

# Responding to New Health Policy Changes on Domestic Violence

ACA Implementation Update



# 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



# 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



# Setting specific examples

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Of 1278 women sampled in 5 Family Planning clinics

- **53% experienced DV/SA**
- **Similar rates in other clinic settings**

Health interventions with women who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control
- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

Miller, et al 2010



# Mental health prenatal and postpartum

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Screening and brief counseling resulted in a greater decline in IPV and significantly lower scores for depression & suicide ideation. (Coker 2012)

At 6-weeks postpartum, women who received a brief intervention reported significantly higher physical functioning, and lower postnatal depression scores. (Tiwari 2005)

Women receiving prenatal counseling on IPV for 2 to 8 sessions had fewer recurrent episodes of IPV during pregnancy and the postpartum period and had better birth outcomes.



# 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)
- Means screening is included in the essential health benefits package in Medicaid and in the exchange



# New ACA Benefits for Women

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- Women will have new access to coverage of a full range of preventive health screenings, including a package of women's preventive services.
- This includes screening and brief counseling for domestic and interpersonal violence.
- By law, these services must be covered with no cost sharing.



# Who can get screening/brief counseling for DV/IPV?

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- Beginning in 2014, the following groups will have access:
  - Anyone enrolled in new commercial health insurance plans (i.e., non-grandfathered plans)
  - Anyone enrolled in a plan offered through the new Health Insurance Marketplace
  - Anyone enrolled in the new Medicaid Alternative Benefits Packages





# Who is eligible for Plans in the Marketplace?

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- Live in the state served by 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
- Members of Tribes are eligible for coverage in the Marketplace, as well as all subsidies and cost-sharing assistance
- Lawfully present immigrants (including individuals who are subject to the 5-year immigration bar) **are** permitted to buy insurance in the Marketplace
  - Lawfully present immigrants will be able to access subsidies

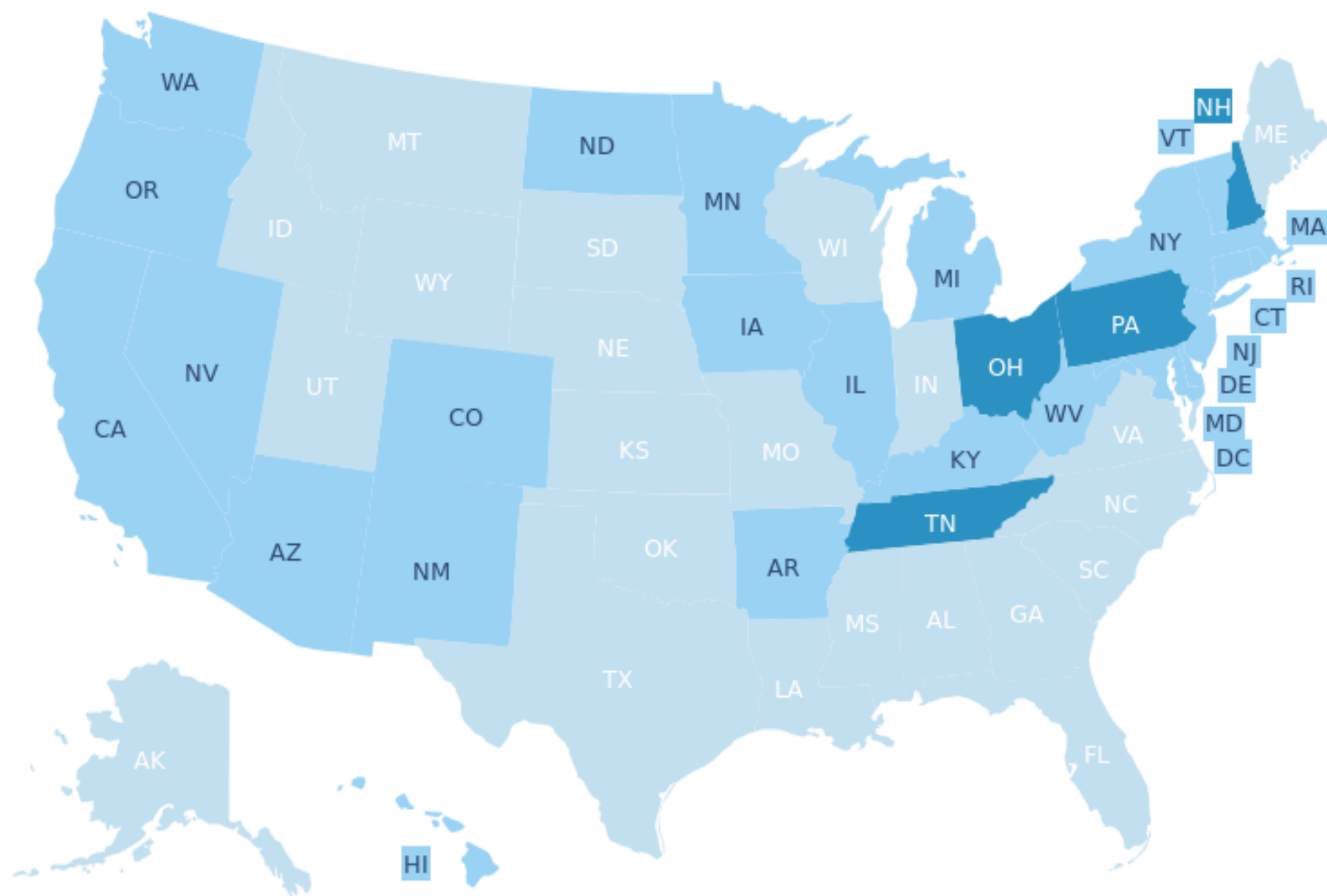


# Who is eligible for the Medicaid expansion?

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- ACA 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
  - Simplifies income determinations (this is known as the Modified Adjusted Gross Income—or MAGI)
  - Members of Tribes are eligible for Medicaid under their state's Medicaid decisions





 Not Moving Forward at this Time     Moving Forward at this Time     Debate Ongoing

# Who might not have access to screening/brief counseling for DV/IPV?

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- Some Medicaid beneficiaries may not have access
  - Pregnant Women; Seniors; People with Disabilities are among the populations who may remain in a “traditional” Medicaid benefit package which would not necessarily cover all new preventive services
- Women subject to the 5-year bar due to immigration status
- Undocumented immigrants



# What is the requirement for screening for IPV?

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- All new plans (including the Commercial plans; plans in the Marketplace; and new Medicaid plans) must include the Essential Benefit Package:
  - Ambulatory
  - Emergency services
  - Hospitalization
  - Maternity/newborn care
  - Mental health and substance abuse treatment
  - Prescription drugs
  - Rehabilitative and Habilitative care
  - Lab Services
  - Preventive and wellness services (including screening for ipv!)
  - Pediatric services



# What does the screening/brief counseling for DV/IPV benefit do?

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- There are no limits to what the benefit can cover—but they must cover screening/brief counseling for DV/IPV as part of the Essential Health Benefits.
- 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?

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- 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 the “brief counseling” cover?

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- 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





# 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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## Are you in an UNHEALTHY relationship?

### Ask yourself:

- ✓ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✓ Does my partner refuse to use condoms when I ask?
- ✓ Does my partner make me have sex when I don't want to?
- ✓ Does my partner tell me who I can talk to or where I can go?

If you answered YES to any of these questions, your health and safety may be in danger.



*“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, EC and safer partner notification
- **Urgent Care:** safety planning/lethality assessment



# “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...”



# How often can a woman receive the benefit?

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- 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?

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- Anywhere; there are no limits on the settings where a screening may take place
- Plans will make setting-specific decisions



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

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- No guidance was provided procedure codes
- There is no CPT code for IPV
- NHCVA memo on preventive service codes 99381-99397 including counseling/anticipatory guidance/risk factor reduction interventions
- Includes separate codes (99401-99412) for counseling provided separately, at a different encounter on a different day, from the preventive medicine examination
- <http://www.healthcaresaboutipv.org/wp-content/blogs.dir/3/files/2013/11/Preventive-Medicine-Service-Codes.pdf>



# If a patient needs enrollment assistance:

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- Help available in the Marketplace
  - Toll-free Call Center (1-800-318-2596)
  - Navigators
  - In-Person Assisters
  - Certified Application Counselors
  - Agents/Brokers
  - Healthcare.gov & State Marketplaces





# What can state medical societies do?

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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
- Offer yourself as a trusted resource; offer best practices for screening and brief counseling



# Tools From Futures Without Violence

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Your sites are providing the service and can be models if we figure out & document implementation, coding and coverage!

- Talking points on Medicaid
- Questions to ask your Medicaid or Insurance Commission about DV/IPV screening implementation
- ACA Marketplace 101
- Map of the state exchanges
- State based marketplace list
- Questions to ask insurers regarding implementation of the new DV/IPV screening requirements
- FAQ's about the new IPV/DV screening requirements
- NHCVA's memo on Preventive medicine service codes
- Privacy principles for documenting DV/IPV into electronic health records



# Privacy Principles: Electronic records

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- Sensitive materials should be de-identified whenever possible.
- Individuals should have notice of how information is used and disclosed.
- Individuals have the to right access and review their own health information.
- Individuals should be given choices of how they would like to communicate
- All privacy and consents should follow the data and DV should be considered “sensitive” or protected
- Patients & Providers should have discretion to withhold the information when disclosure could harm the patient
- Strong enforceable penalties for violations of privacy



# New Online Resource on Health and IPV

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[www.healthcaresaboutipv.org](http://www.healthcaresaboutipv.org)

Offers patient and provider educational tools and resources.



# We look forward to learning with you!

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