



Session 4330.0: Maternal and Child Health Town Hall Meeting

The ACA and Children with Special Health Care Needs: Opportunities and Challenges

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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”.



Who are children with special health care needs (CSHCN)?

The federal Maternal and Child Health Bureau defines children with special health care needs as “...*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.*”

McPherson, M, et al. *A new definition of children with special health care needs* (Elk Grove Village, IL: Pediatrics, 1998),102: 137-140



CSHCN – Some data....

- How many children in the US have special health care needs?

Approximately **11 million** or...

15% of all children

Source: 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 10/23/13 from www.childhealthdata.org

What percentage of CSHCN have health insurance and what kind?

Private	52.4%
Public	35.9%
Private and Public	8.2%
Uninsured	3.6%*

*At the time of the survey

Total insured

96.4%

Most already have insurance. So why think about CSHCN and health care reform?

- Cost and quality of care issues
- **Underinsurance**
- Family financial hardship
- Barriers to care



Costs over the life course



- The population of CSHCN is growing;
- Many CSHCN grow up to be adults with disabilities, chronic illnesses and special health care needs;
- Reducing costs and increasing quality in pediatric **and** adult health care (across the life course) is in all stakeholders' best interests;
- Individuals have a better chance at living longer, happier, more productive lives.

Impacts on Families of CSHCN

Currently insured CSHCN whose insurance is inadequate to meet their needs	34%
CSHCN whose families paid \$1,000 or more out-of-pocket in medical expenses in past 12 months	22%
CSHCN whose health conditions cause financial problems for the family	22%
CSHCN whose health conditions cause family members to cut back or stop working	25%

Source: 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 10/23/13 from www.childhealthdata.org

So just having an insurance card isn't enough...

Coverage that meets the needs of CSHCN must be:

- Universal and continuous
- Adequate
- Affordable



A major step in the right direction...

- 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

- **Guaranteed issue and guaranteed renewal**, effective 2014
- Section 2705 - **prohibition against discrimination** based on health status: explicitly lists genetic information and disability among the health status factors that cannot be used in considering eligibility or coverage, effective 2014



ACA Insurance Reform and Consumer Protection Provisions – Selected Examples

- **Preventative Services** w/o cost-sharing (no co-pay, co-insurance or deductible charged – in network only)
 - Applies to all new (non-grandfathered) group health plans (fully insured and self-funded) and new individual policies issued or renewed on or after August 1, 2012

Recommendations of the United States Preventive Services Task Force (USPSTF)

<http://www.healthcare.gov/center/regulations/prevention/taskforce.html>

Recommendations of the Advisory Committee on Immunization Practices (ACIP) adopted by CDC

<http://www.cdc.gov/vaccines/recs/acip/>

Comprehensive Guidelines Supported by the Health Resources and Services Administration (HRSA)

[*Bright Futures* Recommendations for Pediatric Preventive Health Care](#)

<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>

Recommendations of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children

<http://www.hrsa.gov/heritabledisorderscommittee/SACHDNC.pdf>



ACA Insurance Reform and Consumer Protection Provisions – Selected Examples

Annual and Lifetime Benefit Limits

- Effective Now
 - No more lifetime benefit caps for existing or new plans
 - No annual benefit cap of less than \$2 million for plans starting on or after 9/23/12
- Effective Jan. 2014
 - No annual benefit cap allowed at all
- 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 begins 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



Essential Health Benefits (EHB)

Goes into effect:
January 1, 2014

Section 1302

ACA requires that individual and small group plans include “essential health benefits”, including those offered through the Marketplace.

Plans covering large groups and grandfathered plans are exempt, as are self-funded or ERISA plans.

Requirements for the EHBs under the ACA

- 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 (including children and people with disabilities)
- Must include benefits under 10 broad service categories
- The benefits must be balanced among the 10 categories

The 10 EHB Service Categories

- Ambulatory care
- Emergency services
- Hospitalization
- Laboratory services
- Maternity and newborn care
- Pediatric services, including oral and vision care
- Preventative and wellness services, and chronic disease management
- Rehabilitative and habilitative services and devices
- Prescription drugs
- 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
- **12/16/11 EHB Benchmark Bulletin**
 - Instead of one standard benefit package for all state Marketplace and individual/small group plans, HHS authorized states to choose one of four kinds of current (2012) plans to use as a model or **benchmark....**

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[CCIO Home](#) > [Data Resources](#) > Additional Information on Proposed State Essential Health Benefits Benchmark Plans



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Additional Information on Proposed State Essential Health Benefits Benchmark Plans

Background

Beginning in 2014, the Affordable Care Act requires non-grand fathered health plans to cover essential health benefits (EHB), which include items and services in the following ten benefit categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care. The essential health benefits should be equal in scope to a typical employer health plan.

In the Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation Final Rule ("EHB Rule"), HHS defines EHB based on state-specific EHB-benchmark plans. This page contains information on EHB-benchmark plans for each of the 50 states, the District of Columbia (D.C.), and the U.S. territories. Two documents are provided for each EHB-benchmark plan in the 50 states, D.C. and Puerto Rico: (1) a summary of the plan's specific benefits and limits, and list of covered prescription drug categories and classes; and (2) state-required benefits.

<http://www.cms.gov/CCIO/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



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)	<ul style="list-style-type: none">• 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

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

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 EHBs, so no additional cost to states for them
- This only applies to SMB that impact care, treatment or services
- Any limits in original SMB law still applies; only individual plans, for example
- Exchanges will be responsible for ID'ing SMB 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)



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 CSHCN:

- 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



**For more information,
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