

Opportunities & Challenges for States in Achieving Health Care Reform for Children and Youth



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Martha May Elliott Forum - November 8, 2010

About NASHP...

- ❖ Help states achieve excellence in health policy & practice; across agencies & branches
- ❖ Policy analysis, collaborative exchange forums
- ❖ Supporting, reporting on CHIP since enactment
- ❖ NPO for RWJF's *Maximizing Enrollment for Kids*
- ❖ *Children In the Vanguard* focused on reform
- ❖ Also address EPSDT, developmental services for young children, juvenile justice involved youth, medical homes, oral health services

Overview of Opportunities and Challenges

- ❖ Big Picture
- ❖ Covering Families and Kids
- ❖ Covering What Kids Need
- ❖ Coordinated, Quality Systems
- ❖ Conclusions

- ❖ Caveats

The Big Picture: State Identified Critical Components of Successful Health Care Reform Implementation

1. Be strategic with the exchange
2. Regulate the insurance market effectively
3. Simplify and integrate eligibility systems
4. Expand health system capacity
5. Attend to benefit design

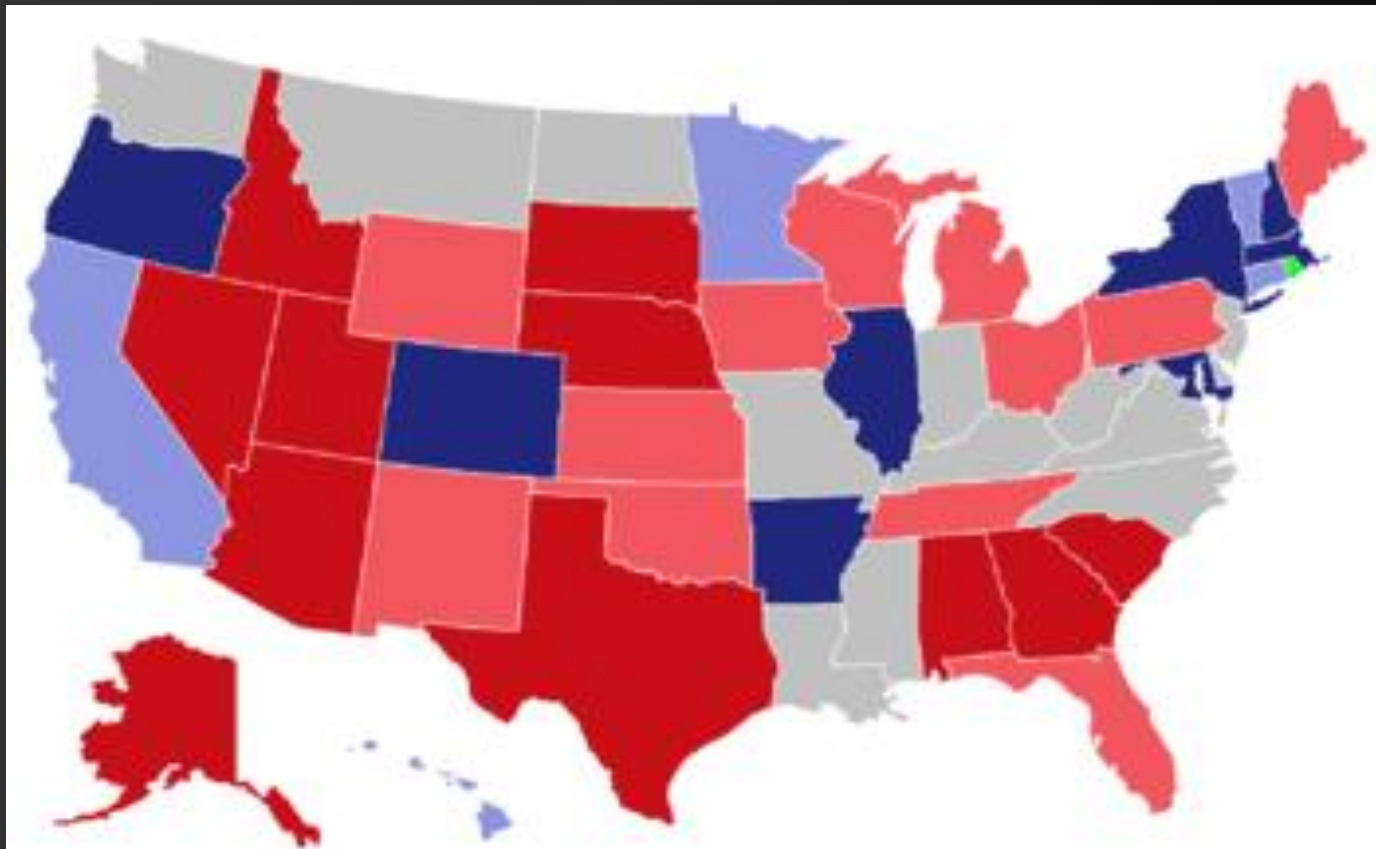
The Big Picture: State Identified Critical Components of Successful Health Care Reform Implementation

6. Coordinate care and programs
7. Use your data
8. Pursue population health goals
9. Engage the public in policy, implementation
10. Develop high quality and efficient systems

The Big Picture: Overall State Opportunities and Challenges

- ❖ Opportunities to achieve state goals for coverage, access, quality, cost and health
- ❖ Opportunities to work together & with Feds to develop common approaches
- ❖ Substantial Challenges
 - State budgets, especially state staffing
 - Complexity, magnitude, rapidity of change
 - Limited federal financial support for state planning and development

And changing leadership...



The Big Picture: Opportunities & Challenges to Advance Goals for Children & Youth

1. Universal, continuous coverage of children and youth in a family-centered system
2. Coverage/financing of health & development services that children and youth need
3. Access to coordinated, quality systems of personal and population health services, linked to related child and family services

1. Covering Families and Kids

- ❖ Family Pathways to Coverage
- ❖ Kids' Coverage Pathways
- ❖ Coordinated Eligibility Systems

Parents' coverage and health matters to kids

- ❖ Parent coverage promotes child coverage
- ❖ Children of depressed mothers, substance users at greater risk of problems
- ❖ Some correlation between mother's health seeking behaviors and use of well child care

Family Pathways to Coverage

- ❖ Insurance Market Reforms 2014
 - ❖ Guaranteed issue & renewability; no rescinding
 - ❖ No lifetime or annual limits
 - ❖ No exclusions based on pre-existing conditions
- ❖ Mandates and penalties for individuals and employers starting 2014
- ❖ State or national insurance exchanges by 2014
 - ❖ subsidies from 133% to 400% FPL

Family Pathways to Coverage

- ❖ National minimum Medicaid eligibility standard for adults and children in 2014
 - MAJOR opportunity to simplify
 - Modified Adjusted Gross Income (MAGI) to 133% FPL (with 5% disregard, is 138% FPL)
 - Federal match of 100% in 2014 phases down to 90% by 2020- for newly eligible adults
 - Challenge in tracking “old” and “new” eligibles without creating barriers

Kids Coverage Pathways



- ❖ No pre-existing exclusions for children for plan years >9/23/10
- ❖ All documented children eligible by 2014 for:
 - Medicaid to 133% (138%) FPL
 - Children have to be covered before parents
 - Other Medicaid categories (e.g. SSI)
 - CHIP from 133% (138%) to 300%+
 - Exchange subsidies up to 400%

Kids Coverage Pathways

- ❖ CHIP option to cover children of state employees
- ❖ Maintenance of eligibility for CHIP and Medicaid for children < 19 until 9/30/2019
- ❖ CHIP extended to 2019, funding to 2015; match increased by 23% points FFY 2016-2019
- ❖ Some children will shift from CHIP to Medicaid, others may go from Medicaid to CHIP
- ❖ Child-only plans must be available via exchanges

Coordinated Eligibility & Enrollment Systems

- ❖ “No wrong door” and seamless system --intent, opportunity and challenge
- ❖ New guidance, 90-10 systems match- 11/10
- ❖ National web portal for information -7/10
- ❖ National application form/standards
- ❖ Coordinated eligibility, enrollment and transitions required- Medicaid, CHIP, exchange
- ❖ Required Medicaid/CHIP/Exchange enrollment website with comparative plan information

Coordinated Eligibility & Enrollment Systems

- ❖ \$40M more in funding for CHIPRA Outreach grants to total \$140M through 2015
- ❖ Likely “welcome mat” effect in bringing in currently eligible children
- ❖ Medicaid outreach to children, CYSHCN, other vulnerable populations required (2014)
- ❖ Option for Medicaid presumptive eligibility determinations by hospitals (2014)

2. Coverage of Services Young Children Need

- ❖ New/expanded Medicaid/CHIP services
- ❖ Required benefits in private plans

Children and Youth Have Distinct Needs

- ❖ A preventive pediatric medical necessity standard
 - Promotes health, growth and development
 - Lessens the effects of chronic conditions
 - Maintains functioning

- ❖ Children's physical, social, emotional and cognitive development & service needs intertwined

New/Expanded Medicaid & CHIP Services

- ❖ Mandatory MA coverage of birth centers
- ❖ MA state plan option for family planning
- ❖ Mandatory coverage of tobacco cessation
- ❖ Services for children in hospice care
 - Medicaid and CHIP
- ❖ “Medical assistance” definition clarified:
payment for services, the services, or both

Required Benefits in Private Plans

- ❖ Secretary established Essential Benefits- many important for children and youth
 - Maternity and newborn care
 - Pediatric services, including oral and vision care
 - Preventive, wellness and chronic disease management
 - Behavioral health services
 - Rehabilitative and habilitative services and devices
- ❖ No annual limits on essential health benefits
- ❖ No cost sharing for preventive services

Benefits in Exchange Plans

- ❖ States can require additional benefits, but will have to defray costs
- ❖ Secretary will review exchange health plans for each state and certify by 4/1/2015 which plans have child benefits & cost sharing at least comparable to CHIP

3. Access to Coordinated, Quality Service Systems

- ❖ Access to Services
- ❖ Quality Strategy and Measurement
- ❖ Coordination and Systems Development

Children Need Health and Related Services from Multiple Agencies and Providers in Many Settings

- ❖ Children, youth and families receive health/related services at home, in child care, in school, community clinics and centers as well as offices
- ❖ Services are provided or financed by Medicaid, CHIP, MCH/public health, mental health, child welfare and others

Access to Services: Primary Care and Public Health

- ❖ Medicaid primary care payments for primary care physicians increased to Medicare level
- ❖ Provisions and grants to increase workforce
- ❖ Prevention and Public Health Fund
- ❖ CHIPRA Childhood Obesity Demonstrations
- ❖ Home Visitation
- ❖ Postpartum Depression Support Services

Access to Services: Strengthening the Safety Net

- ❖ \$11B, 5 year Community Health Center Fund, 1.5B for National Health Service Corps (2011)
- ❖ Exchange plans must contract with essential community providers and pay PPS rate to FQHCs
- ❖ \$50M for School Based Health Centers (2010-14)
- ❖ Advance practice nurse managed health clinics authorized for underserved populations



Quality Strategy and Measurement



- ❖ National Strategy to Improve Health Care Quality
 - public-private alignment

- ❖ Quality measure development
 - Fill gaps in measuring population health or health plan, provider performance in delivering care

- ❖ Quality measures program extended to adults

- ❖ Improved data collection on disparities

Coordination and Systems Development



- ❖ **Center for Medicare and Medicaid Innovation (CMMI) – “The Jewel”**
 - Test models to improve delivery, quality, costs
 - \$10B appropriated FY 2011-2019
- ❖ **Health Home Medicaid State Plan Option**
 - Focused on chronic conditions
 - 90 percent Federal match for services including care coordination and health promotion

Coordination and Systems Development

Grants not yet funded:

- ❖ Pediatric Accountable Care Organization Demos
 - Pediatric medical providers meeting certain requirements can receive incentive payments

- ❖ Primary Care Extension Program
 - Provider education; “health extension agents”

- ❖ Community-Based Collaborative Care Networks
 - Joint governance; FQHCs, public hospitals; priority to including health departments

❖ Others....

Conclusion- State Opportunities and Challenges in Health Reform for Children and Youth

- ❖ Take a strategic, systemic approach
- ❖ Achieve early successes with kids
- ❖ Focus on kids in the 10 components
- ❖ Promote comparable coverage, access and quality – extend no wrong door concept beyond enrollment
- ❖ Work across agencies, develop systems
- ❖ Work with parents, advocates

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