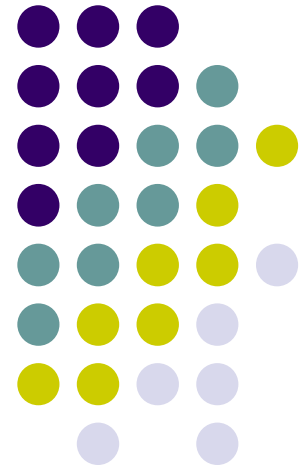


Beyond Insurance



Children's Health Fund

Potential policy solutions for barriers
to children's health care in rural
communities

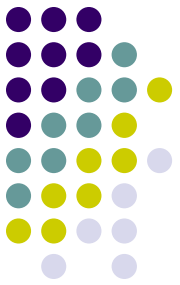


Sarah Overholt, MA

Pritha Kuchaculla, MPH

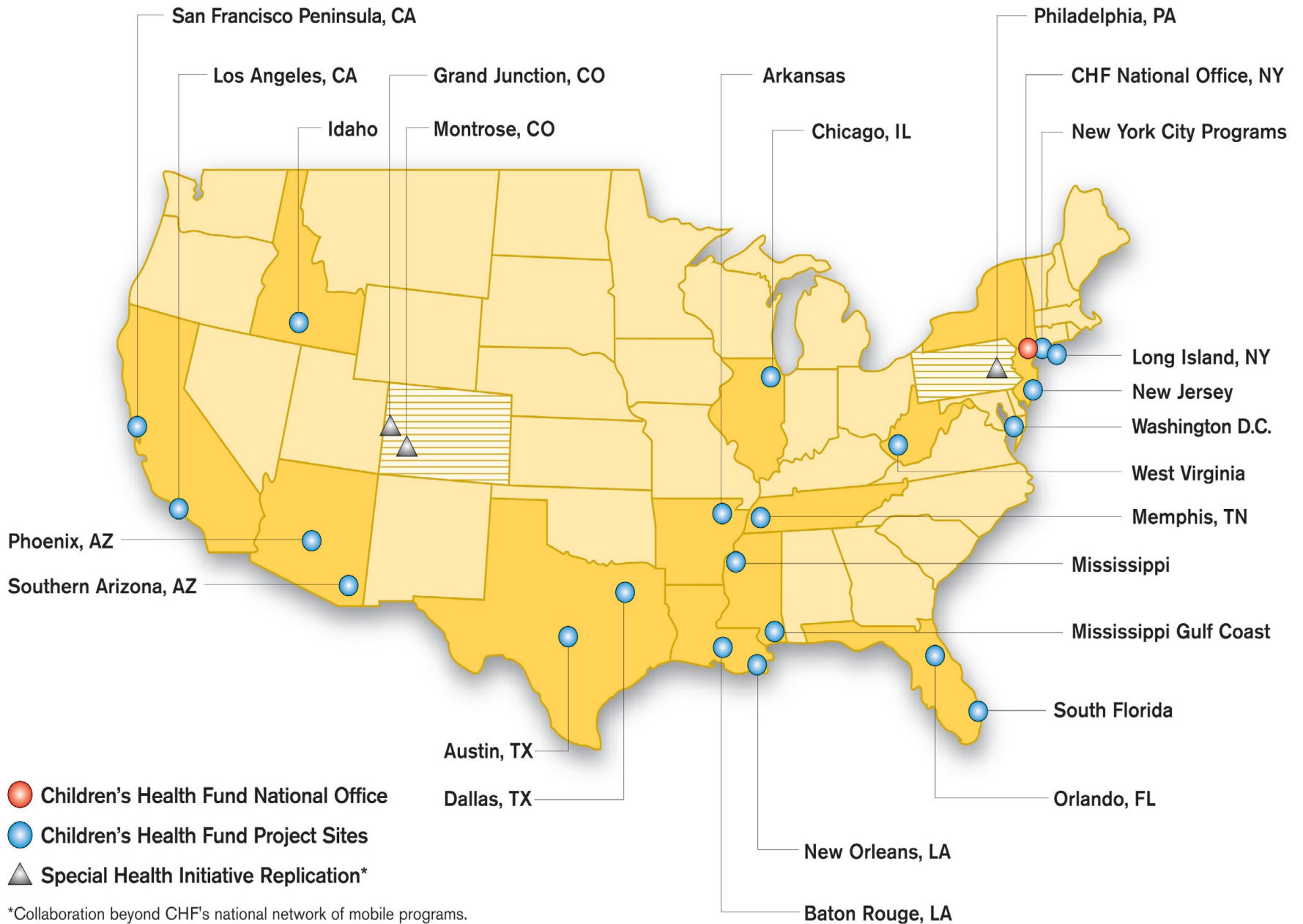
Presenter Disclosures

Pritha Kuchaculla, MPH

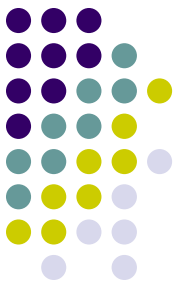


(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No Relationships to Disclose



*Collaboration beyond CHF's national network of mobile programs.



Poverty & Rural Communities

Counties ^{1,2,3}	< 18 below federal poverty	Families w/ female head of household
Cochise, AZ	28.0%	51.0%
Huntington, WV	30.2%	55.7%
Hardeman, TN	25.6%	47.7%
Coahoma, MS	54.7%	64.2%
Lee, AK	50.9%	n/a

Insurance Coverage



West Virginia⁴

92% of children 0-17 Insured

Health Profile

- 74.9%** Children 19-35 months received all doses of 5 key vaccines
- 63.7%** Children w/ both medical & dental preventive care visit in previous year
- 63.3%** Children w/ developmental, behavioral or mental health diagnosis who received appropriate care in the past year
- 54.3%** Children with a Medical Home

Insurance Coverage



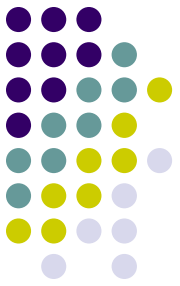
Mississippi⁴

87.5% of children 0-17 Insured

Health Profile

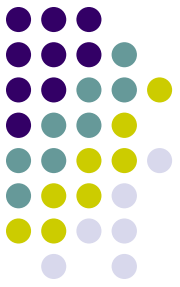
- 83.6%** Children 19-35 months received all doses of 5 key vaccines
- 47.2%** Children w/ both medical & dental preventive care visit in previous year
- 50.1%** Children w/ developmental, behavioral or mental health diagnosis who received appropriate care in the past year
- 33.8%** Children with a Medical Home

Non-Insurance Barriers to Child Health Access⁵



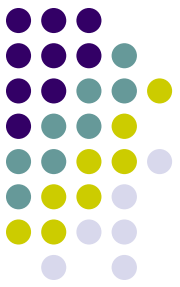
- **Transportation**
- **Psycho-Social Risk & Family Instability**
- **Health Professional Shortage Area designation & geographic isolation**
- **Poverty & Near Poverty**
- **Providers do not accept public health insurance (Medicaid & SCHIP)**
- **Culture & Language**
- **Regulatory impediments to alternative service delivery models**
- **Poor quality of care and best practice support**

Beyond Insurance: Policy Solutions



- **Alternative Service Delivery Models**
- Health Professional Shortages
- Case Management Services
- Transportation Services
- Improved Quality Assurance & Best Practice Guidance

State Regulations for Alternative Service Delivery⁶



States with **explicit** Medicaid regulations on mobile medical clinic licensing, covered services, and operational parameters

Alabama	New Jersey*	Connecticut	Pennsylvania
Minnesota	Texas*	Mississippi*	Wisconsin
Florida*			

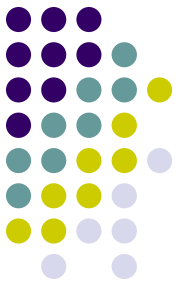
** Children's Health Project State*

States with **implicit** Medicaid regulations allowing for mobile medical clinic licensing and covered services

Alaska	Maine	Arkansas*	Michigan	Arizona*	Nebraska	California*
Nevada	Colorado	New Hampshire	Delaware	New York*		
North Carolina	Hawaii	Ohio	Illinois*	Oklahoma		
Iowa	Washington D.C.*					

** Children's Health Project State*

State Regulations for Alternative Service Delivery⁶



States who **explicitly exclude** licensing & services provided on mobile medical clinics

Indiana

Louisiana*

** Children's Health Project State*

States with **unclear Medicaid regulations** related to mobile medical clinic licensing & covered services

Georgia

Rhode Island

Idaho*

South Carolina

South Dakota

Kentucky

Tennessee *

Maryland

Massachusetts

Vermont

Missouri Virginia

Montana

Washington

New Mexico

West Virginia*

North Dakota

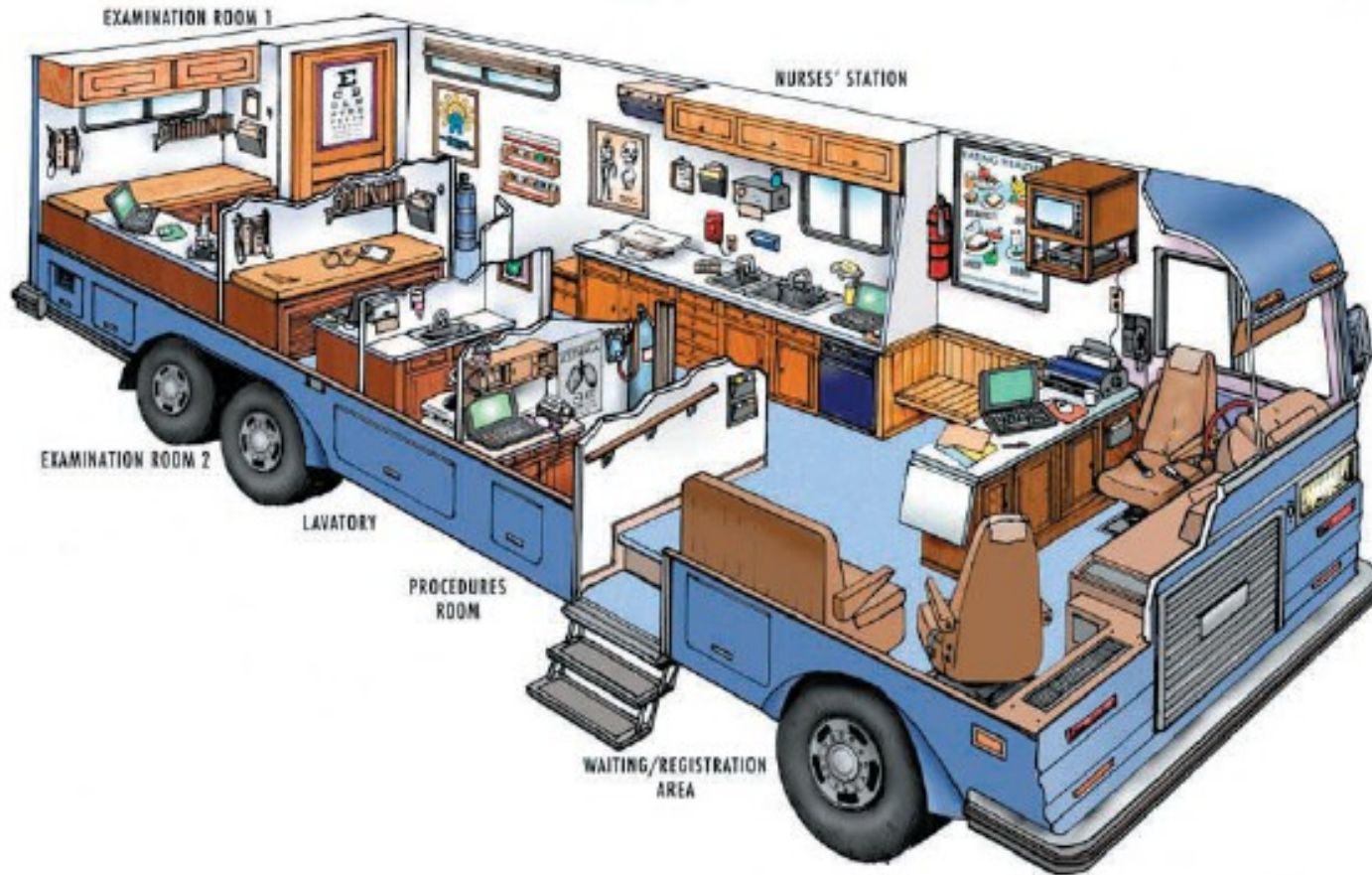
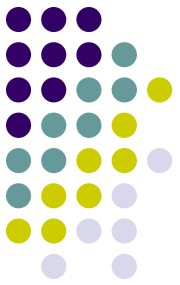
Wyoming

Oregon

Utah

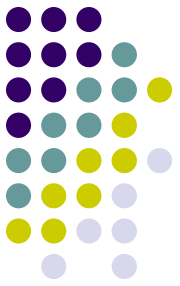
Kansas

** Children's Health Project State*

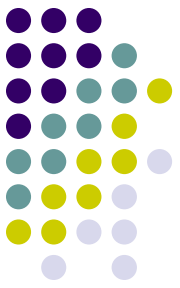


Medical Mobile Unit (MMU) Model

Telehealth

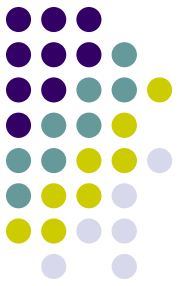


- 26 states out of 50 and the District of Columbia permit Telehealth services and allow for reimbursement
- Inter-state licensing is a regulatory barrier to optimal flexibility in services
 - Reimbursement rates and practices between states is also a barrier to Telehealth sustainability



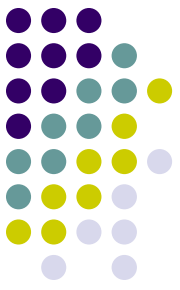
Conclusions

- Mobile Clinics & Telehealth services can bridge multiple barriers to child health access in rural communities
- Financial viability is largely dependent on appropriate state Medicaid licensing and covered service regulations
- Creating regulatory environment that incorporates alternative service delivery models is a cost-effective way to improve sustainable, quality, community-based health programs



Website Resources

- <http://www.telehealthlawcenter.org/> & <http://www.ctel.org/index.html>
- State Medicaid Websites
- <http://www.hrsa.gov/reimbursement/>
(go to your state page)



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