

Through the looking glass:

Implementation of the ACA and potential impact on adolescents & young adults in New York

Claire Brindis, Dr.PH.
Kathleen Tebb, Ph.D.
Amanda Giordano, M.S.
Angela Diaz, M.D.
Association of Maternal and Child Health Annual Meeting
February 11, 2013

Objectives Of Presentation

Using NY as a case study:

1. Identify key issues facing adolescents and young adults that need to be addressed in future planning and implementation of the ACA.
2. Discuss strategies to ameliorate the potential negative effects of the ACA on this population both in New York and throughout the nation.

Purpose

To better understand the extent to which planning efforts in New York are considering and responding to the critical health needs of adolescents and young adults as the state actively pursues implementation of the ACA.

Why New York State?

- NY considered a leader in addressing health needs of adolescents, young adults, & the underserved
- New York City's Mount Sinai Adolescent Health Center plays a critical role in the provision of health services to this population

Main Interview Questions

- How is the Exchange in New York being designed?
- To what extent are insurance plans taking into account the special needs of young people?
- What are the planned enrollment processes and strategies?
- How will confidentiality for young people will be considered under the ACA expansion?
- What are potential benefits and challenges of the ACA for NY's adolescents & young adults?

Methodology

- 29 health care administrators, health policy researchers, adolescent health providers, and advocates identified as experts
- 14 completed telephone interviews
- Open-ended questions regarding health care reform and New York in light of the ACA
- Transcripts analyzed, identified key themes
- IRB approved

Results

- Health Benefit Exchanges
- Medicaid Expansion
- System Capacity Expansion
- Preparation for Individual Health Care Consumers
- Catastrophic Coverage
- Enrollment and Health Care Access
- Special Issues for Adolescents and Young Adults
- Conclusions and Implications

Results: Health Benefit Exchanges

Background

- Exchange to be fully operational by January 1, 2014
- Intends to offer a choice of health plans
- Individuals/families with incomes between 100-400% Federal Poverty Level (FPL) eligible for subsidies
- Governor issued executive order to establish Exchange due to lack of legislative consensus in NY

Results: Health Benefit Exchanges

Interviewee Concerns:

1. Insufficient time to create and implement
2. Concerns remain about affordability
3. Potential confusion around multiplicity of insurance options
4. Concern about how to ensure quality of health care services

Results: Medicaid Expansion

Background:

- Historically, Medicaid eligibility varied from state to state & generally excluded low-income adults without children (unless they disabled or elderly).
- Low-income childless adults with incomes 133% below FPL will become eligible for Medicaid.
- By 2014, ACA Medicaid will become more standardized, YET will remain optional provision.

Results: Medicaid Expansion

- Less of issue for NY with its long history of providing coverage to low-income populations including childless adults.
- Concern about continuity of coverage/churning for individuals who face income fluctuations, causing them to move between different types of health insurance.
- Participants expressed the need for a seamless system of coverage.

Results: System Capacity Issues

- Training of health care providers.
- Availability and distribution of workforce to meet the demands of new growth.
- Integration of non-physician providers and health information technology (HIT) in the coordination of care.

System Capacity Issues

- Will comprehensive behavioral, mental, reproductive, and physical health care services across different providers, settings, and health systems be available?
- Will systems of care that assure confidentiality of sensitive health services be maintained?

Results: Preparation for Individual Health Care Consumers

- Consumer education will be required to prepare individuals, particularly young people, to:
 - understand various options,
 - enrollment requirements,
 - costs,
 - subsidies, and
 - exemptions.

Preparation for Individual Health Care Consumers

- Special Populations requiring greater efforts for enrolling:
 - Individuals with less education,
 - Economically disadvantaged, and
 - Immigrant populations

Preparation for Individual Health Care Consumers

- How will young adults evaluate health care options?
- What impact will choices have on where they turn for health services – especially sensitive services/confidential care?

Preparation for Individual Health Care Consumers

- How do we assure a cultural shift, especially among young adults, to seek preventive health care services.
- What is the role of social media and the internet in health care delivery?

Catastrophic Coverage: Background

- Plans offered to individuals under the age of 30 or those exempt from mandate based on affordability and coverage being a hardship.
- Coverage provided to protect youth in the event of an expensive (catastrophic) illness.
- Preventative care and 3 primary care visits included, for no deductible.
- All other services have a high out-of-pocket cost.

Results: Catastrophic Coverage

Key Concerns:

- Potential unintended consequences for young adults
- Low premium cost makes it appealing
- Limits comprehensive services
- No continuity of care
- Outreach and support needed to support informed choices

Enrollment and Health Care Access

Background:

- ACA requires IT enrollment system
- “Consumer-friendly” system to support coordination, enabling a seamless transition and reduce the burdens of enrollment and renewal
- New York as an “Early Innovator” state
- Navigator Program/Facilitated Enrollers

Results: Enrollment & Health Care Access

- Importance of a “streamlined” and “simplified” enrollment process recognized
- Challenges = eligible, but not enrolled & churning
- Facilitated Enroller/Navigator essential component of success, in addition to IT infrastructure

Results: Special Issues for Adolescents and Young Adults

- Challenge of maintaining confidentiality
 - Explanation of Benefits (EOBs)
 - Electronic Health Records (EHRs)
 - Eligibility and Enrollment

Special Issues for Adolescents and Young Adults

- Concern about capacity to handle the influx of newly covered adolescents and young adults
 - Paraprofessionals
 - Expand and enhance Health Information Technology (HIT)

Conclusions and Implications: Primary Areas for Initial Action

1. Proposed Implementation Requirements
2. System Preparedness and Capacity
3. Financial Support
4. Preparation for Individual Health Care Consumers

Proposed Steps

1. Incorporate adolescent and young adult needs as part of an overall planning process implementing the ACA within the existing system of care, aiming to decrease fragmentation and close gaps in services.
2. As part of the plan, review the existing patchwork of funding streams --- federal, state, county, and city and how they will be coordinated within the ACA.

Proposed Steps

3. Develop a plan for integrating adolescents and young adults as part of Accountable Care Organizations (ACOs) and other system delivery options within the ACA.
4. As part of the plan, review safety net providers who will care for undocumented youth and how these youth will access care.

Proposed Steps

5. Monitor the implementation of the ACA , assuring it builds and expands current access, quality, service integration, and affordability elements.
- As part of this effort, increase/enhance access to and delivery of health care for special populations of young people.

Proposed Steps

- 6. As part of overall health information technology (HIT), assure that the unique needs of adolescents/young adults are considered:
 - a. protect from security breaches,
 - b. user-friendly for multiple stakeholders (individual consumers, providers, eligibility regulators, insurers, etc.), and
 - c. maintain adolescent confidentiality for sensitive services.

Proposed Steps

- 7. Reconcile existing State confidentiality statutes with insurance company requirements, particularly Explanation of Benefits (EOBs) and establish clear guidelines and program requirements; communicate with stakeholders, including adolescents and young adults and providers.

Proposed Steps

- 8. Develop a streamlined determination and enrollment process for adolescents/young adults covering appropriate health plan and coverage options that will:
 - a. reduce the burden on consumers,
 - b. ensure continuity of coverage,
 - c. minimize up-front documentation to establish eligibility,
 - d. Allows for enrollment through online, telephone, in-person, or mail.

Proposed Steps

9. Strengthen adolescent-tailored outreach, including the use of social media, school-based, and other community settings.

Proposed Steps

10. Develop and evaluate adolescent/young adult consumer education aimed at helping them better understand:

- a. different health plans and benefit packages,
- b. costs and benefits of different options,
- c. enrollment requirements
- d. costs, subsidies, and exemptions.

Proposed Steps

11. Monitor whether adolescents are enrolling in private and public insurance programs.

12. Evaluate what proportion of low-income young adults with incomes 2-3X the FPL are unable to afford the high out-of-pocket costs of purchasing health insurance through State Exchanges.

Proposed Steps

13. Track and monitor the delivery of preventive and other health care to adolescents and young adults:
- Timeliness and developmentally appropriate services,
 - Content of care,
 - Assurance of confidentiality, and
 - Time alone, as indicator of quality.

Proposed Steps

14. Track national, state, and local data to ascertain whether adolescent and young adult health outcomes improve over time as a result of the ACA.
15. Track health care costs, assessing where changes can be made in the health care system that can help maintain appropriate accessibility, reduce health care costs, while maintaining quality of care.

Summary

- Key historic opportunity to improve care for adolescents and young adults.
- Challenge of dismantling special existing efforts to meet the needs of this population, while at the same time building a new system of care.
- Those concerned with adolescent and young adults have to play a critical role as ACA unfolds.

**National Adolescent and Young Adult Health Information Center
&
Public Policy Analysis & Education Center for Adolescent &
Young Adult Health**

WEB SITES

<http://nahic.ucsf.edu>

<http://policy.ucsf.edu>

BY EMAIL

nahic@ucsf.edu

policycenter@ucsf.edu

BY PHONE

415.502.4856



Public Policy Analysis & Education Center for Adolescent & Young Adult Health

National Adolescent Health Information Center
