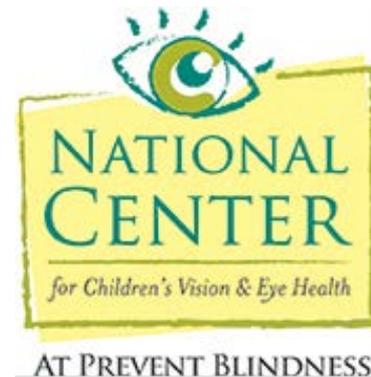
January 14, 2014

Presented by:

CATALYST
C E N T E R



IMPROVING FINANCING OF CARE
for Children & Youth
WITH SPECIAL HEALTH CARE NEEDS





Kira Baldonado

**Director, National Center for
Children's Vision and Eye Health**
Moderator

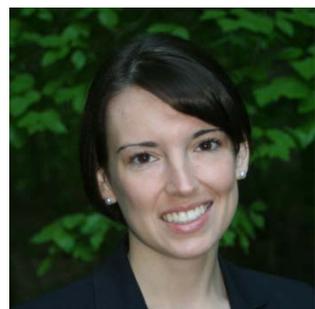
- Help you understand the Affordable Care Act (ACA)
- Learn about the vision health benefits included in the ACA
- Understand how children with special medical needs may be at increased risk for vision problems
- Empower caregivers to be advocates for better vision health in their children

Learning objectives for today



Meg Comeau, MHA, Co-Principal Investigator, The Catalyst Center

An Overview of the Consumer Protections and Coverage Options in the ACA



Alison Manson, MPH, Director of Government Affairs, Prevent Blindness America

How the ACA Impacts Children's Vision



E. Eugenie Hartmann, PhD, Professor of Vision Sciences, University of Alabama at Birmingham

Vision Considerations for Children with Special Medical Needs

Today's Presenters



An Overview of the Consumer Protections and Coverage Options in the ACA



Meg Comeau, MHA
Co-Principal Investigator

The Catalyst Center is funded by the Division of Services for Children with Special Health Needs, Maternal & Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, under cooperative agreement #U41MC13618. Kathy Watters, MA, MCHB/HRSA Project Officer.



Presenter Disclosure

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months

–No relationships to disclose



The Catalyst Center: Who are we?

- **Funded by** the Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau
- **A project of** the Health and Disability Working Group at the Boston University School of Public Health
- **The National Center dedicated to the MCHB outcome measure:** “...all children and youth with special health care needs have access to adequate health insurance coverage and financing”.



Insurance coverage that meets the needs of CSHCN, including those with vision and eye health needs, must be:

- Universal and continuous
- Affordable
- Adequate

INSURANCE COMPANY NAME COVERAGE TYPE

MEMBER NAME: JOHN DOE EFFECTIVE DATE: XX-XX-XXXX
MEMBER NUMBER: XXX-XX-XXXX

GROUP #: XXXXXX-XXX-XXX PRESCRIPTION GROUP #: XXXXX

PCP CO-PAY: \$15.00 PRESCRIPTION CO-PAY:
SPECIALIST CO-PAY: \$25.00 \$15 GENERIC
EMER. ROOM CO-PAY: \$75.00 \$20 NAME BRAND

MEMBER SERVICES: 1-800-XXX-XXXX
CLAIMS INQUIRIES: 1-800-XXX-XXXX



The Affordable Care Act

- The Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148)
signed into law March 23, 2010
- The Health Care and Education Reconciliation Act (Pub. L. 111-152)
signed into law March 30, 2010



Together, they're known as the Affordable Care Act, or ACA

Major Areas of Focus in the ACA

- Insurance reforms (“Patient’s Bill of Rights” - consumer protections)
- New or expanded pathways to coverage (Medicaid expansion, MOE, Marketplaces), paired with Individual Mandate (everyone has to have coverage)
- Cost and Quality Provisions



ACA Insurance Reform and Consumer Protection Provisions – Selected Examples

- Prohibition against denying coverage based on a **pre-existing condition**
- **Dependent coverage** for youth up to age 26 on their parent's plan, effective 2010
- No **rescission** of coverage regardless of the cost or amount of services used, effective 2010



ACA Insurance Reform and Consumer Protection Provisions – Selected Examples

No more Annual and Lifetime Benefit Limits

- Effective Now
 - No annual benefit cap allowed
 - No more lifetime benefit caps for existing or new plans
- NOTE: benefits themselves can still be capped, e.g. 15 physical therapy visits, 15 mental health sessions per year



New and Expanded Pathways to Coverage

The State Health Insurance Marketplaces

- Opened for enrollment Oct. 1, 2013
- Coverage began January 1, 2014
- Choice of different **individual** policies and **small group** plans
- Help for consumers in choosing a plan – comparison website, navigators, assisters
- Tax credits and subsidies between 100%-400% FPL



Medicaid Expansion under the ACA

- Would have required all states to allow non-disabled, non-pregnant **adults** ages 19-64 to enroll – this is a **new population**
- It also raised the income level to 138% FPL for ALL populations (new & existing)
- The Supreme Court said the penalty to states for not complying was coercive
- The expansion is still allowed, but as a state option, not a requirement



Expanding Children's Medicaid Income Eligibility is NOT an Option

- The Supreme Court's ruling applies only to the **new population** of adults
- Children are an existing Medicaid-eligible population; now, maximum family income has increased to 138% FPL in all states
- No change allowed in states with higher income eligibility levels till 2019 (MOE)
- Children in separate CHIP programs with family income <138% move to Medicaid



How do I find out what I'm eligible for and how much it will cost?

Go to:

<https://www.healthcare.gov/marketplace/individual/>

- Choose your state from the drop-down menu and follow the steps for applying
- You can apply online, by phone or through a paper application, either by yourself or with the help of a navigator/consumer assister/broker
- Applying will also help you find out if you and your family are eligible for Medicaid or CHIP coverage



Selected resources for choosing a plan or policy

From the American Academy of Pediatrics (AAP)
www.healthychildren.org – Health Insurance pages

- *The Affordable Care Act: What your family needs to know*
- *Reviewing your family's health insurance: Questions to ask*
- *Exclusions and Limitations: Reading the fine print*
- *Understanding Cost-sharing: Deductibles, co-pays and co-insurance*



More resources

- The State Family-to-Family Health Information Centers fv-ncfpp.org/
- The Catalyst Center
 - hdwg.org/catalyst/resources
 - hdwg.org/catalyst/publications/aca
- Healthcare.gov - CuidadoDeSalud.gov
for access to the comparison website and navigators/consumer assisters



Summary

- ACA offers historic opportunities, for example:
 - Improved access to **universal, continuous, affordable coverage** through the consumer protections and new and expanded pathways to insurance
- Long-term sustainability of state and federal funding a significant concern
- **Because the ACA doesn't do everything for everyone, the need continues for work on improving health care coverage and benefits**



**For more information,
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Kathy Watters, MA, CCC-A - MCHB/HRSA Project Officer**

How the ACA Impacts Children's Vision



Alison Manson, MPH
Director of Government Affairs
Prevent Blindness

The Affordable Care Act and Children with Vision and Eye Health Needs
January 14, 2014

Major ACA provisions related to children's vision

- Preventive care available without cost sharing
 - Vision screening
- Essential Health Benefits (EHB)
 - Pediatric vision services

Preventive Services

- Health plans required to cover certain evidence-based preventive services and eliminate cost sharing requirements for these services.
- This includes all services with an A or B rating from the United States Preventive Services Task Force (USPSTF).

Topic	Description	Rating
Visual acuity screening in children	The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.	B

Essential health benefits

- 10 categories of services that must be covered
 - Including pediatric vision services

(E) Mental health and substance use disorder services, including behavioral health treatment.

(F) Prescription drugs.

(G) Rehabilitative and habilitative services and devices.

(H) Laboratory services.

(I) Preventive and wellness services and chronic disease management.

(J) Pediatric services, including oral and vision care.

Essential health benefits – pediatric vision services

- Categories are defined in each state with a benchmark plan
 - Many plans chosen for benchmarks don't include pediatric vision services
 - Vision services must be supplemented with one of two choices –
 - Federal Employee Dental and Vision Insurance Plan (FEDVIP)
 - Children's Health Insurance Program (CHIP) in that state

Plan	FEDVIP	CHIP	Included in plan
Eye Exam	Covered, 1 per year	Covered, frequency varies by state	Mostly covered, varies by state
Glasses	Covered, one pair frames and lenses per year	Covered, frequency varies by state	Sometimes covered, varies by state
Number of states choosing	42	3	6

Pediatric vision services in each state

States choosing FEDVIP: Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

States choosing CHIP: Kansas, Kentucky, North Dakota

States with pediatric vision services included in benchmark plan: Colorado, Maine, Massachusetts, New Mexico, New York, Utah

Who is impacted?

- All individual and small group plans, both inside and outside of the insurance exchanges.
- Not those covered by large group, grandfathered, self-funded, or ERISA plans.

Medicaid and CHIP

- Some children who were previously enrolled in CHIP will become eligible for Medicaid. This may cause a change in their coverage for vision services.
- Medicaid EPSDT provides comprehensive preventive services for children on Medicaid.
 - Vision Services: At a minimum, diagnosis and treatment for defects in vision, including eyeglasses. Vision services must be provided according to a distinct periodicity schedule developed by the state and at other intervals as medically necessary.

The Affordable Care Act and Your Child's Eyes

We all want our children to have every opportunity for a happy, healthy, and successful life. There is no question that the early childhood years are critical in their development. Vision issues can often be an unnecessary hurdle, but poor vision does not have to be a barrier to a child's well-being. Early attention to your child's vision and eye health can help keep them on a positive path for the future. But sometimes affordability of health care, including eye and vision health care can keep them from this path. Recent changes in federal law may help by impacting the kinds of vision services your child has access to through health insurance.

Did you know that the Affordable Care Act could have a big impact on your child's vision?

Starting January 1, 2014, all individual health insurance plans, small group insurance plans, or plans sold in the new state-based health insurance marketplaces are required to include a set of essential health benefits. This requirement does not apply to large group plans. Included in this list of "essential" services is coverage for children's vision care.



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Visit

http://nationalcenter.preventblindness.org/sites/default/files/national/documents/fact_sheets/ACA-child-v3.pdf

What does all this mean?

Most children with insurance will have coverage for one comprehensive eye exam and one pair of glasses (lenses and frames) each year.

With the inclusion of vision screening in the preventive benefits, families that may have been separately charged for a vision screening during primary care visits should no longer incur such charges.

However, this coverage does not mean that all kids will actually receive this benefit. Education is important to ensure that parents, teachers, caretakers, and others know both what children need and what is legally available to them.

Questions?

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Vision Considerations for Children with Special Medical Needs



**E. Eugenie Hartmann, PhD,
Professor of Vision Sciences,
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Birmingham**

Children Requiring IMMEDIATE Referral

- **Obvious evidence of physical anomaly**
 - Strabismus
 - Ptosis (drooping eyelid that occludes vision)
 - “wobbly” eyes (nystagmus)
- **CNS Dysfunction**
 - Cerebral Palsy
 - Down Syndrome
 - Seizures
 - Developmental Delay

Children at High Risk Requiring Referral

- **Autism Spectrum Disorder**
- **Child enrolled in EI program**
- **Family history**
 - **Amblyopia**
 - **Strabismus**
 - **Other early eye disease**
- **High risk pregnancy**
 - **Use of drugs or alcohol during pregnancy**
 - **Maternal infection during pregnancy**
 - **Preterm delivery**

Evaluation IS Possible

- **A child is NEVER too young**
 - **There may be other issues...**
- **Find a good practitioner**
- **Special assessments may be needed**

Acuity Cards

Behavioral Assessment

simple apparatus



**observer-infant
interaction**



Electrophysiology

- **ERG**

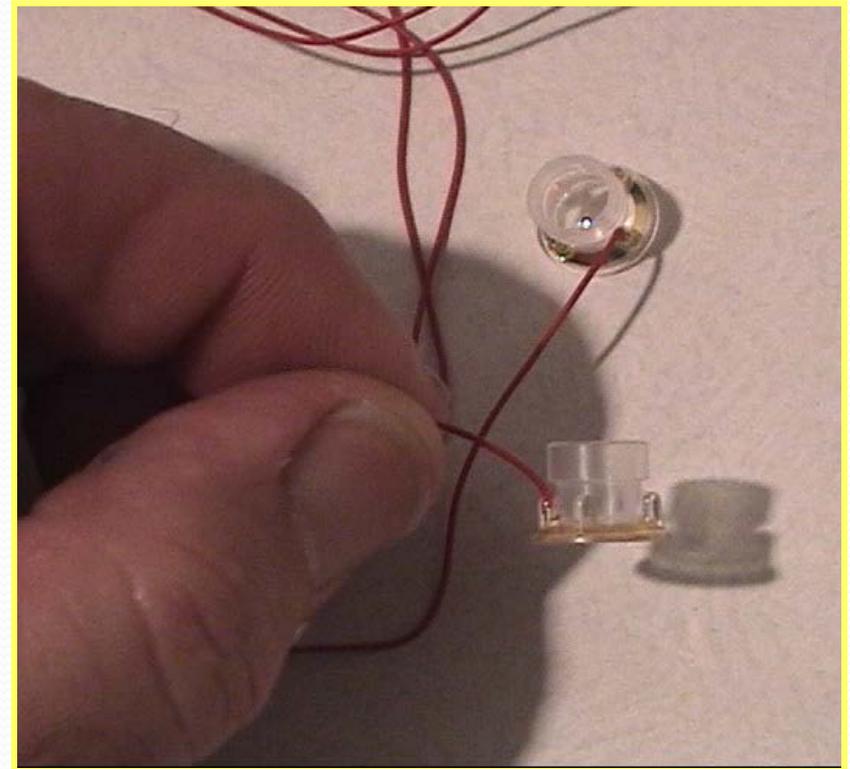
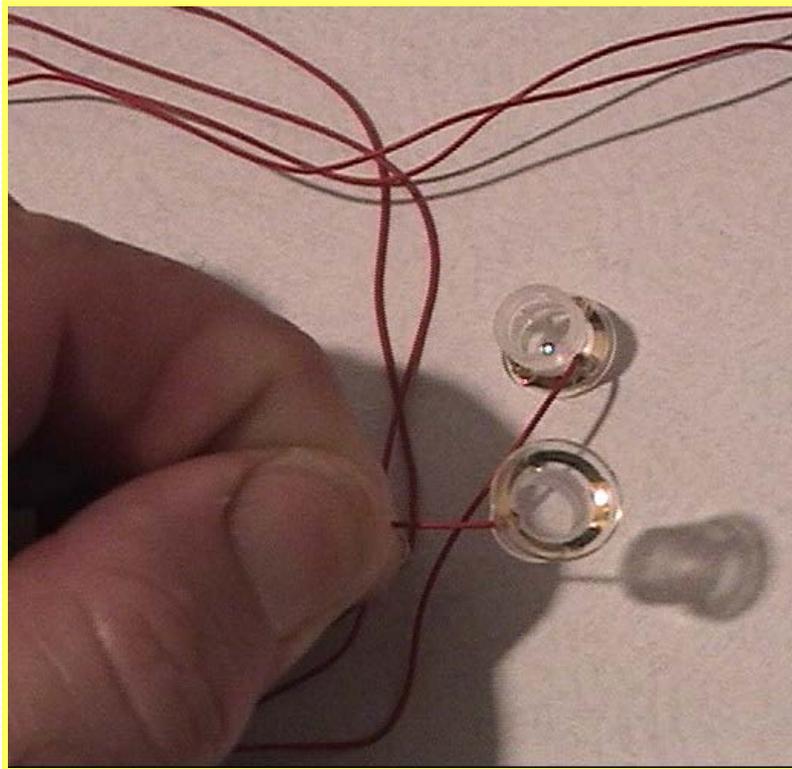
- **electroretinogram**
- **assess integrity of retina**
- **diagnostic for specific disorders**

- **VEP**

- **visual evoked potential**
- **assess integrity of visual pathway to brain**

ERG – contact lens electrodes

- “jet” electrode



Ganzfeld Stimulation

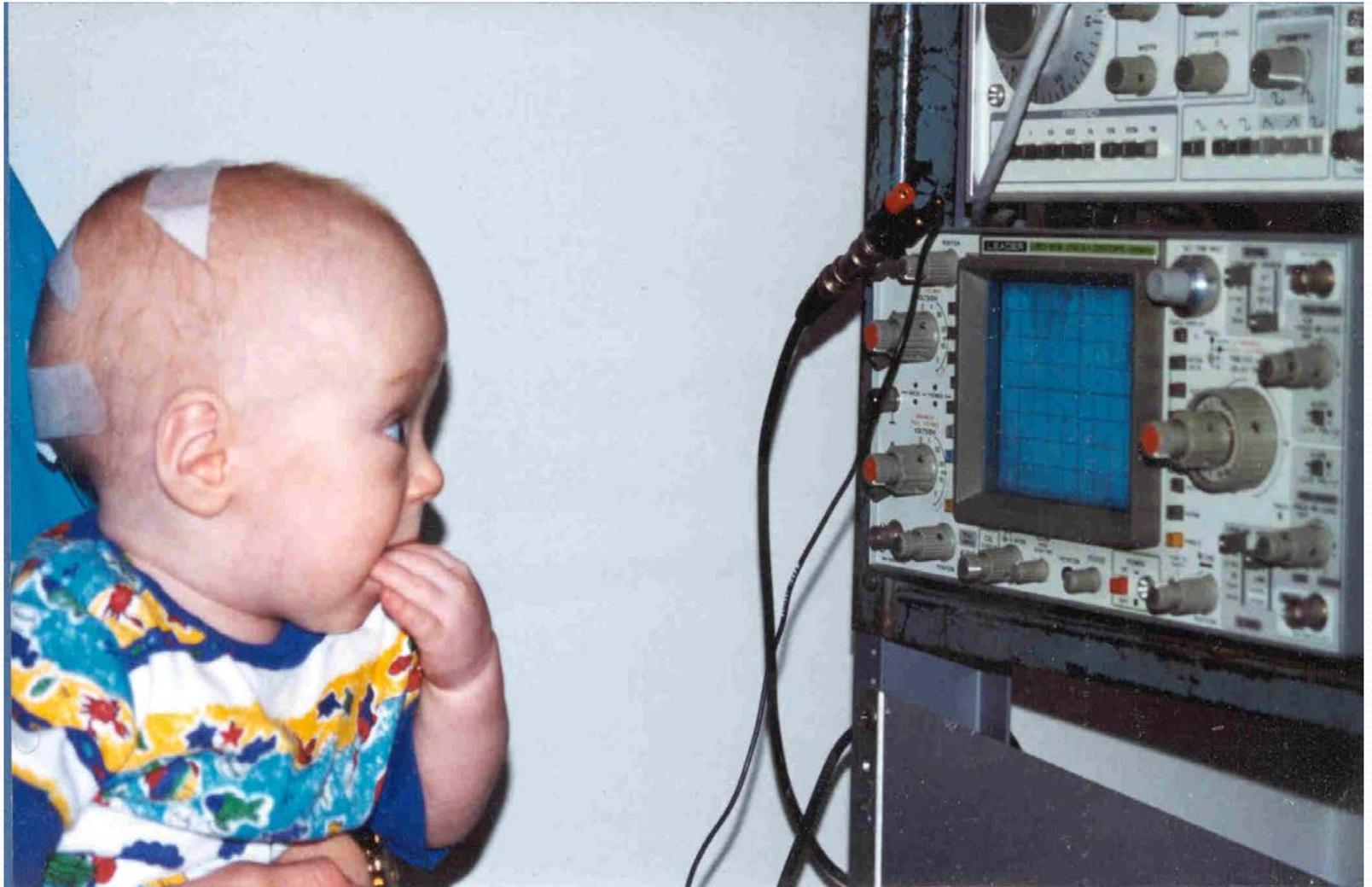


Ganzfeld Unit





Recording VEPs from Colin



Keys to Promoting a Positive Experience

- **Environment**
 - Arrange a Meet 'n' Greet
 - Get to know the person, not just the diagnosis
 - Consider sensory sensitivities
- **Spirit of Cooperation**
 - Include the parents and child in planning and discussions
- **Good Directions**
- **Positive Facial Expression/Tone**

Behaviors you might expect in your eye clinic

- **apprehension about environment**
- **apprehension about personnel**
- **repetitive behaviors**
- **pedantic speech**

Behaviors you should exhibit

- **slow cautious movements**
- **even more careful explanations than for neurotypical child**
- **interact with parent to develop child's trust**
- **interact with child deliberately**

Interact with child deliberately

- **Face child at his/her level while child is standing**
- **Do NOT expect eye contact**
- **Accept interaction even when child is directing gaze elsewhere**
- **If you know ahead of time ask parent**
 - **About favorite topic, toy, etc.**
 - **Have parent bring favored item**

Behaviors you should exhibit

- **Accept conversation as it occurs**
 - **Logical**
 - **May sound rude, but not deliberate**

Behaviors you should exhibit

- **Consider how you might help parent**
 - **Identify ASD behaviors**
 - **Get assistance**

Laying a Foundation for Next Time

➤ Encouraging Behavior

- directing positive attention
- rewarding

➤ Discouraging Behavior

- Ignoring
- remove reinforcers
- Differential reinforcement of **OTHER** behaviors (DRO)

Laying a Foundation for Next Time

- **Assess the event and devise new strategies as needed**

Web Resource

- http://mchlibrary.org/KnowledgePaths/kp_CSHCN.html

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www.catalystctr.org

<http://nationalcenter.preventblindness.org>



For more information...

Thank you!

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