

Who Will Be Covered for What in 2014?

An Overview of Projected Public and Private Insurance Coverage and Essential Health Benefits for Maternal and Child Health Populations Under the Affordable Care Act

The AMCHP Role

AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children. We work with partners at the national, state and local levels to promote women's health; provide and promote family-centered, community-based, coordinated care for women and children; and facilitate the development of community-based systems of services for women, children and their families.

The AMCHP National Center for Health Reform Implementation provides state MCH leaders and their partners with the information, tools and resources to optimize the opportunities presented by the Patient Protection and Affordable Care Act (ACA) for improving services, systems and health outcomes for MCH populations.

Many states are preparing for open health insurance enrollment in October 2013 and the new health insurance plans beginning in 2014 under the Affordable Care Act (ACA). State Title V maternal and child health (MCH) programs can play a role in educating women, children and their families about projected eligibility levels for various health insurance coverage options as well as eligibility for minimum health plan benefit levels. State MCH programs also can begin to anticipate where there may be potential gaps in health insurance coverage and benefits for MCH populations.

This fact sheet is designed to assist state MCH programs in these efforts. Figures 1 and 2 outline the federal minimum eligibility levels for each income scenario, including identified and potential gaps in eligibility for MCH populations both with and without Medicaid expansion. Table 1 is designed to be interactive; hyperlinks direct readers to detailed resources as well as source documents. The table highlights the projected minimum or essential health insurance benefits for MCH populations, including children and youth with special health care needs (CYSHCN), for each of the following coverage options or scenarios: Medicaid, Children's Health Insurance Plan (CHIP), insurance purchased through the health insurance marketplace (aka health insurance exchange), and safety-net services for those remaining uninsured. It is important to note that eligibility for public insurance coverage is limited to those who live in the United States, have satisfactory immigration status, and are not incarcerated.^{1,2}

These charts provide an overview of federal benefit and coverage requirements under the ACA. However, the actual benefits package, cost sharing and affordability for families will vary widely depending on the state. These charts will be updated as needed in response to any funding or policy changes as the ACA is implemented.



Federal Eligibility Requirements for Adults and Children*

Figure 1. Affordable Insurance Programs with Medicaid Expansion

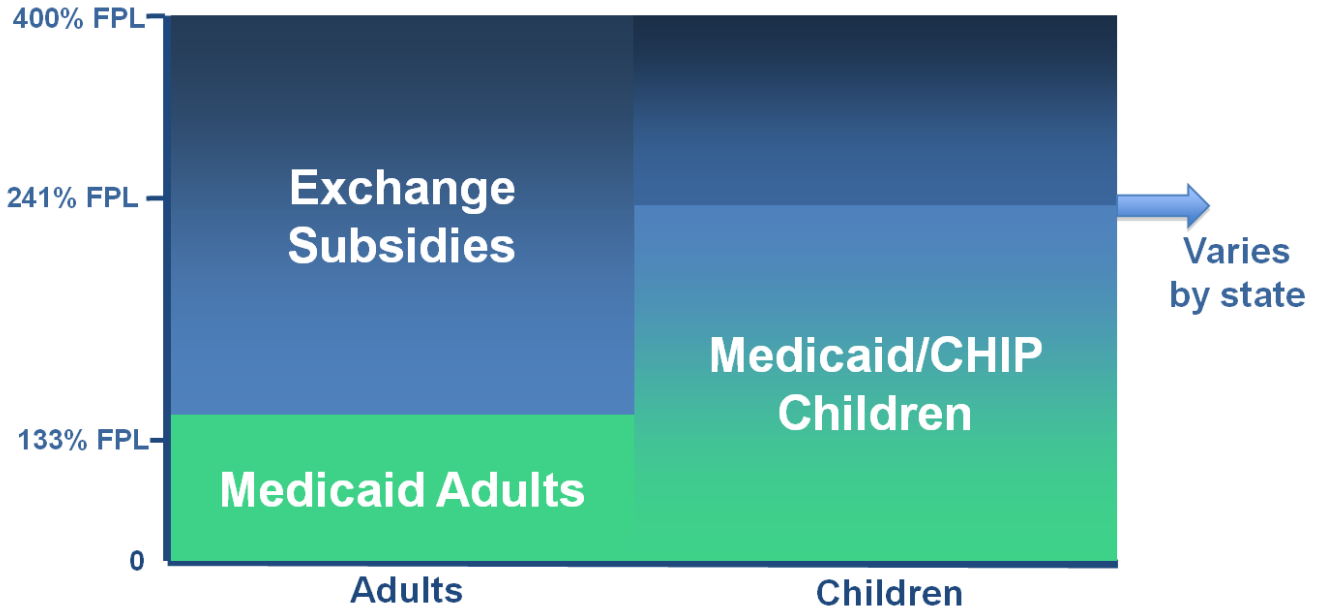
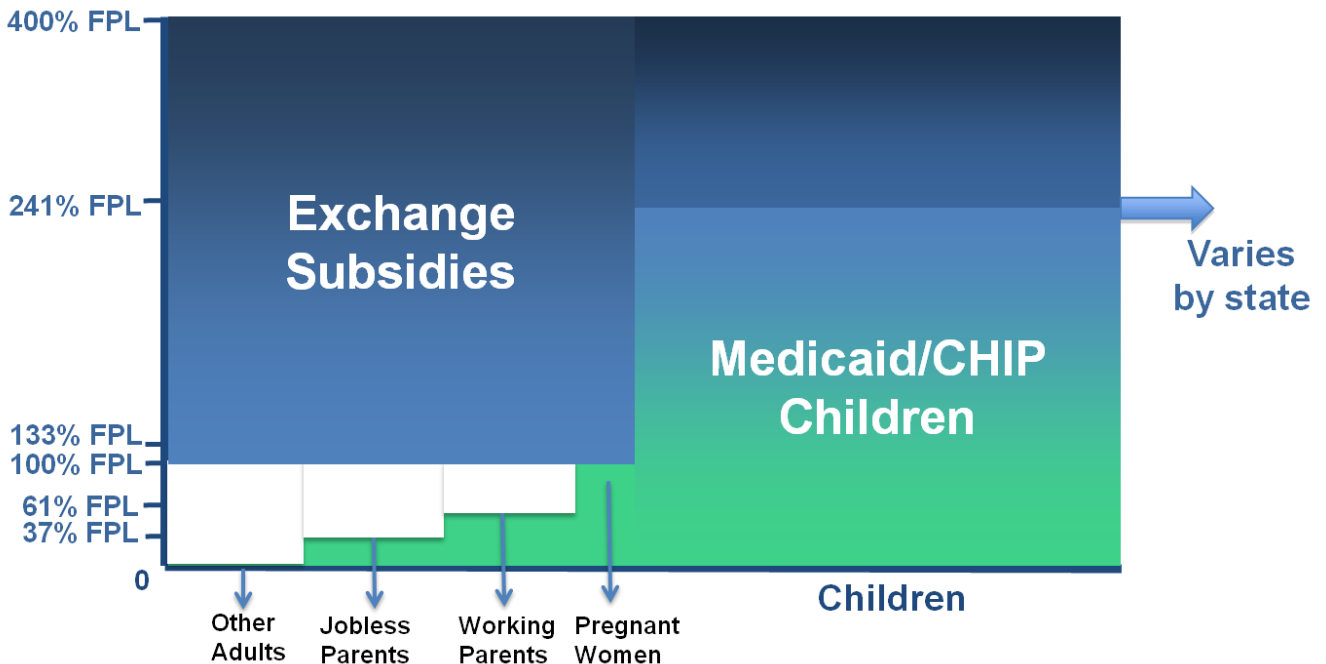


Figure 2. Affordable Insurance Programs Without Medicaid Expansion*
 Non-Elderly, Non-Disabled Individuals, Based on Median State Eligibility



Source: Cindy Mann, J.D., Director, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services (CMS/HHS), Washington, D.C. Presented at the 2012 Legislative Summit Health Sessions, National Conference of State Health Legislators

*Federal law requires that states provide Medicaid coverage to pregnant women whose household income is the higher of (1) 133 percent of the FPL or (2) the income standard, up to 185 percent of the FPL, that the state had established as of December 19, 1989 for determining eligibility for pregnant women, or, as of Jul. 1, 1989, had authorizing legislation to do so. 42 C.F.R. § 435.116. This means that while no state can reduce eligibility levels below 133 percent of the FPL, some states cannot reduce eligibility levels below 185 percent of the FPL.



Table 1: Summary of Federally Required Health Insurance Benefits and Potential Gaps, by Coverage Type Beginning Jan. 1, 2014

	Children, including those with special health care needs	Adult women (<65 years old)	Pregnant women	Potential gaps in benefits
Medicaid	<p>Early and Periodic Screening, Diagnosis & Treatment (EPSDT), for those up to age 21</p> <p>States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of the following screening, diagnostic and treatment services:</p> <ul style="list-style-type: none"> • Screening services • Comprehensive health and developmental history • Comprehensive unclothed physical exam • Appropriate immunizations (according to the Advisory Committee on Immunization Practices) • Laboratory tests (including lead toxicity screening) • Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention) • Vision services • Dental services • Hearing services • Other necessary health care services • Diagnostic services • Treatment 	<p>Full mandatory Medicaid benefit package plus any optional services covered by the state. (Medicaid and CHIP eligibility levels for children and non-disabled adults).</p> <p>In states that elect to provide Medicaid eligibility to adolescents up to age 21, benefit package also includes EPSDT services.</p>	<p>Pregnant women receive care related to pregnancy, labor and delivery, and any conditions that might complicate the pregnancy, as well as perinatal care until the end of the month in which the 60th day post partum falls. (Medicaid eligibility for pregnant women.)</p> <ul style="list-style-type: none"> • States should provide pregnant women comprehensive coverage, however, if a state denies coverage for a service to pregnant women that is provided to other adults, the state must first provide an explanation for this decision in a state plan amendment and obtain approval from the secretary of HHS. 	<p>For states that do not expand Medicaid, women under 133 percent of the federal poverty level (FPL) who are not otherwise eligible, would likely not be insured until becoming pregnant, leaving them otherwise uninsured.</p>
CHIP	<p>State determined, varies by state if CHIP program is separate from Medicaid. Either: (CHIP benefits)</p> <ul style="list-style-type: none"> • Benchmark coverage • Benchmark-equivalent coverage • Existing comprehensive state-based coverage 	<p>Women only up to age 21 receive CHIP benefits</p>	<p>State determined, benefits vary, may include (CMS letter to state health officials):</p> <ul style="list-style-type: none"> • Full pregnancy coverage and 60 days postpartum through CHIP coverage of the unborn child. • Cannot exceed Medicaid benefits 	<p>States have the flexibility to offer coverage that meets the requirements of section 2103 of the CHIP statute under the new CHIP option for pregnant women, including in most cases, benefits during a 60-day postpartum period.</p>

	Children ages 0-18 including those with special health care needs	Adult women (<65 years old)	Pregnant women	Potential gaps in benefits
The Health Insurance Marketplace (AKA health insurance exchanges)	10 Essential Health Benefits, states select benchmark plan <ul style="list-style-type: none"> • Ambulatory patient services • Emergency services • Hospitalization • Maternity and newborn care • Mental health and substance use disorder services, including behavioral health treatment • Prescription drugs • Rehabilitative and habilitative services and devices • Laboratory services • Preventive and wellness services and chronic disease management • Pediatric services, including oral and vision care 	10 Essential Health Benefits, states select benchmark plan Preventive Services for Adults and Preventive Services for Women covered without cost sharing (applicable to all non-grandfathered plans inside and outside the marketplace).	10 Essential Health Benefits, states select benchmark plan Preventive Services for Adults and Preventive Services for Women Maternity and newborn care (care before and after the baby is born) Prenatal care as a preventive service must be provided without cost sharing	The actual benefits package cost sharing, and affordability for families will vary widely depending on the state. Houses of worship, may exclude contraceptive coverage from their health plans for their employees and their dependents. A recent Review of Essential Health Benefits Pertinent to Children in Large Federal, State, and Small Group Health Insurance Plans: Implications for Selecting State Benchmark Plans by the American Academy of Pediatrics found that habilitative services were often missing in benchmark health plans and will need to be supplemented. If a state did not establish its own marketplace, the state will not be making these decisions, rather the federal government. In the case that the state established its market, it may defer to the insurer to define. For Medicaid alternative benefit plans (ABPs) the state, not the insurer must define. The extent that habilitative services will be sufficient to meet the needs of CYSHCN is unknown. Similar concerns remain for children's oral health services.

	Children ages 0-18, including those with special health care needs	Adult women (<65 years old)	Pregnant women	Potential gaps in benefits
Remaining Uninsured	<p>Community health centers (authorizing legislation) serve a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing, by providing, either through the staff and supporting resources of the center or through contracts or cooperative arrangements. Required primary health services: A full list of benefits can be found in the authorizing legislation. Those relating to MCH populations:</p> <ul style="list-style-type: none"> • Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology that are furnished by physicians • Preventive health services, including: <ul style="list-style-type: none"> ○ Prenatal and perinatal services ○ Well-child services ○ Immunizations against vaccine-preventable diseases ○ Screenings for elevated blood lead levels, communicable diseases and cholesterol ○ Pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care ○ Voluntary family planning services ○ Preventive dental services • emergency medical services • pharmaceutical services <p>Hospitals: <i>Emergency Medical Treatment & Labor Act (EMTALA legislation)</i> Requires hospitals with emergency departments to provide a medical screening examination to any individual who comes to the emergency department and requests such an examination, or treatment for an emergency medical condition and prohibits hospitals with emergency departments from refusing to examine or treat individuals with an emergency medical condition. This includes active labor and delivery regardless of an individual's ability to pay.</p> <p>Some local health departments provide health care services to women, children and their families. The extent and scope of services varies by jurisdiction and is determined by local needs, capacity and resources. These services are funded by a range of funding sources including the Title V MCH Services Block Grant in some states.</p>	<p>Community Health Centers (authorizing legislation)</p> <p>Hospitals: <i>Emergency Medical Treatment & Labor Act (EMTALA legislation)</i></p> <p>Public Health Clinics (percentage of local health departments that provided maternal and child health services in 2010)</p>	<p>Community Health Centers (authorizing legislation)</p> <p>Hospitals: <i>Emergency Medical Treatment & Labor Act (EMTALA legislation)</i></p> <p>Public Health Clinics (percentage of local health departments that provided maternal and child health services in 2010)</p> <p>Emergency Medicaid</p>	

Selected Resources for Further Information:

American Academy of Pediatrics: [*A Comparative Review of Essential Health Benefits Pertinent to Children in Large Federal, State, and Small Group Health Insurance Plans: Implications for Selecting State Benchmark Plans*](#)

Catalyst Center: [*Public Insurance Programs and Children with Special Health Care Needs*](#)

Catalyst Center: [*The Affordable Care Act: A side-by-side comparison of major provisions and the implications for children and youth with special health care needs*](#)

Center on Budget and Policy Priorities: [*Status of the ACA Medicaid Expansion after Supreme Court Ruling \(Updated Jan. 15, 2013\)*](#)

Health Resources and Services Administration, Maternal and Child Health Bureau: [*EPSDT Toolkit*](#)

Kaiser Family Foundation: [*Where Are States Today? Medicaid and CHIP Eligibility Levels for Children and Non-Disabled Adults*](#) (Updated July 2012)

Kaiser Family Foundation: [*A Guide to the Supreme Court's Affordable Care Act Decision*](#)

Kaiser Family Foundation: [*The Medicaid Program at a Glance*](#)

Robert Wood Johnson Foundation and Urban Institute: [*Opting in to the Medicaid Expansion under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance?*](#)

Robert Wood Johnson Foundation and Urban Institute: [*Opting Out of the Medicaid Expansion under the ACA: How Many Uninsured Adults Would Not Be Eligible for Medicaid?*](#)

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This fact sheet is part of an AMCHP series of tools, documents and resources on implementation of the ACA and its impact on maternal and child health populations. For more information, please visit the AMCHP website at amchp.org. AMCHP staff can be reached by phone at: (202) 775-0436.

¹ U.S. Department of Health and Human Services. Who's eligible? healthcare.gov/marketplace/about/eligibility/. Accessed Mar. 22, 2013

² U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. Eligibility. medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Eligibility.html. Accessed Mar. 22, 2013