Issues in Health Care Today
Medicaid, Health Insurance Exchanges and HIPAA
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Disclosure

• Financial
  • ASHA Employee
• Non-financial
  • ASHA Member
  • Ex-officio to ASHA’s Medicaid Committee
  • ASHA’s liaison to the HAB – Habilitation Benefits Coalition

Agenda

• ACA – Key provisions
  • Essential Health Benefits
  • Health Insurance Exchanges
  • Medicaid Expansion
• HIPAA – final rule
Essential Health Benefits

- 10 categories that must be included in policies offered in Exchanges and also by Medicaid

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<th>Service</th>
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<td>Ambulatory patient services</td>
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<td>Maternity and Newborn Care</td>
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<td>Preventive and Wellness Services and Chronic Disease Management</td>
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<td>Pediatric Services, Including Oral and Vision Care</td>
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Rehabilitation and Habilitation

- ASHA participated on a statutory working group formed by the NAIC to develop plain language definitions of insurance and medical terms and a standard summary of benefits form
- Released in proposed rule, to see the documents, go to [http://naic.org/committees_b_consumer_information.htm](http://naic.org/committees_b_consumer_information.htm)

Rehabilitation

- “Rehabilitation” was one term mandated in the law to be defined in the glossary
- Final definition
  - "Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings."
Habilitation

- ASHA recommended that “habilitation” also be defined
- Final definition
  - "Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings."

Exchanges - Marketplaces

- Organized marketplace for the purchase of health insurance
- May be online, accessible by phone, or a physical site
- People can compare health insurance plans, enroll in a plan, find out about available subsidies, and obtain customer support
- Initially offered to individuals and small employers; after 2017, states have the option to expand operation to include larger employers.

Exchanges – What ASHA members need to do

- Speak to exchange leadership to get program details
- Advocate for inclusions of SLP/A in plans
- Find out provider rates and quality measurements being use to evaluate services.
Medicaid Expansion

- Expands coverage to people under age 65 with incomes less than or equal to 133% of the federal poverty level (FPL)
- States may choose whether and when to expand. The number of states has increased but with some state legislative sessions ending, may not be expanded until the next session
- Federal government is often significant financial incentive to expand, and there are many requirements to the Medicaid program that exist whether or not the states chooses to expand

Medicaid Expansion Coverage

- Federal share for all Medicaid averages 57%
- Incentive payment for 2014-16 is to cover the cost of expansion for the newly eligible beneficiaries
- Federal share will decline to 95% in 2017, 94% in 2018, 93% in 2019, and 90% in 2020 and subsequent years

Other Medicaid Provisions in the ACA

- Extension of coverage to young adults formerly in foster care
- New state options to provide home and community-based long-term services and supports for people with disabilities
- New opportunities for states to coordinate care for people with chronic conditions and financial alignment demonstrations for people dually eligible for Medicare and Medicaid
Innovative Medicaid Programs

- Delivery system models
  - Medical homes
  - Disease/case management
- Utilization review
- Quality improvement
  - Pay-for-performance (P4P)
  - Surveys and data collection on plan performance
- Focus on health information technology (HIT)

Medicaid Managed Care

- States make prospective payments to managed care plans to provide or arrange for all services for enrollees
- Attempts to ensure the provision of appropriate health care services in a cost-efficient manner
- Programs need to require safeguards against under-serving or limiting enrollees’ access to care

ACA/Medicaid Opportunities

- Increased numbers of Medicaid-eligible patients
- Innovative models of care
- Contracting opportunities with other Medicaid providers
- Network opportunities with managed care providers
HIPAA – final rule issued 1/25/13

- Privacy, security, enforcement
- Holds business associates of covered entities liable for compliance
- Strengthens limitations on use and disclosure of PHI
- Requires modification of privacy notices
- Enforcement – tiered civil money penalties
- Breach notification – defines “harm”
- Genetic information – use of information for underwriting plans

HIPAA - continued

- Business associates liable for compliance - transmitting medical information
- Strengthen limitations on use and disclosure of PHI e.g. providing patient info to a company selling thickener product
- Expand individuals’ rights to receive electronic copies of their health information

HIPAA – cont’d

- Requires providers to modify and redistribute their notice of privacy practice
- Modifies requirements to facilitate research
- Adopts enhancements to the enforcement rule
- Clarifies what is considered “harm” in terms of financial penalty
- Clarifies use of genetic information
General Resources

• ASHA – reimbursement
  http://www.asha.org/practice/reimbursement/
  http://www.asha.org/research/NOMS/PQRI/
  http://www.asha.org/Practice/reimbursement/coding/ICD-10/
• ACA
  http://www.asha.org/practice/Health-Care-Reform/Patient-Protection- and-Affordable-Care-Act/
• Medicare
  http://www.asha.org/practice/reimbursement/medicare

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