VIEWS FROM THE FIELD
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Health Care Reform: Promises and Pitfalls for Maternal and Child Health

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In 2009 health care spending in the United States reached an all-time high of nearly $2.5 trillion, representing an almost two-fold increase in spending on a per capita basis since 1997 (NIHCM Foundation 2011). Policymakers continue to debate proposals at the federal and state levels to reign in health care spending, and there is ongoing uncertainty regarding the full ramifications of the Patient Protection and Affordable Care Act (ACA) on spending and the affordability of health care itself. This article explores several challenges ahead for securing access to affordable health insurance and health care for women and children, shares examples of health plan efforts, and offers ideas for how grantmakers can contribute to promoting access and controlling health care costs.

CHALLENGES AND OPPORTUNITIES FOR MATERNAL AND CHILD HEALTH

While the ACA will potentially expand access to health care to currently uninsured women and children and attempt to reign in health care costs, the changes ahead may negatively affect maternal and child health.

- ***Access & Quality under Medicaid Managed Care.*** Many states utilize Medicaid managed care as a means of controlling health care spending. In fact, about half of the nation's 50 million Medicaid recipients – predominantly children and families – are enrolled in managed care plans, and studies strongly suggest that these arrangements yield cost savings (The Lewin Group 2009). State budget shortfalls and surging Medicaid enrollments accompanying the recession, as well the looming Medicaid expansion in 2014, put tremendous cost pressure on the program and make additional Medicaid managed care expansions even more likely (KFF 2010). Given the growing reliance on managed care for low-income, potentially vulnerable populations of women and children, it is important that these plans continue to ensure access to quality health care and preserve provider participation in their networks.

- ***Understanding Health Insurance Options.*** Beginning in 2014, most women who are uninsured will be eligible to receive Medicaid or some sort of financial assistance to purchase private insurance available through health insurance exchanges (KFF 2010). Benefits offered across subsidized plans will be more uniform due to the establishment of an essential health benefits package and regulations requiring insurance to be at one of four actuarial values. Yet, there still will be differences in the patient cost-sharing structure across the plans offered by exchanges. These variations may make it difficult for consumers to compare plans and choose one that best meets their needs and finances. In addition, women and children who experience changes in income or family situations may transition between Medicaid and subsidized coverage, resulting in potential gaps in coverage, changes in provider networks, or varying cost-sharing requirements. Due to the way eligibility is being expanded, many children will remain on Medicaid or the Children's Health Insurance Program (CHIP) while their parents become eligible for subsidized coverage, causing confusion about plan benefits for all family members. Clearly, efforts to provide information and educate consumers will be needed so that they can derive the most benefits possible from the coverage options available.

- ***Preventing Chronic Conditions.*** There is growing consensus that the increasing burden of chronic diseases, particularly those related to burgeoning obesity rates, is an important contributor to exploding costs. Women and children are at increased risk for developing a wide range of chronic conditions, and women incur higher medical expenses than men on several conditions, including obesity and depression (Dor et al. 2010; Birnbaum et al. 2003). Overweight children are estimated to incur $3 billion in medical expenditures annually, and medical spending for obese adults was estimated to be $147 billion in 2008 (Finkelstein et al. 2009). The ACA seeks to reduce future chronic disease and its associated costs by requiring all new health insurance policies to cover preventive services without cost-sharing for all services deemed highly effective by the U.S. Preventive Services Task Force, including depression and obesity screenings. To maximize the benefits of expanded coverage for preventive screenings, it will be

important for health plans and other stakeholders to promote use of the screenings, ensure ease of access to providers with appropriate training to conduct screenings, and facilitate coverage for treatment of conditions identified through screenings.

HEALTH PLAN LEADERSHIP AND COMMITMENT

Health plans are committed to ensuring that women and children maintain access to affordable and high-quality health care in the years ahead and are addressing concerns regarding the impact of the ACA on maternal and child health.

➤ ***Access & Quality under Medicaid Managed Care.*** Health plans are already preparing for expansions in Medicaid managed care under which they will be accountable for providing beneficiaries with access to quality care and adequate provider networks under a fixed capitation fee from the state.

- WellPoint's State Sponsored Business (SSB) serves 1.8 million members enrolled in Medicaid or CHIP and other publicly funded programs across 10 states. In preparation for the Medicaid expansions in 2014, SSB formed a National Medicaid Advisory Panel to help foster dialogue about public health care delivery and leverage the collective insights, expertise, and guidance of physicians, policymakers, and public and private stakeholders. The group is advising WellPoint on implementation of new programs and strategies that can help ensure high-quality, cost-effective delivery models created under health reform.
- Blue Cross and Blue Shield of Florida recently announced plans to enter the Medicaid managed care market in Florida and is poised to serve the Medicaid population as the state transitions current beneficiaries to managed care and as federal expansions take effect. As the state's largest insurer, the plan is a well-known brand and has established relationships with health care providers across the state benefiting consumers who enroll in their Medicaid managed care plan.

➤ ***Understanding Health Insurance Options.*** When the health insurance exchanges are up and running, each state is expected to have a consumer portal that will function as an on-line marketplace and also provide backend support for eligibility determination, plan enrollment, and administration. Health plans currently utilize several strategies to educate consumers about health insurance coverage options, facilitate enrollment, and share information about their benefits and rights under the ACA.

- The Blue Cross and Blue Shield Association has created the interactive, on-line tool "AskBlue Healthcare Reform" for individuals and businesses to learn how insurance works and what types of plans fit their medical needs and budget. It will also help consumers understand how the ACA will affect how they access, receive, and pay for health care. The tool is available at: http://askbluereform.com/.
- Several health insurers have created retail stores to offer consumers direct access to insurance specialists who offer one-on-one assistance with health insurance shopping. Highmark Inc. currently operates eight stores across Pennsylvania, and these stores have had more than 63,000 visitors since the first one opened in March 2009. Highmark expects the stores will continue to be important resources for consumers as they become more involved in purchasing their own health insurance due to the ACA. More information is available at: http://highmarkdirect.com/default2.aspx.

➤ ***Preventing Chronic Conditions.*** Health plans continue to seek ways to provide affordable, high-quality care and have made significant investments in preventive care for women and children.

- Recognizing the value of stemming the rise in obesity among children, many health plans, including Blue Cross Blue Shield of North Carolina, are reimbursing providers for obesity-related primary care and dietician visits and are training providers on body mass index screening.
- WellPoint's Maternity Depression Program was created to alleviate barriers in identifying and treating perinatal and postpartum depression. The program includes training and toolkits for providers on depression screening, and works directly with members to link them to treatment by assisting with referrals and providing information on mental health benefits and the financial impact of treatment options.

THE ROLE OF PHILANTHROPY

In addition to supporting implementation of the ACA, numerous opportunities exist for grantmakers to work with health plans in efforts to ensure access to affordable health insurance and reign in health care spending. Potential roles for funders include:

- supporting community outreach and enrollment efforts to ensure those eligible for Medicaid or CHIP are in fact enrolled in health insurance;
- educating consumers on how health insurance works, including what options are available to them – now and in the future – as reform provisions are rolled out;
- funding evidence-based efforts related to preventing chronic conditions, including addressing childhood obesity, promoting breastfeeding, and identifying and treating mental health conditions;
- supporting medical education and provider training to help develop a strong workforce to implement preventive care;
- monitoring the impact of the ACA on access to quality of care for women and children; and
- coordinating with health plans, other funders, and federal and state governments to leverage resources.

SOURCES

Birnbaum, H.G., S.A. Leong, and P.E. Greenberg, "The Economics of Women and Depression: An Employer Perspective," *Journal of Affective Disorders* 74(1):15-22, 2003.

Dor, A., C. Ferguson, C.L. Langwith, and E. Tan, *A Heavy Burden: The Individual Costs of Being Overweight and Obese in the United States* (Washington, DC: The George Washington University School of Public Health and Health Services, September 21, 2010).

Finkelstein E.A., J.G. Trogdon, J.W. Cohen, and W. Dietz, "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates," *Health Affairs* 28(5):w822-w831, September 2009.

The Henry J. Kaiser Family Foundation (KFF), "Impact of Health Reform on Women's Access to Coverage and Care," *Focus on Health Reform*, <http://www.kff.org/womenshealth/upload/7987.pdf>, December 2010.

The Lewin Group, *Medicaid Managed Care Cost Savings - A Synthesis of 24 Studies* (Washington, DC: America's Health Insurance Plans, updated March 2009).

NIHCM Foundation, "Understanding U.S. Health Care Spending," *NIHCM Data Brief* (Washington, DC: July 2011).

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