Nutrition Opportunities in Health Care Reform

California Conference of Local Health Department Nutritionists
April 28-29, 2014
San Jose, CA

Karen Farley, RD, IBCLC
California WIC Association
Promoting Health Coverage

Universal Coverage

Medicaid Coverage (up to 138% FPL)

Exchanges (subsidies 138-400% FPL)

Individual Mandate

Health Insurance Market Reforms

Employer-Sponsored Coverage
Essential Health Benefits

- Includes:
  - Ambulatory Patient Services
  - Emergency Services
  - Hospitalization
  - **Maternity and Newborn Care**
  - Mental Health and Substance Use Disorders, including Behavioral Health Treatment
  - Prescription Drugs
  - Rehabilitative and Habilitative Services & Devices
  - Laboratory Services
  - **Preventive & Wellness Services & Chronic Disease Management**
  - Pediatric Services, including Oral & Vision Care
Essential Health Benefits

Must be included in:

- Employer Health Plans
- State Exchange Plans
- Basic Health Plan
  - Benchmark Benefits-TBD
**Providing Free Preventive Care.** All new plans must cover certain preventive services such as mammograms and colonoscopies without charging a deductible, co-pay or coinsurance. *Effective for health plan years beginning on or after September 23, 2010*

**Improving Preventive Health Coverage.** To expand the number of Americans receiving preventive care, the law provides new funding to state Medicaid programs that choose to cover preventive services for patients at little or no cost. *Effective January 1, 2013.*
Health Care Reform

- Focus on Prevention and Wellness

Sec. 2713. Coverage of preventive health services. Requires all plans to cover preventive services and immunizations recommended by the U.S. Preventive Services Task Force and the CDC, and certain child preventive services recommended by the Health Resources and Services Administration, without any cost-sharing.
Clinical Preventive Services

- Determined by the US Preventive Services Task Force (USPSTF)
- Recommendations for screening, counseling and medications
- Grades A-D and I
- Adults-Women-Children
- Counseling-Screenings- Medications
Women

- **Anemia** screening on a routine basis for pregnant women
- **Breastfeeding** comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Women

- **Contraception:** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
- **Domestic and interpersonal violence** screening and counseling for all women
- **Folic Acid** supplements for women who may become pregnant
Women

**Gestational diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes

**Hepatitis B** screening for pregnant women at their first prenatal visit

**Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk
**Women**

Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users

Well-woman visits to obtain recommended preventive services for women under 65
Children

- **Autism** screening for children at 18 and 24 months
- **Behavioral** assessments for children of all ages
- **Obesity** screening and counseling
- **Oral Health** risk assessment for young children
Adults

- **Diet** counseling for adults at higher risk for chronic disease
- **Blood Pressure** screening for all adults
- **Depression** screening for adults
- **Immunization** vaccines for adults
- **Obesity** screening and counseling for all adults
Children

- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Vision** screening for all children
- **Medical History** for all children throughout development
Children

**Fluoride Chemoprevention** supplements for children without fluoride in their water source

**Height, Weight and Body Mass Index** measurements for children

**Immunization** vaccines for children from birth to age 18
What is required?

- Preventive Services are required in all Commercial Plans, except ‘grandfathered plans’.
- A grandfathered plan was in existence since before the ACA (March 2010), and has not changed at all (premiums, co-pays, benefits)
- Traditional Medicaid Plans are required to follow their state regulations for Preventive Services.
- States accepting Medicaid Expansion are required to follow the Preventive Services of the ACA.
Medical Nutrition Therapy

Program Memorandum Intermediaries/Carriers
Additional Clarification for Medical Nutrition Therapy (MNT) Services
Transmittal AB-02-059
May 1, 2002

* Approved for provision by RDs and nutrition professionals
* Identified diagnoses
* Billing codes
* Need a Provider Number/UPIN

For full details:
Accordingly, we revised 42 CFR 440.130(c) to accurately reflect the statutory language that physicians or other licensed practitioners recommend these services but that preventive services may be provided, at state option, by practitioners other than physicians or other licensed practitioners. This rule change is effective January 1, 2014 and applies to preventive services, including preventive services furnished pursuant to section 4106 of the Affordable Care Act.

Section 4106(b) of the Affordable Care Act established a one percentage point increase in the federal medical assistance percentage (FMAP) effective January 1, 2013, to be applied to expenditures by states that cover, without cost sharing, preventive services that are assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF).

For full details:

Opportunities for Nutrition Counseling

- CPSP
- Community Health Centers
- Private Practice
- WIC- new models?
Contracts are set up differently in each county.

Contracts are set up differently for each provider.

Delegated model: Claims authorization is with the IPA/PPG

For HN, no authorization is needed for a personal use pump, only multi-user. But in a delegated model, it is up to the IPA, so the IPA gets the authorization for the BP.
Contracting

- **Fee-For-Service/ Direct Network**
  Traditional provider reimbursement by which the physician is paid according to the service performed and often according to agreed upon rates and or schedules. Plan contracts directly with the provider.

- **Capitation**
  A fixed amount that a plan pays each month (PMPM- per member per month) to PPG/ IPAs to cover the services to its members and certain delegated tasks.

**Dual Risk**

A fixed amount per contract that a plan pays each month to contracted hospitals to cover both professional and hospital charges for services to its members.

**Shared Risk**

A payment arrangement in which financial responsibility for certain services is divided between the plan and the PPG/ IPA. (ie: Plan pays inpatient hospital PPG/ IPA pays hospital professional)
Action Steps

Department of Health Care Services
Covered California
National WIC Association Task Force

http://www.calwic.org/focus-areas/breastfeeding/health-care-reform
Resources

Health Care Reform
http://www.healthcare.gov/

Medi-Cal - Dept. of Health Care Services
http://www.dhcs.ca.gov/Pages/default.aspx

Covered California
http://www.coveredca.com/

A Purchaser’s Guide to Clinical Preventive Services
http://www.businessgrouphealth.org/preventive/background.cfm

California WIC Association
http://www.calwic.org/focus-areas/breastfeeding/health-care-reform

Henry J Kaiser Family Foundation
http://healthreform.kff.org/

United States Lactation Consultant Association
http://www.ilca.org/i4a/pages/index.cfm?pageID=4070

Karen Farley, RD, IBCLC (530) 750-2280 kfarley@calwic.org
www.calwic.org

Photo credits: William Mercer McLeod, Dina Marie Photography and California WIC Association
Research credits: Kathy DeMaggio, Effie Ruggles