



Navigating the Insurance Maze

SPIN Conference
April 16, 2016



HILOPA'A

Family to Family Health Information Center

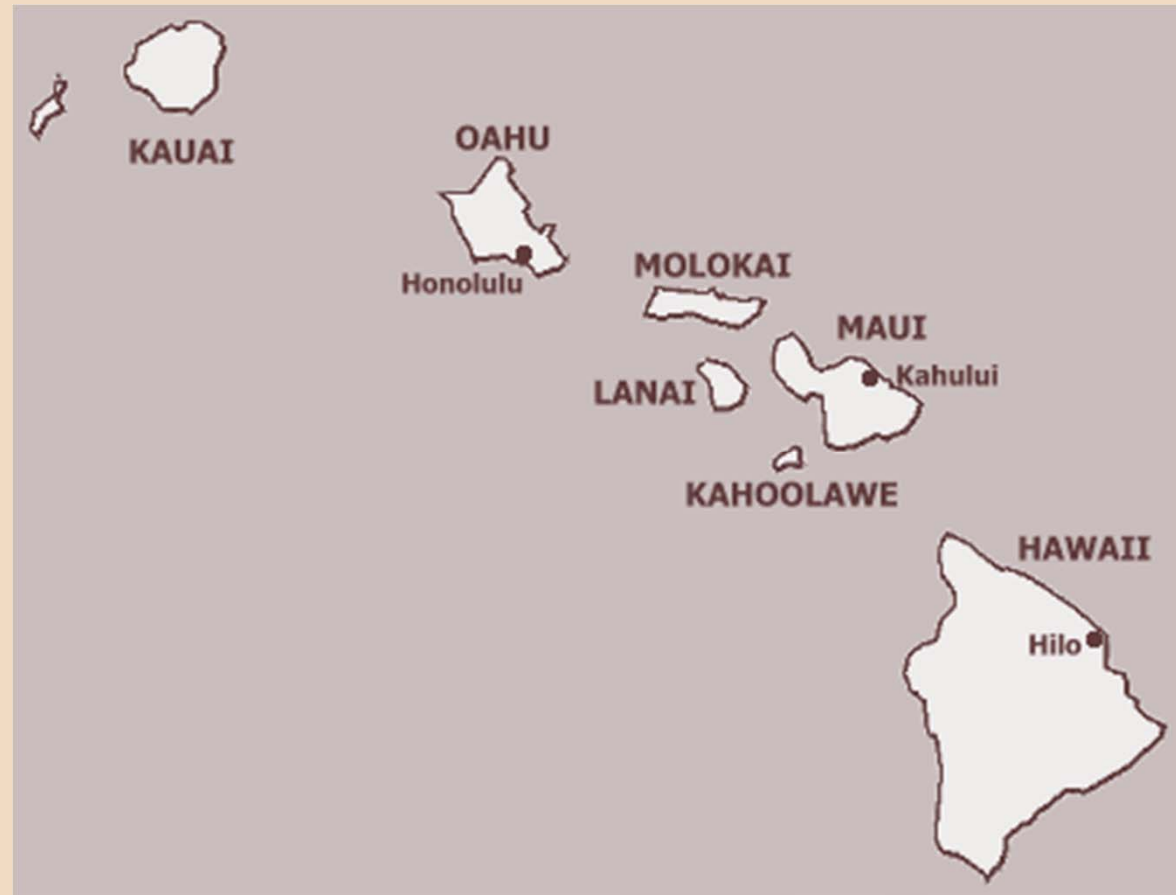
Leolinda Parlin
Director

Overview

- Understanding health insurance for kids
 - Hawai'i Prepaid Health Care Act
 - Patient Protection and Affordable Care Act
 - Medicaid
- How to appeal



Context






Hawai'i Prepaid Health Care Act of 1974

First mandated employer coverage



A close-up photograph of a wooden surface, possibly a workbench or a piece of furniture. A clear glass marble is resting on the wood, reflecting light. Next to it is a metal tool with a handle and a pointed end. The wood has some numbers and markings on it, including the number '27' and '20'.

Hawai'i Prepaid Health Care Act 1974

- Employer mandated coverage
- 19 hours a week, 4 weeks in a row
- Employee can pay part of premium
 - Lesser of
 - 50% of premium, or
 - 1.5% of employee's monthly gross income

So...

Bob - \$ 40,000/yr

ABC Health Plan - \$ 385/mo



- Monthly Salary

- \$3,333

- X 1.5% = 50.00

- OR

- Premium

- \$385

- X 49% = 194.00

Coverage

- Mandated health services
 - Hospital
 - Surgical
 - Medical
 - Diagnostic
 - Maternity
 - Substance Abuse






Kid's Coverage

- 12 visits
 - Birth
 - two months
 - four months
 - six months
 - nine months
 - twelve months
 - fifteen months
 - eighteen months
 - two years
 - three years
 - four years
 - five years



Expanded Coverage

- Psychiatry
- In Vitro Fertilization
- Contraceptive Care
- Mammography
- Genetic Counseling
- Hospice
- Metabolic Foods
- Diabetes Coverage
- Cancer Treatment
- Colon Cancer Screening



Patient Protection and Affordable Care Act 2010

ACA, Obamacare, Health Care Reform

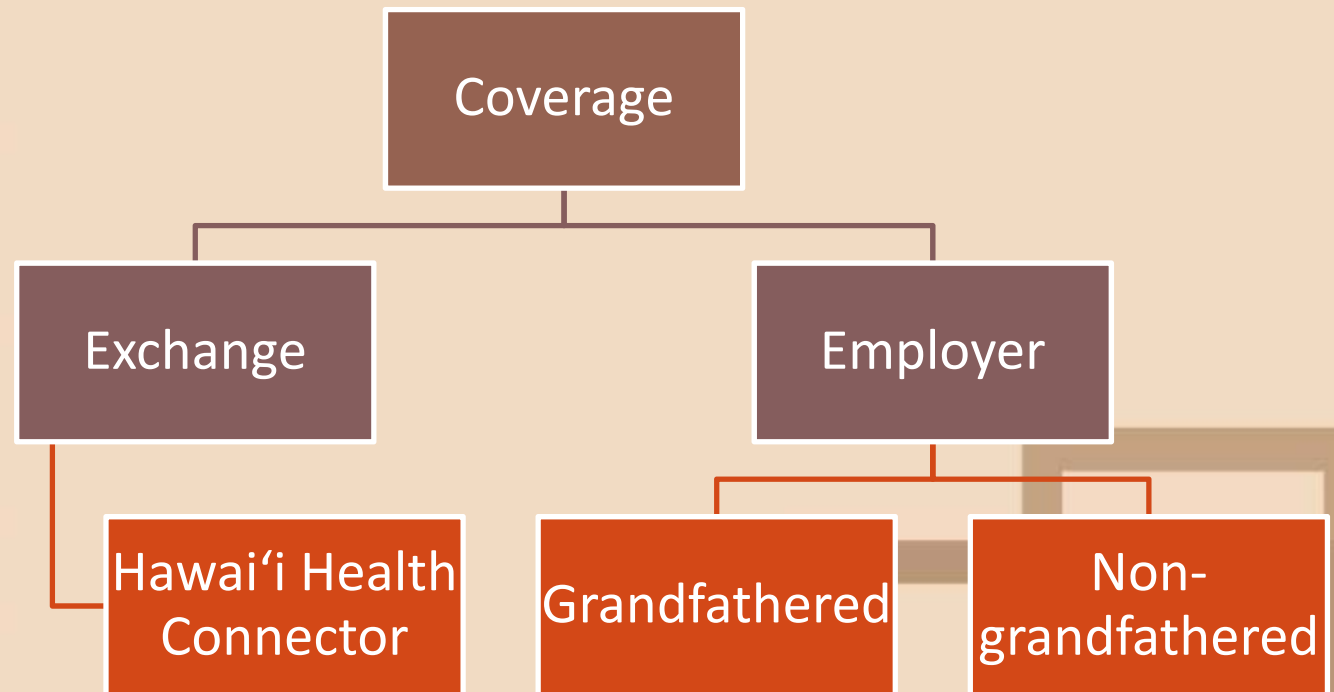


A close-up photograph of a wooden surface, possibly a workbench or a piece of furniture. A clear glass marble is resting on the wood, reflecting light. Next to it is a metal tool with a handle and a pointed end. The wood has some numbers and markings on it, including the number '27'.


Where we are in 2016

- No lifetime caps
- Young adult coverage until age 26
- Eliminate retro cancellations for mistakes on policies
- Expanded Medicaid coverage
- The Federal Exchange
- EHB for the Exchange & New Plans

Getting Covered



Healthcare.gov



HealthCare.gov Individuals & Families Small Businesses Log in Español


Get Coverage Change or Update Your Plan Get Answers - Search SEARCH

Need health insurance? See if you qualify

You can enroll in or change plans if you have certain life changes, or qualify for Medicaid or CHIP

[SEE IF I CAN ENROLL](#) [SEE IF I CAN CHANGE](#)

[Want a quick overview first?](#)

 **NEED TO SUBMIT DOCUMENTS TO VERIFY INFORMATION?** [SEE HOW](#)

I'm Cortana. Ask me anything. 6:54 AM 4/16/2016



Essential Health Benefits

1. Outpatient care
2. Emergency room
3. Inpatient care
4. Maternity and Infant care
5. Mental health and substance
6. Prescription drugs
7. Rehabilitation and habilitation services
8. Laboratory
9. Preventive services
10. Pediatric dental and vision services



Comparison

PPHCA

ACA

- Prescription drugs
- Habilitation services
- Pediatric dental
- Pediatric vision
- Extend of preventive services



Comparison Non-grandfathered plans

- Comply with Essential Health Benefits
- No cost for preventive services
- Due process for denials
- PCP selection
- Elimination of referral to OB
- No annual caps
- No pre-existing conditions for <19
- Direct access to out of network ED



Who's Grandfathered?

Group health plans in effective prior to 9/2010

AND

\leq 50 employees



Pediatrics

- Preventive Benefits
 - Bright Futures^(TM)
 - U.S. Preventive Services Task Force
 - Advisory Committee on Immunization Practices
 - HRSA guidelines on Secretary's Advisory Committee on Heritable Disorders
- Essential Health Benefits

Bright Futures/American Academy of Pediatrics



Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

Refer to the specific guidance by age as listed in *Bright Futures* guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

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- | | | |
|---|---|---|
| <p>1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished by the suggested age, the schedule should be brought up to date at the earliest possible time.</p> <p>2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the American Academy of Pediatrics' "Breastfeeding and the Use of Human Milk." (http://pediatrics.aappublications.org/content/126/5/e973.full)</p> <p>Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered). Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and information as recommended in the AAP statement "Breastfeeding and the Use of Human Milk." (http://pediatrics.aappublications.org/content/126/5/e973.full). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/4/e45.full).</p> <p>Screen, per the 2007 AAP statement "Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity," (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.pdf)</p> <p>3. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.</p> <p>If the patient is uncooperative, rescreen within 6 months, per the 2007 AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/111/5/942.abstract).</p> <p>4. Hearing should be screened by the pediatrician's Office of Pediatric Audiology and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/884.full).</p> <p>5. See 2005 AAP Statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/116/1/405.full).</p> <p>Screening should occur per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/3/1183.full).</p> | <p>1. Recommended screening tool is available at http://www.casbar.boston.org/CRAFT/index.php.</p> <p>2. Recommended screening using the Patient Health Questionnaire (PHQ-2) or other tools available in the GLAD-PC toolkit and at http://www.asp.cornell.edu/cadoc/pdq-and-policy.asp#health-relatives/National-Mental-Health-Disorders_M_ScreeningChart.pdf.</p> <p>At each visit, updated physical examination is essential, with infant toilet unclothed and older children undressed and suitably draped. See the 2010 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/125/5/971.full).</p> <p>4. These may be modified, depending on entry point into schedule and individual need.</p> <p>5. The Recommended Uniform Newborn Screening Panel (http://www.fda.gov/oc/ohrt/newbornscreening.htm) is determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-us.sites.uchicago.edu/sites/default/files/secaden.pdf), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.</p> <p>Screens for critical congenital hearing pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Endorsed Statement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/127/1/190.full).</p> <p>7. Schedules, per the AAP Committee on Infectious Diseases, are available at http://AAPbook.com/aapcom/infectiousdiseases/schedules.html. Every visit should be an opportunity to update and complete a child's immunizations.</p> <p>See 2010 AAP statement "Childhood Vaccination Schedule and Iron Deficiency Anemia in Infants and Young Children [3-5 Years of Age]" (http://pediatrics.aappublications.org/content/126/1/1343.full).</p> <p>9. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Presentation "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/states/AACLP/Final_Document_201211.pdf).</p> | <p>2. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.</p> <p>3. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on reception of non-risk factors.</p> <p>See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Risk Factor for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.mnh.nhlbi.nih.gov/docs/aicr_ped_index.htm).</p> <p>4. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the AAP statement (http://pediatrics.aappublications.org/content/126/5/973.full). The purpose is to determine the sexual activity level and, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.</p> <p>5. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspsf/uspsfcrn.htm). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Physical Examination Recommendations for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/5/883.full).</p> <p>7. Refer to a dental home. If available, if not available, perform a risk assessment (http://www.aap.org/sections/orofacialRisksAssessmentTool.pdf). If primary water source is deficient in fluoride, consider oral fluoride supplementation. For those at high risk, consider application of fluoride varnish for caries prevention. See 2008 AAP statement "Preventive Oral Care for Patients with Special Needs" (http://pediatrics.aappublications.org/content/122/5/1387.full) and 2009 AAP statement "Oral Health Risk Assessment Timing and Establishment of the Dental Home" (http://pediatrics.aappublications.org/content/115/11/1133.full).</p> |
|---|---|---|

KEY ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided



Well Child Care

- Bright Futures Schedule
 - Prenatal – 21y
 - PE
 - Risk assessments
 - Psychosocial/behavioral assessments
 - Surveillance
 - Anticipatory guidance
 - Laboratory test
- 

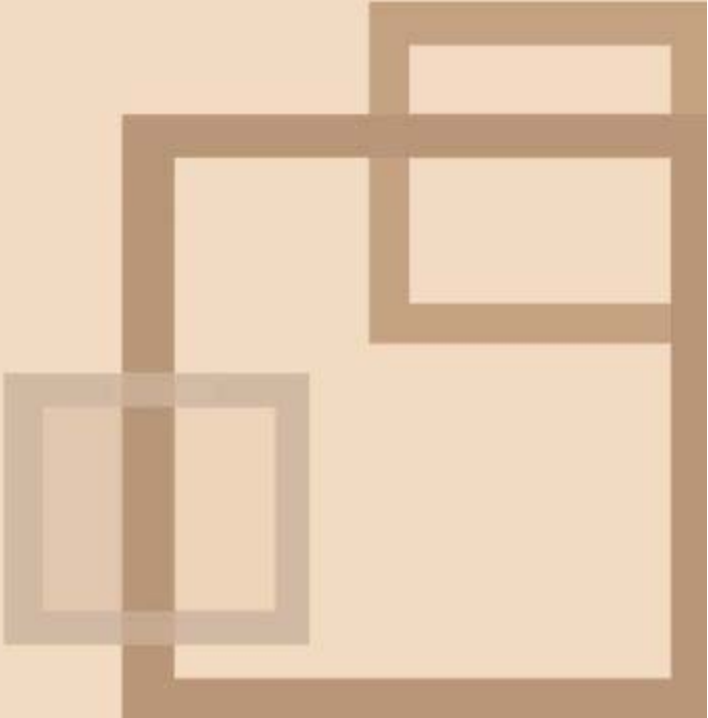


Comparison

ACA

- 26 visits up to age 21

PPHCA

- 12 visits up to age 6
- 



Additional Procedures

- Developmental screening
- Autism screening
- Depression screening
- Alcohol and drug use assessment using a structured screening tool
- TB testing
- Lead
- Hematocrit or Hemoglobin
- Dyslipidemia
- Cervical Dysplasia
- Fluoride varnish
- Sensory



Comparison

ACA

- No Cost
 - All services on the last slide

PPHCA

- CoPayment
 - TB testing
 - Lead
 - Hematocrit or Hemoglobin
 - Dyslipidemia
 - Cervical Dysplasia
- Out of Pocket for Remaining Services

Developmental & ASD Screening

- Screens
 - M-CHAT
 - 18mo, 24, mo
 - ASQ/PEDS
 - 9mo, 18mo, and 30mo
 - Depression
 - ≥ 11 yo, annually



Peds Vision and Dental

- Vision – federal coverage for children
- Dental – Medicaid Coverage



2015 Pay for Quality



Play by Play Accountability

- Teach providers what's covered
- Inform families of what they have
- Stay in touch
 - DCCA Insurance Commissioner
 - Hilopa'a F2FHIC





Medicaid

QUEST Integration, QI



Federal Vision for Medicaid

- Children up to age 19
- Pregnant women
- Parents (and other caregivers of children) in families with dependent children
- Individuals with serious disabilities
- Elderly



A close-up photograph of a wooden surface, possibly a workbench or a piece of furniture. A clear glass marble is resting on the wood, reflecting light. Next to it is a metal tool with a dark handle. The wood has some circular indentations and the number '27' is visible. The background is a solid light brown color.

Starting Point

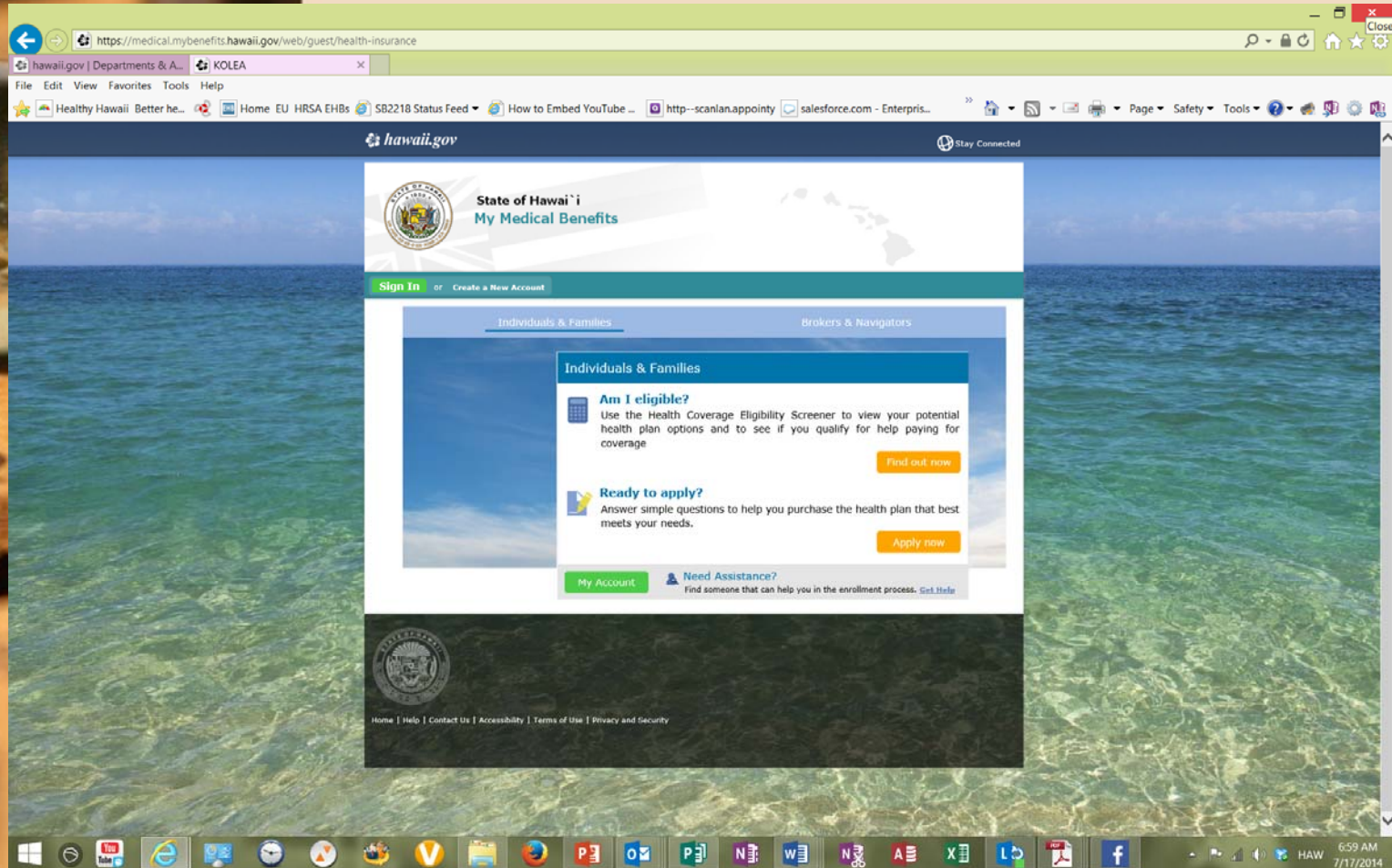
- Be a Hawaii resident
- Be a U.S. citizen or legal immigrant
- Provide proof of their citizenship status
- Provide proof of their identity
- Provide a Social Security Number
- Not reside in a public institution
- Meet immigrant/alien requirement for specialized programs



General Eligibility

- Categorical Eligibility
- TANF
- 1925-TMA
- Foster Care
- Aged
- Blind
- Disabled
- Expanded Eligibility
- Immigrant Children
- Pregnant Woman
 - (101-185% FPL)
- S-CHIP
 - (201-**308%** FPL)
- ACA Expansion
 - 18-64y (101-**138%** FPL)
 - Foster Care **18-26y**

<https://medical.mybenefits.hawaii.gov/>



Timelines

Reality

- 1 day, under 65



Statute

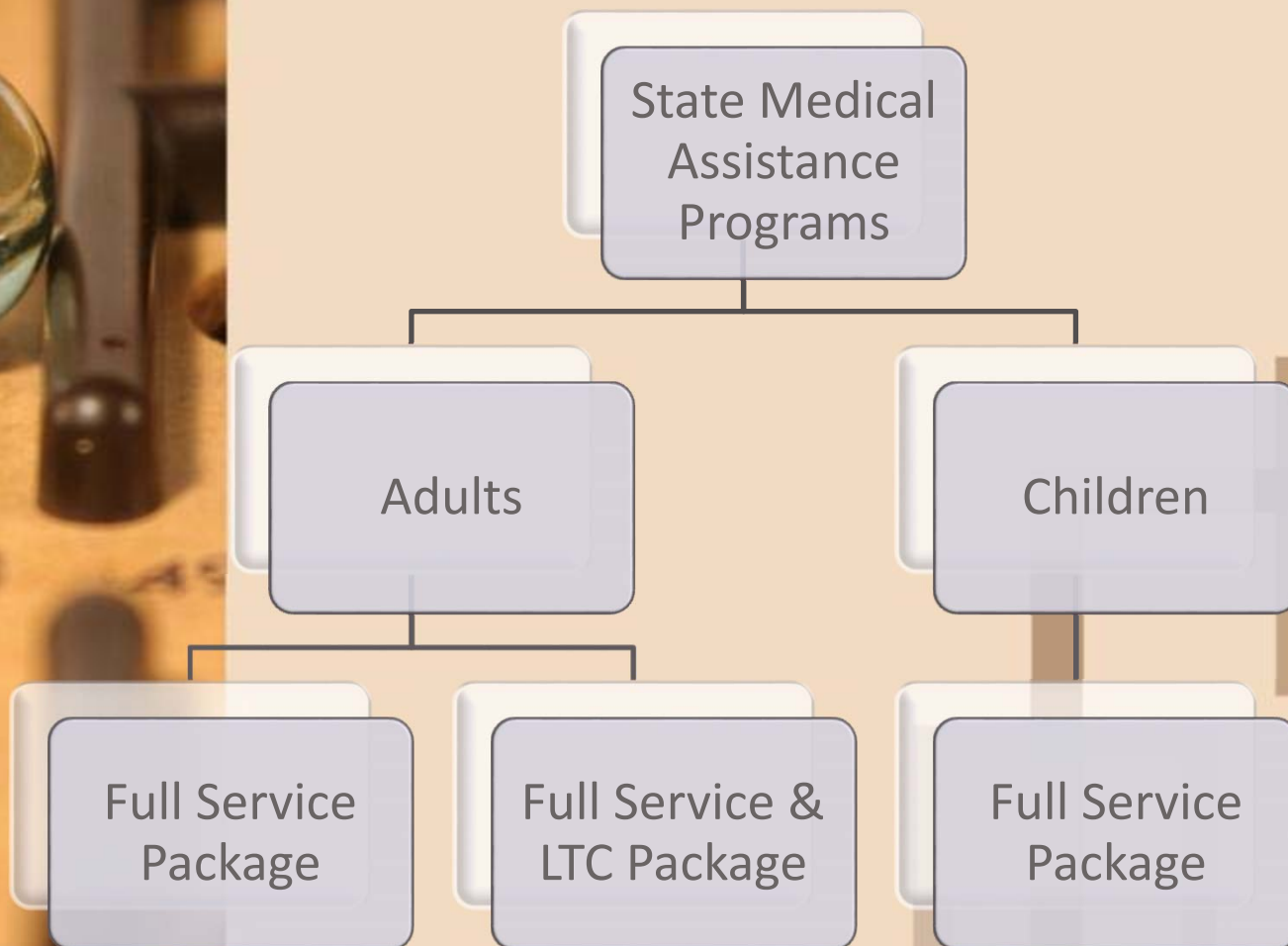
- 45 days for Medical Assistance
- 90 days for Medical Assistance due to Disability



Service Delivery

Once you're in, how do you get your services?

What Does That Look Like?





Hawai'i Medicaid Programs

QUEST Integration

- 2015 - MMC
- Primary & Acute
- Long Term Care

Carve Outs

- Transplant
- SMI
- Early Intervention IDEA Part C
- School Based Services
- DD/MR Waiver
- Dental

42 CFR Part 441, Subpart B

1965 – Medicaid

1967 – EPSDT

Required activities:

- a. Informing
- b. Screening
- c. Diagnosis & Treatment
- d. Accountability
- e. Timeliness

<21Y

Centers for Medicare & Medicaid Services, HHS

§ 441.56

facility does not apply under emergency conditions permitted under Medicare (see § 482.2 of this chapter).

[43 FR 45229, Sept. 29, 1978, as amended at 51 FR 22041, June 17, 1986]

Subpart B—Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21

SOURCE: 49 FR 43666, Oct. 31, 1984, unless otherwise noted.

§ 441.50 Basis and purpose.

This subpart implements sections 1902(a)(43) and 1905(a)(4)(B) of the Social Security Act, by prescribing State plan requirements for providing early and periodic screening and diagnosis of eligible Medicaid recipients under age 21 to ascertain physical and mental defects, and providing treatment to correct or ameliorate defects and chronic conditions found.

§ 441.55 State plan requirements.

A State plan must provide that the Medicaid agency meets the requirements of §§ 441.56–441.62, with respect to EPSDT services, as defined in § 440.40(b) of this subchapter.

§ 441.56 Required activities.

(a) *Informing.* The agency must—
(1) Provide for a combination of written and oral methods designed to inform effectively all EPSDT eligible individuals (or their families) about the EPSDT program.

(2) Using clear and nontechnical language, provide information about the following—

(i) The benefits of preventive health care;

(ii) The services available under the EPSDT program and where and how to obtain those services;

(iii) That the services provided under the EPSDT program are without cost to eligible individuals under 18 years of age, and if the agency chooses, to those 18 or older, up to age 21, except for any enrollment fee, premium, or similar charge that may be imposed on medically needy recipients; and

(iv) That necessary transportation and scheduling assistance described in

§ 441.62 of this subpart is available to the EPSDT eligible individual upon request.

(3) Effectively inform those individuals who are blind or deaf, or who cannot read or understand the English language.

(4) Provide assurance to CMS that processes are in place to effectively inform individuals as required under this paragraph, generally, within 60 days of the individual's initial Medicaid eligibility determination and in the case of families which have not utilized EPSDT services, annually thereafter.

(b) *Screening.* (1) The agency must provide to eligible EPSDT recipients who request it, screening (periodic comprehensive child health assessments); that is, regularly scheduled examinations and evaluations of the general physical and mental health, growth, development, and nutritional status of infants, children, and youth. (See paragraph (c)(3) of this section for requirements relating to provision of immunization at the time of screening.) As a minimum, these screenings must include, but are not limited to:

(i) Comprehensive health and developmental history.

(ii) Comprehensive unclothed physical examination.

(iii) Appropriate vision testing.


(iv) Appropriate hearing testing.

(v) Appropriate laboratory tests.

(vi) Dental screening services furnished by direct referral to a dentist for children beginning at 3 years of age. An agency may request from CMS an exception from this age requirement (within an outer limit of age 5) for a two year period and may request additional two year exceptions. If an agency requests an exception, it must demonstrate to CMS's satisfaction that there is a shortage of dentists that prevents the agency from meeting the age 3 requirement.

(2) Screening services in paragraph (b)(1) of this section must be provided in accordance with reasonable standards of medical and dental practice determined by the agency after consultation with recognized medical and dental organizations involved in child health care.

(c) *Diagnosis and treatment.* In addition to any diagnostic and treatment



Kids – Full Benefits Package

- ***EPSDT:*** *E*arly and *P*eriodic *S*creening *D*iagnosis and *T*reatment
- Comprehensive and preventive child health program
- Social Security Act requires that any ***medically necessary*** health care service be provided even if the service is not available under the State's Medicaid plan



Mandated Services

- Home Health Services
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Medical Supplies, including medical equipment and supplies
- Prosthetic devices, including hearing aids
- Whole Blood & Biological Supplies
- Psychiatric services
- Psychological services
- Medical Transportation
- **Targeted Case Management Services**
- **Skilled nursing services**
- **Personal care services**
- Inpatient Services – Acute and LTC
- Outpatient services
- Clinic services
- X-ray and Laboratory services
- Drugs
- Immunizations
- Eye examinations, refractions and glasses
- Dental services
- Family planning services
- Diagnostic, screening, preventive services
- Respiratory care services
- Hospice care services
- Chiropractic services
- Organ and tissue transplant

Service Coordination

Children with Special Health Care Needs

< 21 years of age

Chronic Physical,
Developmental,
Behavioral, or
Emotional
Condition

Expected to last
>12 months

Targeted Population

Need or Use of
Prescription
Medications

Need or Use of
Specialized Therapies
or Services

Need or Use of Mental
Health Counseling

Has a Functional
Limitation

A close-up photograph of a wooden workbench, likely for watchmaking or precision toolmaking. In the foreground, a clear glass lens or magnifying glass sits on the surface. To its right, a dark, polished metal tool, possibly a screwdriver or a similar precision instrument, is visible. The background shows more tools and components, slightly out of focus. The number '27' is visible on the wooden surface near the lens.

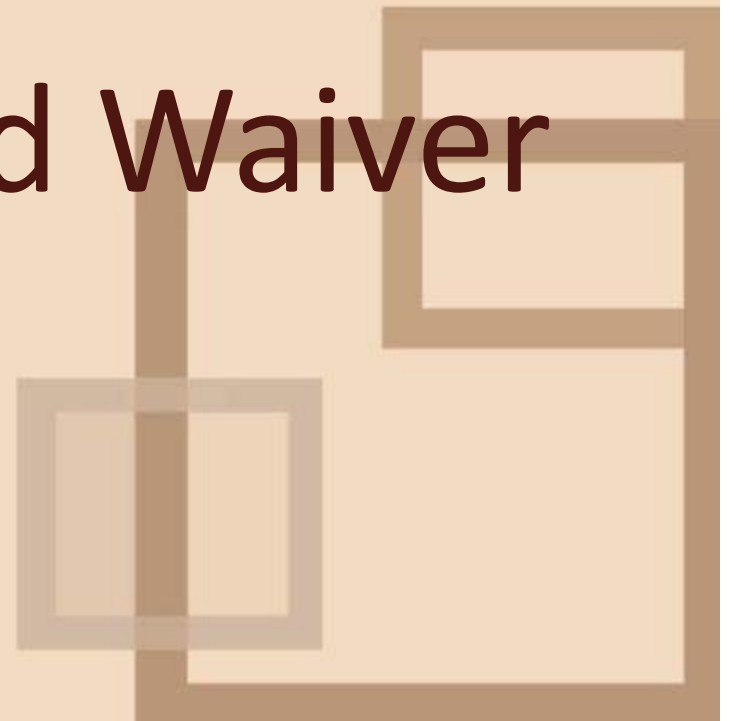
In Essence...

- Contact Health Plan directly
 - MD or Family
- HP to assess needs w/in 30d of identification
- Develop treatment plan
- Coordinate care
- Provide access to providers
- Assess care



Medicaid Waiver

DD/ID Waiver





DD/ID Home and Community-Based Waiver Services

DD/ID Eligibility Criteria

- DD
 - Mental or Physical or Both
 - <age 22
 - Continue indefinitely
 - 3 adaptive
 - lifelong
- ID
 - IQ <70-75, <18y

Medicaid Eligibility

Admitted to Waiver

- ICF-ID-C LOC
- Space Availability

SB2887

NEW @ The LEGISLATURE

Eligibility for Children 0-9

Existing

- Mental or Physical or Both
- <age 22
- Continue indefinitely
- 3 adaptive
- lifelong



New

- Substantial developmental delay or specific congenital or acquired condition
- "High probability of meeting criteria in later life"



<http://governor.hawaii.gov/contact-us/contact-the-governor/>

A close-up photograph of a wooden workbench. In the foreground, a magnifying glass with a dark handle is positioned over a small, circular hole in the wood. The number '27' is visible on the wood surface near the hole. Other tools and parts are blurred in the background.

Waiver Services

- DD/MR Emergency Services (Respite, Outreach, and Shelter)
- Training and Consultation
- Specialized Medical Equipment and Supplies
- Environmental Accessibility Adaptations
- Vehicular Modifications
- Assistive Technology
- Personal Emergency Response System
- Chore*
- Personal Assistance/Habilitation (PAB) *
- Respite*
- Residential Habilitation
- Supported Employment
- Skilled Nursing
- Transportation
- Adult Day Health

* Agency or Consumer Directed Option

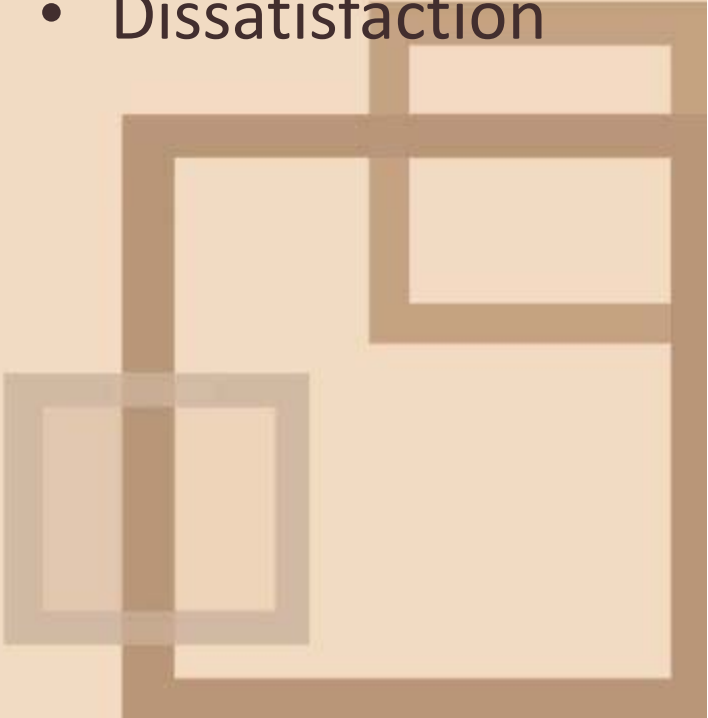
A close-up photograph of a wooden workbench. In the foreground, a magnifying glass with a dark handle and a round lens is positioned over a small hole in the wood. The number '27' is visible on the wood surface near the hole. Other tools and holes are visible in the background, slightly out of focus.

Problems?

Appeal

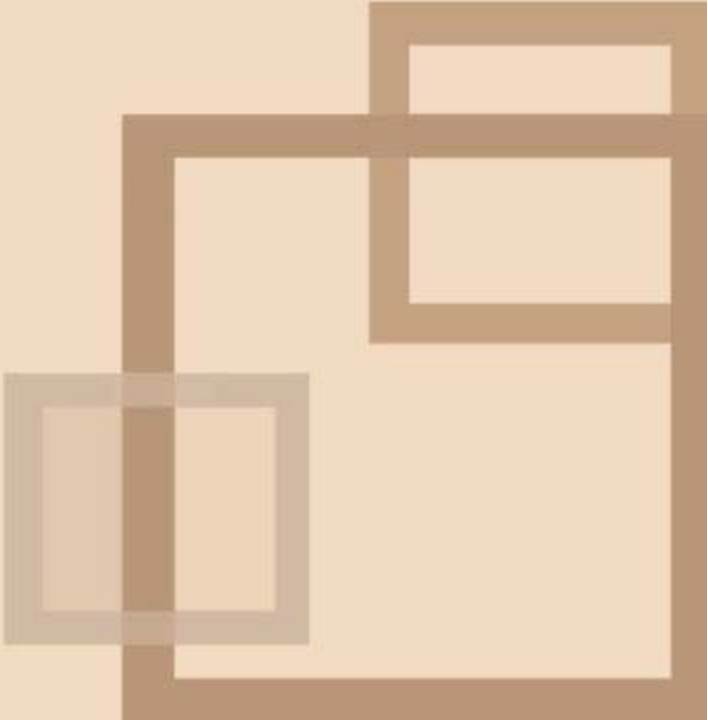
- Undo an action
- Formal
- Something has to happen

Grievance

- Complaint
 - Informal
 - Dissatisfaction
- 
- A decorative graphic in the bottom right corner of the slide. It consists of several overlapping squares of different shades of brown and tan, creating a geometric pattern.

A close-up photograph of a wooden workbench. In the foreground, a clear glass lens sits on the surface. To its right is a dark, cylindrical tool. Below the lens, the number '27' is visible on the wood. Other tools and parts are blurred in the background.

Member Rights

- Every plan has to define processes
 - Clear description
 - Time sensitive!!!!
- 
- A decorative graphic in the bottom right corner consisting of several overlapping squares of different shades of brown and tan, creating a stepped, architectural effect.

Hilopa'a F2FHIC



Hilopa'a Family to Family Health Information Center



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As a parent or a caregiver of someone with special health care needs, you are often the *ho'okele* or steersman navigating through the health care system. Often times, there's no map to help you figure out your next step. The Hilopa'a F2FHIC is here to help you. We are staffed by "veteran moms" who are prepared to give you the *kokua* you need to guide your family's canoe through the sometimes turbulent waters to good health.

HILOPA'A

Family to Family Health Information Center



We are just a phone call away and serve all islands:

O'ahu	(808)791-3467	Moloka'i	(808)660-0063
Hawai'i	(808)333-3053	Kaua'i	(808)240-0485
Maui & Lana'i	(808)270-1536	Fax - O'ahu	(808)531-3595

We are also the Obmudsman for the Hawai'i State Medicaid Programs.

The Hawai'i Family-to-Family Health Information Center Project is funded in parts by grants administered by the U.S. Department of Health and Human Services, Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs specifically by the Family Opportunity Act of 2005, amended by the Patient Protection and Affordable Care Act of 2010 and the Integrated Services Branch State Implementation Grants for Improving Services for Children and Youth with Autism Spectrum Disorder (ASD) and other Developmental Disabilities.