

Principles for Development & Implementation of the Patient Protection and Affordable Care Act in Pennsylvania

The implementation of the Patient Protection and Affordable Care Act (PPACA) provides an unprecedented opportunity to states and the nation. By extending coverage and improving the quality of care to the insured and uninsured, the PPACA is a profound response to the health care needs of the American public. Pennsylvania has distinguished itself for more than twenty years with aggressive measures to insure that all children have adequate health insurance and access to health care. Therefore, Pennsylvania should take advantage of opportunities to expand coverage and take steps to maintain these achievements under PPACA.

Specifically, children must not lose ground and have expanded opportunities for coverage and receipt of services. Eligibility, benefits, and access to care achieved under PA Medicaid and CHIP must be preserved and enhanced in the new system of health coverage. Coverage should be comprehensive and meet children's unique physical, behavioral, and developmental needs. In order to facilitate coverage and access to services, information should be presented using appropriate standards for low-literacy populations and materials should be made available in multiple languages and formats.

Stakeholders from state government, private insurers, providers, consumers, and advocates should engage in a collaborative process to maximize the time remaining before January 1, 2014 to build an effective, efficient, and accessible system for obtaining coverage and care. This process should address the development of the individual components of this new health insurance coverage model and how the individual components will interact to form a cohesive system. The effort should be transparent, consumer friendly and include a public monitoring and reporting component throughout implementation.

The following overarching principles should be followed in the development and implementation of the Patient Protection and Affordable Care Act in Pennsylvania:

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Develop and implement an Exchange that is efficient, easy to access and utilize, and meets the comprehensive health care needs of children.

- Drive the development and implementation of the Exchange both in the overall design, as well as in the components of the system through continuous broad based consumer input.

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- Design the Exchange to serve as a place that parents, caregivers and small employers can turn to facilitate securing health insurance for children.

- Design the Exchange to allow access to information, enrollment, and renewal online, by mail, in-person, by phone and through multiple entry points such as: government offices, hospitals and health care sites, through neighborhood locations, etc.

- Design the Exchange so that individuals accessing it, regardless of their literacy, language spoken, computer sophistication or knowledge of the health care system should be able to easily understand the choices they have in obtaining insurance coverage.

- Assure community-based navigators are available to anyone seeking assistance in securing coverage and care for a child at the Exchange.

- Assure affordable coverage by providing strong protections and appropriate incentives to protect against the use of the Exchange by only those at high risk for poor health status and high utilization of health care services.

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Design an enrollment and renewal system to assure maximum participation by all eligible children in Medicaid, CHIP, or other subsidized and unsubsidized coverage in the Exchange.

- Operate Medicaid, CHIP and coverage obtained through the Exchange in a seamless manner in order to assure that all eligible children, including those with complex living arrangements, are covered and can access care in a timely and continuous manner.

- Assure enrollment and renewal procedures are streamlined, modern, seamless, integrated, easy for consumers to use; connect Medicaid, CHIP, and Exchange and maximize reliance on electronic verification.

- Design, write, and appropriately format all electronic and print materials including forms, instructions, marketing materials, handbooks, etc. for all reading levels. Materials should be made available in multiple languages.

- Maximize reliance on automated and electronic databases for income and other verification and reduce the paperwork requirements for families.

- Market public health insurance products with branding that emphasizes the importance of coverage for every child.

- Require that navigators are capable of meeting the diverse needs of the eligible child population seeking coverage.

- Design a system so that young people aging out of foster care easily maintain their health insurance coverage until age 26.

- Design a system that eases transition in coverage and access for young people aging out of traditional children's coverage categories so that they maintain affordable health insurance coverage and continuity of care.

- Design a system to assure that children will not lose eligibility, health services, and access gains achieved to date under PA Medicaid and CHIP.

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Design benefits and access to care that ensures children receive all necessary medical services, maximizes continuity of care, and assures treatment is readily accessible.

- Design a system to assure access to all pediatric-defined medically necessary services (physical, behavioral, developmental, dental, speech, occupation, physical and other therapies, etc.) including preventive services. Align those services with American Academy of Pediatrics Bright Futures Initiative in the context of a medical home. Ensure that children have access to a broad array of providers who meet pediatric care standards.

- Design a system to assure seamless continuity of health care services and providers at all times, particularly as they may move between CHIP, MA, and Exchange coverage. This should occur through overlapping provider networks to the maximum extent feasible. Require health insurance plans to facilitate smooth transitions for children in the midst of treatment.

- Design a system to assure access to all medically appropriate services within standard travel distances (measured in time and mileage), with appropriate ratios of patients to providers, and timely appointments.

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Assure coverage is high quality, appropriately financed and accountable to the public.

- Assure out-of-pocket costs (premiums, out-of-pocket deductibles, and co-pays for care and prescription drugs) are reasonable and affordable and maintain Pennsylvania's commitment to not impose cost-sharing for children living in families with income less than 200% of Federal Poverty Income Guidelines.

- Establish and maintain Medicare parity in primary care reimbursement and design a system of provider payments that rewards quality of care in such areas as appropriate utilization of primary, preventive, acute and specialty care, family centered care, care coordination, and prevention of avoidable hospitalizations and appropriate emergency room use.

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- Incorporate the work of the Children’s Health Insurance Program Reauthorization Act Pediatric Healthcare Quality Measures Program (Agency for Healthcare Research and Quality Centers of Excellence) in the design and implementation of pediatric outcome measures for the delivery of health care for children in Pennsylvania.

- Quality measures should be individually based, longitudinal and include transitions in coverage and practitioners.

- Quality measures should address utilization, health outcomes and measures related to family and provider satisfaction (e.g., timeliness and ease of setting appointments, family adherence to well child schedule and subsequent identified needs, timely call-backs, clear and understandable patient instructions, etc).

- Quality measures should extend to all entities providing insurance coverage and accepting financial risk such as Accountable Care Organizations.

- Adopt strong conflict of interest policies and exclude any individual or entity with a personal business interest in the governance of the Exchange.

- Ensure monitoring, compliance and enforcement of all insurance market reforms under the PPACA.

- Adopt the same measurements and reporting requirements for all health plans—including those that provide private health coverage and those that provide Medicaid/CHIP coverage. Outcome measures and other evaluations should be easily available to the public.
