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

The ABC's of the ACA for the AUCD Network

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Catalyst Center
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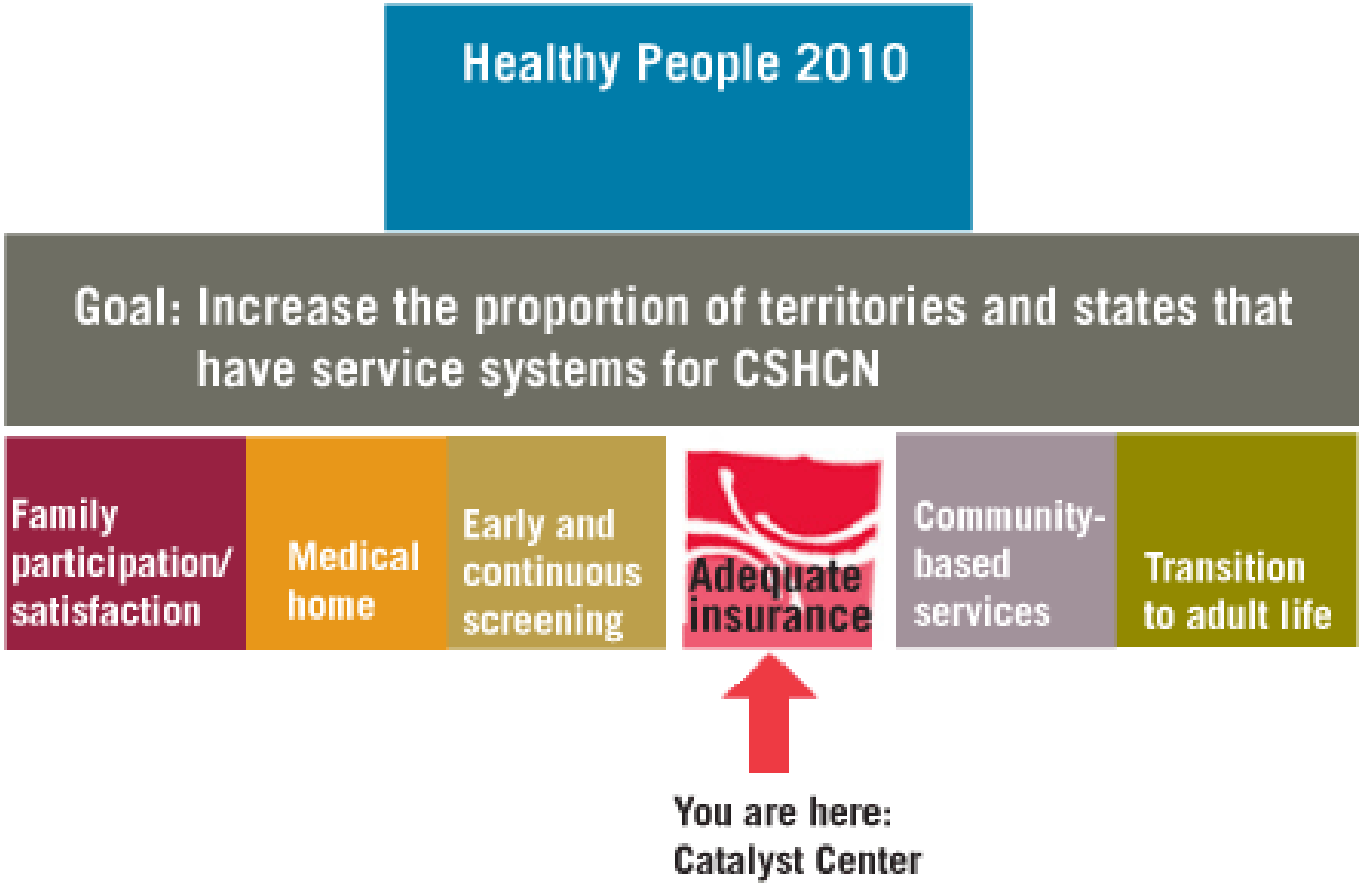
Outline

- Introduction to the Catalyst Center
- Definitions
- Overview of ACA Patient Protections & Market Reforms already in effect
- Select provisions going into effect in January 2014
- Small group discussions: ACA implementation in your state
- ACA Jeopardy

Goals

- Catalyst Center as a resource for your work
- Impact of ACA Market Reforms & Consumer Protections for CYSHCN and disabilities
- ACA implementation in 2014 & issues for CYSHCN and disabilities
- Appreciation of state to state differences

Introduction to the Catalyst Center



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The Catalyst Center

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Catalyst Center activities include:

- **Providing technical assistance** on health care financing policy and practice
- **Conducting policy research** to identify and evaluate financing innovations
- **Creating resources** (examples: policy briefs, tutorials, webinars, e-newsletters)
- **Connecting those interested in working together** to address complex financing issues

Definition: CYSHCN

"those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally"

Citation: McPherson M, Arango P, Fox H, et al. "A new definition of children with special health care needs," Pediatrics, 1998; 102: 137-140

Definition: Affordable Care Act or ACA

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ACA

- The Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148)
- The Health Care and Education Reconciliation Act (Pub. L.111-152)

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Inconsistent Insurance

	Uninsured at time of survey	1 or more periods w/o insurance
All CSHCN	3.5%	9.3%
Children with emotional, behavioral, or developmental needs	3.7%	10.8%

Citation: National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 11/11/13 from www.childhealthdata.org.

Unmet Need for Health Care Services

	One	Two or more
All CSHCN	**12.4%**	**5.0%**
Children with emotional, behavioral, or developmental needs	**20.1%**	**17.0%**

Citation: National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 11/11/13 from www.childhealthdata.org.

Intersection of Health Reform & Inclusion of Individuals w/Disabilities

- Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured
- Ensure access to quality, culturally competent care for vulnerable populations
- Promote the safety, well-being, resilience, and healthy development of children and youth
- Improve the accessibility and quality of supportive services for people with disabilities and older adults
- Promote prevention and wellness

Citation: www.hhs.gov/secretary/about/goal1.html

Case Study

- Family of 5; 2 parents, 3 children
- Jenny, age 5, genetic disorder, ID/DD
- Jack, age 9, mental health needs
- John, age 22, no special health needs
- Annual household income = 450% FPL (~$124,000)
- Employer-sponsored health insurance
  - In 2007, exceeded annual benefit cap
  - In 2008, exceeded lifetime benefit cap
  - Coverage for 'adult' children ended at 21
- What were this family's options for financing their children's care and coverage in your state in 2009?

Patient Protections Already in Effect

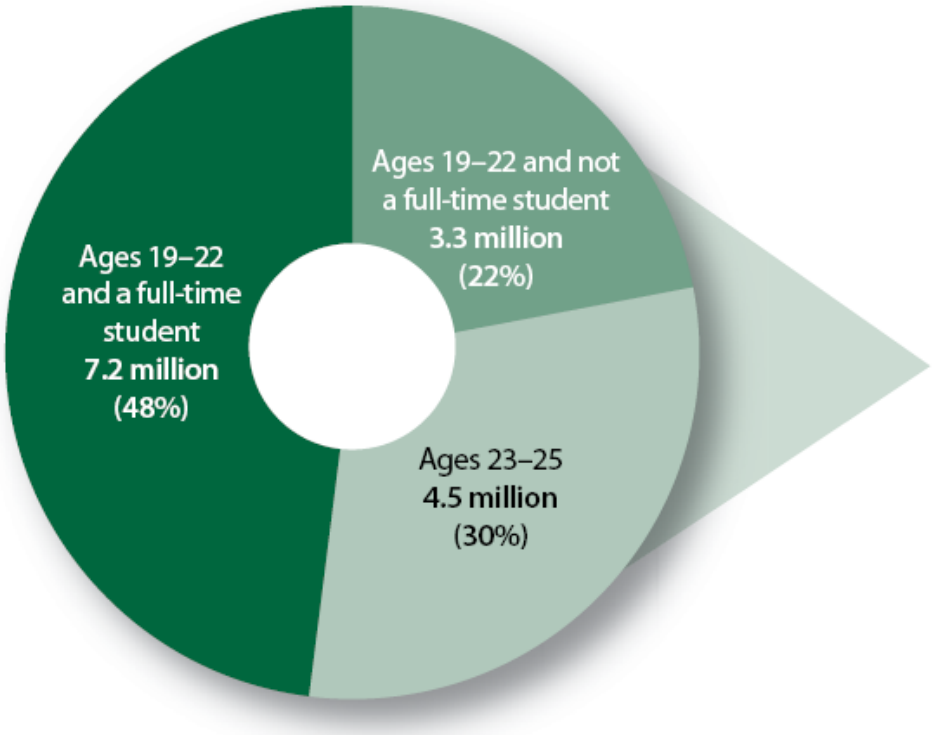
- No denial of coverage based on pre-existing condition

Patient Protections Already in Effect

- Removal of lifetime benefit caps

Patient Protections Already in Effect

- Extended coverage for young adults



7.8 million young adults who likely would not have been able to enroll in parents' health plan prior to the passage of the Affordable Care Act

Distribution of 15 million adults ages 19–25 who enrolled in or stayed on their parents' health plan in past 12 months

Source: The Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2013.

Patient Protections Already in Effect

- No recession of coverage
- Concurrent Care

Patient Protections Already in Effect

- No cost sharing for well-child visits & preventive services
- Services include recommendations from:
  - The United States Preventive Services Task Force
    http://www.healthcare.gov/center/regulations/prevention/taskforce.html
  - The Advisory Committee on Immunization Practices adopted by CDC
    http://www.cdc.gov/vaccines/recs/acip/
  - *Bright Futures Recommendations for Pediatric Preventive Health Care* Comprehensive Guidelines Supported by the Health Resources and Services Administration (HRSA)
    http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf
  - HRSA's Women's Preventive Services: Required Health Plan Coverage Guidelines
    http://www.healthcare.gov/center/regulations/womensprevention.html
  - The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (Recommended Uniform Screening Panel)
    http://www.hrsa.gov/heritabledisorderscommittee/SACHDNC.pdf

Patient Protections: January 2014

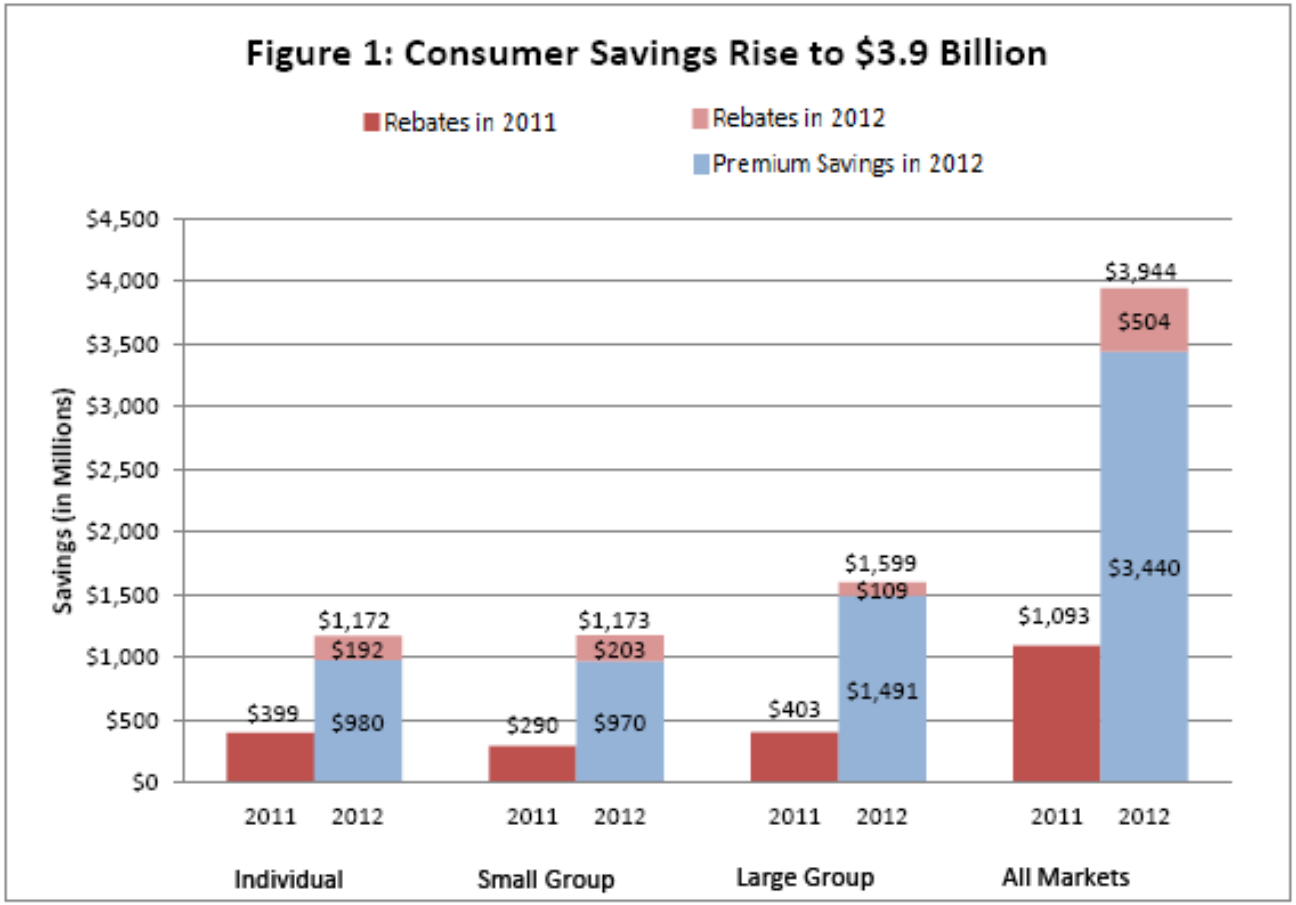
- Guaranteed issue & renewal
  - Section 2705 - **prohibition against discrimination** based on health status: explicitly lists "genetic information" among the health status factors that cannot be used in considering eligibility for coverage, effective 2014
  - Some overlap & a few minor differences between the Genetic Information Nondiscrimination Act of 2008 (GINA) & ACA but nothing outright contradictory & payers must comply with both
- Removal of annual benefit caps
  - BUT specific health services can still be limited
- Youth aging out of foster care retain or re-enroll in Medicaid until age 26

Case Study – What's Changed?

- Family of 5; 2 parents, 3 children
- Jenny, age 5, genetic disorder, ID/DD
- Jack, age 9, mental health needs
- John, age 22, no special health needs
- Annual household income = 450% FPL (~$124,000)
- Employer-sponsored health insurance
  - In 2007, exceeded annual benefit cap
  - In 2009, exceeded lifetime benefit cap
  - Coverage for 'adult' children ended at 21

Market Reforms

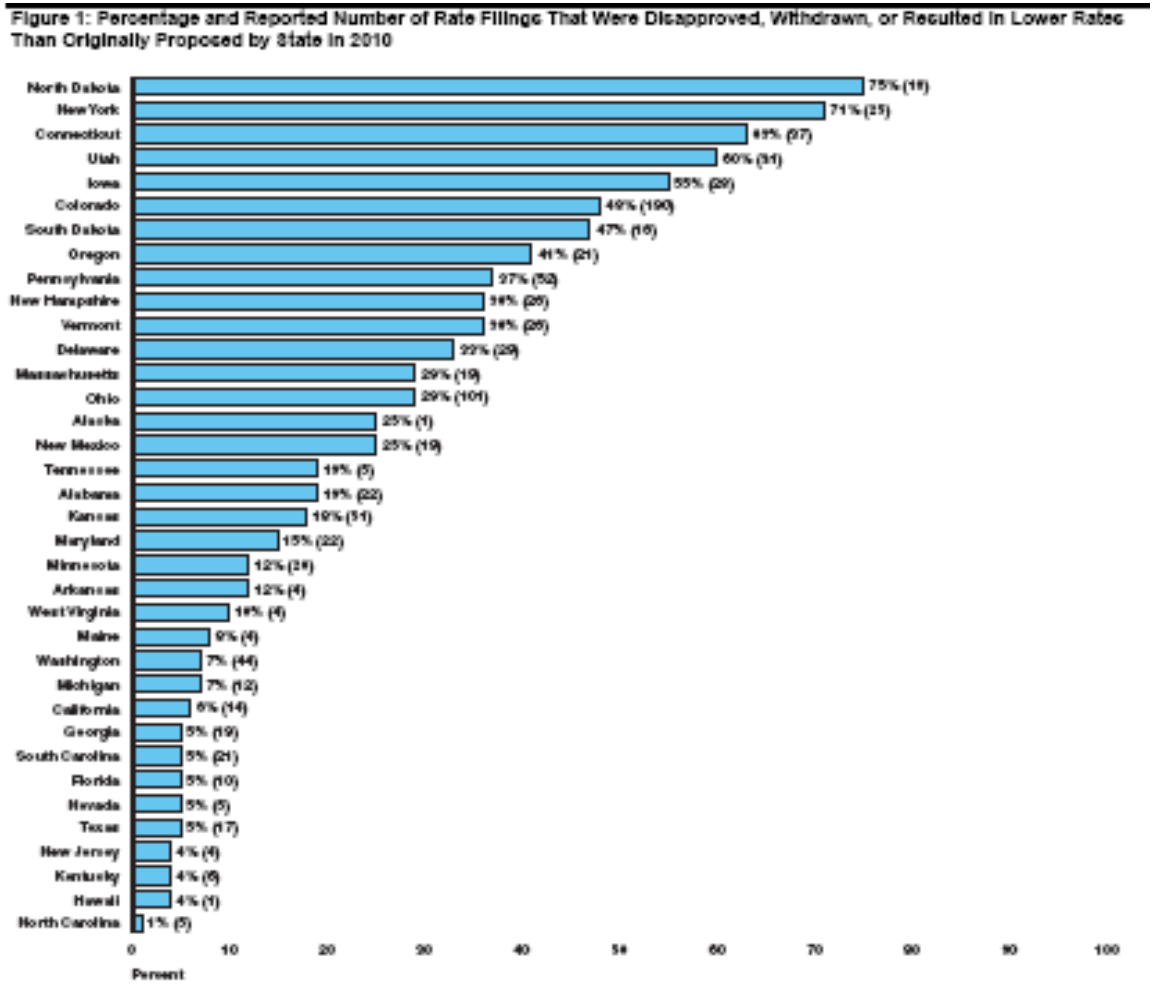
- Medical Loss Ratio (MLR) or 80/20 Rule



www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2012-medical-loss-ratio-report.pdf

Market Reforms

- Health Insurer Rate Review



http://www.gao.gov/assets/330/322333.pdf

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Market Reforms

- Uniform Coverage Summaries for Consumers

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness			
	Specialist visit			
	Other practitioner office visit			
	Preventive care/screening/immunization			
If you have a test	Diagnostic test (x-ray, blood work)			
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition More information about drug coverage is at www.insurancecompany.com/prescriptions.	Generic drugs			
	Preferred brand drugs			
	Non-preferred brand drugs			
	Specialty drugs (e.g., chemotherapy)			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)			
	Physician/surgeon fees			
If you need	Emergency room services			

http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8244.pdf

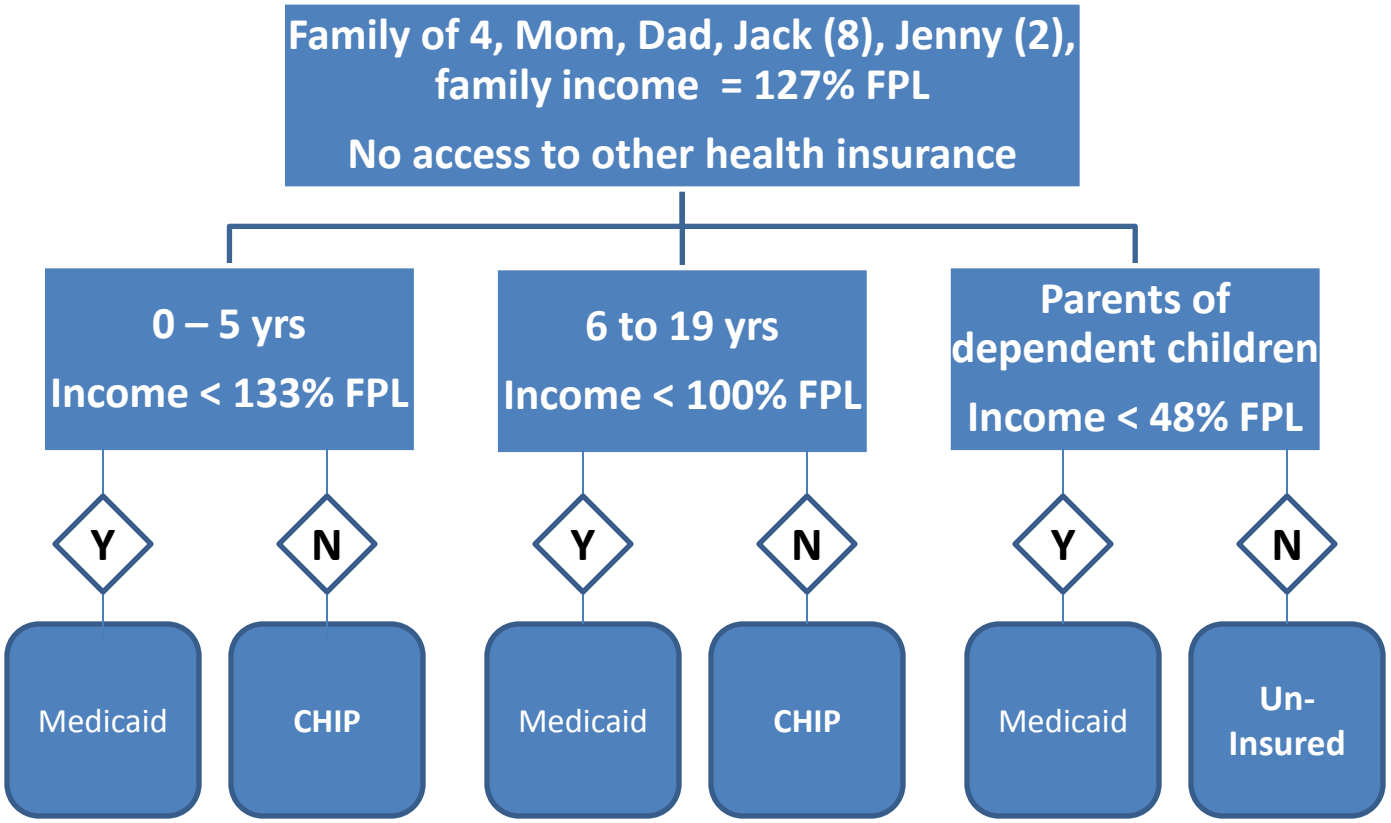
Other Provisions of the ACA

- Medicaid expansion
  - Children
  - Adults
- Essential Health Benefits & Marketplaces
- Health Homes
- Cost Related Provisions

Children's Medicaid Expansion

- Current children's Medicaid eligibility
  - 133% FPL for birth thru 5
  - 100% FPL for 6 thru 18
- On January 1, 2014, states **MUST** increase children's Medicaid eligibility
  - 133% FPL for 6 thru 18
  - Eliminates stair step eligibility
  - States continue to receive eFMAP

Pathways to Medicaid 2013



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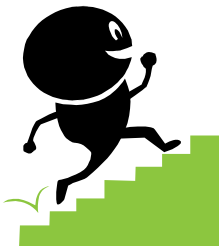
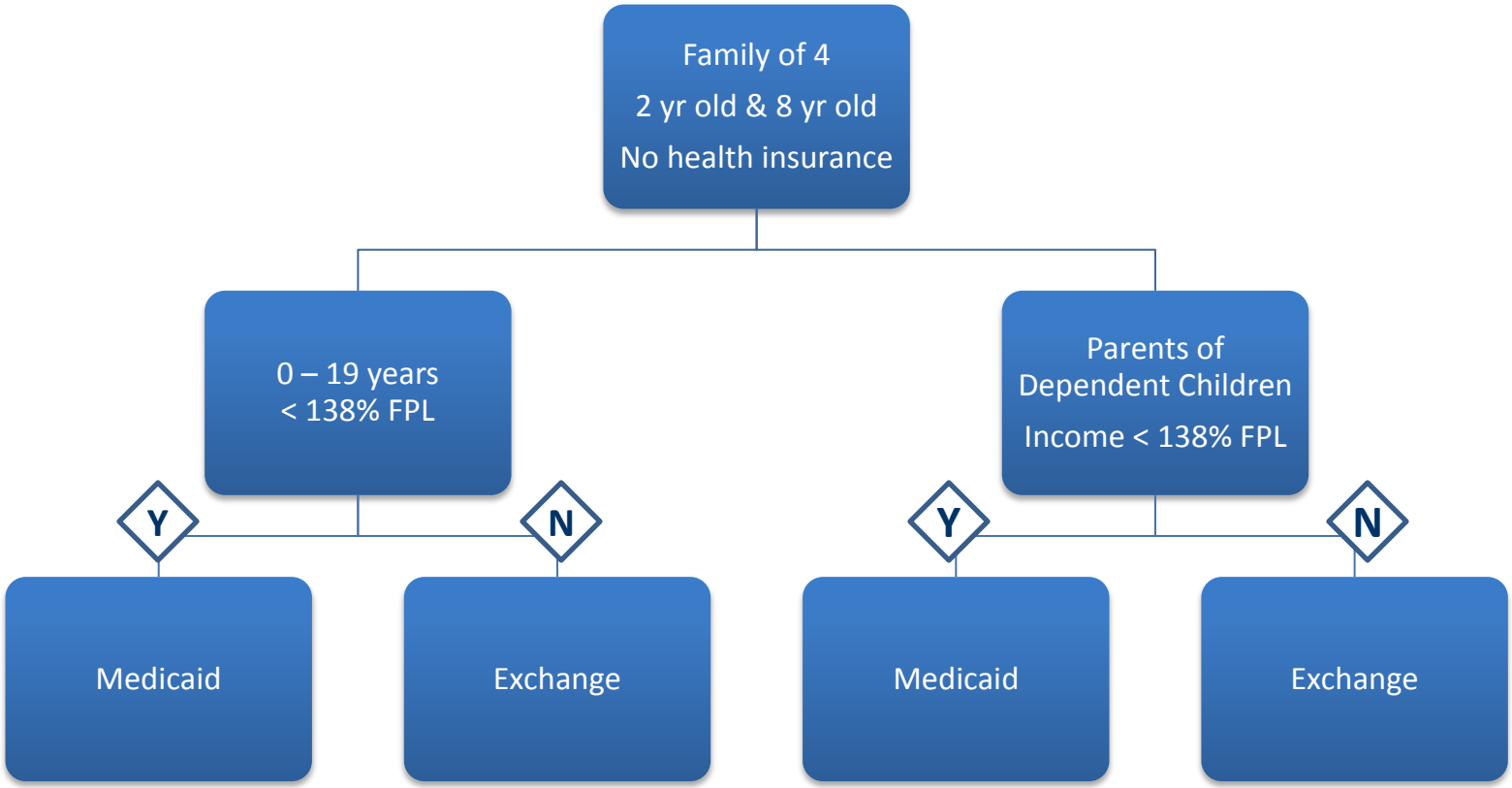
Medicaid Eligibility (%FPL): Separate CHIP Programs

State/Age	0-1	1-5	6 – 19
AL	133	133	100
AZ	140	133	100
GA	185	133	100
NV	133	133	100
OR	133	133	100
PA	185	133	100
TX	185	133	100
UT	133	133	100
WV	150	133	100



http://kff.org/medicaid/state-indicator/income-eligibility-fpl-medicaid/

Pathways to Medicaid, 2014



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Medicaid Expansion for CYSHCN

- Research shows:
  - 17 – 25% of CHIP kids have SHCN
  - Excellent access to primary care
  - Difficulty obtaining therapies, mental health services, home health care
- Implications for CYSHCN, 6 - 19
  - Medicaid/EPSDT benefit
  - Unifies coverage options for families with children younger than 5 and older than 6
  - Reduces cost-sharing

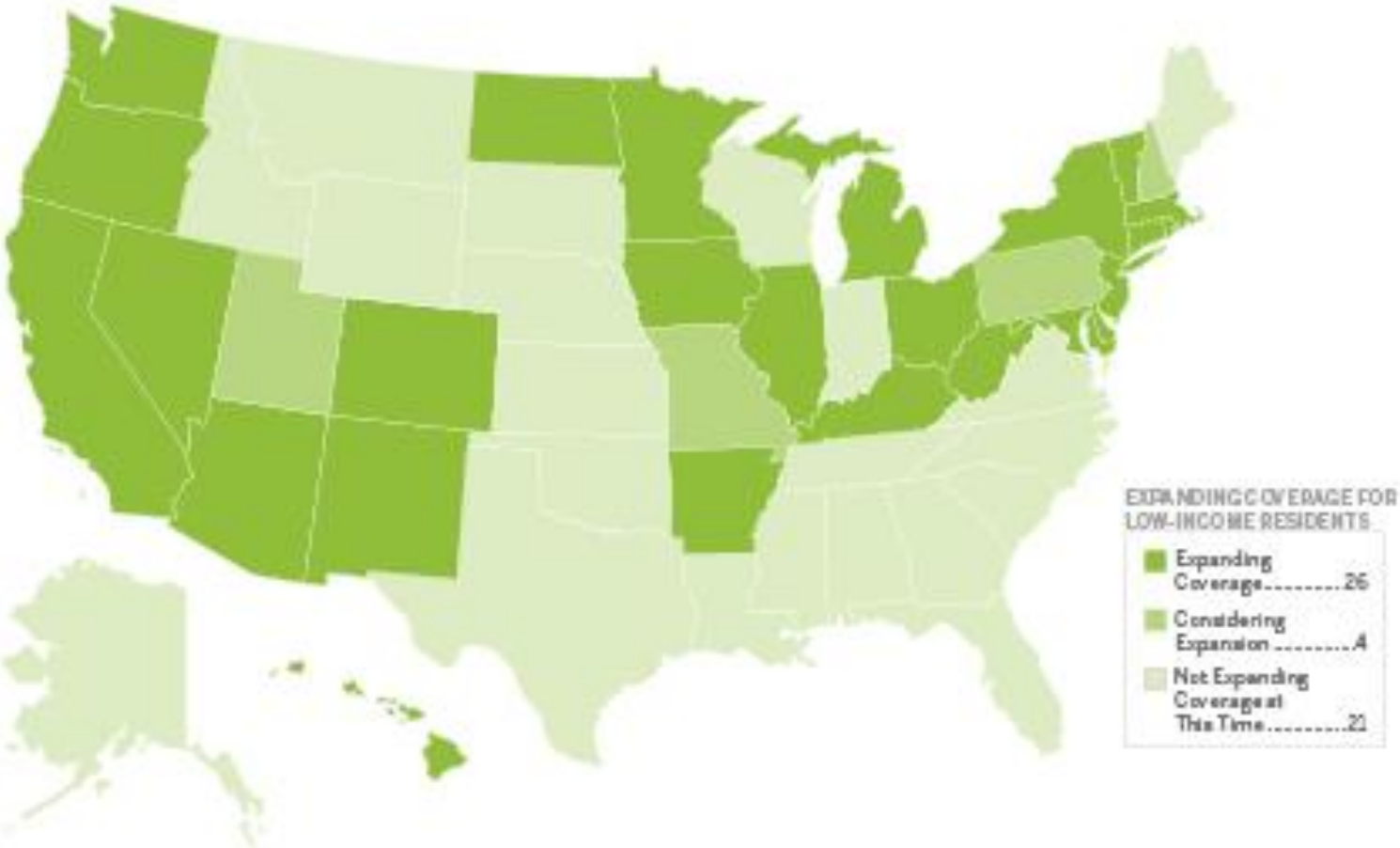
Adult Medicaid Expansion

- **OPTIONAL**
  - Reduce # uninsured
  - Reduce uncompensated care
  - Increase population health
- ACA creates a pathway to Medicaid for a new population whose income < 133% FPL
  - Adult citizens, 19 to 65,
  - childless
  - not pregnant
- FMAP 100% → 90%

http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/

Where the States Stand on Medicaid Expansion

25 States, DC, Expanding Medicaid—November 6, 2013



Notes: Based on literature review as of 11/6/13. All policies possible to change without notice.

HHS has announced that states can obtain a waiver to use federal funds to shift Medicaid-eligible residents into private health plans.

The District of Columbia plans to participate in Medicaid expansion and will operate its own exchange.

The Advisory Board Company

Learn more about ACA implementation at:
advisory.com/daily-briefing

Adult Medicaid Expansion

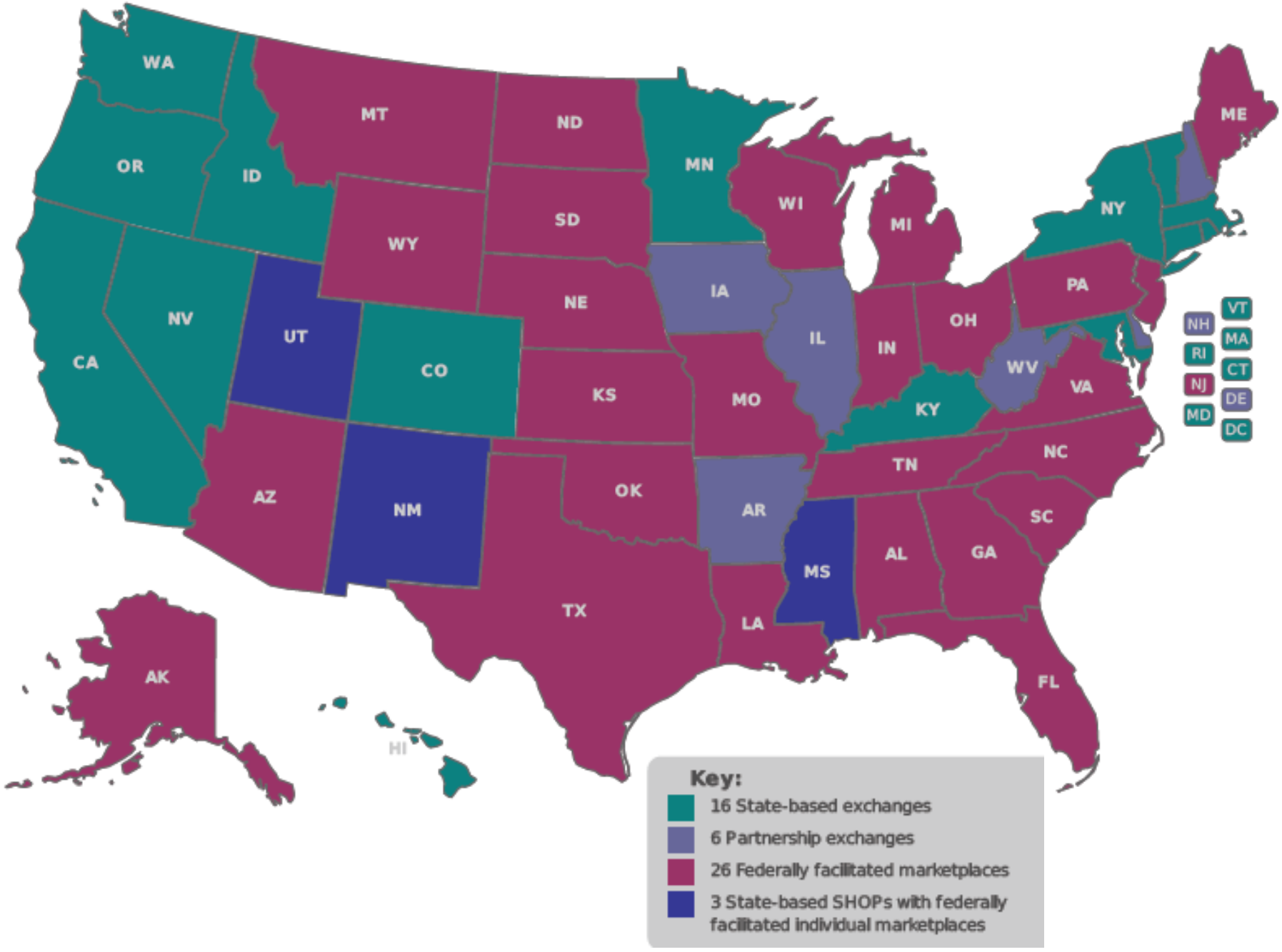
- **Research shows**
  - 5.5 million uninsured children, 2/3rds eligible for Medicaid, but unenrolled
  - 70% of individuals with ASDs have at least one comorbid mental health disorder (anxiety disorder, AD/HD, or ODD); 41% had two or more
  - Majority of health costs for 19 – 26 yo are for mental health services
- **Implications**
  - Fewer uninsured kids →ACA says parents cannot enroll in Medicaid unless children also enrolled
  - Children more likely to receive well child visits, preventive care, and **screenings** when parents also insured
  - 19 – 64 yr olds with SHCN not eligible for SSI as adults can continue to receive Medicaid (alternative benefits) as long as income < 133% FPL;
  - Young adults with disabilities > 19 in 209(b) states will have a pathway to Medicaid eligibility based on income alone
  - Expansion fills a potential void for adults with income < 100% FPL

Other Provisions of the ACA

Marketplaces or Exchanges

- Opened for enrollment Oct. 1, 2013
- Coverage begins January 1, 2014
- Choice of different individual policies and small group (<100 employees) plans
- Help for consumers in choosing a plan – comparison website, navigators, assisters
- Tax credits to 400% FPL
- Cost-sharing subsidies up to 250% FPL

Where States Stand on Exchanges



Essential Health Benefits

- ACA requires all new individual & small group plans, sold in or out of the marketplace must provide EHBs
- Large group plans (100 or more employees) and grandfathered plans are exempt
- Self-funded plans are exempt

Which plans do the EHBs apply to?

Plan/Funding Type	Grandfather Status	Must Cover EHBs?	Who defines EHBs?
Individual and Insured Small Group	Non-GF	Yes	State
	GF	No	State
Insured Large Group	Non-GF	No	State
	GF	No	State
Self-funded or ERISA plans	Non-GF	No	Employer
	GF	No	Employer

EHB ACA Requirements for EHBs

- The scope of benefits must reflect those covered by a "typical" employer plan
- The EHBs must take into account the health needs of diverse population groups
- Must include benefits under 10 broad service categories
- The benefits must be balanced among the 10 categories

The 10 EHB Service Categories

1. Ambulatory care
2. Emergency services
3. Hospitalization
4. Laboratory services
5. Maternity and newborn care
6. Pediatric services, including oral and vision care
7. Preventative and wellness services, and chronic disease management
8. Rehabilitative and habilitative services and devices
9. Prescription drugs
10. Mental health and substance abuse services; including behavioral health

Scope, Duration, and Definition

- ACA as passed directed the Secretary of HHS to determine the **scope, duration,** and **definition** of benefits under the broad EHB service categories
- Considered the following:
  - Reports from:
    - Institutes of Medicine (IOM)
    - Assistant Secretary for Planning and Evaluation (ASPE) at HHS
    - Department of Labor (DoL).....and others
  - Nationwide "Listening Sessions"

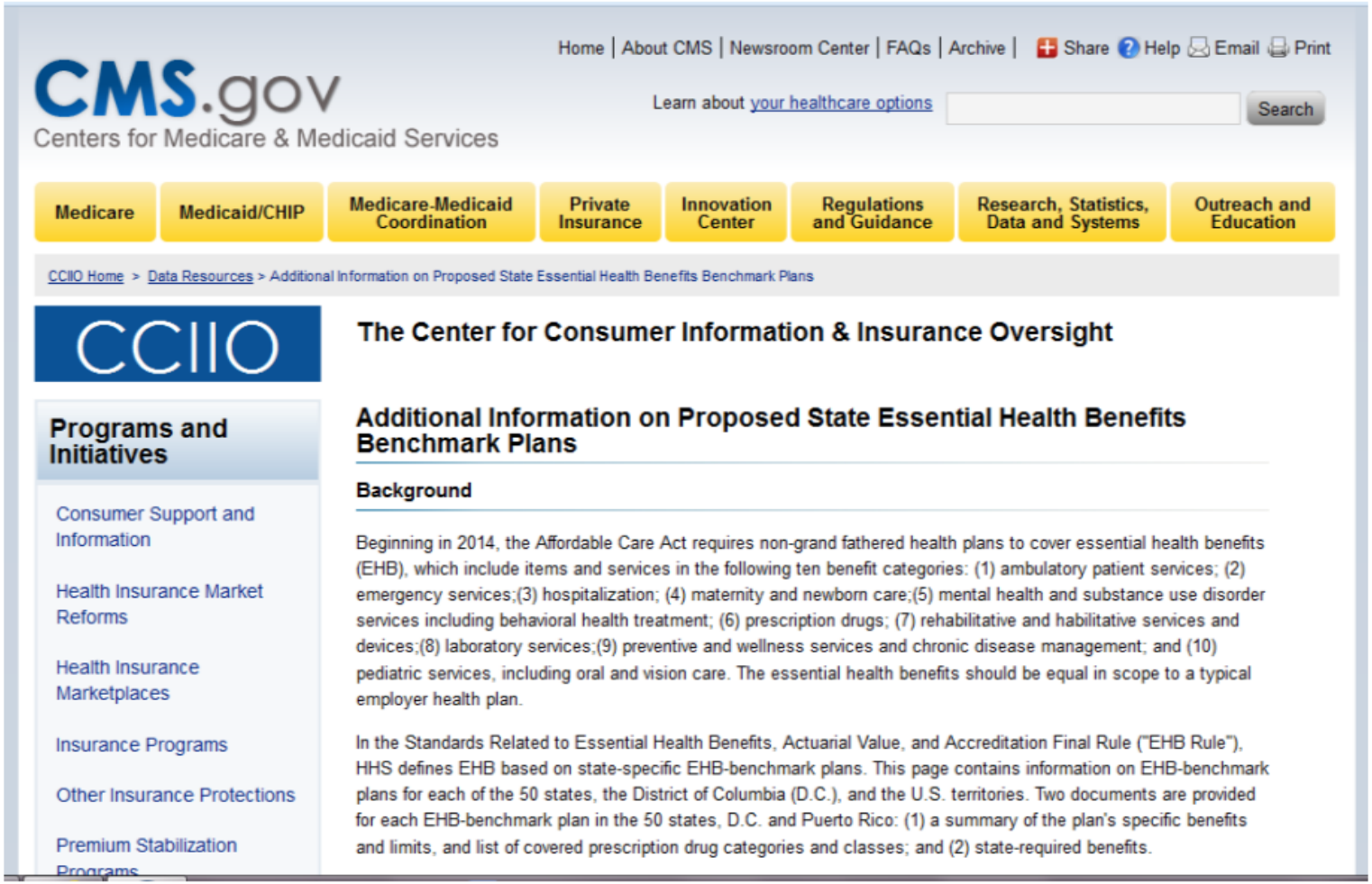
12/16/11 EHB Benchmark Bulletin

Instead of one standard benefit package for all state marketplaces and individual/small group market plans, HHS authorized states to choose one of the following four kinds of current plans to use as a model or **benchmark....**

The Four Benchmark Options

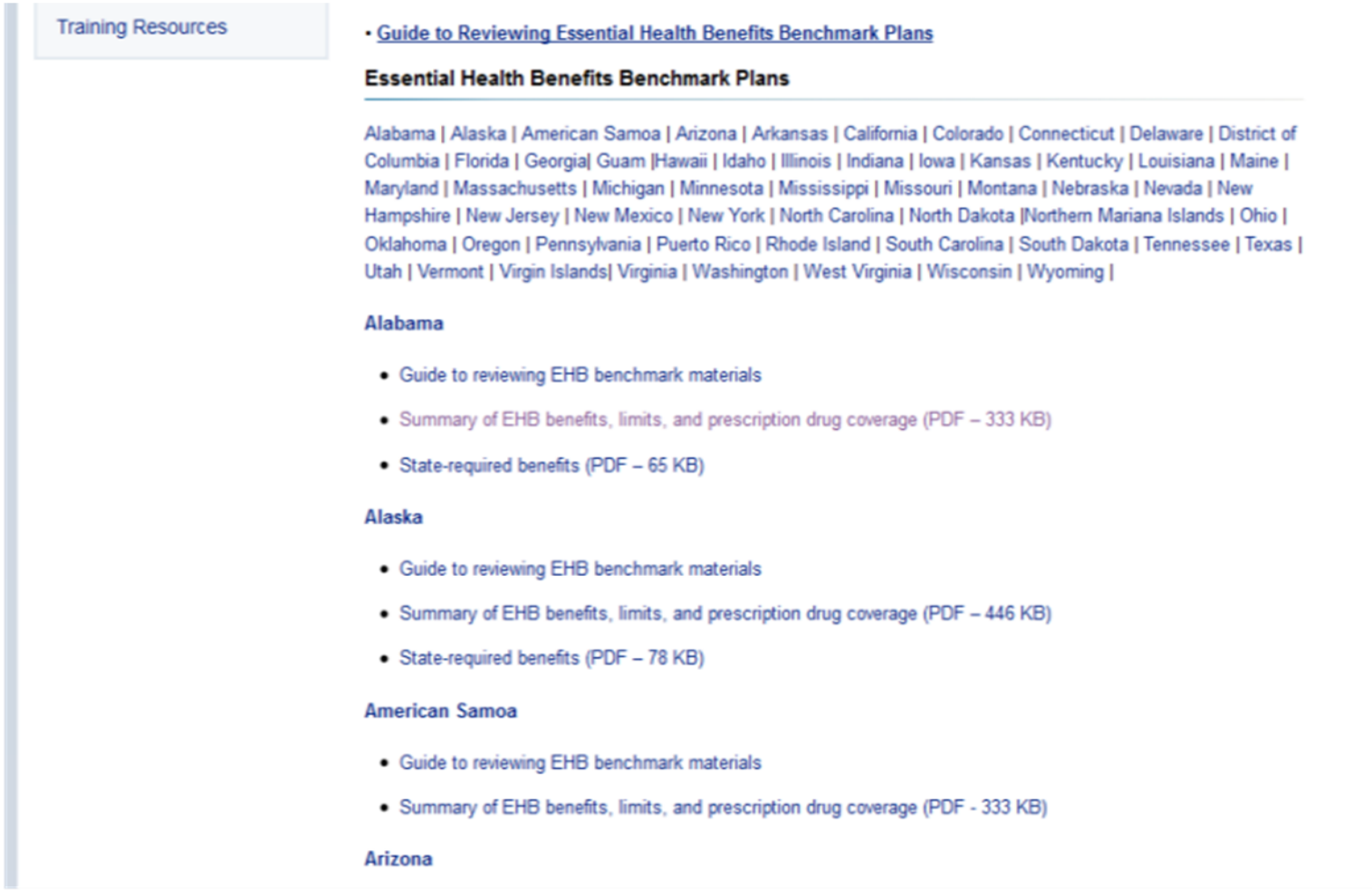
1. Any of the three largest small-group plans in the state by enrollment;
2. Any of the three largest state employee health plans by enrollment;
3. Any of the three largest federal employee health benefits program plan options by enrollment; OR
4. The largest insured commercial non-Medicaid HMO plan operating in the state

State's "Choice" of Benchmark Plan



www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html

State-specific Benchmark Plan Details



Training Resources

• Guide to Reviewing Essential Health Benefits Benchmark Plans

Essential Health Benefits Benchmark Plans

Alabama | Alaska | American Samoa | Arizona | Arkansas | California | Colorado | Connecticut | Delaware | District of Columbia | Florida | Georgia| Guam |Hawaii | Idaho | Illinois | Indiana | Iowa | Kansas | Kentucky | Louisiana | Maine | Maryland | Massachusetts | Michigan | Minnesota | Mississippi | Missouri | Montana | Nebraska | Nevada | New Hampshire | New Jersey | New Mexico | New York | North Carolina | North Dakota |Northern Mariana Islands | Ohio | Oklahoma | Oregon | Pennsylvania | Puerto Rico | Rhode Island | South Carolina | South Dakota | Tennessee | Texas | Utah | Vermont | Virgin Islands| Virginia | Washington | West Virginia | Wisconsin | Wyoming |

Alabama

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF – 333 KB)
- State-required benefits (PDF – 65 KB)

Alaska

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF – 446 KB)
- State-required benefits (PDF – 78 KB)

American Samoa

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF - 333 KB)

Arizona

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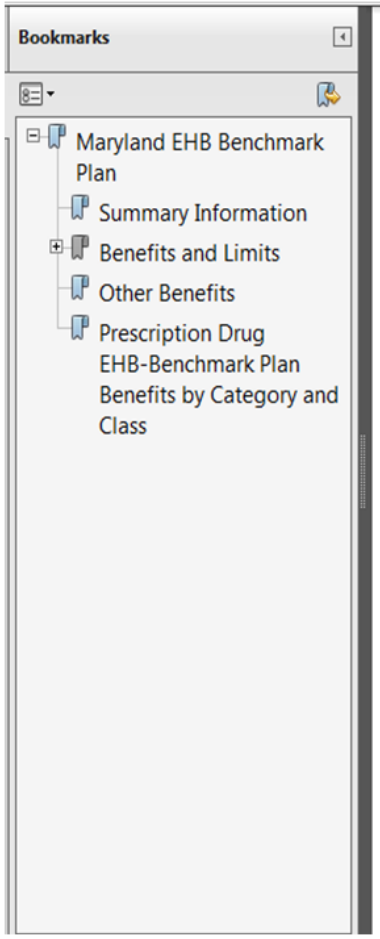
Summary of the Benchmark Plan

MARYLAND EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Health Maintenance Organization
Issuer Name	CareFirst BlueChoice, Inc.
Product Name	Blue Choice HMO HSA Open Access
Plan Name	Blue Choice HMO HSA Open Access
Supplemented Categories (Supplementary Plan Type)	• Pediatric Oral (State CHIP) • Pediatric Vision (FEDVIP)
Habilitative Services Included Benchmark (Yes/No)	Yes
Habilitative Services Defined by State (Yes/No)	Yes: Habilitative benefits in the State's EHB benchmark require plans to cover habilitative services benefits for members age 19 and above in parity with benefits covered for rehabilitative services.

Specific Benefits and Limits



Benefits and Limits

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
1	Primary Care Visit to Treat an Injury or Illness	Covered	PCP visit to treat an injury or illness	No							No
2	Specialist Visit	Covered	Specialist visit	No							No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Other practitioner office visit	No							No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Outpatient Facility Services	No							No
5	Outpatient Surgery Physician/Surgical Services	Covered	Outpatient Surgery Physician/ Surgical Services	No							No
6	Hospice Services	Covered	Hospice Care	No							No
7	Non-Emergency Care When Traveling Outside the U.S.	Not Covered									
8	Routine Dental Services (Adult)	Not Covered									
9	Infertility Treatment	Covered	Infertility Services	No					In vitro fertilization, ovum transplants and gamete intra-fallopian tube transfer, zygote intra-fallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures.		No

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State Mandated Benefits (SMB)

- ACA: States must cover cost of SMB that go beyond EHBs
- Rule: SMB in place before 12/31/11 will be considered part of the EHB, at no additional cost to state
- Only applies to SMBs that impact care, treatment or services
- Any limits in original SMB law still applies; only individual plans, for example
- Marketplaces will be responsible for ID'ing SMBs that go above EHBs
- Insurers responsible for ID'ing the cost

Maryland - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient hospital services	Small group	COMAR 31.11.06.03A(3)
Outpatient Surgery Physician/Surgical Services	Care in medical offices, inpatient hospital services and outpatient hospital services	Small group	COMAR 31.11.06.03A (1), (2), and (3)
Hospice Services	Hospice care services	Individual, small group, large group	1. For individual and large group--§ 15-809, Insurance Article; For small group-- COMAR 31.11.06.03A(12)
Infertility Treatment	1. In vitro fertilization; 2. Infertility services	1. Applies to individual and large group; 2. Applies to small group	1. §15-810, Insurance Article; 2. COMAR 31.11.06.03A(18)
Home Health Care Services	Home health care services	1. Individual and large group; 2. Small group	1. § 15-808, Insurance Article; 2. COMAR 31.11.06.03A(11)
Home Health Care Services	Additional home visits following removal of testicle	Individual, small group, large group	For individual and large group--§ 15-832, Insurance Article; For small group--COMAR 31.11.06.03(11)(b)
Emergency Room Services	Emergency services	Small group; HMOs in all markets are required to cover these services	For small group--COMAR 31.11.06.03A(6); For HMOs--§ 19-701(g), Health-General Article
Emergency Transportation/Ambulance	Ambulance services	Small group	COMAR 31.11.06.03A(8)
Inpatient Hospital Services (e.g., Hospital Stay)	Minimum hospitalization and home visits following mastectomy	Individual, small group, large group	For individual and large group-- §15-832.1, Insurance Article; For small group--COMAR 31.11.06.03(11)(b)

Health Homes

- Section 2703 of the ACA
- Optional provision; requires a Medicaid State Plan Amendment
- Mechanism for financing select medical home components
  - Primary goal: integration and coordination of physical and behavioral health and long term supports
  - Available to states beginning January 1, 2011
  - Exclusions based on age not permitted
  - Waiver of comparability 1902(a)(10)(B)
  - Waiver of statewideness 1902(a)(1)

Health Home Eligibility Criteria

Medicaid enrollees with:

- two or more chronic conditions;
- one condition and the risk of developing another;
- or at least one serious and persistent mental health condition

How are Chronic Conditions defined?

By statute, they include:

- Mental health condition;
- Substance abuse disorder;
- Asthma;
- Diabetes;
- Heart disease; and,
- Being overweight (as evidenced by a BMI of > 25).

- *States may **add** other chronic conditions in their State Plan Amendment for review and approval by CMS.*

Health Home Services & Supports

- Comprehensive Care Management;
- Care coordination;
- Health promotion;
- Comprehensive transitional care from inpatient to other settings;
- Individual and family support;
- Referral to community and social support services;
- Use of health information technology, as feasible and appropriate

Enhanced Federal Match

Enhanced reimbursement

- 90% FMAP – only for health home services/supports
- First 8 fiscal quarters that SPA is in effect (2 years)
- Okay to implement in increments (start with one geographic area, for example, then move to another. "Clock resets")

Provider Types/Infrastructure

- **A designated provider:** May be a physician, clinical/group practice, rural health clinic, community health center, community mental health center, home health agency, pediatrician, OB/GYN, or other provider.
- **A team of health professionals:** May include physicians, nurse care coordinators, nutritionists, social workers, behavioral health professionals, and can be free-standing, virtual, hospital-based, or a community mental health center.
- **A health team:** Must include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral health providers, chiropractics, licensed complementary and alternative practitioners.

ACA Cost Related Provisions

- Increase in Medicaid primary care reimbursement rates to match the Medicare rate
- Demand (more insured) vs. Supply (provider shortages)
  - Investment in National Health Service Corps
- Accountable Care Organizations (ACOs) – the medical home “neighborhood”
- Health homes for Medicaid enrollees with specific chronic conditions (Section 2703)

Summary

- ACA offers historic opportunities, for example:
  - Improved access to **universal, continuous, affordable coverage**
  - Increased attention to and investment in public health/primary care/prevention
- Long-term sustainability of state and federal funding a significant concern
- **Because the ACA doesn't do everything for everyone, the need for the safety net is still critical**

Summary, continued

Applying MCH expertise in the following areas will be vital in helping to realize the promise of ACA for CYSHCN:

- Monitoring and enforcement
- Outreach and enrollment
- Gap-filling (including enabling services)
- Facilitating collaborative partnerships between family leaders & Medicaid, CHIP, the Marketplaces, etc. Familiarity with and access to CSHCN data
- Public health perspective (benefits of prevention, for example)
- Life course approach
- Quality improvement methods

What can you do to stay informed?

(The shameless plug portion of the presentation….)

- Sign up for Catalyst Center e-news
  - ***Quarterly***, a quarterly e-newsletter
  - ***Coverage,*** bi-weekly roundup of news related to financing of care for CYSHCN
- Read our policy briefs, participate in webinars, etc.
- Ask us TA questions!
- Partner with advocacy/consumer groups – lend your voice and expertise to theirs
- Like us on Facebook

For more information,
please contact:

The Catalyst Center
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