Midwest Regional
CHILDREN'S ADVOCACY CENTER

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Serving All Children & All Families

Two recent rulings by the Supreme Court of the United States – support for the Affordable Care Act and Same Sex Marriage – encourage children's advocacy center leaders to reflect on how our movement can create accepting, accessible, and health-promoting organizations.

Privacy - Terms

As part of our mission to empower you to better serve victims of child abuse, we have added resources to this page related to these recent landmark decisions.

Currently, we're highlighting a piece written by **Kevin Dowling, Program Manager** of **CARES Northwest** in Portland, Oregon. In it, Kevin shares the journey they have started in Oregon to enhance insurance reimbursement for the services their CACs provide.

Check out **Kevin's post** below the linked resources.

Click on each tab to see the resources in each category, then click on each title to open or download the document.

The Affordable Care Act (ACA) **Gender & Sexual Identity**

Healthcare Access + Gender and Sexual Identity **Guest Posts**

Same-Sex Parents and Consent for Treatment of a Minor
Legislation and policies related to medical consent from the Human Rights Campaign

Know Your Rights
Healthcare rights presented by the National Center for Transgender Equality

Disparities in Health Insurance among Children with Same-Sex Parents
Article in Pediatrics that explores the unique challenges that gay and lesbian families face related to health insurance access

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Insurance Companies on the MDT? *by Kevin Dowling*

OK, maybe having insurance providers at your MDT meetings is unrealistic, but in Oregon, insurers are playing a key role in our CACs' response to child abuse.

Changes across the country in how healthcare is delivered, and new partnerships between healthcare providers and insurers, are providing increased opportunities for CACs to highlight the work we do to promote the good health of our communities.

At the turn of the century, it seemed CACs were the

Considerations for CACs

- **Explore the possibility of billing insurance for CAC services.**

only ones interested in research, such as the Adverse Childhood Experiences study, that highlighted the impact childhood trauma could have on one's health throughout their lifespan. Times have changed. Our national healthcare reimbursement system is shifting its focus. Financial incentives associated with Medicaid are rewarding health systems for improving the health of the community they serve, as opposed to the number of patients in their hospital beds. Today, health care providers, insurers and even legislators are well-versed in the ACE study as they look for ways to intervene early and promote good health. Our CACs can help them do that by highlighting how investment in an effective response to childhood trauma is not just the smart thing to do from a moral or legal perspective, but also from a business one.

I work at CARES Northwest in Portland Oregon, where a medical evaluation (consultation or exam) has always been an integral part of the services we provide. The forensic interview is a component of the medical evaluation. Many centers across Oregon follow a similar model, and as a result, most have years of experience billing insurance for services provided at their CAC.

At CARES Northwest, insurance reimbursement is our largest source of revenue. The most common procedure billed is a medical consult, which includes a medical evaluation and forensic interview. Children are seen regardless of a families' ability to pay. We work hard to make sure families do not pay out-of-pocket for their child's evaluation.

Despite being a key source of revenue for most Oregon centers, insurance reimbursement does not cover the cost of services provided. This is especially true in recent years as the number of children insured by Medicaid and served by our CACs increased from 63% to 75%. For Medicaid insured children our CACs received an average of $0.25 for every $1.00 billed. Also,

- **Work closely with your state Chapter and other CACs to standardize the billing process.**
- **Support your state Chapter in contracting with a lobbyist to help make sure your interests are consistently and prominently represented with state legislators.**
- **Educate insurance companies and coordinated care organizations about your work, emphasizing how your services provide early intervention, promote lifelong health, and potentially reduce long-term health costs.**
- **Look for ways to increase medical care for children alleged to have been abused.**

insurance was not reimbursing for forensic interviews when done separate from the medical assessment.

In response, our state Chapter sought to strengthen reimbursement for key CAC services by introducing **HB2234**. HB2234 is intended to enhance insurance payments for CAC services, including medical evaluations, forensic interviews and mental health treatment (e.g. trauma focused therapies, victim advocacy/support). It unanimously passed the Oregon House and Senate, and was signed into law by the Governor in May.

HB2234 requires insurers to:

- reimburse a community assessment center for the services the center provides in conducting a child abuse medical assessment of a child who is eligible for medical assistance, and that are related to the child abuse medical assessment including, but not limited to:
  - a forensic interview
  - mental health treatment
- adopt billing and payment mechanisms to ensure that the reimbursement is proportionate to the scope and intensity of the services provided by the community assessment center.

Our state Chapter, and member Centers, are now working with each other, and insurers, to define what "proportionate to the scope and intensity of the services provided" means.

In the meantime, here are some things we've learned from the process:

- If you don't already, explore the possibility of billing insurance for the services provided at your CAC.
- Work closely with your state Chapter and other CACs to standardize the process you follow in billing for services.
- Support your state Chapter in contracting with a lobbyist to help make sure your interests are consistently and prominently represented with state legislators.
- Reach out to insurance companies and coordinated care organizations to educate them on the work you do. They have a vested interest in the health of their members, and the community.
- When meeting with insurers or legislators, emphasize how the services you provide –
  - make children healthier and more safe today

  - promote good health throughout the lifespan by addressing trauma early and effectively
  - have the potential to significantly reduce long-term health costs for health systems, insurers, and the state.
- Look for ways to increase medical care for children alleged to have been abused. Many of the children seen at our centers have medical conditions (e.g. dental problems, skin rashes, poor vision, disabilities), that while not directly related to the abuse allegation, are critical to them being strong and healthy, and better able to address and heal from the trauma associated with abuse.

Insurance companies probably aren't mentioned in our MDT protocols, and likely never attend MDT meetings. But they have a vested interest in our community's response to child maltreatment, and can be a key partner in funding the array of services our CACs provide to children and families.

Our Partners

Northeast Regional CAC
Southern Regional CAC
Western Regional CAC
National Children's Alliance
Children's Minnesota
Department of Justice - OJJDP

What We Do

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