THE FUTURE OF THE AFFORDABLE CARE ACT: WILL ADOLESCENTS AND YOUNG ADULTS GET WHAT THEY NEED?

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Goals

- This session has three primary goals:
  - To describe how the Affordable Care Act will expand health insurance coverage for adolescents & young adults
  - To explain how the Affordable Care Act will provide adolescents & young adults access to important benefits
  - To explore current and upcoming challenges and controversies

Overview

- Adolescents & young adults
- ACA expanded insurance coverage
- ACA benefits
- Sexual & reproductive health services
- Confidentiality concerns
- Challenges & controversies

Adolescents & Young Adults

- Special concerns
- Social context
- Vulnerable populations
- Health status
- Health care system issues
- Health care utilization
- Health insurance status
- Privacy

Special Concerns

- Adolescents vs. young adults
- Age & developmental status
- Legal status
- Health insurance status

Social Context

- Familial support
- Institutional relationships
- Living situations

Vulnerable Populations

- Racial & ethnic minorities
- Youth in & exiting foster care
- Youth in juvenile & criminal justice systems
- Homeless youth
- LGBT youth

Health System Issues

- Acute care favored over prevention
- Financing/insurance difficult to navigate
- Shortage of trained & comfortable providers
- Age-linked legal requirements mismatched with developmental/social characteristics
  - Consent
  - Loss of eligibility/change in insurance
  - Change of primary care clinician

Health Care Utilization

- Adolescents
  - 40% of adolescents had a past year well-visit
    - Among those very few received recommended preventive services (2001-2004)
  - 54% received care in a medical home (2007)
    - 46% for those with mental health condition
    - 35% for those with mental health AND physical health condition
- Young adults
  - Lowest rates of ambulatory care visits
  - Very high rates ER visits

Sources: *Irwin et al., 2009; Adams et al., 2013; NHIS*

Health Insurance Status 1

- Adolescents & young adults insured at lower rates than younger children
- 2011continuous health insurance coverage for at least a year
  - 89.3% of adolescents (ages 10-17)
  - 66.7% of young adults (ages 18-25)
- 2011 uninsured full-year or part-year
  - 11.7% of adolescents (ages 10-17)
  - 32.3% of young adults (ages 18-25)

Sources: *NAHIC/UCSF analysis of National Health Interview Survey; English & Park, 2012*

Health Insurance Status 2

- 2011 full year coverage
  - Private coverage
    - 56.7% of adolescents (ages 10-17)
    - 51.5% of young adults (ages 18-25)
  - Public coverage
    - 32.6% of adolescents (ages 10-17) [Medicaid & CHIP]
    - 15.2% of young adults (ages 18-25) [Medicaid]

Sources: *NAHIC/UCSF analysis of National Health Interview Survey; English & Park, 2012*

ACA Expanded Coverage

- Private health insurance
  - Coverage to age 26 on family policy – 2010
  - No pre-existing conditions exclusion for children - 2010
  - Health insurance "Exchanges" & subsidies – 2014
- Medicaid & CHIP
  - Maintenance of effort
  - Medicaid expansion

Private Health Insurance

- Individual mandate & financial penalties
- Health insurance "Exchanges"/"Marketplaces"
  - Platinum/Gold/Silver/Bronze plans
  - Catastrophic plans
- Federal subsidies
  - Premium tax credits (100% - 400% FPL)
  - Cost-sharing assistance (100% - 250% FPL)
- Age 26 provision
  - >3 million new young adults covered since Sept 2010

Public Health Insurance

- Prior to ACA
  - Medicaid required to cover
    - Ages 0-6 & pregnant women to 133% FPL
    - Ages 6-18 to 100% FPL
      - 10 states more generous in Medicaid/many more generous in CHIP
  - Medicaid eligibility levels for single adults very low
    - 0% FPL in many states for those not parents, not disabled
- ACA
  - Medicaid required to cover ages 6-18 to 133% FPL
  - Maintenance of effort in Medicaid & CHIP
  - Medicaid expansion beginning 2014

ACA Medicaid Expansion

- Originally required for all states
- State option since Supreme Court decision June 2012
- Coverage of individuals to 133% FPL
  - Not if Medicare eligible
  - Not undocumented immigrants
  - Not legal immigrants here less than 5 yrs
- Former foster youth until age 26

Status of Medicaid Expansion

- As of September 30, 2013
  - 25 states moving forward with Medicaid expansion
  - 26 states not moving forward at this time
  - Virginia not moving forward at this time
- Implications of not expanding Medicaid
  - Young adults
    - Not Medicaid eligible unless disabled, pregnant, or parent
    - < 100% FPL not eligible for premium assistance and subsidies in exchanges
    - Many vulnerable young adults left out

Virginia Medicaid

- Income eligibility effective January 1, 2014 based on state decisions as of September 30, 2013
  - Ages 6-18 143% FPL
  - CHIP: 200% FPL
  - Pregnant women 143% FPL
  - Parents 49% FPL
  - Other Adults 0%
- No Medicaid expansion
- Maintenance of effort required

Source: *Centers for Medicare and Medicaid Services*

ACA INSURANCE COVERAGE FOR ADULTS

Income Levels	Medicaid Expansion States	Non-Medicaid Expansion States
>250% - 400% FPL *400%= Individual: $45,960* *Family of 3: $78,120*	Premium Assistance in Marketplace	Premium Assistance in Marketplace
>133% - 250% FPL *250%= Individual: $28,725* *Family of 3: $38,775*	Premium Assistance **and** Cost-Sharing Subsidies in Marketplace	Premium Assistance **and** Cost-Sharing Subsidies in Marketplace
100% - 133% FPL *133%= Individual: $15,282* *Family of 3: to $20,628*	Medicaid Coverage for most adults	
Less than 100% FPL *100%= Individual: <$11,490* *Family of 3: <$15,510*		No Change from Pre-ACA Medicaid Coverage *(ranges from 0% to 129% FPL, depending on state and group)* ***Virginia:*** *Pregnant Women: 143% FPL* *Parents: 49% FPL* *Other Adults: 0% FPL*

Source: NAHIC/UCSF

ACA Benefits

- "Essential Health Benefits"
  - All private plans offered through the Exchange must cover 10 essential health benefits
    - State flexibility
    - Benchmark plans
    - Monitoring & advocacy
  - States opting for Medicaid expansion must cover at least 10 essential health benefits for newly eligible adult beneficiaries

Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Preventive Services

- No cost sharing in private health plans
- In-network providers
- Scope
  - USPSTF grade A or B recommended services
  - Bright Futures recommended services for adolescents
  - CDC ACIP recommended vaccines
  - Services recommended in Women's Preventive Services Guidelines (IOM)

Sexual & Reproductive Services 1

- Preventive services with no cost sharing
  - Screening & counseling for
    - STDs
    - HIV
    - Domestic/partner violence
  - Contraception
  - Vaccines for sexually transmissible infections (e.g. HPV)

Sexual & Reproductive Services 2

- Maternity care
  - Services that span the pre-conception, pregnancy, labor and delivery, postpartum, and inter-conception periods
- Abortion
  - States can ban coverage in exchange plans
  - No federal funds for abortions beyond scope of Hyde Amendment

Contraception Controversy

- Contraception = preventive service to be covered with no cost sharing
  - All FDA-approved methods should be covered
- Religious objections
  - Regulatory compromise
    - Churches
    - Hospitals, universities
    - Non-religiously affiliated employers
  - Lawsuits

Grace Periods & Exemptions

- Some religious employers (e.g. churches) are exempt from the contraceptive coverage requirement
- Nonprofit employers/universities/schools with religious objections received a one year grace period to postpone compliance until 8/1/2013
  - "Accommodation" as means of satisfying requirement
- Self-funded student health plans are exempt

ACA Provider Networks

- Shortage of trained & accessible providers
  - Adolescents
  - Young adults
  - Sexual/reproductive health services
- ACA minimum standards
  - Sufficient choice and type
  - "Essential Community Providers"

Outreach and Enrollment

- States required to engage in outreach to vulnerable populations:
  - "…conduct outreach to and enroll in Medicaid/CHIP vulnerable and underserved populations, including unaccompanied homeless youth, children with special health care needs, pregnant women, racial and ethnic minorities, rural populations and individuals with HIV/AIDS." § 2201(b) (amending 42 U.S.C. § 1397aa)
- States required to have streamlined application procedures

Privacy Concerns

- Decades of research findings
- Effects
  - Willingness to seek care or use certain services
  - Choice of provider or site
  - Willingness to disclose sensitive information
- Issues
  - Sexual/reproductive health
  - Mental health
  - Substance use
  - Domestic/partner violence
  - Child abuse
- Challenges related to coverage as dependents

Federal Confidentiality Laws

- Federal constitutional right of privacy
- Federal funding programs
  - Title X Family Planning
  - Medicaid
  - Federal drug & alcohol programs
- HIPAA Privacy Rule
  - Importance of state laws in application of federal laws
    - Young adults fully protected
    - Adolescent minors – parents may/may not have access

State Confidentiality Laws

- State constitutional right of privacy
- Minor consent
- Medical confidentiality & medical records
- Patient access to health records
- Professional licensing
- Evidentiary privileges
- State funding programs

HIPAA: Special Privacy Protections 1

- Health care providers and health plans must permit individuals to:
  - Request confidential communication
  - Receive protected health information by alternative means or at alternative locations
- Health care providers
  - Must accommodate reasonable request
- Health plans
  - Must accommodate reasonable request if the individual states that disclosure could **endanger** the individual

HIPAA: Special Privacy Protections 2

- Individuals may request no disclosure of protected health information without their authorization
- Covered entities (health plans, health care providers)
  - Not required to agree
  - If they do agree, must comply

Confidentiality for Adolescents & Young Adults

- Both adolescents **&** young adults have privacy concerns
- Legal confidentiality protections not identical for adolescent minors (< 18) and young adults (≥ 18)
- Disclosures via billing and insurance claims affect both age groups
- EMR issues more complex for adolescent minors (< 18)

Implications of ACA re Privacy

- Changing health environment
- More young adults will have health insurance
  - Coverage to age 26 on family policy
- Coverage of preventive services without cost sharing in private health plans
  - Contraceptive services
  - STD screening
- Confidentiality challenges for young people covered on a family health insurance policy

Disclosure Requirements

- Federal laws
  - ERISA
- State laws
  - Requirements that abrogate confidentiality
  - Approaches to protect confidentiality

State Insurance Requirements: Disclosure

- Explanation of Benefits (EOB)
- Denial of claims
- Acknowledgment of claims
- Requests for additional information
- Payment of claims

EOBs: Widespread Use

- EOBs ubiquitous
  - Laws in ½ of states presume or explicitly require EOBs
  - Insurance contracts, policies, practices usually require
- Typically sent by private health insurance plans to policyholder who may/may not be patient
- Less frequent use in Medicaid for sensitive services
- Purpose
  - Fraud prevention
  - Transparency of insurance claims process

EOBs: Content

- General or detailed description of the care provided
- Charges that were submitted to the insurer
- Amount covered by insurance
- Amount not covered
- Policyholder's or patient's remaining financial responsibility, if any

Denials of Claims

- Required by federal law in ERISA
  - To "participant or beneficiary"
  - New requirements pursuant to ACA
    - Diagnosis code and corresponding meaning
    - Treatment code and corresponding meaning
- Required by state law in almost every state
- Recipient variously specified as the insured, the beneficiary, a legal representative of the beneficiary or a designated adult family member, an enrollee, a covered person, a subscriber, a certificate holder, the health care provider, and/or the claimant

Protecting Confidentiality

- EOB not sent when no balance due (NY, WI)
- EOB sent directly to patient (NY, WI)
- Confidential STD care includes billing (CT, DE, FL)
- Health care provider must inform insurer when "minors without support" request confidentiality (HI)
- Minor may refuse parents' request for EOB or claim denial (ME)
- Insurer may not disclose private health information, including by mailing an EOB, without authorization of minor or adult patient (WA)
- Insurers must honor requests for confidential communications (CA)
- Summary of Payment Form that protects confidentiality (MA – in development)

Controversies & Challenges

- Costs in ACA exchange plans
  - Deductibles, copayments, coinsurance
- Medicaid expansion
  - Coverage for vulnerable young adults
- Scope of Essential Health Benefits
  - State level advocacy
- Contraception & abortion
  - Exemptions for nonreligious employers
- Confidentiality & insurance
  - EOBs for dependents on family's plan

Conclusion

- Ensuring access to affordable insurance & essential health services for adolescents & young adults under the ACA will be complex
  - Federal laws
  - State laws
  - Health care professionals & advocates
- ACA **will** help adolescents & young adults – how much???

Resources

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Thank You!