HEALTHCARE REFORM ISSUES: AT A GLANCE

A bi-weekly newsletter brought to you by the California Institute for Mental Health

TOP STORIES

Health Care Reform Expectation for 2014: ITUP

Dylan Roby, Director of The Health Economics and Evaluation Research Program at the UCLA Center for Health Policy Research, has developed the linked presentation on Health Care Reform. It provides a thoughtful overview on what California can expect in 2014. READ MORE

Taking a Tour of the Covered California Webpage

As millions of Californians approach the time when they will able to choose affordable, high-quality health insurance coverage as a result of the Affordable Care Act, At A Glance again features the online health coverage marketplace, Covered California. READ MORE

Health Care Needs for Women: A Checklist Review

The Kaiser Family Foundation brought attention to the importance of women’s health in an online article entitled, “Ensuring the Health Care Needs of Women: A Checklist for Health Exchanges.” As state health reform exchanges are put into place under the Affordable Care Act, a checklist was created to inform states about the adequacy of coverage. READ MORE

Understanding the Real Costs of ACA: NHELP’s Top Five Myths about Medicaid Expansion

In a brief published by the National Health Law Program (NHeLP), Wayne Turner and David Machledt do an excellent job identifying and addressing areas of misinformation regarding Medicaid expansion. READ MORE

Health Coverage by Race and Ethnicity: Kaiser Family Foundation

One of the key goals of the Affordable Care Act (ACA) is to reduce the number of uninsured through a Medicaid expansion and the creation of health insurance exchange marketplaces with advance premium tax credits to help moderate-income individuals pay for this coverage. Given that people of color are at disproportionate risk of being uninsured and having low incomes, the ACA coverage expansions could particularly benefit communities of color and advance efforts to eliminate disparities. READ MORE

Announcement – CMS Informational Bulletin

CMS issued an Informational Bulletin to inform states about resources available to help them meet the needs of children under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. READ MORE
Health Care Reform Expectation for 2014: At A Glance Links You to ITUP

Roby’s presentation entitled, “What Can Californians Expect in 2014?: Analyzing our Future with the Affordable Care Act” was produced for a discussion on California’s plans for Medi-Cal expansion and the development of the California Health Benefit Exchange as our State prepares for full implementation of the ACA. The presentation was anchored to the information in the linked PowerPoint, located on the Insure the Uninsured (ITUP) website (an organization highlighted in Issue 5 of At A Glance). As a standalone document, the PowerPoint provides thoughtful consideration and a comprehensive overview of the following issues California may be facing related to ACA implementation:

- Early Success Toward Expanded Coverage
- Affordable Care Act Coverage Expansions
  - Medi-Cal Expansion for Childless Adults
  - Medi-Cal Eligibility Determination Improvements
  - Health Insurance Exchange Creation
- Estimates from CalSIM
- Remaining Uninsured
- County vs. State Roles

At A Glance recommends going to the ITUP website and reviewing this power point. It will be a great resource for leaders, providers, and advocates looking for information on how to explain the successes and challenges that may be awaiting California in 2014.


Taking a Tour of the Covered California Webpage: At A Glance

Covered California has developed this “user-friendly” online marketplace where individuals and their families will find financial assistance to understand the affordable coverage options provided and be able to compare and choose health coverage that “best fits their needs and budget”. The coverage, once selected and obtained, cannot be dropped or denied for any pre-existing condition or if one becomes sick shortly after being covered.

The website message is that tools will available to “insurance consumers,” a description that is the latest addition to the growing nomenclature being developed for health reform. According to Covered California, insurance consumers will be able to get information and will consequently understand not only what insurance is cost-effective but also which insurance is aligned with their needs and those of their dependents. Lastly, insurance consumers who realize they need financial assistance will be able to use a “sliding scale” in which the price will be adjusted to accommodate lower incomes.

At A Glance recommends that leaders, providers, and advocates review, evaluate and, perhaps, informally “test” the website. COVERED CALIFORNIA is open to recommendations and suggestions about how to ensure the expectations of the on-line market place are realized.

The following is a link to the site: http://www.coveredca.com/
Health Care Needs for Women: A Checklist Review

The checklist identifies key coverage, affordability, and access issues that are important for women. Based on the lessons learned from women’s health research and the Massachusetts experience, the checklist considers essential health benefits, implementation of no-cost preventive services including contraception, provider networks and affordability, outreach and enrollment efforts, and the importance of including gender and other demographic characteristics in data collection and reporting standards. It was jointly authored by policy experts at the Kaiser Family Foundation, The Connors Center for Women’s Health and Gender Biology at the Brigham and Women’s Hospital and the Jacobs Institute of Women’s Health at The George Washington University.

At A Glance has decided to reproduce the checklist in this issue to ease your consideration of these essential questions. These questions should be addressed by California’s policy makers, providers, and advocates, and considered in any framework developed to evaluate California essential health benefits.

**Essential Health Benefits**

- How is your state implementing the Essential Health Benefit (EHB) provisions? Will your exchange work with the state’s insurance department to monitor and enforce this provision?
- Will the benefits be broader than the categories of federal requirements? For example, will it include mandatory state benefits?
- Does your state Exchange offer insurance products that cover the comprehensive range of health services important to women across the lifespan (e.g., prevention, reproductive care, mental health, chronic illnesses, and other care)?
- How is your state evaluating the adequacy of the EHB benchmark plan in meeting the needs of women?
- Will there be a process for assessing whether the benefits offered by QHPs meet the EHB standards?

**Maternity Care**

- Will maternity care be defined to include services ranging from pre-and interconception to prenatal, delivery, and postpartum care?
- Will there be limits on the types of services and providers that can be covered under the plans? For example, will provider networks include free standing birth centers, birth attendants and nurse midwives?

**Preventive Services**

- How will women be informed about preventive services benefits and how they work?
- How will the implementation of the new coverage benefit of preventive services for women without cost-sharing be enforced? Will your exchange work with the state’s insurance department to monitor and enforce this provision? Which state entities will monitor enforcement of this benefit in private plans?
- How will the state monitor the impact of reasonable medical management limits on women’s access to preventive services, including contraception?

**Chronic Health Conditions**

- Will plans be evaluated to assure that they cover a sufficiently wide range of services to address and effectively manage chronic health conditions that disproportionately or distinctly affect women?
- How will plans cover treatment for mental illnesses that disproportionately affect women, including clinical depression, anxiety, and eating disorders, and meet the requirements of federal parity laws?

**Abortion**

- Will the state Exchange be designed to both meet the statutory requirements of the Hyde Amendment, which restricts the use of federal monies for abortions, as well as allow plans to cover abortion?
- Will the system be designed so that consumers can obtain abortion coverage in their plans if they want it?
- Will the state establish systems to assure that women are given adequate notification about their abortion coverage choices, and to monitor if the accounting rules will affect women’s access to abortion services?
Network Adequacy
- How will your state address the ACA’s network adequacy requirement in terms of provider type and supply?
- What certification standards will be required for QHPs and do these ensure that the range of providers, including ECPs, is broad enough to meet the health needs of women across the lifespan (e.g., Ob/Gyn, Mental Health)?

Outreach and Enrollment
- How will your state ensure outreach efforts and enrollment systems are tailored to meet the needs of women and their families to ensure maximum enrollment and utilization of health benefits?
- How will states inform women about the scope of benefits and any exemptions in a manner that is simple and transparent?
- How will your state design systems that minimize gaps in coverage and maximize continuous, comprehensive care for women and their families?
- How is your state approaching issues of culturally-appropriate strategies to reach individuals across communities?
- How will navigators and/or in-person assisters be selected? Will they be trained in cultural competency? Will they reflect the communities they serve?

Affordability and Transparency
- Will women be able to find affordable health care coverage, taking into account premiums, cost-sharing and benefit limits?
- Is the state considering options to make coverage more affordable for exchange enrollees, such as adopting a Basic Health Plan (BHP) or negotiating premium rates with QHPs?
- How will your state ensure costs, including out-of-pocket costs, are transparent and services are affordable for women under the Exchange?
- Will your state develop systems to assist women and their families to make informed choices about their plan and tier selection?

Evaluation and Data Collection
- How will your state monitor and ensure compliance with the new coverage, services and protections afforded to women under the ACA?
- What metrics is your state using to evaluate the impact of the Exchange on coverage, affordability and access to health care for women and other subpopulations? Within that context, what data will be collected and what process will there be for analysis that will include appropriate stakeholder input?
- How will your state enforce nondiscrimination provisions of the ACA which prohibit discrimination against women and other subpopulations?

The publication can be found at: [http://www.kff.org/womenshealth/8410.cfm](http://www.kff.org/womenshealth/8410.cfm)

Understanding the Real Costs of ACA: At A Glance Highlights NHELP’s Top Five Myths

In a brief published by the the National Health Law Program (NHeLP), “Top Five Myths and Facts about the Cost of the ACA’s Adult Medicaid Expansion, Wayne Turner and David Machledt, do an excellent job identifying and addressing areas of misinformation regarding Medicaid expansion.

According to the authors, as state officials consider whether to implement the expansion of Medicaid, one key factor still remains the perception of the actual cost. Many states are conducting fiscal analyses to assess the costs and savings from the Medicaid expansion, often contracting with outside consultants like Milliman and The Lewin Group. NHeLP has reviewed more than a dozen state fiscal analyses, most of which are posted in their Medicaid Expansion Toolbox.

According to NHeLP, some of these reports greatly exaggerate the cost of the Medicaid expansion. For more information on how to evaluate these analyses, please see NHeLP’s Resource Guide for Evaluating Fiscal Analyses of Medicaid Expansion (Jan. 2013). The following are some of the most common myths about the costs of the Medicaid expansion, along with some suggested counter-points:

**Myth 1: Medicaid is already taking up a huge percentage of state budgets and the Medicaid expansion will only increase it.**
Fact: When stating its Medicaid budget, the state must acknowledge the generous federal matching funds it receives and that the federal government will pay for nearly all the costs of the expansion.

**Myth 2: The Medicaid expansion will grow the program too big, too fast.**
Fact: While enrollment stands to increase significantly as a result of Medicaid expansion, it is unrealistic to assume 100% participation and it is inaccurate to include ineligible populations. These actions artificially inflate the projected cost.

**Myth 3: We cannot afford expansion because previously uninsured adults will have expensive health needs.**
Fact: Newly eligible adults will have lower health care costs than most current Medicaid enrollees.

**Myth 4: The Medicaid expansion will drain the state treasury.**
Fact: States implementing the expansion will realize substantial budget savings because they will receive the enhanced federal Medicaid reimbursement for many services currently paid for using state dollars. These savings will, in some cases, exceed the state’s share of adult expansion costs.

**Myth 5: It’s a waste of money to put more people into a broken Medicaid program.**
Fact: Medicaid is a highly successful program and implementing the expansion will save lives.

The entire brief can be located at the following site.
http://www.healthlaw.org/images/stories/NHeLP_Myths_Facts_on_Fiscal_Analysis.pdf

At A Glance is also interested in any counterpoint to this article or the NHeLP position. Please provide us with any information to add to the debate, a process that will help facilitate Californians having cost effective, quality health insurance and access to health, substance use, and mental health services.

**Health Coverage by Race and Ethnicity and Potential Impacts of ACA: A Brief by the Kaiser Family Foundation**

The brief provides an overview of health coverage by race and ethnicity today to provide greater insight into the potential impacts of the ACA coverage expansions for people of color. It finds the following:

- People of color account for a significant share of the U.S. population today and are projected to make up the majority of the population by 2050.
- Reflecting their limited incomes and lack of access to employer-sponsored health insurance, people of color are more likely to be uninsured compared to Whites.
- The ACA coverage expansions have the potential to significantly increase coverage for people of color and reduce disparities in coverage.
- People of color have particularly high stakes in state decisions to implement the ACA Medicaid expansion.
At A Glance believes there are too few articles and publications circulating about the issues facing culturally and linguistically diverse communities and the strategies to provide seamless coverage to those currently eligible and engage communities who historically have not selected to opt in. At A Glance strongly recommends reviewing this article and wishes to highlight any article of similar nature that is found useful and informative by our readers. Please e-mail any articles you find to bkeefer2@cimh.org.

The Kaiser Family Foundation brief can be accessed at: [http://www.kff.org/minorityhealth/upload/8423.pdf](http://www.kff.org/minorityhealth/upload/8423.pdf)

**Announcement – CMS Informational Bulletin – Adrienne Shilton**

On March 27, 2013, CMS issued an Informational Bulletin to inform states about resources available to help them meet the needs of children under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

The Informational Bulletin describes the importance of the EPSDT program in the prevention of more serious and complicated mental health and substance use issues. CMS provides links to tools and resources that can assist programs in early identification and screening. National and State level professional associations are identified for programs seeking additional training and information, and best practices across four states in the areas of screening, follow up treatment, and quality improvement are featured.

The CMS Informational Bulletin makes a clear case for how integral mental health assessments and services are to overall health, and sets a direction for our State to ensure that mental health and substance use services are available for those youth who need them.


**The Blogosphere is Talking Health Care Reform**

CommonHealth, Boston’s NPR News station health care reform blog, recently featured a new post to the Institute Healthcare Improvement (IHI) Leadership Blog by Jeff Selberg and Clifford Marks. The post is a response to the much-discussed TIME Magazine cover story by Steven Brill, "Bitter Pill: Why Medical Bills Are Killing Us."


In the blog post, Selberg, IHI’s Executive Vice President and COO, and Marks, a health care researcher at Harvard Business School, discuss the seemingly extortionary prices charged by health care organizations in Brill’s piece. Brill's piece, they argue, points to the most pressing need in health care financing reform: value improvement. "Payment in health care is not tied to what should be its goal of delivering better value, or better outcomes at lower costs," they write, adding, "what's more, everyone knows it." Selberg and Marks describe the scope of the challenges faced by health policy makers, and argue for a payment system that creates real incentives for better patient care at lower cost.

At A Glance encourages readers to review the article and blog in order to gain thoughtful and provocative perceptions regarding Health Care Reform.
Remaining Connected: A Schedule of Upcoming Events

In an effort to assist with identifying information and resources, each publication of At A Glance will highlight upcoming policy meetings, healthcare reform related resources, and public meetings.

The following events have been identified for this edition of At A Glance.

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<tr>
<th>MONTH</th>
<th>EVENT</th>
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<td></td>
<td>CiMH EBP Symposium</td>
<td>April 25 – 26, 2013</td>
<td>Doubletree Hotel Anaheim – Orange County</td>
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<td></td>
<td>CalSWEC</td>
<td>May 14, 2013</td>
<td>Hilton Garden Inn, Emeryville, CA</td>
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<td>JUNE</td>
<td>Mental Health America's 2013 Annual Conference</td>
<td>June 5 – 8, 2013</td>
<td>National Harbor, MD</td>
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