Improving Continuity of Coverage & Care for Pregnant & Postpartum Women

October 26, 2015
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AMCHP's members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work with and support state maternal and child health programs.

AMCHP builds successful programs by disseminating best practices; advocating on our member's behalf in Washington; providing technical assistance; convening leaders to share experiences and ideas; and advising states about involving partners to reach our common goal of healthy children, healthy families, and healthy communities.
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- Funding and conducting original research to spur improvements in the health care system
- Recognizing excellence and supporting journalism
- Providing strategic insights with practical applications to our Board
Presenters

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Vice President of Maternal & Child Health Services, Anthem, Inc.

Todd Slettvet, MA
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Dania Palanker, JD, MPP
Senior Counsel, Health & Reproductive Rights
National Women’s Law Center

Improving Continuity of Coverage & Care for Pregnant & Postpartum Women
Health Coverage Options and Transitions for Pregnant Women, Post ACA

Dania Palanker, Senior Counsel
October 26, 2015
Outline

• Coverage for Pregnant Women Before the ACA

• Improvements for pregnant women under the ACA

• Pregnancy, Coverage Options and Transitions of Coverage
How Did Women Get Health Coverage?

How women got coverage 2013

- Employment Based, 57.2%
- Medicaid, 12.7%
- Other Government Insurance, 5.5%
- Direct Purchase, 8.9%
- Uninsured, 15.7%
Coverage Options for Uninsured Pregnant Women, Pre-ACA

- Medicaid
- CHIP
- Employer Based Coverage
  - During Open Enrollment or Special Enrollment Period
  - Possible Pre-existing condition exclusion periods
Barriers to Individual Market Coverage for Pregnant Women, Pre-ACA

- Pre-existing condition exclusions
- Gender and health status ratings
- Lack of maternity coverage
- Waiting periods on maternity riders
Barriers to Individual Market Coverage for Pregnant Women, Pre-ACA

- Pre-existing condition exclusions
- Gender and health status ratings
- Lack of maternity coverage
- Waiting periods on maternity riders
Protections for Pregnant Women Post-ACA

- Guaranteed enrollment and renewal
- No pre-existing condition exclusions
- No gender rating
- No rating based on health status
- Maternity coverage in all individual market and small group plans
- Many prenatal services without cost sharing
- Premium assistance
- Cost sharing protections
How Do Women Get Health Coverage?

How women got coverage 2013

- Employment Based, 57.2%
- Direct Purchase, 8.9%
- Medicaid, 12.7%
- Other Government Insurance, 5.5%
- Uninsured, 15.7%

How women got coverage 2014

- Employment Based, 56.0%
- Direct Purchase, 12.3%
- Medicaid, 14.9%
- Other Government Insurance, 5.0%
- Uninsured, 11.7%
Largest Changes in Health Coverage

Health Coverage, Women Age 18-64, in thousands

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Purchase</td>
<td>9,460</td>
<td>13,565</td>
</tr>
<tr>
<td>Medicaid</td>
<td>13,596</td>
<td>16,402</td>
</tr>
<tr>
<td>Uninsured</td>
<td>16,712</td>
<td>12,931</td>
</tr>
</tbody>
</table>
## When Can a Pregnant Woman Enroll?

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Marketplaces</th>
<th>Employer Plans</th>
</tr>
</thead>
</table>
| • Anytime if eligible | • Open Enrollment  
• Loss of other coverage  
• Marriage/Divorce  
• Birth/Adoption | • Newly eligible  
• Open Enrollment  
• Loss of other coverage  
• Marriage/Divorce  
• Birth/Adoption |
When Can a Pregnant Woman Lose Coverage?

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Marketplaces</th>
<th>Employer Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lose eligibility</td>
<td>• Actively disenroll anytime</td>
<td>• Actively disenroll at open enrollment</td>
</tr>
<tr>
<td></td>
<td>• Fail to pay premium</td>
<td>• Actively disenroll at special enrollment</td>
</tr>
<tr>
<td></td>
<td>• Issuer leaves market</td>
<td>• Change jobs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employer cancels plan</td>
</tr>
</tbody>
</table>
A path to coverage or uninsurance
Pregnant Uninsured Woman Eligible for Medicaid

Note: A woman eligible for Medicaid can enroll in Medicaid at any time.
A path to coverage or uninsurance
Uninsured pregnant woman not Eligible for Medicaid

Existing Coverage

Uninsured

Options While Pregnant

Remain Uninsured

Changes at Birth

Remain Uninsured

Employer or Exchange Plan
A path to coverage or uninsurance
Pregnant woman enrolled in Medicaid Expansion

Existing Coverage
- Expansion Medicaid

Options While Pregnant
- Medicaid for Pregnancy Related Coverage
- Remain Expansion Medicaid

Changes at Birth
- Medicaid for Pregnancy Related Coverage
- Employer or Exchange Plan
- Remain Expansion Medicaid
- Employer Plan

Changes 60 Days after Birth
- Regular or Expansion Medicaid
- Employer or Exchange Plan
- Uninsured
A path to coverage or uninsurance

Pregnant Woman Enrolled with Employer or Exchange

Existing Coverage

Options While Pregnant

Changes at Birth

Changes 60 Days after Birth

Note: A woman enrolled in an employment based plan can remain enrolled in her current plan and add Medicaid, if eligible.
Other Potential Disruptions

- Issuer leaves marketplace
- Benefit changes for new plan year
- Network changes
- Formulary changes
Karen Shea, MSN
Vice President of Maternal & Child Health Services
Anthem, Inc.
Strengthening Coverage and Care for Pregnant Women

Challenges and Opportunities in Medicaid

Karen Shea, Vice President Maternal Child Services, Anthem, Inc.
Anthem Fast Facts

Coverage Foot Print

70 million people served by our affiliated companies including more than 38 million individuals enrolled in our family of health plans and 291,000 deliveries annually or 7% of the nation's births.

MEMBERSHIP & MARKET PRESENCE

Anthem’s health plans’ market share of commercially insured population

SUBSIDIARIES
Anthem Medicaid covers more than 145,000 births in the US annually.
Births Financed by Medicaid
Percentage of births in the US Financed by the Medicaid program

- Medicaid finances less than 30% of births in the state
- Medicaid finances 31%-50% of births in the state
- Medicaid finances more than 50% of the births in the state

Note: Kaiser Family Foundation, 2010 data. Arkansas reported the number of newborns on Medicaid as opposed to birth counts. Delaware does not have final figures for 2010 and is waiting on information one of the payers. Maryland, Mississippi, North Carolina, Oklahoma, Utah, and the District of Columbia adopted the 2003 birth certificate in the middle of our data collection period, either in 2009 or 2010, thus producing inconsistencies in the data within a state over time as questions changed. Utah provided resident data in state only.

*December 19, 2013 National vital Statistics Report

44.9% of all births are covered by Medicaid*
Meet Jennifer As She Navigates Coverage Options

FPL childless adult = $11,700
Family of 3 = $20,090

FPL pregnancy
Most state = 200%
Range = 138% to 380%

CHIP eligibility
age 0 to 1
Range= 147% to 380%

Parents of dependent children
Most states=  138%
Range=  18% to 221%

Family Planning- 28 states
Most states = 200% of FPL
Range= 138% to 306%

Henry J. Kaiser Family Foundation, January 20, 2015, income limits reflect MAGI-converted income standards
Improving Continuity of Coverage and Care

Occasionally a change in coverage will require a change in provider

Medicaid Agencies and Managed Care Organizations set rules and internal process to assist members and providers to transition care safely

Continuity of Care (COC) for pregnant women

Women with an established relationship with a non-participating provider may continue with that provider for prenatal, delivery and post partum care.

Established relationship is care in the second or third trimesters that fits the following criteria:

- First time pregnant members who have had two (2) or more visits with a non-participating provider
- Members with prior pregnancy(s) that want to stay with their non-participating OB provider from the previous pregnancy(s)
Maternal Child Services

Intensive opportunity for guidance and support during the enrollment period

Preconception Health
Identification & Screening
Pregnancy Management
NICU Management
Advocacy
Working Together to Help Those Who Need A Little Extra Help Navigating The Healthcare System

*Making the most of each covered day to improve birth outcomes*

- Group Prenatal Care
- Home visitor programs
- Health Promotion Messaging
- Case Management
- Incentives
- Provider Collaboration
- Family Life Planning

*Taking Care of Baby and Me®*

*New Baby, New Life℠*
## Steps Toward Limiting Gaps in Coverage

<table>
<thead>
<tr>
<th>Enrollee State Notifications</th>
<th>State Enrollment Files</th>
<th>MCO Permitted Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>When coverage will terminate for failing to renew</td>
<td>Recertification dates on enrollment files (834s)</td>
<td>Automated calls/texts/e-mails in advance of enrollees’ recertification dates</td>
</tr>
<tr>
<td>How coverage can be renewed</td>
<td>Timely updates on auto-renewals or products changes</td>
<td>In-person assistance with completing recertification forms/applications</td>
</tr>
<tr>
<td>Contact information to get questions answered</td>
<td>Enrollee contact information: E-mail addresses, home, work and/or cell phone numbers</td>
<td>Automated calls/texts/e-mails within 30 days of involuntary termination to help enrollees who are still eligible re-apply</td>
</tr>
<tr>
<td>Pre-filled forms/information where possible</td>
<td>Consent from enrollees to receive automated outreach</td>
<td></td>
</tr>
<tr>
<td>Postage-paid, self-addressed return envelope included (if paper forms/applications are accepted)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Policy Considerations

Limiting Redeterminations

• States should adopt 12-months continuous eligibility for all Medicaid beneficiaries

Stronger stakeholder linkages

• Additional communication between states and contracted plans to better educate women about their coverage options as their circumstances change

Express Lane Eligibility

• Women, Infant and Children programs
Karen Shea, Vice President, Maternal and Child Services, Government Business Division

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Improving Continuity of Coverage & Care for Pregnant & Postpartum Women

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Section Manager, Division of Health Care Services
Washington State Health Care Authority
Affordable Care Act Implementation: Pregnancy Related Health Insurance Coverage
Washington Health Benefit Exchange

- Created in state statute in 2011 as a public-private partnership
- Responsible for the operation of *Washington Healthplanfinder*, an easily accessible, online marketplace for anyone to compare and enroll in Qualified Health Plans and Washington Apple Health (Medicaid)
- Went live January 1, 2014
Implementation and Outreach

- Ad Campaign
- In-Person Assisters
- HCA Out-Stationed Eligibility Workers
- Dedicated HCA Eligibility Staff to Prioritize and Assist with Pregnancy Applications
- Managing and Overcoming System Challenges (make sure systems talk to one another)
Apple Health (Medicaid) Enrollment

• Since the Exchange was implemented, Apple Health Enrollment has increased from 1.2 million to 1.8 million. This represents about 25% of the total state population
• 600,000 increase represents mostly newly eligible adults and children
• In 2014 there were just over 80,000 births; 50% Medicaid eligible (consistent over time)
Apple Health for Pregnant Women

- Apple Health for Pregnant Women offers full scope health insurance coverage through two months post partum
- Women can self-declare; proof of pregnancy is not required
- Apple Health is available to pregnant women who have incomes up to 193% of the federal poverty level
- Family income limits include the unborn child (including twins, if known)
- Newborn child is automatically enrolled into Apple Health for Kids coverage for 12 months
# Income Limits for Apple Health for Pregnant Women

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Standard for Apple Health for Adults (133% FPL)</th>
<th>Income Standard for Apple Health for Pregnant Women (193% FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$1,305/month</td>
<td>Pregnant Women Count as 1+ number of unborn</td>
</tr>
<tr>
<td>2 people</td>
<td>$1,766/month</td>
<td>$2,563/month</td>
</tr>
<tr>
<td>3 people</td>
<td>$2,227/month</td>
<td>$3,232/month</td>
</tr>
<tr>
<td>4 people</td>
<td>$2,688/month</td>
<td>$3,901/month</td>
</tr>
</tbody>
</table>
Managing Churn

• If a woman became pregnant after she enrolled in a QHP, and reported her pregnancy using Washington Healthplanfinder, she may become eligible for WAH Pregnancy coverage (even if she did not qualify for WAH at the time she enrolled)

• Pregnant women are the only individuals who have the option to stay on a Qualified Health Plan (QHP) or receive WAH

• Prior to May 2015, Apple Health eligible pregnant women were automatically assigned to a managed care plan

• Beginning May 2015, Apple Health eligible pregnant women are able to choose their managed care plan at enrollment

• Churn has been reduced

• Providers more confident they will get paid for services rendered even if the pregnant woman’s eligibility changes
After the Baby is Born

- After the baby is delivered or the pregnancy ends, women receive WAH for Pregnant Women for two additional months.

- A letter is mailed to women reminding them to renew coverage either online at Healthplanfinder, via a paper application, or by calling the Healthplanfinder Customer Service Center.

- WAH coverage will end unless the woman’s income and household size allows her to continue on another Apple Health program.

- If no longer eligible for WAH, likely eligible for QHP.
First Steps Maternity Support Services

• Optional Medicaid program available to all pregnant women through two months post partum (about 60% of all pregnant women opt to receive MSS services)
• Offers childbirth education, health messages and ancillary services provided by a multidisciplinary team:
  – Nurse
  – Behavioral Health Specialist
  – Nutritionist
  – Community Health Workers
First Steps Maternity Support Services Continued

• Targets services to women at the highest risk of poor birth outcomes using an evidence-based screening tool developed in partnership with Department of Health, DSHS Research & Data analysis; Stakeholders

• High Risk women are eligible for 30 units of services (i.e. hypertension; diabetes; substance use; African American; Native American; Pacific Islander)

• Moderate Risk women are eligible for 14 units of service

• No-risk/low risk women are eligible for 7 units of service

• Risk level can change during pregnancy
First Steps Maternity Support Services Continued

• Group Services added in 2015
• Managed Care Referrals established in 2015
• Many MSS providers are also “In-person assister” agencies (i.e. Local Health Jurisdictions)
First Steps Infant Case Management

- Eligibility is from the child’s third month through the month of their first birthday
- Screening determines eligibility, and is based on risk factors impacting the health and safety of the child
- Case management services to connect family and child to needed services
Medicaid Administrative Claiming

- A joint state-federal program that allows HCA to contract with governmental entities to receive partial reimbursement for performing administrative activities that support the goals of the Medicaid State Plan
Medicaid Administrative Claiming
Continued

• HCA contracts with Local Health Jurisdictions, School Districts, Tribes, and other government agencies
• Contractor staff participate in random moment time studies to determine what percentage of their time is spent performing allowable activities such as:
  – Outreach
  – Application Assistance
  – Referral/linkage activities
Resources

- MAC: [http://www.hca.wa.gov/medicaid/mac/Pages/index.aspx](http://www.hca.wa.gov/medicaid/mac/Pages/index.aspx)
- Exchange: [wahealthplanfinder.org](http://wahealthplanfinder.org)
- AMCHP Paper (handout)
Q&A

if you have a question for the presenters, please type it in the chat box

please do not unmute your phone lines

all questions will be posed by our moderator
In Closing…

thanks for joining us
and a special thank you to our speakers!

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