Affordable Care Act and Survivors of Domestic Violence

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Survey

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Please let us know who you are

- Health Care Provider
- DV/SA Advocacy Program
- Health Administrative/Policy professional
- Other

Learning Objectives

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Today's session will cover:

- The importance of health coverage for survivors and enrollment strategies
- DV/IPV specific provisions in the ACA
- Elements of a comprehensive health care response to DV/IPV

The Affordable Care Act and other new health practice recommendations

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Unprecedented opportunity to build on these changes and improve the health and safety of women and families

Why the enhanced health care response? Long term health consequences

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In addition to injuries, exposure to DV increases risk for:

- Chronic health issues
- Asthma
- Cancer
- Hypertension
- Depression
- Substance abuse
- Poor reproductive health outcomes
- HIV

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What We've Learned from Research

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Studies show:

- Women support assessments
- No harm in assessing for DV
- Interventions improve health and safety of women
- Missed opportunities – women fall through the cracks when we don't ask

US Preventive Services Task Force

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- January 2013 recommendations state that there is sufficient evidence to support domestic violence screening and interventions in health settings for women "of childbearing age." (46 years)
- Insufficient evidence for elderly or vulnerable adults
- Need more research on elder abuse and neglect
  GALVINIZE the funders of research.

Affordable Care Act: DV/IPV

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Screening and Counseling:

As of August 2012:

Health plans must cover screening and counseling for lifetime exposure to domestic and interpersonal violence as a core women's preventive health benefit.

Affordable Care Act and DV

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Insurance Discrimination:

As of January 2014:
Insurance companies are prohibited from denying coverage to victims of domestic violence as a preexisting condition.

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Since these recommendations were implemented in 2012, has your program experienced any of the following? (Check all that apply)

- Increased referrals (either from health care settings or to DV/SA programs?)
- Increased training requests (either from health care settings or to DV/SA programs?)
- New partnerships between health and DV programs
- Other

How might these changes impact DV programs?

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Could result in:

- Increased referrals (eventually)
- Increased training requests
- New partnerships
- Unintended consequences (reporting/privacy/poorly trained providers)
- Reaching more women with prevention and intervention messages
- May eventually create new funding streams

How might these changes impact Health Care providers

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Could result in:

- increased training need
- Increased demands on time
- Unintended consequences (reporting or privacy breaches)
- New partnerships
- Reaching more patients with effective health promotion strategies
- May eventually create new funding streams

Get Covered!

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- The ACA makes health insurance coverage available to millions more people, and plans are required to cover a comprehensive set of benefits including medical and behavioral health services!
- Open Enrollment is November 15, 2014-February 15, 2015 for coverage in 2015
- Starting in just a few weeks is the time to help your clients get covered!

What are the coverage options?

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- There are three main programs to get health insurance
  - Insurance Marketplace (healthcare.gov)
  - Medicaid
  - Children's health Insurance Program (CHIP)
- People qualify depending on their family situation and income
- Significant financial help is available to purchase private coverage in the Marketplace

What is the Insurance Marketplace?

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- A new way to buy private health insurance
- Some states run their own Marketplace; others have the federal government run their Marketplace.
  - Information about all states can be found at www.healthcare.gov or https://www.cuidadodesalud.gov/es/
- Allows an apples-to-apples comparison of plans
- Shows all the plans in your area
  - You can "shop" and enroll online
- Displays all costs up-front
- Offers a choice of comparable plans

Who is eligible for the Marketplace?

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- Be a citizen or national of the US; not be incarcerated
- Federal subsidies are available on a sliding scale to people and families who qualify based on income
- Legally present immigrants (individuals who are subject to the 5-year immigration bar) **are** permitted to buy insurance in the Marketplace

Medicaid

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- The ACA creates new opportunities for states to expand Medicaid eligibility to millions of new women
- Benefits include the Essential Health Benefits package (including screening for IPV)

Women and their families may apply for coverage at any time during the year

Who is eligible for Medicaid?

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- Creates the opportunity for states to expand Medicaid eligibility to
  - Adults age 19-64 with incomes at or below 133% of FPL
  - Ensure all children at or below 133% FPL are covered by Medicaid
- In ALL STATES
  - Former Foster Care kids are eligible through 26
  - Members of Tribes are eligible for Medicaid under their state's Medicaid decisions

Open Enrollment

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- Open enrollment is Nov. 15, 2014- Feb.15, 2015
- Go to healthcare.gov to begin an application
- There are limited opportunities to enroll outside of Open Enrollment
  - Native Americans may enroll at any point during the year - no open enrollment period
  - Medicaid and CHIP enrollment is year round
  - Some life changes (e.g., having a baby; moving to a new state) trigger the opportunity to enroll outside of Open Enrollment

Enrollment for Victims of DV

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- There is a special enrollment rule for victims of DV who are:
  - Legally married
  - Live apart from their spouse
  - Plan to file taxes separately from their spouse
- No documentation is needed to prove that you have experienced domestic violence; But victims will have to "attest" to it on their 2014 taxes

Enrollment for Victims of DV (Con't)

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- These people should mark "unmarried" on their Marketplace application—even if married.
- Allows an eligibility determination for financial help based on the victim's income—and not the income of the spouse.
- The IRS and HHS both put out this guidance; they say it's ok to do this on the Marketplace application.

"Hardship Exemption"

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- There is a tax penalty for not having health insurance
- Women who experience DV who are uninsured are eligible for a waiver (called a "hardship exemption") from that tax penalty
- The hardship exemption application can be found on healthcare.gov
- No documentation is needed to prove DV

Enrollment and Assistance

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- Help available in the Marketplace and for Medicaid
  - Toll-free Call Center (1-800-318-2596)
  - TTY: 1-855-889-4325
  - Healthcare.gov
  - In-person help (e.g., Navigators; Marketplace Guides)
- Advocates can help connect clients to healthcare
  - A good place to start: https://localhelp.healthcare.gov

Discussion

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How many of you share information with women in your programs about Domestic Violence?

If no, please explain why:

- Didn't know where to go
- Don't think it is my job
- Clients don't ask
- Other

What is the screening benefit?

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- Plans must cover screening and brief counseling for domestic and interpersonal violence (DV/IPV).
- This is not a screening requirement but a coverage requirement; insurance plans must reimburse providers who provide the service.
- Coverage may vary by state and by plan but benefit is available to most people.

What does the screening for DV/IPV benefit cover?

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- There are no limits to what the benefit can cover
- HHS has given insurers the ability to define the benefit themselves
- There are no limits on the settings where a screening may take place
- "may consist of a few, brief, open-ended questions

We have sample tools

What does brief counseling cover and how often?

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- HHS has said that counseling provides basic information, referrals, tools, safety plans, and provider education tools.
- At least once a year and no restrictions on the number of times a plan reimburses
- The plan sets the limits
- Could occur at well woman visit but not restricted to that

Who can bill for providing screening/brief counseling?

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- A wide range of providers will become eligible for reimbursement
- Providers will be subject to the scope of state law
- Providers will need to have formal relationships with the insurers (private companies or the state Medicaid program) to bill for the services
- There are no limits on who the state or health plans can make eligible to bill so there is the opportunity for a wide range of providers to provide screening and brief counseling

How do we keep a focus on patient centered comprehensive response?

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- Review limits of confidentiality
- Address related health issues
- Harm reduction
- Supported referral
- Trauma informed reporting
- Documentation and privacy

Not Just Adding a Question on a Form

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Multiple approaches to screening

- Validated assessment tools
- Adding questions to intake forms (electronic or written)
- Combined with verbal screen:
  - Setting specific
  - Integrated
  - Brochure based

Visit-Specific Patient Centered Assessment

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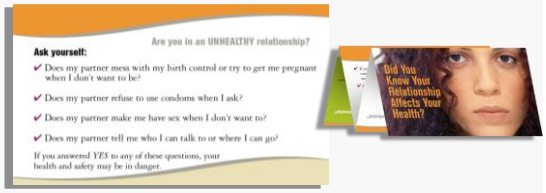

"I feel safe that the physician takes time into consideration to ask me about my relationship. The questions are very personal and not lots of people in our lives usually ask these questions. The card helps me better understand myself and the wellness of my relationship. Thank you"

Visit Specific Harm Reduction

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- **Adolescent Health:** Anticipatory guidance on healthy relationships
- **Mental Health**: address connection between depression and abuse
- **Primary Care:** discuss healthy coping strategies to respond to lifetime exposure to abuse
- **Reproductive health**: alternate birth control, emergency contraception, safer partner notification
- **Urgent Care:** safety planning/lethality assessment

What we know from practice: Partnerships make a difference

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Partnerships between advocates and health professionals are not new.

They inform our understanding of how best to support patients impacted by IPV.

- Hospital based programs
- 10 state program
- National Standards Campaign
- Project Connect
- Delta Project
- NNEDV's HIV Project
- Much more

Survey

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Do you currently have a partnership between your health and DV programs locally?

Yes
No

"Warm" referral to community agencies

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If there are no onsite services:

"If you are comfortable with this idea I would like to call my colleague at the local program (fill in person's name) Jessica, she is really an expert in what to do next and she can talk with you about supports for you and your children from her program…"

"There are national confidential hotline numbers and the people who work there really care and have helped thousands of women. They are there 24/7 and can help you find local referrals too and connect you by phone…"

What if I am in a state with mandatory reporting?

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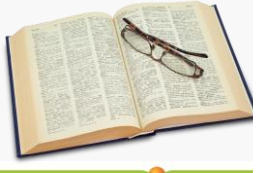
- See state by state report for your law

http://www.futureswithoutviolence.org/compendium-of-state-statutes-and-policies-on-domestic-violence-and-health-care/

- Tools for training providers to disclose limits of confidentiality
- Trauma informed reporting
- Try universal education
  - see scripts from HRC
- Work to adapt your law
  - see memo from HRC



What codes should be used to bill for screening and brief counseling?

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- No guidance was provided on what codes to use
- Some provider groups are exploring using Preventive Medicine Service codes 99381-99397 which include counseling/anticipatory guidance/risk factor reduction interventions
- There are also separate codes (99401-99412) for counseling provided separately, at a different encounter on a different day, from the preventive medicine examination – could provide incentives
- There are also diagnostic ICD9 codes

Condition	Risk Profile	Cost to Diagnose and Treat
Pulmonic Stenosis	High	$1,000-$7,000
Gastric Dilatation-Volvulus (Bloat)	High	$1,500-$7,500
Elbow Dysplasia	High	$1,500-$4,000
Aortic Stenosis	Medium	$500-$1,500
Colitis	High	$500-$3,000
Entropion	High	$300-$1,500
Deafness	High	$100-$300
Fold Dermatitis	Very High	$300-$2,500

Estimates based on claims paid by Embrace Pet Insurance

Systems Reform Model

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- Changing Environment
- Training Providers
- Patient Education
- Multi-disciplinary teams
- Systems reforms
  - Policies and procedures
  - Forms and electronic records
  - Measurement and benchmarks

Employee Resources

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- Sample workplace policies
- Caring for the caregiver tools
- Strategies for responding to vicarious trauma

New Online Resource on Health and IPV

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www.healthcaresaboutipv.org

Offers patient and provider educational tools and resources.

Other Resources

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To order materials, receive technical assistance or download these new documents please visit

www.futureswithoutviolence.org

Or call 415-678-5500

Next Steps for Health Providers

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- Locate and get to know your local DV provider - call the hotline **1–800–799–SAFE(7233)**
- Order patient and provider materials to create a supportive environment
- Review your local reporting laws and practice
- Begin conversations with your patients about IPV
- Warm referrals when needed
- Document and code and– and keep us informed on how it is going

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Next Steps for Advocacy

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- Gather information and identify key players
  - Medicaid Director; Insurance Commissioner
  - Stakeholders and Partners
  - Insurers and Administrators
- Ask questions about how the benefits will be implemented
- Reach out to your local health programs
- Offer yourself as a trusted resource; offer best practices for screening and brief counseling

Thank you!

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