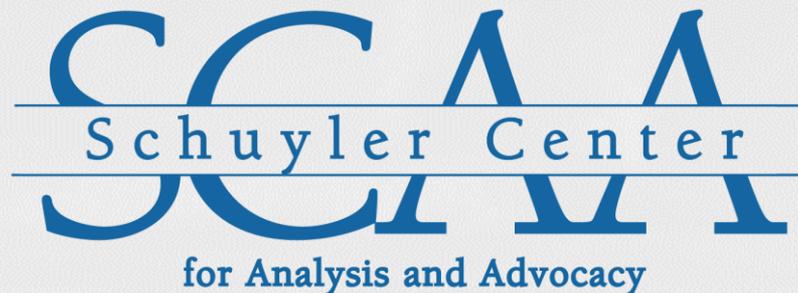


The ACA and Children

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Seismic Shifts in Health Care - US and NYS

- Implementation of Affordable Care Act (ACA)
- New York Medicaid Redesign, Waiver
- Shifts to Medicaid Managed Care
- Payment reform
- Expectations of coordination -- Patient-Centered Medical Homes, Accountable Care Organizations, Health Homes
- Electronic Health Records implementation
- Focus on quality and outcomes

Goals of Health Policy Changes

- Coverage expansion and improved access
- Control costs for consumers and businesses
- Family economic security
- The right care in the right setting
- Efficiency
- Emphasis on prevention to improve outcomes and reduce expenditures
- Targeting higher risk/higher cost (80/20)

Health and Coverage Matter

- Having health insurance increases timely initiation of prenatal care.
- Insured babies have a lower risk of mortality than uninsured.
- Poor health affects educational attainment.
- A relationship exists between slowed growth from low birthweight and cognitive development, which affects educational attainment.
- Prematurity and low birthweight lead to higher medical and education costs during childhood.
- When parents have health insurance, children are more likely to get the care they need.

Background on coverage

- NY a leader in maximizing coverage for children and has made steady progress in reducing uninsured.
- NY only state to subsidize coverage for children in families with incomes up to 400% FPL.
- Still, 4.8% of children and 7.0% of low-income children are uninsured.
- Nearly 2.7 million New Yorkers under age 65 do not have health insurance coverage. The majority are workers and their families.

ACA Refresher

ACA Expands Access to Health Coverage

- States to establish health insurance Exchanges as a “place” to buy coverage
- Tax credits for individuals and small business to purchase coverage.
- Medicaid expansion –with 100% federal financial participation
- CHIP reauthorized through 2019.
- Extended Medicaid for foster youth.
- Requires pediatric dental & vision benefit

ACA Refresher

ACA Invests in

- Maternal, infant and early childhood home visiting
- Expanding the health care workforce - primary care, nurses, care teams. Loans & loan repayment, scholarships, Teaching Health Centers
- Community health centers, school-based health centers
- Primary care payment levels
- Quality improvement
- Disparities – enhanced data collection and reporting
- Care management

ACA Coverage and Enrollment

- New health insurance infrastructure for low- and moderate-income Americans, those least likely to have employer-sponsored coverage.
- Seamless and transparent processes for determining eligibility for coverage subsidies—a full subsidy funded by Medicaid or partial subsidy funded by federal tax credits—and for enrolling people in health insurance coverage.
- NY’s new system will vertically integrate across applicant income levels, so there is “no wrong door” for publicly subsidized or private health insurance coverage.

The Exchange

- Will allow “apples to apples” comparison of health insurance products.
- Plans must cover a package of key services, the “Essential Health Benefits.”
- Website and call center.
- “**Navigators**” will help people who get health insurance through the Exchange learn about their options and assist with enrollment.
- Only citizens or immigrants who are lawfully present can use the Exchange

The Exchange

- An organized marketplace where consumers and small businesses shop for coverage in a way that allows them to easily compare health plan options on benefits, services, price and quality, and to receive tax credits.
- The Exchange will offer more affordable health insurance
 - Costs of direct pay individual and family coverage will drop by 66%
 - Costs of small business coverage will drop by 5-22%

Medicaid and the ACA

Principles guiding the State as it modernizes eligibility and enrollment in the context of the implementation of the ACA:

- Recognize that implementation of the ACA is a state responsibility.
- Maximize gains in coverage and reduce the number of uninsured.
- Demand robust performance accountability for customer service.

Medicaid and the ACA

- Maximize automation so more time can be spent with vulnerable populations. Ensure in-person assistance for those who need it.
- Create a cost-effective administrative approach that improves the consumer experience.
- Promote uniformity and consistency in eligibility and enrollment.

ACA Opportunities

- Promote **continuity of coverage**, reduce churn.
- Maximize enrollment: One-stop portal, **outreach & enrollment**, promote **seamlessness for families**
- **Connect children and parents to coverage and care**
- Ensure robust **benefit package for children**
- Robust and coordinated **pediatric dental benefit**
- Children's **medical homes**
- Explicit focus on measuring and reducing **disparities**
- Focus on measuring and improving **quality**
- **Mental health** care access, workforce

Opportunities

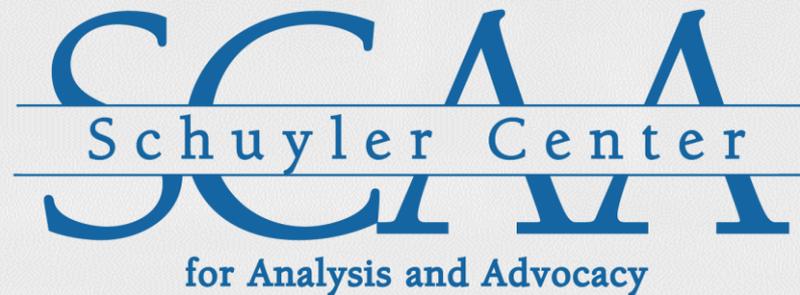
- Maternal, infant, early childhood **home visiting**
- **Foster care** children and youth
- Medicaid managed care (care management):
Making sure managed care works for vulnerable populations. Ombudsman program.
- Primary Care
- Medicaid Waiver
- Regional Planning

Opportunities

Connections

- **Connecting children and families to health coverage** and care through other systems – child care, home visitors, school, etc.
- Measuring and building **quality** across systems
- **Linkages across systems** will drive better results across systems
- Role of **public health**

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