



Washington State Health Insurance Plans

Comparison Report
January 2023



TUBMAN CENTER FOR
HEALTH & FREEDOM



BYRD BARR
PLACE

HE

HE

A

L

T

H

Table of Contents

Introduction	4
About This Report	6
Cycle of Marginalization	7
Part I: Comparison Criteria	8
Part II: Network Comparison	13
Comparison Table	24
Part III: Key Findings and Conclusions	25



Introduction

The Tubman Center for Health & Freedom is a health justice organization focusing on the intersections of health and freedom through systemic and clinical approaches. Currently, Tubman Health provides direct services to the community through Rainier Valley Leadership Academy's school-based health center and other programming, while also designing and working towards the opening of its flagship patient-centered medical home. The Wellness Equity by Lifting-up Local Underreported Solutions (WELL US) study was led by the Tubman Center for Health & Freedom to inform its health center model and meet the research needs of its community partners. WELL US focused on understanding the health needs of marginalized people in the Puget Sound region and uplifting the resilience of communities and the ways in which they already care for themselves.

While the increased accessibility to health insurance due to the Affordable Care Act has been widely-credited with improvements in access to care, health outcomes, appropriate health care utilization, and community health (American Hospital Association, 2008), **health insurance practices continue to perpetuate health outcome disparities.**

Overwhelmingly, the WELL US study highlighted that **our communities prefer and seek to use alternative medicine to support health and wellness**, especially as a result of persistent marginalization in the mainstream medical system. However, insurance practices were commonly-reported as major barriers to preferred methods of care. As demonstrated in the WELL US study, even among those insured by Medicaid, marginalized community members are dissatisfied with health insurance coverage and processes (Jefferson-Abye et al., 2022).

The WELL US study revealed that while community members respond to systemic barriers in the mainstream medical system by leaning on “alternative” modalities of care, further barriers posed by insurance plans and practices contribute to a cycle of marginalization (Jefferson-Abye, 2022).

The community need for alternative care is being prioritized in Tubman Health's integrative model of care that will be centered around our people and how they deserve to be cared for—with dignity and respect. Tubman Health's ongoing community design process involves

empowering community members to reimagine every aspect of their healthcare experience, including payment models and processes. The WELL US study was one method Tubman Health used to uplift community voices. Tubman Health also leads design labs and community conversations to create this model in partnership with community.

Figure 1 is a systems thinking map depicting the cycle of marginalization which arose as a theme in the WELL US study. Systems thinking maps are interdisciplinary tools used by public health practitioners to think through the systemic, societal, and structural aspects which undermine community health outcomes and phenomena (Leischow et al., 2008).

This comparison report will be developed with the Tubman Center for Health & Freedom's mission and values in mind. By analyzing various insurance plans in Washington State, Tubman Health will be better equipped to understand and address the financial and other barriers community members may face when seeking care. This knowledge is essential as we build the health care system our communities have always deserved.

Byrd Barr Place, a local social service and advocacy organization partnered with Tubman Health in the creation of this report focused on health equity in Washington State.

“

The Tubman Center for Health & Freedom addresses health and wellness from both systemic and clinical approaches. By practicing medicine from the intersection of health and freedom, we address both the health of our patients as well as the factors that determine their health. Tubman Health provides primary and preventative care, community resources, social services, political education and advocacy.

Tubman Center for Health & Freedom
Mission Statement

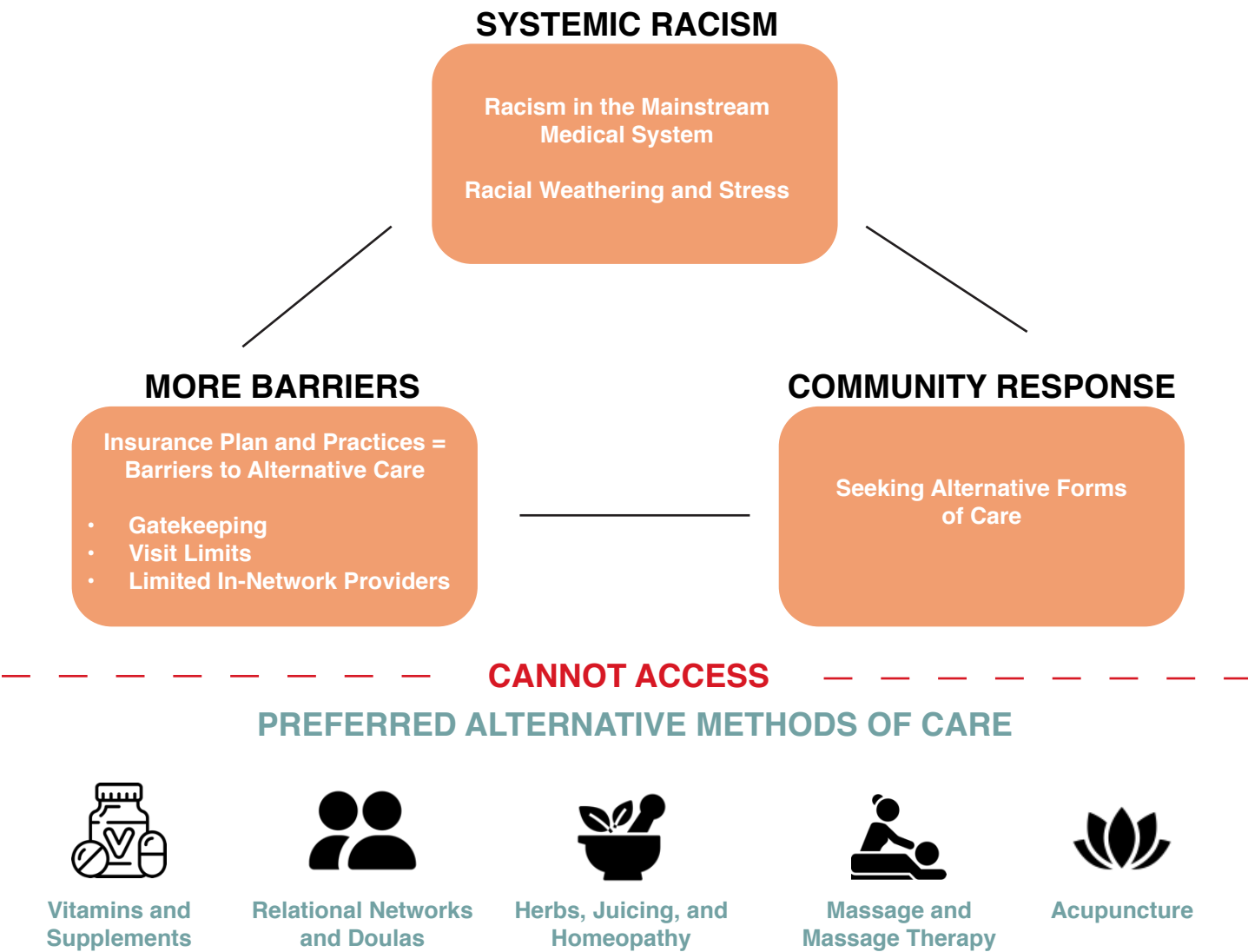
About This Report

This comparison report used publicly-available information about Washington State insurance plans to gather information about current practices and policies in place, as they relate to promoting health justice and equity among Tubman Health's target populations, which include Black, Brown, LGBTQIA+, Immigrant, and Disabled communities. Comparison criteria were selected based on general best practices for promoting access to health care among marginalized communities, as well as results from the WELL US Study. Plan overview documents were consulted to understand how each plan supports or threatens access to care. Additionally, phone calls with insurance company agents were used to collect additional information about the plans.

The following questions guided the development of this report:

- 1) Do Washington State health insurance plans support access to methods of care which are preferred by marginalized community members?
- 2) How do various Washington State health insurance plans support or threaten Tubman Health's model of care?

Figure 1: Insurance Practices and the Cycle of Marginalization Systems Thinking Map



- For people from marginalized communities, medicine is not exclusively Western/allopathic medicine.
- Many communities use ancestral and traditional medicines for healing and wellness.
- Moreover, persistent barriers to culturally appropriate care, as well as experiences of discrimination in health settings, lead people from medically marginalized communities to use strategies outside mainstream medicine to seek and attain health (Shippee et al., 2012). One of these strategies involves using modalities and treatments that are considered complementary or alternative medicine (CAM). In fact, for people from medically marginalized communities, CAM is often considered not an alternative but the preferred mode of care.
- The effectiveness of many CAM treatments and modalities is supported by research as well as by our experiences, and coverage of some of these treatments is specifically protected under state law.
- It is important that insurers and providers recognize and respect marginalized communities' use of CAM. That recognition and respect is an important component of our overall healthcare.
- **To provide effective, collaborative care, allopathic providers must understand CAM and work respectfully with patients and CAM providers to support their patients' wellness.**

PART I: COMPARISON CRITERIA

CRITERIA

1

Is alternative medicine covered?



WELL US highlighted that marginalized communities turn to alternative care modalities as a result of barriers faced in the mainstream system. Despite the Every Category of Provider Law in Washington State which requires coverage of every category of licensed medical providers, this excludes alternative medicine providers since they are not considered an essential service.

The Tubman Center for Health & Freedom will provide integrative medicine, with an emphasis on tailoring patient care plans based on preferred methods of care. In the design phase of its model of care and payment structure, it is important that Tubman Health understands the financial considerations patients may be faced with when seeking preferred methods of care.

- Some of the most commonly reported alternative care modalities include acupuncture, massage therapy, and vitamins/supplements.
- 100% of WELL US respondents from marginalized communities use one or more alternative medicine modality.
- 66% of Black respondents reported using vitamins.

Scaling Benchmarks

Key alternative care modalities uplifted by community members in WELL US include hydrotherapy, vitamins/supplements, acupuncture, massage, naturopathy, etc.

HIGH COVERAGE: Coverage for most of these modalities

MEDIUM COVERAGE: Coverage for a few of these modalities (2-3)

LOW COVERAGE: Coverage for one/none of these modalities OR alternative care is explicitly mentioned as not covered



CRITERIA

2

Does the fine print indicate true access to alternative care?

While it may appear on paper that the insurance plans cover alternative medicine, the fine print and lived experiences often tell a different story. Limitations on the credentials of providers are sometimes illogical, such as requiring patients receive acupuncture treatments from a medical doctor (MD). Additionally, patients may be required to try other forms of care first, be prescribed alternative care modalities from their primary care provider, or have medical necessity for the treatment. In other cases, alternative care modalities such as acupuncture are only available for certain specific conditions.

While accurate data on acupuncture coverage is not readily available, one review found that licensed acupuncturists were less likely to be reimbursed and were reimbursed at lower rates compared to physicians (Bleck et al., 2021). Common barriers to acupuncture access included a lack of in-network providers and challenges in determining whether patients should be offered non-pharmacologic treatments.

It is common for insurance plans to restrict which conditions can be treated by acupuncture. Medicaid/Medicare began to cover treatment for chronic low-back pain in 2020 (U.S. Centers for Medicare and Medicaid Services).

Back pain is a condition many insurance plans will cover acupuncture for. However, as reported by the National Institutes of Health, many studies have shown the acupuncture is an effective treatment on its own, or in combination with other treatments for: dental pain, addiction, headaches, menstrual cramps, fibromyalgia, carpal tunnel syndrome, and even asthma. As you can see, acupuncture can help with a lot more than just chronic back pain (National Center for Complementary and Integrative Health, 2022). In fact, to demonstrate the effectiveness of acupuncture, one cited study found that acupuncture is more effective than drugs for the prevention of problems such as migraines.

Scaling Benchmarks

Barriers of interest: provider credentials, must try other forms of care first, must be prescribed, must be “medically necessary,” only for a certain condition (ex: acupuncture only for back pain)

HIGH ACCESS: none of these barriers

MEDIUM ACCESS: 1-2 of these barriers

LOW ACCESS: 3 or more of these barriers

NOTE: Classification will be more subjective, supported by available information.



Do visit limits for acupuncture create barriers to care?

The WELL US study demonstrated high interest in acupuncture as a method of care among marginalized communities in the Puget Sound region.

For the purpose of this report, acupuncture will be used as an example service to understand how visit limits may impact true access to preferred methods of care which continue to be considered “alternative” or “traditional.”

Acupuncture is a good example of an alternative treatment that requires an appropriate amount of visits in order to show improvement. According to many sources, a typical course of treatment for a single ailment requires visits once or twice a week until resolved (Acupuncture and Integrative Medicine College, 2021). However, if visit limits are imposed per insurance, patients may not be able to receive the adequate amount of care, hindering the true ability of acupuncture to make a positive impact on health.

Scaling Benchmarks

Scaling will be based on the type of visit limits imposed by the plan, particularly looking at the amount of visits allowed compared to the typical visit recommendation for any given acupuncture treatment plan.

HIGH ACCESS: Coverage for at least 1 visit per week, as recommended

MEDIUM COVERAGE: Coverage for 1 visit per every two weeks

LOW COVERAGE: Coverage for less than 1 visit per every two weeks

Are relationally-driven services covered/provided?

Relationally-driven services to support health and wellness are essential to marginalized peoples’ survival. WELL US participants highlighted just how valued relationship networks are by community members as they navigate the mainstream healthcare system.

- 91% of respondents rely upon friends and family to help navigate the healthcare system
- The most commonly used supports were friends and family, community health workers, mutual aid networks, and social workers.

Relationships are essential to survival in communities which have been historically marginalized. True culturally-responsive services ensure that our deep communal ties are respected and uplifted.

Doulas: Doulas are trained professionals who provide emotional, physical, and informational support for birthing people during pregnancy, birth, and the postpartum period. Community-based doulas may share similar racial or cultural identities and lived experiences as their patients,

allowing them to build deep, trustful relationships. Additionally, doulas are important resources, especially for Black birthing people, as they may mediate the effect of systemic racism in the mainstream medical system. With Black birthing people having 3-4 times higher risk of maternal mortality (Hill et al., 2022), doulas have been widely-recognized for their role in fighting the maternal mortality crisis.

Patient navigation: Patient navigators facilitate health care access and quality for marginalized people. By acting as patient advocates and care coordinators, patient navigators help address medical provider distrust and act as a liaison for patients and their providers. Patient navigation has been found to reduce racial health disparities in preventive care and mortality, and has been associated with improvements in patient perceptions of patient-provider relationships (Natale-Pereira et al., 2011).

Translators: Translators/interpreters are inextricably important to the health care experiences of the over 25 million Americans who speak English “less than very well.” In addition to ensuring patients are able to be active



participants in their health care experiences and bolstering understanding, translators may be important cultural liaisons as well. Furthermore, translators have been found to increase patient satisfaction, improve adherence and health outcomes, reduce adverse events, and limit medical malpractice risk (Juckett & Unger, 2014).

As patients are empowered to take charge of their health and freedoms, it is essential that they are fully able to communicate their needs and understand their provider. Tubman Health’s model will support community’s needs for relationally-driven supports through patient navigation, translation, and doula services. As this model is designed, it is important to consider how insurance coverage may support or threaten the proposed innovative model.

Scaling Benchmarks

Scaling will be based on access to relationally-driven services: doula care, patient navigation/advocacy, and translation/interpretation

HIGH ACCESS: Access to 3+

MEDIUM ACCESS: Access to 2

LOW ACCESS: Access to 1 or none

CRITERIA 5

Are transportation supports in place?

We know that many of the aspects which impact health and health seeking behaviors are outside of individual control. These factors, known as the social determinants of health, encompass those things which exist outside of the individual and create the context for health status and access. Social determinants of health account for upwards of 80% of health outcomes.

Transportation is an important social determinant of health impacting one’s access to healthcare, and thus their health outcomes. Annually, 3.6 million Americans do not get the care they need due to their level of access to adequate

transportation (American Hospital Association, 2017). Transportation barriers may lead to missed or delayed healthcare, and thus poor health outcomes.

Tubman Health’s model of care involves addressing the social determinants of health which impact our patients’ health and access to care. More recently, especially during the COVID-19 pandemic, transportation access programs have been emphasized as a crucial component of a functioning healthcare system. Patients must have the resources they need to access care.

Scaling Benchmarks

Scaling will be based on the provision of free transportation supports for vaccinations, emergency care, and regular appointments.

HIGH ACCESS: Access to all supports

MEDIUM ACCESS: Access to 2+

LOW ACCESS: Access to 1 or none



Is gatekeeping used?

Gatekeeping is the practice of requiring the insurance company's approval of services prior to a procedure or could include things such as requiring patients to see their primary care provider and seek a referral in order to see a specialist. Gatekeeping has been used as a cost-containment strategy in the mainstream medical system.

Because of gatekeeping, access to specialists may be dependent on the relationship patients have with their primary care providers, which are not always strong.

While gatekeeping has been generally associated with cost savings, it has resulted in lower patient satisfaction (Sripa et al., 2019).

Scaling Benchmarks

Scaling will be based on whether gatekeeping is used, and how strictly it appears referral policies are to see a provider beyond one's primary care provider.

HIGH ACCESS: No gatekeeping is used

MEDIUM ACCESS: Gatekeeping is used for some types of care, but not all

LOW ACCESS: Gatekeeping is used for most types of care

How accessible is plan information?

Shopping for a health insurance plan is a difficult and time-consuming process. Many community members struggle to choose the plan that is best for them because the process is so difficult to understand and navigate.

Despite more recent efforts to promote accessibility, in true practice, many aspects of plan information are still inaccessible when doing research. To promote freedom and health, it is essential that community members have the critical pieces of information which enable them to choose the plans that best fit their health care needs.

Scaling Benchmarks

Scaling will be based on the plan research experience, including language accessibility options on the website, phone call accessibility, and overall plan information easily available to the general public.

HIGH ACCESS: No major barriers to accessing plan information

MEDIUM ACCESS: Multiple, but not significant, barriers to accessing information

LOW ACCESS: Significant barriers





PART II: NETWORK COMPARISON





BACKGROUND

Molina Healthcare of Washington - Apple Health Medicaid Managed Care Plan

- The State of Washington has contracted with Molina Healthcare of Washington, a national for-profit plan to manage care for beneficiaries
- Through Apple Health (Medicaid), Molina Healthcare provides and coordinates medical and behavioral health care, including mental health and substance use disorder treatment
- The majority of Apple Health enrollees in King County are insured by the Molina Healthcare plan: 188,992 enrollees in King County and 126,247 in Pierce County (Washington State Health Care Authority, 2022).
- Molina Healthcare of Washington rates average for getting care, keeping kids healthy, keeping women and mothers happy, preventing and managing illness, satisfaction of care provided to adults, and satisfaction with plan for adults (2 stars/3 stars). However, it rates below average for ensuring appropriate care and treatment (Washington State Health Care Authority, 2022).
- Per the National Committee for Quality Assurance, Molina Healthcare of Washington has earned the distinction of Multicultural Health Care Electronic Clinical Data, meaning it meets or exceeds standards for culturally and linguistically appropriate services (collecting race/ethnicity and language data; providing language assistance; cultural responsiveness; quality improvement of culturally and linguistically appropriate service; and reduction of health care disparities).

CRITERIA 1: Alternative Care Coverage

- Acupuncture is not covered
- Massage therapy is covered only during physical or occupational therapy, which essentially means it is covered when done by a physical or occupational therapist.
- Naturopathy is covered
- Vitamins are covered for pediatric, prenatal, and nutrition purposes
- No mention of hydrotherapy or other alternative care modalities on benefits overview document
- The member handbook explicitly states that alternative medicines are not covered

CRITERIA 2: Alternative Care Fine Print

- Alternative care, with the exception of naturopathy, is not covered, so the fine print demonstrates low access to most alternative medicine modalities.
- **RATING: Low access**

CRITERIA 3: Acupuncture Visit Limits

- Not applicable, since acupuncture is not covered by the plan
- **RATING: Low access**



CRITERIA 4: Relationally-Driven Services

- Doula services: While not explicitly stated in the member handbook, Washington State House Bill 1881, passed in 2022, allows for a voluntary certification pathway for doulas so they can be reimbursed through Medicaid. The bill's purpose is to make doula services more accessible to birthing people who are on Medicaid. In Washington State, Medicaid covers 52% of births (Mikkelsen, 2022).
- Patient navigation: While Molina Healthcare's webpages for other states includes information about access to member advocates, no information related to patient navigation or advocacy services was found on their page for Washington Medicaid. Even if these services were available, the information is not easily accessible to members.
- Translation services: Molina Healthcare provides free translation services to those who speak another language or have limited English skills. Their website states that skilled interpreters and written translated materials are available.
- **RATING: Medium access**

CRITERIA 5: Transportation Supports

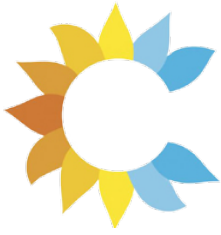
- Emergency and non-emergency transportation for medical and behavioral health visits are covered through Washington Apple Health and the ProviderOne Services card. For non-emergency visits, patients must call their local transportation broker. Patients must have prior authorization before the services will be provided.
- Medicaid enrollees in Washington State were also eligible for free transportation services to COVID-19 vaccine appointments.
- **RATING: High access**

CRITERIA 6: Gatekeeping

- Gatekeeping is used.
- Patients must see their network primary care provider to get approval in advance before they can use other providers in the plan's network, such as specialists, hospitals, skilled nursing facilities, or home health care agencies.
- Referrals from primary care providers are not required for emergency care or urgently needed services. Specific services do not need a referral.
- **RATING: Low Access**

CRITERIA 7: Access to Plan Information

- All information needed about this plan for this report was easily accessible from the website alone.
- The webpage for the plan is highly accessible and includes what is covered, how to enroll, contact information, and transportation supports available. The Benefits-At-A-Glance document is clear and gives a strong overview of what the plan covers, as well as services which are not covered.
- Translation of the entire website is available in Spanish, and page visitors may change the font size.
- **RATING: High access**



**COMMUNITY
HEALTH PLAN**
of Washington™

BACKGROUND

Community Health Plan of WA Apple Health Medicaid Managed Care Plan

- Not-for-profit company contracted by the State of Washington
- Founded in 1992 by a network of community and migrant health centers (CHCs) in Washington State
- Formed to help coordinate care and advocate for people who were not being served by traditional insurance companies.
- 63,118 members enrolled from King County
- 6,307 members enrolled from Pierce County
- Serves 270,000 members total

CRITERIA 1: Alternative Care Coverage

- Recently began to cover alternative care: acupuncture, massage therapy, and chiropractic treatment for all Apple Health (Medicaid) members.
- Additional alternative medicines do not appear to be covered: religious based practices, faith healing, herbal therapy, homeopathy
- No copay for the services
- Created a separate webpage on website entitled “Health and Wellbeing” which is all about whole-person care and alternative medicine
- **RATING: High access**

CRITERIA 2: Alternative Care Fine Print

- Patients do not need a referral or prior authorization to use the alternative care benefit. Patients can see any licensed provider in Washington. They do not have to be in network.
- \$0 copay for 12 visits/year
- Massage visits are based on a session length of 30 minutes. A one-hour massage would count as two visits
- Massage therapy is only included on two plans; Plan 2 (HMO) and Dual Plan (D-SNP HMO)
- Members of all ages can get up to 20 acupuncture, massage, and chiropractic visits per year
- **RATING: High access**

CRITERIA 3: Acupuncture Visit Limits

- For the higher level plans: Combined benefit of up to 25 acupuncture, naturopathy, massage, or chiropractor visits per year, as well as various CHPW-recommended Wellbeing programs
- For the lower level plans: Combined benefit of up to 12 acupuncture, naturopathy, or chiropractor visits per year, as well as various CHPW-recommended Wellbeing programs
- The handbook states that you can seek authorization from doctor to get more than 20 visits
- **RATING: High access**



CRITERIA 4: Relationally-Driven Services

- Doulas: Similar to the Molina Healthcare plan, since this plan is a Medicaid plan, the recent house bill enabling doulas to seek certification ensures they can be reimbursed by Medicaid. Information about doula coverage is not available on the Community Health Plan of Washington website.
- Patient navigation: The Community Health Plan of Washington has case managers such as licensed social workers, nurses, or specialists available to patients at no cost. Case managers advocate on behalf of patients and help navigate and interpret the health care system. Case managers are able to talk to providers about the care patients need, help schedule appointments and manage medication, connect patients to resources for housing and food, and can also educate patients on the healthcare system, health conditions, and benefits. Members are able to refer themselves for case management. It does not appear that in-person patient navigators are covered.
- Translation services: Translation services are available free of charge to members. This involves helping find providers who speak the same language, providing access to interpreters to accompany members to appointments, and translating plan materials.
- **RATING: Medium access**

CRITERIA 5: Transportation Supports

- Emergency and non-emergency transportation for medical and behavioral health visits are covered through Washington Apple Health and the ProviderOne Services card. For non-emergency visits, patients must call their local transportation broker. Patients must have prior authorization before the services will be provided.
- Medicaid enrollees in Washington State were also eligible for free transportation services to COVID-19 vaccine appointments.
- **RATING: High access**

CRITERIA 6: Gatekeeping

- Gatekeeping is used.
- Patients must see their network primary care provider to get approval in advance before they can use other providers in the plan's network, such as specialists, hospitals, skilled nursing facilities, or home health care agencies.
- Referrals from primary care providers are not required for emergency care or urgently needed services. Specific services do not need a referral.
- **RATING: Low access**

CRITERIA 7: Access to Plan Information

- All information needed about this plan for this report was easily accessible from the website alone. This includes visually-appealing webpages for information on alternative care, overall benefits, eligibility, FAQs, and contact information.
- Translation of the entire website is available in eight languages, and page visitors may change the font size.
- **RATING: High access**



BACKGROUND

United Healthcare Community Plan of WA Apple Health Medicaid Managed Care Plan

- United Healthcare's Apple Health plan is another one of the five managed care health maintenance organization plans contracted by the State of Washington to deliver Medicaid coverage.
- The United Healthcare Community Plan of Washington is only available in the western region of Washington State.
- There are 79,913 enrollees in King County, making the United Healthcare Community Plan of Washington the second most popular Apple Health managed care plan in King County.

CRITERIA 1: Alternative Care Coverage

- The member handbook states that alternative medicines are not covered by the plan or Apple Health. They list acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, and massage therapy as excluded services.
- Chiropractic care for anyone above the age of 21 is not covered by the plan.
- **RATING: Low access**

CRITERIA 2: Alternative Care Fine Print

- For Chiropractic care coverage, the member must be under the age of 21 and have a referral from their primary care provider.
- Other alternative medicines do not appear to be covered.
- **RATING: Low access**

CRITERIA 3: Acupuncture Visit Limits

- Acupuncture is not covered.
- **RATING: Low access**

CRITERIA 4: Relationally-Driven Services

- Doula care: With the new doula certification bill now in effect in Washington State, members should now be able to access doula care and have their insurance cover the services.
- Patient navigation: Personal Care Managers are available for those who have chronic health conditions. They are able to support management of health needs, coordinate doctor appointments, work with providers, and provide one's care team with medical records.
- Translation: United Healthcare provides free interpreter services. They can arrange for medical interpreters to be at appointments. Their interpreter service covers more than 170 languages.
- **RATING: Medium access**



CRITERIA 5: Transportation Supports

- Apple Health covers transportation services to and from needed non-emergency medical appointment.
- **RATING: High access**

CRITERIA 6: Gatekeeping

- This plan uses gatekeeping. Primary care providers must provide a referral to see most specialists. However, there are a handful of services available without a referral, such as behavioral health services, family planning services, and women's health services.

CRITERIA 7: Access to Plan Information

- Most information needed about this plan for this report was accessible from the website alone, yet many parts were unclear and lacked detail.
- The website is like a maze, with many dead ends and roadblocks to accessing additional plan information. Nevertheless, the website includes contact information, eligibility information, benefits, and available plans by geography.
- Translation of the entire website is available in ten languages.
- **RATING: Medium access**





BACKGROUND

United Healthcare of Oregon Individual and Family Affordable Care Act Marketplace Plan (Exclusive Provider Organization)

- Three levels of United Healthcare of Oregon marketplace plans are available through the Washington Health Plan Finder website (Bronze, Silver, and Gold)
- These plans meet the standards of coverage set by the Affordable Care Act

CRITERIA 1: Alternative Care Coverage

- The bronze, silver, and gold plans all cover acupuncture and chiropractic (manipulative) care.
- No coverage of massage therapy and other forms of alternative care.
- **RATING: Medium access**

CRITERIA 2: Alternative Care Fine Print

- The fine print in the available plan overview states that “limitations may apply to these services.” Members are told to refer to their plan document or call the provided phone number for support. Multiple United Healthcare insurance agents stated that information about the details of alternative care coverage restrictions is not accessible.
- For those of us shopping for health insurance plans, it is difficult to know how United Healthcare of Oregon’s fine print really looks like: Who do patients have to seek care from? What types of ailments can these services be used for?
- **RATING: Medium access**

CRITERIA 3: Acupuncture Visit Limits

- The plans cover up to 12 acupuncture visits per year.
- **RATING: Low access**

CRITERIA 4: Relationally-Driven Services

- Doula care: Doulas do not appear to be covered. When searching doulas in the Seattle/King County provider network, the providers who show up are MDs and DOs, not doulas.
- Patient navigation: Patient advocates are offered for those with chronic health issues to help advocate with insurance and doctors, but patient navigation is not provided for everyone.
- Translation: They provide free services to help patient communication. Examples of services available include printing letters in other languages and interpreters. Members may request language assistance by calling the designated phone number.
- **RATING: Low access**

“*Our plan covers minimal standards per the Affordable Care Act, but I don’t think doulas are considered essential.*”

United Healthcare Insurance Agent
Via Phone Call



CRITERIA 5: Transportation Supports

- According to the United Healthcare Insurance Agent, transportation is only covered for those on Medicare (65+) or those who are disabled.
- **RATING: Low access**

CRITERIA 6: Gatekeeping

- Gatekeeping is used by this plan. Patients must obtain an electronic referral to see an in-network specialist.
- **RATING: Low access**

CRITERIA 7: Access to Plan Information

- Apart from general information about alternative care coverage, most information needed about this plan for this report were not accessible from the Washington Health Plan Finder website alone. Phone calls using the provided phone number were needed to supplement knowledge, but it took over three phone calls before reaching someone who was willing to answer questions. Even then, the agent was quoted saying that detailed information for most criteria is not available when shopping for plans. The agent said she could research in the large plan book, but was still unable to find answers. She used personal experiences to answer questions about transportation supports and patient navigation. This information cannot be found on the website.
- **RATING: Low access**

“

[Coverage of alternative care modalities and the fine print] are hard to define at this stage when you're just shopping for plans.

United Healthcare Insurance Agent
Via Phone Call

BACKGROUND

Premera Blue Cross Individual and Family Affordable Care Act Marketplace Plan (Exclusive Provider Organization)

- Premera Blue Cross offers Cascade Care Plans, health plans designed by the Washington Health Benefit Exchange with the goal of providing benefits members need while keeping out-of-pocket costs down
- Their three plans (Bronze, Silver, and Gold) meet minimum standards of care set by the Affordable Care Act

CRITERIA 1: Alternative Care Coverage

- The Premera Blue Cross marketplace plans cover acupuncture and chiropractic care/spinal manipulation
- Massage therapy is covered under rehabilitative and habilitative services
- Additional alternative forms of care are not mentioned in the plan overviews
- All three plan levels have the same alternative care coverage
- **RATING: Medium access**

CRITERIA 2: Alternative Care Fine Print

- The general exclusions and limitations section states services must be considered medically necessary
- Prior authorization is required if a patient will be receiving electrical stimulation during acupuncture
- While one plan document highlights chiropractic care as covered, a more detailed document does not mention chiropractic care generally, but rather spinal manipulation
- Plan overview documents do not outline additional fine print restrictions for the covered alternative methods of care
- **RATING: Medium access**

CRITERIA 3: Acupuncture Visit Limits

- All three plan levels cover the same number of visits: 12 acupuncture visits per year, and 12 spinal manipulation visits per year
- **RATING: Low access**





CRITERIA 4: Relationally-Driven Services

- Doula care: Doula care does not appear to be covered by the plan.
- Patient navigation: Members have access to a personal health support team, including registered nurses, certified dietitians, and licensed mental health professionals with expertise in chronic condition management. Providers may refer patients to the program, or members may be selected based on previous claims demonstrating that they could benefit from extra support. In-person patient advocacy/navigation covered/provided.
- Translation: Premera provides free language services to those whose primary language is not English. This includes providing interpreters and information written in other languages.
- **RATING: Low access**

CRITERIA 5: Transportation Supports

- Information about transportation supports available to members was not accessible through the website
- **RATING: Low access**

CRITERIA 6: Gatekeeping

- Premera does not require referrals to see a specialist.
- **RATING: High access**

CRITERIA 7: Access to Plan Information

- Apart from general information about alternative care coverage, most information needed about this plan for this report were not accessible from the Washington Health Plan Finder website alone. Phone calls using the provided phone number were needed to supplement knowledge, but when trying through multiple provided numbers, calls were dropped after about two minutes of holding. As a result, many questions about this plan remain unanswered.
- **RATING: Low access**

COMPARISON TABLE

	Molina Healthcare of Washington	Community Health Plan of Washington	United Healthcare Community Plan of Washington	United Healthcare of Oregon	Premera BlueCross
Plan Type	Apple Health Managed Care	Apple Health Managed Care	Apple Health Managed Care	Marketplace EPO Plan	Marketplace EPO Plan
Access to Alternative Care	Low	High	Low	Medium	Medium
Access to Care: Alternative Medicine Coverage Fine Print	Low	High	Low	Medium	Medium
Access to Care: Visit Limits	Low	High	Low	Low	Low
Coverage of Relationally Driven Services	Medium	Medium	Medium	Low	Low
Transportation Supports	High	High	High	Low	Low
Limited Use of Gatekeeping	Low	Low	High	Low	High
Access to Plan Information	High	High	Medium	Low	Low
Overall Rating*	Low	High	Medium	Low	Low

* Overall rating was calculated using an initial scale (Low = 1; Medium = 2; High = 3), then totaled and rated as High, Medium, or Low overall based on the following scale: Low = 12 or less; Medium = 13-16; High = 17 or more.



PART III:

KEY FINDINGS AND CONCLUSIONS

1. Health insurance plans continue to prioritize the biomedical model, while excluding alternative medicine.

Whether blatantly or obliquely, the health insurance plans we studied made one thing clear: alternative medicine is not a priority. Currently, health insurance plans continue to treat alternative medicine as an extraneous aspect of health care, rather than seeing it for what it actually is. Our community's lived experiences demonstrate the strength of alternative medicine in supporting health, healing, and overall well-being. For many of us, alternative medicine is not "alternative," but rather the way we prefer to be cared for. For others of us, alternative and traditional medicines are our response to the systemic racism we face in the mainstream system and in other aspects of our lives.

We know insurance companies often put economic interests above the health needs of our people, but that is not an acceptable justification for not covering alternative medicine. The economic argument for not covering alternative medicine does not have muster. Complementary and

alternative medicines have been proven to be cost-effective due to inexpensive treatment modalities, lower technology needs, and the emphasis on preventative medicine (Tais, 2014). So we ask, what is the excuse here?

Another excuse insurance companies often give is that there is a lack of science backing up alternative medicines. First of all, there is a general lack of research done in this area, yet there is a wealth of research pointing to the strengths of alternative medicine in healing nearly every part of the body. These practices have been taking place for centuries, and have merit. So we ask, what is the excuse now?

More insurance plans have begun to cover alternative medicine recently, but these plans and others still exclude or limit alternative medicine coverage. This manifested itself through a variety of pathways:

Blatant Exclusion:

As we saw with the Molina Healthcare of Washington Apple Health plan, some plans clearly and explicitly exclude alternative medicines from their covered services. With the most number of King County Medicaid enrollees being insured under this plan, it is clear that a large group of people simply do not have access to alternative medicines through their insurance. This threatens the ability of community members to access preferred methods of alternative medicine, such as those which will be made available at Tubman Health's flagship clinic.

On the other hand, even with plans that cover alternative medicines, most of them only cover chiropractic care and acupuncture, excluding other forms of alternative medicine. Alternative medicine is far more than acupuncture and chiropractic treatment. True access to alternative care would include a larger range of services, including naturopathy, massage therapy, and herbal medicines.

Visit Limitations:

Additionally, another tactic used by insurance plans is limitations on the number of visits available to members through the health plan. No plan covered the recommended bi-weekly visits needed to see full results from acupuncture treatment. Some of the plans combined multiple alternative care methods under the same visit cap. However, interestingly, the Community Health Plan of Washington allows space to receive more visits upon approval from one's primary care provider. It is unclear how that process of approval works.

In-Network Provider Requirements

For many of the plans, alternative medicine providers must be in-network. However, many of the provider lists are outdated or lack the full range of even licensed providers in the geographic area.

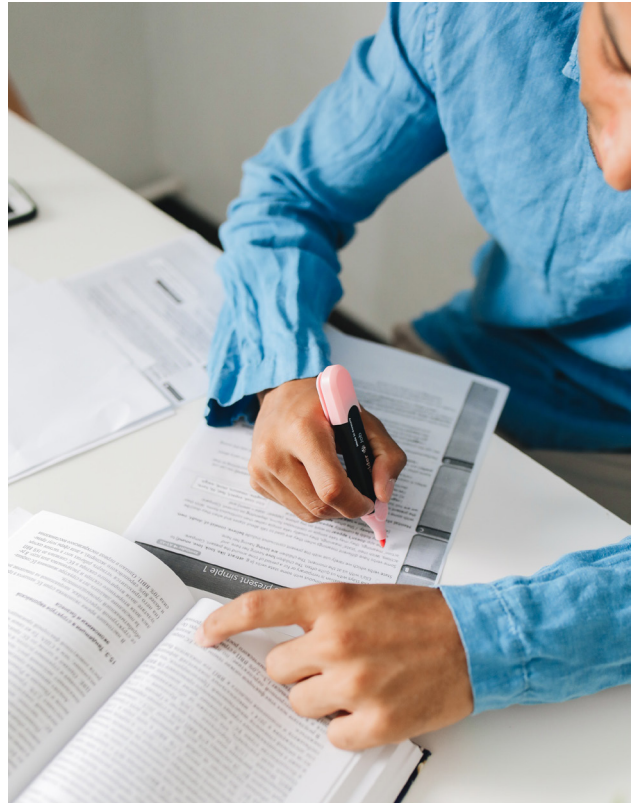
Tricky wording and fine print:

While the fine prints generally did not reveal any major tricks the health insurance plans are providing, the Premera plans had tricky wording. For example, on their plan overview, the Premera plan advertises coverage of chiropractic care, but upon a deeper dive, a different document does not mention chiropractic care at all. Instead, the phrase “spinal manipulation” is used, indicating that the coverage of chiropractic care is actually limited by the condition or technique.

Lack of details in the shopping process:

Overall, many of the plans did outline restrictions and more details on their coverage of alternative medicines and the types of supports available. It is unclear if additional barriers would be identified by members once they move further in in the health insurance plan shopping process.

In practice, insurance companies often review medical claims. For some plans, the coding details documented that some aspects of alternative medicine which are integrated into the treatment (ex: electric stimulation during acupuncture) may be considered “experimental” and thus not covered. These pieces of information are essential to estimating the cost of care, but members are not informed about these restrictions upfront.



2. Individual & Family marketplace plans get away with the bare minimum.

We heard her. As the United Healthcare Insurance Agent said herself over phone, “our plan covers minimal standards per the Affordable Care Act.” Her delivery of that sentence was almost like a rehearsed talking point. The Individual & Family marketplace plans studied scored the worst based on our criteria, demonstrating they get away with much less supports available to community members.

3. Medicaid plans generally do better at providing transportation supports and relationally-driven services, as well as ensuring accessibility of plan information.

Generally, as summarized on the comparison table, the Medicaid plans fared significantly better when it comes to coverage of relationally-driven services and transportation supports. On the other hand, the marketplace plans do not advertise transportation support as being available. Additionally, none of the plans cover in-person patient navigation/advocacy.

4. Doula care is not prioritized by the studied health insurance plans, but HB 1881 is expected to bolster access to Medicaid enrollees.

None of the plans explicitly touch on doula care. However, access to doula care is expected to be strengthened following the recent implementation of the HB 1881, which ensures Doulas can get certified and thus reimbursed by Medicaid in the State of Washington. Future research should be conducted to understand the implications of HB 1881 on true access to doulas. With 52% of births in Washington State being covered by Medicaid (Mikkelsen, 2022), HB 1881 can be instrumental in supporting equitable birth outcomes, especially among low-income and Black birthing people.

5. The majority of the studied plans use gatekeeping, sometimes even for in-network providers.



6. The Washington Health Plan Finder, while meant to be an accessible tool, is not as accessible as it can and should be.

Compared to the various Medicaid insurance plan websites, the Washington Health Plan Finder was more overwhelming to navigate. The Individual and Family marketplace plans direct you to the Washington Health Plan Finder website to learn more, but all questions were not clearly answered there. Overall, the Washington Health Plan Finder provided less detailed information about the individual plans, the supports they provide, and the services that are covered. Moreover, the plan overview documents were less user-friendly.

7. Insurance companies advertise a willingness to answer questions, but in truth, no one has or is willing to give answers to essential questions during the health insurance shopping process.

Each health plan's website and plan overviews proudly advertise contact information to learn more about plans during the shopping process. However, a few problems were identified:

- Many of the linked web pages to learn more about certain services or restrictions were broken or did not lead to a specific page, leaving community members unable to access the necessary information.
- Long wait times or dropped calls when trying to contact the licensed insurance agents.
- Even when phone calls were answered by insurance agents, many of them repeatedly directed us to the website even when the main reason we were calling was because there were unanswered questions. Some of the agents specifically said they do not have answers for the most basic questions.

Future Research Considerations

Every Category of Provider Law

Future research should look at the Every Category of Provider Law and future advocacy pathways for ensuring alternative medicine is included in the law's scope. Acupuncturists are licensed in Washington State, but multiple plans do not cover acupuncture at all, since acupuncture is not listed as an essential benefit. Also, research should investigate whether insurance companies are maintaining adequate networks of alternative care providers.

Administrative Burdens on Alternative Care Providers

Furthermore, the administrative burdens faced by alternative care providers should be investigated to understand whether insurance companies are properly reimbursing them. For instance, sometimes, alternative medicine providers have to stop accepting specific insurance plans because of improper reimbursement.

Differences by Deductible

Lastly, future research should investigate differences in quality of coverage between high- and low-deductible health plans. A health insurance premium is the amount patients pay for their health insurance plan per month. Deductibles are the amount patients must pay for covered health services before the insurance plan starts to pay. For instance, a plan with a \$1,500 deductible requires patients to pay the first \$1,500 of services on their own. After the insurance deductible is met, patients usually have to pay a copayment or coinsurance for services that are covered under their health insurance plan (Healthcare.gov). When selecting a health plan, patients are encouraged to think about total health care costs, rather than just the monthly premium. Plans that have lower premiums may be attractive to low-income people, but the lower the premium, the higher the deductible.

Future research should look at high- vs. low-deductible health plans to determine how they compare in terms of access to alternative care. In the studied marketplace plans, it appears that all marketplace levels had the same amount of acupuncture visits covered, but we hypothesize that other plans have intriguing differences between the types of plans low- vs. high-income community members can afford. For instance, perhaps high premium, low-deductible plans, which are more accessible to those who are not low-income, would have better coverage of alternative care. If this is the case, this could be perpetuating health inequities where those who may want to access alternative care are not able to due to their financial status and the health insurance plan they can afford.

REFERENCES

- Acupuncture and Integrative Medicine College, Berkeley. (2021, July 21). How often do I need to get acupuncture treatments? <https://www.aimc.edu/2021/07/21/how-often-do-i-need-to-get-acupuncture-treatments-and-other-frequently-asked-questions-about-the-course-of-treatment/>
- American Hospital Association. (2017). Social determinants of health series: Transportation. <http://www.hpoe.org/resources/ahahret-guides/3078>
- American Hospital Association. (2019, October). The importance of health coverage. <https://www.aha.org/guidesreports/report-importance-health-coverage>
- Bleck, R., Marquez, E., Gold, M. A., & Westhoff, C. L. (2021). A scoping review of acupuncture insurance coverage in the United States. *Acupuncture in Medicine*, 39(5), 461-470. <https://doi.org/10.1177/0964528420964214>
- Healthcare.gov. (n.d.). Glossary. Retrieved December 1, 2022, from <https://www.healthcare.gov/glossary/>
- Hill, L., Artiga, S., & Ranji, U. (2022, November 1). Racial disparities in maternal and infant health: Current status and efforts to address them. Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
- Jefferson-Abye, D., Nuguse, R., Tamngin, R., Brooks, P., & Patel, K. (2022). Wellness Equity by Lifting-up Local Underreported Solutions Study [Report]. Tubman Center for Health & Freedom. <https://tubmanhealth.org/wellus/>
- Juckett, G., & Unger, K. (2014). Appropriate use of medical interpreters. *American Family Physician*, 90(7). <https://www.aafp.org/pubs/afp/issues/2014/1001/p476.html#:~:text=The%20use%20of%20professional%20interpreters,events%2C%20thus%20limiting%20malpractice%20risk.>
- Leischow, S. J., Best, A., Trochim, W. M., Clark, P. I., Gallagher, R. S., Marcus, S. E., & Matthews, E. (2008). Systems thinking to improve the public's health. *American Journal of Preventive Medicine*, 35(2), S196-S203. <https://doi.org/10.1016/j.amepre.2008.05.014>
- Mikkelsen, D. (2022). House passes bill allowing Medicaid to pay for doula services. King 5 News. <https://www.king5.com/article/news/politics/state-politics/house-legislative-session-bill-881-medicaid-doula/281-f0803e46-aa4c-45ac-ba9c-01e8cf3d2d67>
- Natale-Pereira, A., Enard, K. R., Nevarez, L., & Jones, L. A. (2011). The role of patient navigators in eliminating health disparities. *Cancer*, 117(S15), 3541-3550. <https://doi.org/10.1002%2Fncr.26264>
- National Center for Complementary and Integrative Health. (2022, October). Acupuncture: What you need to know. U.S. Department of Health and Human Services. <https://www.nccih.nih.gov/health/acupuncture-what-you-need-to-know#:~:text=A%2020%20review%20of%20nine,studie%20because%20of%20side%20effects>
- Shippee, T. P., Schafer, M. H., & Ferraro, K. F. (2012). Beyond the barriers: Racial discrimination and use of complementary and alternative medicine among Black Americans. *Social Science & Medicine*, 74(8), 1155-1162. <https://doi.org/10.1016%2Fj.socscimed.2012.01.003>
- Sripa, P., Hayhoe, B., Garg, P., Majeed, A., & Greenfield, G. (2019). Impact of GP gatekeeping on quality of care, and health outcomes, use, and expenditure: A systematic review. *British Journal of General Practice*, 69(682), e294-e303. <https://doi.org/10.3399%2Fbjgp19X702209>
- Tais, S. (2014). The economic evaluation of complementary and alternative medicine. *Natural Medicine Journal*. <https://www.naturalmedicinejournal.com/journal/economic-evaluation-complementary-and-alternative-medicine#:~:text=Although%20more%20prospective%20outcome%20studies,its%20emphasis%20on%20preventative%20medicine.>
- U.S. Centers for Medicare and Medicaid Services. (n.d.). Acupuncture. Retrieved November 11, 2022, from <https://www.>



Prepared by Karina Patel for



TUBMAN CENTER FOR
HEALTH & FREEDOM



BYRD BARR
PLACE