Taking Action with Evidence: Implementation Roadmap
National Performance Measure #15

For Technical Assistance please contact Emily Eckert
eeckert@amchp.org

February 3, 2016
Webinar Participation

All lines are in listen-only mode (use *6 to mute/unmute your line)

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Accessing Webinar Resources

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Webinar Follow Up

Today’s webinar will be recorded

The recording will be available on the AMCHP website at www.amchp.org

Please complete the evaluation survey (to be emailed after the webinar)

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please contact Emily Eckert
eckert@amchp.org
Practice Poll

As spring approaches, what are you looking forward to the most?

- Snow melting
- Rain showers
- Flowers blooming
- Songbirds singing
- Setting your clocks forward
- After spring comes summer
Objectives

- Describe efforts to date by MCHB and its partners in compiling the existing knowledge base of evidence pertaining to NPM #15

- Identify resources and partners from which to select existing evidence-based strategies based on the alignment of the state/territory’s Title V needs assessment findings with NPM #15

- Evaluate potential strategies through the lens of current issues and opportunities in the field related to NPM #15

- Share feedback with MCHB and its partners on additional technical assistance needed to identify evidence based strategies and subsequently define measures
Featuring

**Stacy Collins**  
Associate Director, Health Reform Implementation, AMCHP

**Jaime Resnick**  
Senior Advisor, Maternal & Child Health Bureau, HRSA

**Cynthia Minkovitz**  
Director, Women's and Children's Health Policy Center, Johns Hopkins University  
Bloomberg School of Public Health

**Meg Comeau**  
Co-Principal Investigator, Catalyst Center, Boston University School of Public Health

**Amy Zapata**  
Director, Bureau of Family Health, Louisiana Dept. of Health and Hospitals

**Gloria Grady**  
Title V Coordinator, Bureau of Family Health, Louisiana Dept. of Health and Hospitals

**Caroline Stampfel**  
Associate Director, Epidemiology & Evaluation, AMCHP
Welcome & Opening Remarks

Jaime Resnick, Senior Advisor
Office of the Associate Administrator
Maternal & Child Health Bureau
Health Resources & Services Administration
U.S. Department of Health & Human Services

jresnick@hrsa.gov
STRENGTHEN THE EVIDENCE BASE FOR MCH PROGRAMS

Cynthia Minkovitz, MD, MPP

February 3, 2016

A collaborative activity of the Women’s and Children’s Health Policy Center at Johns Hopkins University, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Goal

- To provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.
6 Objectives

1) Convene a Team of MCH Experts

2) Provide reports, including critical reviews of the evidence of effectiveness of strategies to address National and State Performance Measures

3) Provide technical assistance to State Title V MCH programs

4) Develop web-based supports and resources for State Title V programs

5) Establish an online platform for sharing best practices via a “Community of Practice”

6) Maintain and enhance an MCH digital library
Environmental Scans

- Compilations of strategies to advance performance for each of the 15 National Performance Measures (NPMs)

- Environmental Scans include:
  - **Reviews and Compilations**: identifies existing compilations for strategies that intend to improve performance for each measure; these include both scholarly reviews and compilations that have been produced by key organizations in the field
  - **Frameworks & Landmark Initiatives**: includes conceptual models underlying strategy implementation, these may or may not be explicitly highlighted in the Reviews and Compilations section; landmark initiatives include seminal programs/policies related to each NPM
  - **Data Sources**: indicates sources (e.g. PubMed), as well as criteria (search terms, publication date), and link to search strategy; also selected organizational websites
  - **Inclusion & Exclusion Criteria**: denotes types of studies, setting, populations of interest that were included in our search, and exclusion criteria
Strengthen the Evidence for MCH Programs:
Environmental Scan of Strategies

National Performance Measure (NPM) #15: Adequate Insurance Coverage
Percent of children 0 through 17 who are adequately insured

Introduction

This environmental scan identifies collections of strategies to advance performance for NPM #15, Adequate Insurance Coverage. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

- **Reviews and Compilations:** Identifies existing compilations for strategies that intend to improve performance for each measure
- **Frameworks and Landmark Initiatives:** Frameworks includes conceptual models underlying strategy implementation; Landmark Initiatives include seminal programs/policies related to the NPM
- **Data Sources:** Indicates sources, search criteria, links to search strategy and selected organizational websites
- **Inclusion and Exclusion Criteria:** Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at [http://www.semch.org/technical-assistance.html](http://www.semch.org/technical-assistance.html)

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<tr>
<th>Review/Compilation</th>
<th>Summary</th>
<th>Web Link</th>
</tr>
</thead>
</table>
• Examined 182 articles; Included two U.S. studies (Flores, 2005 & Gordon, 2005) that focused on uninsured children  
• Effective strategies based on the findings:  
  • Provide intensive case management  
  • Offer insurance information and application assistance  
  • Communicate with insurer to assist with enrollment | http://dx.doi.org/10.1002/14651858.CD008194.pub3 |
| Swartz et al. (2015). Reducing Medicaid Churning: Extending Eligibility for Twelve Months or to End of Calendar Year is Most Effective. Health Affairs. [Target: H] | • Policy strategies to reduce Medicaid churning and provide continuity of coverage for beneficiaries  
  • Annualize income  
  • Extend coverage by three months  
  • Extend coverage to end of calendar year  
  • Grant coverage for twelve continuous months | http://dx.doi.org/10.1377/hlthaff.2014.1204 |
Highlights from the Review for NPM #15

• Reviews and Compilations include:
  • 6 documents produced by key organizations in the field
  • 5 reviews of strategies to increase children’s insurance coverage
  • 3 articles related to the adequacy of insurance coverage

• Frameworks and Landmark Initiatives include:
  • 5 organizational websites describing influential programs and/or policies
  • 1 document with National Standards of Systems of Care for CYSHCN
Examples of Strategies for NPM #15

• States
  • Expand CHIP eligibility
  • Modify public insurance benefits to reduce churning
  • Support professional development trainings for staff on effective outreach

• Community Organizations
  • Form interagency partnerships to connect families with available resources
  • Provide insurance application assistance (e.g. enrollment brokers, language services)
Technical Assistance

• Complement ongoing HRSA investments and expertise among discretionary grantees

• *Strengthen the Evidence* team focused on TA related to evidence to inform strategies to achieve progress on state identified priorities
  
  • Varying levels of TA intensity
  • Recognize continuum of available evidence
  • Individual vs. groupings of states depending on needs

• Types of TA requests
  
  • Identifying possible strategies
  • Evaluating a selected strategy
  • Providing evidence relating to specific strategies
  • Adapting strategies for a specific population
  • Developing evidence-based or evidence-informed strategy measures

• Sample activities: In depth evidence reviews, connect states with MCH consultants, work collaboratively to provide communities of practice
Evidence-based or –Informed Strategy Measures (ESMs)

• “...the measures by which states will directly measure their impact on the NPMs.”

• Align with selected NPMs and strategies proposed to enhance performance on the NPMs


Characteristics of ESMs

• Relate to the selected strategy and are in the pathway to achieving a National Performance Measure (NPM) or a State Performance Measure (SPM)

• Link to an objective the State hopes to accomplish by tracking the measure
Selection Criteria for ESMs

• **Measurable**
  • Reliable and valid
  • Data available or planned over time to track progress
  • May be a percentage, rate, ratio or number, or an indicator of achievement of an activity (e.g. development of standards or guidelines)

• **Meaningful**
  • Related to the NPM and state priority objective
  • Incorporates stakeholder input for feedback/buy-in
  • State specific
Contact Us

• Technical Assistance Requests
  http://www.semch.org/technical-assistance.html

• Project Coordinator, Stephanie Garcia
  sgarci22@jhu.edu

THANK YOU!!!

www.semch.org
http://mchlibrary.jhmi.edu/
Opportunities and Examples in the Title V Field
Title V MCH Block Grant Review

13 states & 2 territories selected NPM #15

- Arkansas
- California
- Delaware
- Guam
- Louisiana
- Minnesota
- Mississippi
- Missouri
- Nebraska
- Nevada
- New Mexico
- North Carolina
- Northern Mariana Islands
- Rhode Island
- Washington

February 3, 2016
Above & below the national average of eligible uninsured children aged 0-17 years (4.6%)
How do states plan to address adequate insurance coverage for children aged 0-17?

Common themes → outreach, expertise & adequacy are golden

- Targeted outreach to vulnerable populations
- Staff/providers must have general knowledge of coverage options
- It’s not enough to have coverage- plans must be robust to meet the specific needs of children and families, especially CYSHCN

Federal legislation to consider

- CHIP (2017)
- Maintenance of Effort (2019)
Resources

The Affordable Care Act: A Working Guide for MCH Professionals

Collaborative publication of the MCH Workforce Development Center

Special topics include an introduction to the national health reform law, an explanation of new consumer protections, a deep dive into pathways to coverage, etc.

Published August 2015

Available [here](#)
Resources

State Assessment Tool

Collaborative tool of the MCH Workforce Development Center

Developed to help state Title V professionals assess the healthcare landscape in their states post-ACA

5 topic areas:
• Eligibility & Enrollment
• Coverage & Benefits
• Provider Networks
• Continuity of Care
• Partnerships

For more information, contact Carolyn McCoy at cmccoy@amchp.org

Accessible here
Resources

ACA-NPM Crosswalk

Illustrates how various ACA provisions relate to individual NPMs

Updated January 2016

Available here
## Resources

<table>
<thead>
<tr>
<th>NPM #</th>
<th>NPM</th>
<th>Applicable ACA Provisions</th>
</tr>
</thead>
</table>
| 15    | Percent of children (0-17) who are adequately insured | • Medicaid eligibility for children age 0-18 raised to minimum of 138% FPL  
• Maintenance of pre-ACA CHIP eligibility levels for children over-income for Medicaid; in some states up to 400% FPL  
• Advanced premium tax credits for purchase of Marketplace plans for families with incomes of 100% - 400% FPL  
• Cost-sharing subsidies for families with household income < 250% FPL who purchase silver level Marketplace plans  
• Expansion of hospital role in determining presumptive eligibility  
• Funding for navigator programs to facilitate enrollment |

Additional AMCHP resources available at: [http://www.amchp.org/Policy-Advocacy/health-reform/resources/Pages/default.aspx](http://www.amchp.org/Policy-Advocacy/health-reform/resources/Pages/default.aspx)
Resources

Innovation Station

AMCHP’s online searchable database for best practices in MCH

4 categories:
• Cutting Edge
• Emerging
• Promising
• Best

Now accepting submissions

Accessible here
Taking Action With Evidence: Implementation Roadmap NPM #15

February 3, 2016

Meg Comeau, MHA
Co-Principal Investigator
The Catalyst Center
The Catalyst Center

- Focuses on services and supports for CYSHCN
- **Provides technical assistance** about health care financing policy, practice, and the ACA
- **Conducts policy research** to identify and evaluate financing innovations
- **Create resources** such as our State-at-a-Glance Chartbook, ACA fact sheets, other health care reform briefs, tutorials, and more
- **Connects those interested in working together** to address complex financing issues
The fine print…

• The Catalyst Center, the National Center for Health Insurance and Financing for Children and Youth with Special Health Care Needs, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U41MC13618, $473,000.

• This information or content and conclusions are those of the Catalyst Center staff and should not be construed as official position or policy, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

• LT Leticia Manning, MPH, MCHB/HRSA Project Officer
NPM #15: Adequate insurance coverage

Performance Measure: Percent of children ages 0 through 17 who are adequately insured

- All children, including CYSHCN
- Adequate insurance, not just simple coverage

National Outcome Measures

- Percent of children without health insurance
- Systems of care for children with special health care needs (percent of CYSHCN receiving care in a well-functioning system)

Defining adequacy

- Questions from 2011/12 National Survey of Children’s Health (NS-CH):
  - Does [CHILD'S NAME]'s health insurance offer benefits or cover services that meet [his/her] needs?
  - Does [CHILD'S NAME]'s health insurance allow [him/her] to see the health care providers [he/she] needs?
  - How often are these costs reasonable?

- Responses: never, sometimes, usually, always, don’t know, refused
## What we know from the data: Insurance coverage status

<table>
<thead>
<tr>
<th></th>
<th>Not insured</th>
<th>Insured at the time of the survey</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CSHCN</td>
<td>6.1%</td>
<td>93.9%</td>
<td>100%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>3.2%</td>
<td>96.8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

What we know from the data: Adequacy

<table>
<thead>
<tr>
<th></th>
<th>Current insurance is adequate</th>
<th>Current insurance is not adequate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CSHCN</td>
<td>77.9%</td>
<td>22.1%</td>
<td>100%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>70.8%</td>
<td>29.2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

What we know from the data: Elements of adequacy – Coverage allows child to see needed providers?

<table>
<thead>
<tr>
<th></th>
<th>Never/Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CSHCN</td>
<td>4.3%</td>
<td>9.7%</td>
<td>86.0%</td>
<td>100%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>7.9%</td>
<td>16.3%</td>
<td>75.8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

What we know from the data: Elements of adequacy – Benefits meet child’s needs?

<table>
<thead>
<tr>
<th></th>
<th>Never/Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CSHCN</td>
<td>6.6%</td>
<td>13.0%</td>
<td>80.4%</td>
<td>100%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>10.9%</td>
<td>21.2%</td>
<td>67.9%</td>
<td>100%</td>
</tr>
</tbody>
</table>

What we know from the data: Elements of adequacy – Out-of-pocket costs are reasonable?

<table>
<thead>
<tr>
<th></th>
<th>No OOP Expenses</th>
<th>Never/Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CSHCN</td>
<td>44.2%</td>
<td>16.7%</td>
<td>17.6%</td>
<td>21.6%</td>
<td>100%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>43.5%</td>
<td>23.1%</td>
<td>18.6%</td>
<td>14.7%</td>
<td>100%</td>
</tr>
</tbody>
</table>

What we know from the data:
Families who had problems paying medical bills

<table>
<thead>
<tr>
<th></th>
<th>Did not have problems paying medical bills</th>
<th>No medical expenses</th>
<th>Yes, had problems paying or were unable to pay medical bills</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CSHCN</td>
<td>90.5%</td>
<td>0.5%</td>
<td>8.9%</td>
<td>100%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>80.0%</td>
<td>0.5%</td>
<td>19.5%</td>
<td>100%</td>
</tr>
</tbody>
</table>

What we know from the data: Inequities

- Source: 2009/10 NS-CSHCN
- 60.6% of CSHCN met the Core Outcome (+ response to all 5 items)
- The 5 items:
  - Have insurance
  - Have consistent insurance
  - Can see needed providers
  - Benefits meet child’s needs
  - Out-of-pocket costs are reasonable

What we know from the data: Inequities

- CSHCN who were more likely to meet the Core Outcome:
  - Younger children (63.2% ages 0-5 years vs. 59.4% ages 12-17 years)
  - Non-Hispanic white (62.9% vs. 58.8% non-Hispanic Black and 53.7% Hispanic)
  - Family completed the survey interview in English (61.3% vs. 47.7%)
  - Daily activities less impacted by SHCN (70.0% vs. 52.0% who reported usually/always/a great deal impacted)

Catalyst Center state financing strategies structured interviews

- Goal: identify new and existing coverage and financing innovations aimed at advancing NPM #15

- Through phone interviews with:
  - Title V
  - Medicaid
  - Family Leaders

- Narrative data coming soon to the Catalyst Center website (www.catalystctr.org)
State strategies to address coverage and adequacy

- Medicaid buy-in programs
- TEFRA/Katie Beckett programs
- EPSDT
- Children’s Health Insurance Program (CHIP)
- State mandated benefits
- Catastrophic relief funds
Contact Us

Meg Comeau, MHA
Co-Principal Investigator
302-329-9261
mcomeau@bu.edu
www.catalystctr.org
Why NPM 15?

“I know some of the services I was trying to get, they stopped me at the door and was like, ‘If you have United Health Care, we cannot accept it.’ And that’s what I have for all of my children.”

“We were not given the option to keep regular Medicaid. I didn’t even know they [the state] kept it as an option.”

And... Medicaid Expansion!
Louisiana Priority Needs

- Ensure high performing essential MCH screening and surveillance systems.
- **Improve access to and quality of primary care, reproductive health, and specialty clinical services including care coordination.**
- Improve social and behavioral health supports, with a focus on child and family well-being and resiliency.
- Improve the ability of care systems to serve and support children, adolescents and CYSHCN through transitions.
- Bolster local level capacity to promote and protect health and well-being of children, caregivers and families.
- Advance understanding of drivers of disparities in MCH and CYSHCN outcomes and boldly work toward equity.
- Actively and meaningfully engage youth and families, building local level leaders across the state.
# Approaches to NPM 15

## LIFE COURSE / CROSS-CUTTING
Towards improving insurance coverage and adequacy for children.

**Priority Need:** Improve access to and quality of primary care, reproductive health, and specialty clinical services including care coordination.

**Targeted NPM:** % of children without health insurance, % of children with special health care needs (CSHCN) receiving care in a well-functioning system.

<table>
<thead>
<tr>
<th>NPM/SPM</th>
<th>Objectives and Strategies</th>
<th>FSM</th>
</tr>
</thead>
</table>
| **NPM 15:** Adequate insurance (% of children ages 0 - 17 who are adequately insured.) | 1. By March 31, 2017, increase Title V staff knowledge of adequate insurance coverage within Louisiana by 25% of baseline.  
   1.1 Analyze insurance coverage, eligibility gaps, and benefits for MCH and CSHCN populations, with a focus on Medicaid, major private insurers including MarketPlace plans.  
   1.2 Develop training and tools to build staff capacity to ensure proficient knowledge of insurance coverage that is practical and easy to use within BFH programs (e.g. Partners for Health Babies Helpline); update annually.  
   1.3 Identify and train four designated staff as insurance subject matter experts between the BFH and CSHCN organizational sections and utilize their expertise to conduct trainings with both internal staff and partners.  
   1.4 Develop and implement monitoring system of adequate insurance coverage in accordance with the NPM criteria. | |
| | 2. By Sept. 30, 2018, develop a plan to improve network adequacy of key clinician types serving children 0-17.  
   2.1 Conduct an assessment of network adequacy, in partnership with Medicaid, the OPH Bureau of Primary Care and Rural Health, and the state licensing boards; identify key gaps in provider types available in the state or provider types who accept Medicaid.  
   2.2 Partner with OPH Bureau of Primary Care and Rural Health and local graduate medical education programs to deliberately train and recruit specific provider types of the highest need in the workforce. | |
| | 3. By the Sept. 30, 2020, reduce by 10% the number of parents identifying barriers to adequacy of insurance coverage from baseline qualitative assessment.  
   3.1 Partner with community based organizations and businesses interfacing with parents of children likely to be uninsured or underinsured to raise awareness | |
| | | |
## Approaches to NPM 15: Objective 1

<table>
<thead>
<tr>
<th>Objectives and Strategies</th>
</tr>
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<tbody>
<tr>
<td><strong>1.</strong> By March 31, 2017, increase Title V staff knowledge of adequate insurance coverage within Louisiana by 25% of baseline.</td>
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Approaches to NPM 15: Objective 1

Objectives and Strategies

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### Overview of Medicaid Eligibility

<table>
<thead>
<tr>
<th>MEDICAID ADULTS</th>
<th>Federal Poverty Level (FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Caretaker of Child(ren)</td>
<td></td>
</tr>
<tr>
<td>(Child(ren) &lt; 18 yrs or Child(ren) is 18 yrs &amp; full-time High School or Voc-Tech student)</td>
<td></td>
</tr>
<tr>
<td>LaMOMS - Pregnant Women</td>
<td></td>
</tr>
<tr>
<td>(U.S. Citizen or legal immigrant. Enrollee can have other health insurance. Eligibility can be effective 3 months prior to application, but not before first month of pregnancy. Coverage extends 60 days postpartum)</td>
<td></td>
</tr>
<tr>
<td>Phase IV LaCHIP (Unborn Option) - Pregnant Women without Health Insurance</td>
<td></td>
</tr>
<tr>
<td>(Provides prenatal care services from conception to birth for pregnant women who do not qualify for Medicaid including non-U.S. citizens, undocumented immigrants &amp; non-immigrants.)</td>
<td></td>
</tr>
<tr>
<td>Breast &amp; Cervical Cancer Program - Uninsured women &lt; 65 yrs</td>
<td></td>
</tr>
<tr>
<td>(Screened for breast and/or cervical cancer under the Louisiana Breast and Cervical Health Program (LBCHP) and found to need treatment for breast and/or cervical cancer including a precancerous condition. Eligible for full Medicaid coverage &amp; not limited to trmt. of breast and/or cervical cancer. Screening eligibility up to 200% FPL.)</td>
<td></td>
</tr>
<tr>
<td>* Take Charge Plus - Non-Pregnant Women &amp; Men of any Age who are still Fertile</td>
<td></td>
</tr>
<tr>
<td>(Enrollee can have other health insurance. Coverage includes limited family planning services &amp; non-emergency medical transportation.)</td>
<td></td>
</tr>
<tr>
<td>* GNOCHC - Resident of Greater New Orleans area Aged 19 thru 65 yrs</td>
<td></td>
</tr>
<tr>
<td>(Greater New Orleans area includes Orleans, St. Bernard, Jefferson &amp; Plaquemines Parishes. Must be U.S. Citizen, Uninsured, Not Pregnant, Not eligible for Medicaid, LaCHIP, or Medicare w/exception of enrollees in Take Charge Plus &amp; TB infected program. Benefits are limited to services provided by GNOCHC clinics)</td>
<td></td>
</tr>
</tbody>
</table>
### Objectives and Strategies

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<td>Identify and train four designated staff as insurance subject matter experts between the BFH and CYSHCN organizational sections and utilize their expertise to conduct trainings with both internal staff and partners.</td>
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<td>1.4</td>
<td>Develop and implement monitoring system of adequate insurance coverage in accordance with the NPM criteria.</td>
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Approaches to NPM 15: Objective 1

Objectives and Strategies

1. By March 31, 2017, increase Title V staff knowledge of adequate insurance coverage within Louisiana by 25% of baseline.

1.1 Analyze insurance coverage, eligibility gaps, and benefits for MCH and CYSHCN populations, with a focus on Medicaid, major private insurers including MarketPlace plans.

1.2 Develop training and tools to build staff capacity to ensure proficient knowledge of insurance coverage that is practical and easy to use within BFH programs (e.g. Partners for Health Babies Helpline); update annually.

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1.4 Develop and implement monitoring system of adequate insurance coverage in accordance with the NPM criteria.
Baseline Surveys... Great Response Rate!

NPM 15 Baseline Survey: Assess Staff Knowledge on Adequacy of Insurance

Survey Questions

1. Which of the following is the best definition of the term “health insurance premium”?
   - (a) The best type of health insurance you can buy
   - (b) The amount health insurance companies charge each month for coverage
   - (c) A bonus you get at the end of the year if you stay covered
   - (d) Don’t know

2. Which of the following is the best definition of the term “annual health insurance deductible”?
   - (a) The amount that is deducted from your paycheck each year to pay for your policy
   - (b) The amount of health expenses you can subtract from income on your yearly tax return
   - (c) The amount of covered health care expenses you must pay yourself each year before your insurance will begin to pay
   - (d) Don’t know

3. Suppose that under your health insurance policy, hospital expenses are subject to a $1,000 deductible and $250 per day copay. You get sick and are hospitalized for 4 days, and the bill (after insurance discounts are applied) comes to $6,000. How much of that hospital bill will you have to pay yourself?
Approaches to NPM 15: Objective 1

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2. By Sept. 30, 2018, develop a plan to improve network adequacy of key clinician types serving children 0-17.

2.1 Conduct an assessment of network adequacy, in partnership with Medicaid, the OPH Bureau of Primary Care and Rural Health, and the state licensing boards; identify key gaps in provider types available in the state or provider types who accept Medicaid.

2.2 Partner with OPH Bureau of Primary Care and Rural Health and local graduate medical education programs to deliberately train and recruit specific provider types of the highest need in the workforce.
## Approaches to NPM 15: Objective 3

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<table>
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<tbody>
<tr>
<td>3.</td>
<td>By the Sept. 30, 2020, reduce by 10% the number of parents identifying barriers to adequacy of insurance coverage from baseline qualitative assessment.</td>
</tr>
<tr>
<td>3.1</td>
<td>Partner with community based organizations and businesses interfacing with parents of children likely to be uninsured or underinsured to raise awareness of Medicaid, LaCHIP and the eligibility process; target regions with the highest rates of uninsured children.</td>
</tr>
<tr>
<td>3.2</td>
<td>Utilize Consumer Assessment of Healthcare Providers and Systems (CAHPS) data to advocate for targeted interventions with the Medicaid Bayou Health plans to ensure adequate coverage needs on behalf of the MCH population.</td>
</tr>
<tr>
<td>3.3</td>
<td>Develop and implement a qualitative assessment for parents and caretakers on the factors that influence the perception of adequate insurance coverage for their children.</td>
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<td>3.4</td>
<td>Partner with Medicaid and Louisiana State University to integrate questions of insurance adequacy for the Louisiana Health Insurance Survey.</td>
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<tr>
<td>3.5</td>
<td>Create informational campaigns to educate parishes most at risk (according to the Risk and Reach Report and LHIS) on the benefits of adequate insurance coverage.</td>
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## Approaches to NPM 15: Objective 4

4. By Sept. 30, 2020, create at least 1 practice and/or policy recommendation annually related to the “Title V State Access to Care Assessment Tool” (Title V National Workforce Development Center).

<table>
<thead>
<tr>
<th>4.1</th>
<th>Build an action plan in conjunction with the National MCH Workforce Development Center and OPH leadership to strengthen Title V engagement in the healthcare system Title V priority areas of Eligibility and Enrollment; Coverage and Insurance Benefits; Provider Networks and Network Adequacy; Continuity of Care; and, Partnerships between Title V, Medicaid, CHIP, and MarketPlace.</th>
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<td>4.2</td>
<td>Revise the Inter-agency Agreement between Title V and Louisiana Medicaid.</td>
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<td>4.3</td>
<td>Develop strategies to maximize enrollment and recertification in available insurance coverages in Louisiana, with a focus on Louisiana Medicaid coverage options.</td>
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| ESM 15a: | # of practice and/or policy recommendations made annually related to the “Title V State Access to Care Assessment Tool” |
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## Approaches to NPM 15: Objective 5

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<td><strong>5.</strong> By Sept. 30, 2020, increase the percent of CYSHCN whose families report that their insurance coverage is adequate to meet their needs by 1% per year. (NSCH 2012-68.2%)</td>
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<tr>
<td><strong>5.1</strong> Refer families of CYSHCN in CSHS clinics to Bayou Health help line for assistance with navigating Bayou Health plans.</td>
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<tr>
<td><strong>5.2</strong> Discuss health insurance options with YSHCN prior to age 19 at CSHS clinics, FRC, and other community events.</td>
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<td><strong>5.3</strong> Update and disseminate current health insurance fact sheets on the CSHS website, community events and mail-outs.</td>
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**ESM 15b:** # of families of CYSHCN in CSHC clinics referred to Bayou Health help line for assistance with navigating Bayou Health plans

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**CYSHCN System Standard**
*(from Insurance and Financing Domain):*

**CYSHCN SS #3:** All children, including CYSHCN, have access to medically necessary services to promote optimal growth and development, maintain and avert deterioration in functioning, and to prevent, detect, diagnose, treat, and ameliorate, or palliate the effects of physical, genetic, congenital, developmental, behavioral, or mental conditions, injuries or disabilities.

**CYSHCN SS #9:** Performance or financial incentives are in place to promote medical homes and care coordination and enhance access to services and promote quality.
## Approaches to NPM 15: Objective 5

### 5. By Sept. 30, 2020, increase the percent of CYSHCN whose families report that their insurance coverage is adequate to meet their needs by 1% per year. (NSCH, 2012-68.2%)

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NPM 15: ESMs

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## Implementation...Work in Progress!

### NPM 15: Adequate Insurance

#### Percent of children ages 0 - 17 who are adequately insured.

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<th>NPM 15 Objective</th>
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#### Objective 1

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<tr>
<th>Strategies and Action Steps</th>
<th>Team Lead</th>
<th>Est. Completion</th>
<th>Support Team</th>
<th>Individual Res.</th>
<th>Status</th>
</tr>
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<td>[Est. Completion]</td>
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<td>3. Analyze 2015 data</td>
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<tr>
<td>1. Develop curriculum</td>
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<td>2. Develop accompanying surveys</td>
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Next Steps

New State Leadership—Medicaid Expansion

Staff Knowledge on health insurance landscape

Updating Inter-Agency Agreement with Medicaid
Amy Zapata, MPH
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Participant Poll

Do you think you can apply any of the strategies and/or resources presented today to your state action plans around NPM #15?

• Yes
• No
• Unsure
Q&A

To ask a question, you may unmute your line by pressing *6

You may also use the chat box feature (top image) or raise your hand (bottom image)

For Technical Assistance please contact Emily Eckert
eckert@amchp.org
Webinar Evaluation

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Thanks for joining us!