OPEN ENROLLMENT AND BEYOND: HOW THE AFFORDABLE CARE ACT CAN HELP PATIENTS EXPERIENCING DOMESTIC VIOLENCE

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This webinar is being co-sponsored by Futures Without Violence’s National Health Resource Center on Domestic Violence and the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families
Poll: Who is on the call today?

1. Local DV/SA Program
2. State DV/SA Coalition
3. Health care provider
4. Policy Analyst
5. Other
BIG HEALTH SYSTEM CHANGES

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

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

- Chronic health issues
- Asthma
- Cancer
- Hypertension
- Depression
- Substance abuse
- Poor reproductive health outcomes
- HIV
What We’ve Learned from Research

Some 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

- 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.
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.
Insurance Discrimination:

As of January 2014: Insurance companies are prohibited from denying coverage to victims of domestic violence as a pre-existing condition.
How might this impact DV/SA programs?

This recommendation 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
Poll: Since these recommendations were implemented in 2012, has your program experienced any of the following?

Check all that apply

- Increased referrals
- Increased training requests
- New partnerships between health and DV programs
- Other
Get Covered!

- 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 the time when individuals or families may shop for coverage, renew existing policies or purchase new plans
- Open Enrollment closes February 15, 2015 for coverage in 2015
What are my coverage options?

- There are main two programs to get health insurance
  - Insurance Marketplace (healthcare.gov)
  - Medicaid
- 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?

- 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
- 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?

- 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

- 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?

- 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

- Open enrollment ends Feb 15!
- 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 After Feb 15, 2015

- Some life changes (e.g., having a baby; moving to a new state) trigger the opportunity to enroll outside of Open Enrollment
- Experiencing domestic violence does not trigger a Special Enrollment Period, neither does divorce
- But losing coverage as a result of a move, a divorce, or other life circumstances may trigger a special enrollment period
- It’s worth submitting an application—this will also screen for Medicaid eligibility which is open year-round
Enrollment for Victims of DV

- 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 taxes
- Both women and men who have experience DV may qualify if they otherwise meet the requirements
Enrollment for Survivors

- 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”

- There is a tax penalty for not having health insurance
- Individuals 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
Poll: Do you share information with survivors in your programs about enrolling in coverage?

- Yes
- No, I did not have enrollment information
- No, my clients do not qualify
- No, my clients already have coverage
- No, this is not my job
- No, clients don't ask
- Other
Enrollment and Assistance

- Help available in the Marketplace and for Medicaid
  - Toll-free Call Center (1-800-318-2596)
  - 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
What is the screening benefit?

- Plans now cover screening and brief counseling for DV/IPV as part of the women's preventive services package.
- 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 the benefit is available to most people.
Who can get screening/brief counseling for DV/IPV?

- As of January 2014, most women have access to the benefit including:
  - Anyone enrolled in new commercial health insurance plans
  - Anyone enrolled in a plan offered through the new Health Insurance Marketplace
  - Anyone enrolled in the new Medicaid Alternative Benefits Packages
What does the screening/brief counseling for DV/IPV benefit do?

- There are no limits to what the benefit can cover.
- HHS has given insurers the ability to define the benefit themselves.
- There may be wide variation between plans—and across states—in what plans cover.
What does the screening cover?

- The screening is broadly defined and will vary from plan to plan
- HHS says that it “may consist of a few, brief, open-ended questions.”
- FUTURES can provide examples of screening tools—such as a brochure based assessment—which can be effective
What does brief counseling cover?

- The counseling benefit is not defined and will vary from plan to plan
- HHS has said that counseling provides basic information, referrals, tools, safety plans, and provider education tools.
- Individual plans will make choices in what to cover
How often can a woman receive the benefit?

- At least once a year
- There are no federal restrictions on the number of times a plan will reimburse
- Plans will set the limits on what they will cover
- It is recommended that all women’s preventive health screenings take place during the “well woman visit” but it is not restricted to once a year
Where can the screening/brief counseling for DV/IPV take place?

- Anywhere. There are no limits on the settings where a screening may take place
- Plans will make setting-specific decisions
Who can bill for providing screening/brief counseling?

- 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 plans and the state 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?

- 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

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

“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

- **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, EC and safer partner notification
- **Urgent Care**: safety planning/lethality assessment
“Warm” referral to community agencies

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 we know from practice: Partnerships make a difference

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
What if I am in a state with mandatory reporting?

- See state by state report for your law
- Tools for training providers to disclose limits of confidentiality
- Trauma informed reporting
- Consider promoting universal education
  - see scripts and tools from HRC
- Work to adapt your law
  - see memo from HRC
Online Resource on Health and IPV

www.healthcaresaboutipv.org

Offers policy memos, patient and provider educational tools and resources.

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