Implications of the Affordable Care Act for the Criminal Justice System

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Council of State Governments Justice Center

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The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. Staff provides practical, nonpartisan advice and evidence-based, consensus-driven strategies to increase public safety and strengthen communities.
http://csgjusticecenter.org/nrrc

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- Subscribe to news updates on issue areas of interest
Today’s Webinar

**Implications of the Affordable Care Act for the Criminal Justice System**

- **2:00**  Introduction
- **2:10**  Presentation – Allison Hamblin and Christian Heiss, Center for Health Care Strategies
  - Overview of coverage
  - Key changes made by the Affordable Care Act
  - Implications for corrections
- **3:00**  Question & answer session
- **3:30**  Webinar concludes
Overview of Coverage Today

Key Coverage Changes of the Affordable Care Act

Implications for Corrections
A non-profit health policy resource center dedicated to improving services for Americans receiving publicly financed care.

Priorities
- Enhancing access to coverage and services
- Improving quality/delivery system reform
- Integrating care for people with complex needs
- Building Medicaid leadership and capacity
Overview of Coverage Today

Key Coverage Changes of the Affordable Care Act

Implications for Corrections
Health Coverage for the Jail-Involved

Jail population is disproportionately:

- Young
- Male
- Minority
- Poor
- With low education levels

The majority (~90%) of those entering jails today have no health insurance, with health costs paid predominantly by states or counties.
The Birth of Medicare and Medicaid

July 30, 1965
Independence, MO
Medicaid is a State-Federal Partnership

- Provides health and long-term care coverage to low-income people.

- Each state administers its own Medicaid program, however all rules and services must be approved at both the state and federal levels.
  
  “State Plan for Medical Assistance”

- Medicaid services must be provided in the same amount, duration, and scope to all beneficiaries within a state.
States Receive Federal Matching Funds

FY 2013 Federal Medical Assistance Percentages (FMAP)

### Service Delivery Structure

<table>
<thead>
<tr>
<th>Fee-for-Service</th>
<th>Primary Care Case Management (PCCM)</th>
<th>Full-Risk Managed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Directly administered by the state</td>
<td>• Primary care providers manage contracted to provide case management services to members.</td>
<td>• Managed care organization (MCO) receives payment on a per-member basis (capitation) to provide services and manage the care of members.</td>
</tr>
<tr>
<td>• Claims submitted by providers to the state, state then pays the provider</td>
<td>• Services often paid FFS</td>
<td>• Another flavor: Accountable Care Organizations</td>
</tr>
<tr>
<td>• State may contract with an Administrative Services Organization (ASO) to perform some of these duties</td>
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</table>

- 71% of Medicaid enrollees served by a managed care program
- Increasing number of states moving more complex populations (adults with disabilities, Medicaid/Medicare dual eligibles) to full-risk managed care.
Medicaid Does Not Cover Every Low-Income American

Health Insurance Coverage of the Nonelderly (0-64) with Incomes up to 200% Federal Poverty Level (FPL), or $22,980 in 2013

<table>
<thead>
<tr>
<th>Source of Coverage</th>
<th>Population</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>23,342,200</td>
<td>22</td>
</tr>
<tr>
<td>Individual</td>
<td>6,388,200</td>
<td>6</td>
</tr>
<tr>
<td>Other Public</td>
<td>4,101,800</td>
<td>4</td>
</tr>
<tr>
<td>Medicaid</td>
<td>38,014,800</td>
<td>37</td>
</tr>
<tr>
<td>Uninsured</td>
<td>31,906,500</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>103,753,500</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation, 2013
# Medicaid Helps Fill Gaps in Coverage

<table>
<thead>
<tr>
<th>Health Insurance Coverage</th>
<th>Assistance to Medicare Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 31 million children, 16 million adults in low-income families</td>
<td>• 9.4 million aged and disabled</td>
</tr>
<tr>
<td>• 16 million elderly and persons with disabilities</td>
<td>• 20% of Medicare beneficiaries</td>
</tr>
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<table>
<thead>
<tr>
<th>Long-Term Care Assistance</th>
<th>Support for Health Care System and Safety-Net</th>
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</thead>
<tbody>
<tr>
<td>• 1.6 million institutional residents</td>
<td>• 16% of national health spending</td>
</tr>
<tr>
<td>• 2.8 million community-based residents</td>
<td>• 35% of safety-net hospital net revenues</td>
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<table>
<thead>
<tr>
<th>Source of Coverage</th>
<th>Spending (Billions)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$35.7</td>
<td>26</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>$33.0</td>
<td>24</td>
</tr>
<tr>
<td>Other State &amp; Local</td>
<td>$28.2</td>
<td>21</td>
</tr>
<tr>
<td>Out-of-Pocket</td>
<td>$15.2</td>
<td>11</td>
</tr>
<tr>
<td>Medicare</td>
<td>$10.1</td>
<td>7</td>
</tr>
<tr>
<td>Other Federal</td>
<td>$9.2</td>
<td>7</td>
</tr>
<tr>
<td>Other Private</td>
<td>$3.5</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: SAMHSA Spending Estimates Project, 2010
The “Inmate Exception”: An Unfilled Gap in Coverage

Federal Financial Participation is not available in expenditures for services provided to—

- Individuals who are inmates of public institutions; or

- Individuals under age 65 who are patients in an institution for mental diseases, unless they are under age 22 and are receiving inpatient psychiatric services
Medicaid Payment for Jail/ Prison Health Costs

- Medicaid **can** pay for inpatient treatment for inmates/detainees who would otherwise be eligible for Medicaid

**BUT**

- To be “otherwise eligible” for Medicaid, an individual must:
  - Meet financial eligibility requirements; **AND**
  - Fall into a “covered group” (for example: Aged, blind, and disabled; pregnant; child; or caretaker parents of children)
- Until the ACA, adults without dependent children excluded
The Affordable Care Act

H.R. 3590

One Hundred Eleventh Congress
of the
United States of America

AT THE SECOND SESSION

Began and held at the City of Washington on Tuesday,
the fifth day of January, two thousand and ten

An Act

Entitled The Patient Protection and Affordable Care Act.

Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,
ACA provides two key vehicles for health insurance coverage expansion:

- **Health insurance marketplaces** combined with premium and cost sharing subsidies for those with income between 100-400% FPL

- **Medicaid expansion** for individuals under age 65 with incomes up to 138% FPL
What are Health Insurance Marketplaces?

New, virtual location to purchase affordable, quality coverage

Citizens and those “lawfully present” eligible to purchase

Simplified comparison shopping

A tool to provide streamlined eligibility and enrollment for individuals eligible for cost sharing assistance and Medicaid
Benefits of Marketplaces

Offer **choice** and clout to individuals and small groups, similar to that of big businesses.

Designed to create **competition** for insurance companies on a level and transparent playing field that will drive down costs.

Individual consumers and small businesses will be able to **easily compare** qualified health plans to choose the plan that is right for them.
Massachusetts Health Connector

https://www.mahealthconnector.org
Eligibility for Insurance Affordability Programs

2013 Federal Poverty Guidelines

- **Premium Tax Credit**
  - 0%
  - $11,490
  - $22,980
  - $34,470
  - $45,960

- **Cost Sharing Reductions**
  - 0%
  - $28,725
  - 250%

- **Medicaid Expansion**
  - 0%
  - $15,856
  - 138%
State of Play on the Medicaid Expansion

28 States Moving Toward Expansion

As of July 26, 2013. Source: Advisory Board Medicaid Map
http://www.advisory.com/Daily-Briefing/Resources/Primers/MedicaidMap
Alternative Benefit Plan (Benchmark Coverage) Required for the Adult Expansion Group

- **Alternative Benefit Plan must:**
  - Cover 10 essential health benefits (EHBs)
  - Provide EPSDT services for those under age 21
  - Provide non-emergency transportation
  - Provide family planning services and supplies
  - Provide FQHC and rural health clinic services
  - Meet mental health parity requirements

10 EHBs
1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

Council of State Governments Justice Center
Mental Health Parity and Addiction Equity Act of 2008 applies to ABPs, and requires coverage of mental health and substance use disorder services at a level no more restrictive than in medical or surgical benefits.

- Financial requirements (cost sharing)
- Treatment limitations
- Out-of-network care

Mental health and substance use services, including behavioral health treatments are included in the EHB.

“Medically frail” includes individuals with chronic substance use disorders.
Overview of Coverage Today

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Implications for Corrections
Appropriate medical and behavioral health care may help stop the cycle of re-offense.

Medicaid expansion represents an unprecedented opportunity to provide access to needed services.

Criminal justice professionals can be a key connection point.
The Single Streamlined Application

- Used by both Medicaid and the Marketplaces to determine eligibility
- “No wrong door”
- Electronic transfer of records between Medicaid and Marketplace for eligibility determination

### STEP 1: Tell us about yourself.

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<tbody>
<tr>
<td>1. First name, Middle name, Last name, &amp; Suffix</td>
<td>2. Home address (Leave blank if you don’t have one)</td>
<td>3. Apartment or suite number</td>
<td>4. City</td>
<td>5. State</td>
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<tr>
<td>14. Phone number</td>
<td>15. Other phone number</td>
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<tr>
<td>16. Do you want to get information about this application by email?</td>
<td>☐ Yes ☐ No</td>
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<td></td>
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<tr>
<td>Email address:</td>
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<td>17. Preferred spoken or written language (if not English)</td>
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<td></td>
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<tr>
<td>18. Date of birth (mm/dd/yyyy)</td>
<td>19. Sex</td>
<td>☐ Male ☐ Female</td>
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<tr>
<td>20. Social Security number (SSN)</td>
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<td>21. Are you a U.S. citizen or U.S. national?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>22. If you aren’t a U.S. citizen or U.S. national, do you have eligible immigration status?</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>a. Immigration document type</td>
<td></td>
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<tr>
<td>b. Document ID number</td>
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<td>c. Have you lived in the U.S. since 1986?</td>
<td>☐ Yes ☐ No</td>
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<td>d. Are you a veteran or an active-duty member of the U.S. military?</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<td>23. Are you pregnant?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>If yes, how many babies are you expecting during this pregnancy?</td>
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<td>24. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<td>25. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply)</td>
<td>☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Race (OPTIONAL—check all that apply)</td>
<td>☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Native Hawaiian</td>
<td>☐ Filipino ☐ Japanese ☐ Other Asian ☐ Vietnamese ☐ Samoan ☐ Guamanian or Chamorro</td>
<td>☐ Other Pacific Islander</td>
<td></td>
</tr>
</tbody>
</table>
Pre-Release Enrollment Program

- Collaboration between DOC and DSS
- Discharge Planners based in correctional facilities complete paperwork to apply for Medicaid prior to release, then fax to state Medicaid agency
- Short-form application ensures expediency
- Entitlement specialists at state Medicaid agency process applications; daily e-feed of population list results in benefits being “switched on”
HealthCare Access Maryland

- Case managers placed at the Baltimore City Detention Center help inmates 45-90 days prior to release access public benefits
- Assist with applications for health insurance, food stamps, and linkage to care
- Process application; approved within 24 hours post release
- Case managers follow up for at least 30 days after release
- 85% success rate for benefit enrollment
Collaboration Opportunities

- Collaboration with State Medicaid Agencies
  - Data-matching to identify individuals previously enrolled
  - Opportunities to pursue eligibility determination/enrollment in correctional settings
  - Discharge-planning/care coordination

- Collaboration with State Marketplaces
  - Opportunities to use Navigators in correctional settings
Challenges to Address

- Workflow issues
- Staff training
- Funding
- Identity verification
- Unknown release date for non-sentenced population
- Potential lag prior to health plan enrollment
- Provider competencies in treating justice-involved populations
To submit a question, please type your query into the text box in the Q&A panel on the bottom right-hand corner of your screen.

For technical problems or support, please call WebEx at 1-866-229-3239.
Thank You!

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