



The Affordable Care Act and Coverage for Pregnant Women: Where We Are and What Lies Ahead

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Saving Ohio's Babies: Preventing Premature Birth and Other Causes of Our Infant Mortality Crisis

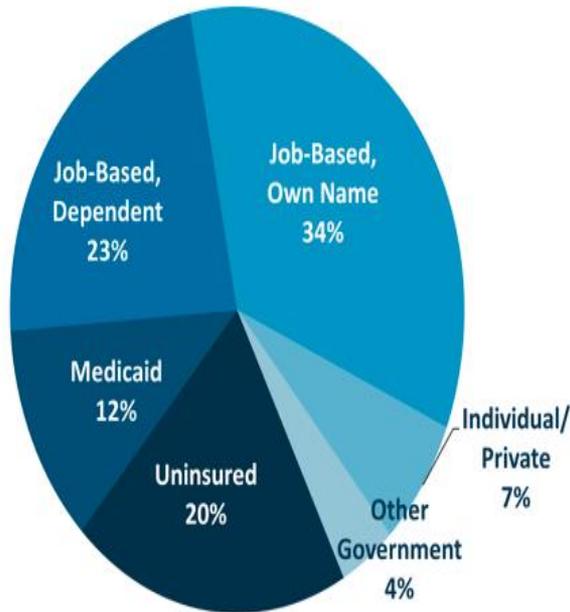
October 24, 2013

National Health Law Program (NHeLP)

- National non-profit law firm committed to improving healthcare access and quality for low-income individuals
- Offices in Washington D.C., Los Angeles, and North Carolina
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Women's Insurance Status

Women's Health Insurance Coverage, 2011

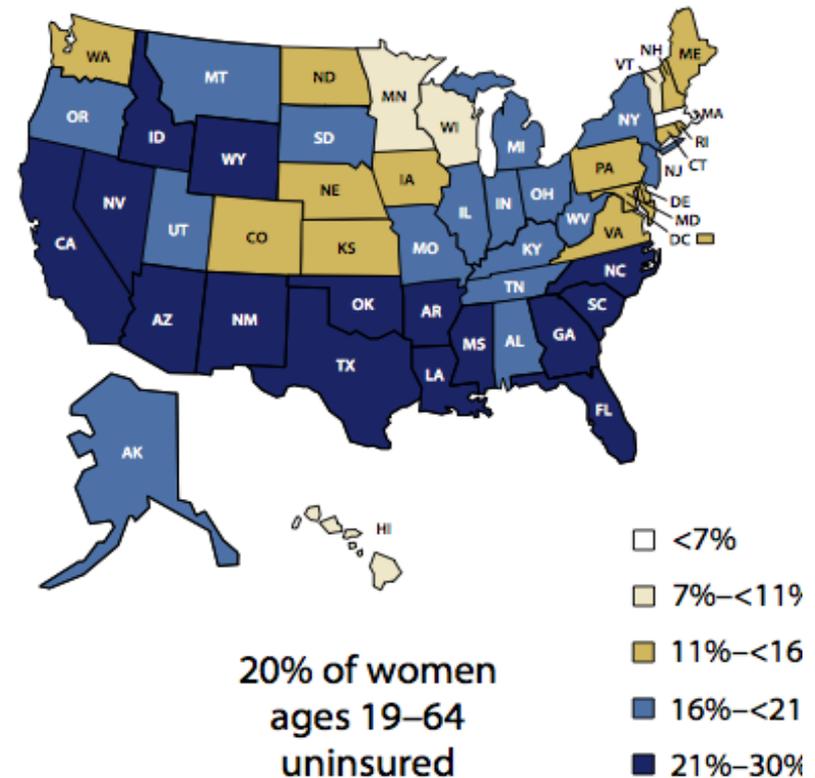


Total = 96.1 Million Women Ages 18 to 64

NOTE: Other includes Medicare, TRICARE, and other sources of coverage. Data may not total 100% due to rounding.
 SOURCE: Kaiser Family Foundation/Urban Institute analysis of the March 2012 Current Population Survey, U.S. Bureau of the Census.

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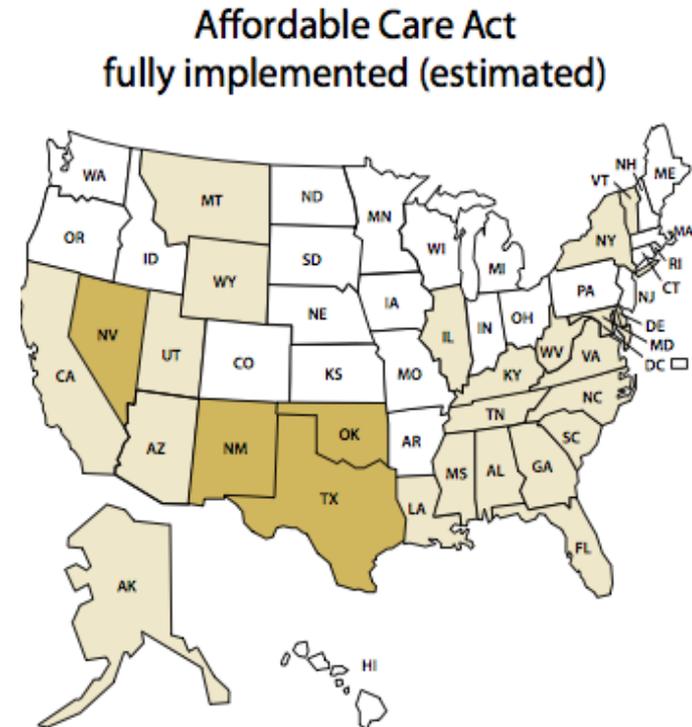
2009–2010



Sources: Analysis of the March 2011 and 2010 Current Population Surveys by N. Tilipman and B. Sampat of Columbia University for The Commonwealth Fund

Affordable Care Act (ACA)

- Health reform is projected to insure **33 million** people starting in 2014
- **16 million** people will gain coverage through the Exchange/Marketplace – most of them with subsidies
- **Up to 17 million** people will gain coverage through an expansion to the existing Medicaid program – aka the “**Medicaid Expansion**”



8% of women
ages 19–64
uninsured

Sources: Analysis of the March 2011 and 2010 Current Population Surveys by N. Tilipman and B. Sampat of Columbia University for The Commonwealth Fund

Countdown to Coverage!

October → **January** → **March** → **Beyond**
open enrollment begins!
coverage begins!
open enrollment closes

MARKETPLACE (EXCHANGE)

“Marketplace” – a.k.a. Exchange

- Starting October 1 “open enrollment” begins, and individuals will be able to enroll in coverage through the Marketplace which takes effect on January 1, 2014
- Insurances sold through the Marketplace come with numerous protections for consumers
- Most importantly: About 80% of the consumers buying insurance through the Marketplace will get a subsidy for the premium

Basic Protections in Marketplace

- Benefits package must include the Essential Health Benefits (EHB)
- Extensive package of preventive services must be covered without cost-sharing
- Guaranteed issue/renewal and no pre-existing condition exclusions;
- Various rating limitations
- No annual or lifetime limits (for EHBs)

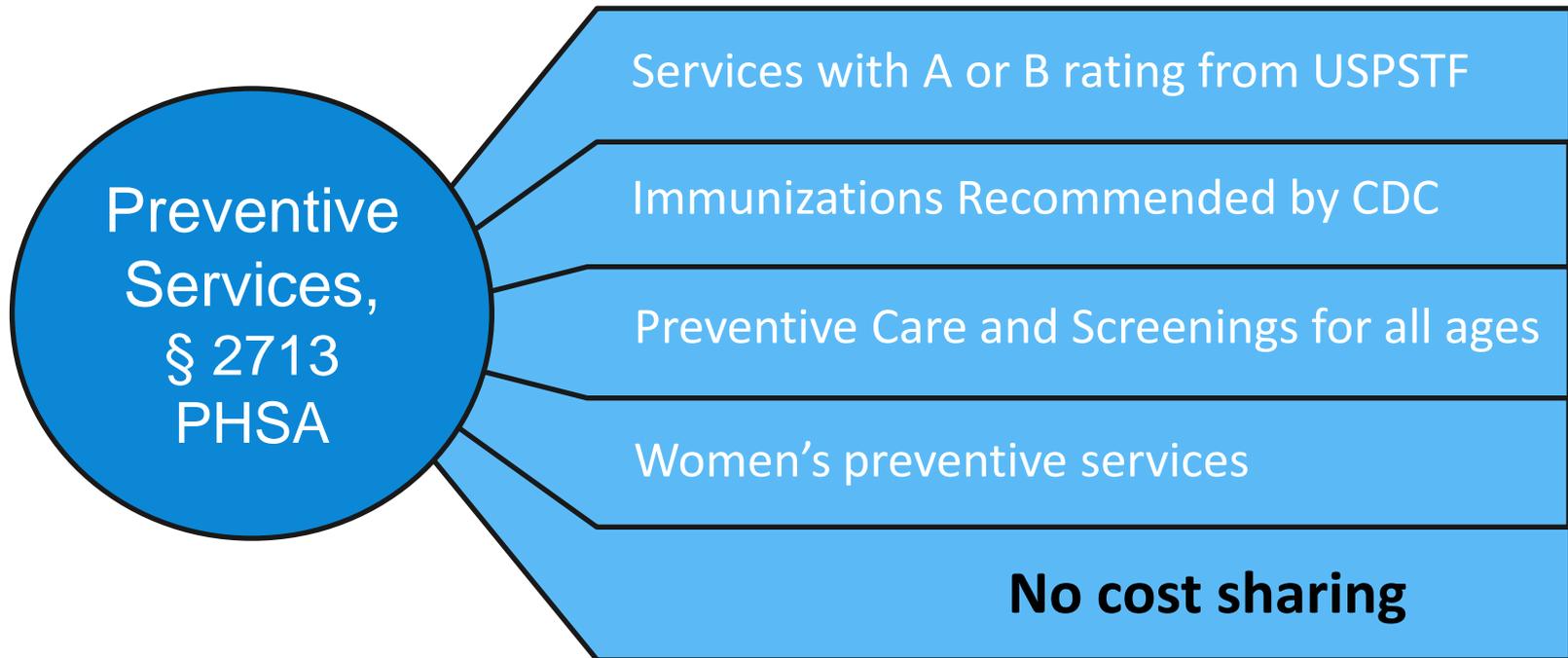
Essential Health Benefit (EHB)

- All Marketplace plans must provide the full EHB package.
- Each state (and sometimes issuers) defines EHB, following three steps:
 1. State picks a “base benchmark” plan from options
 2. State must supplement that plan with services on the mandatory EHB services list
 3. State or issuer can do some limited “substituting”

Essential Health Benefit (EHB)

10 base benchmark options	10 mandatory EHB services
3 largest federal employee plans	Ambulatory patient services
3 largest state employee plans	Emergency services
3 largest small group plans	Hospitalization
1 largest commercial product	Maternity and newborn care
	Mental health & substance use disorder services, including behavioral health treatment
	Prescription drugs
	Rehabilitative & habilitative services & devices
	Laboratory services
	Preventive and wellness services (incl. chronic disease management)
	Pediatric services, including oral & vision care

§ 2713 of Public Health Service Act



Women's Preventive Services: Required Health Plan Coverage Guidelines

- Well-woman visits
- Screening for gestational diabetes
- Screening for HPV
- Counseling for STDS
- Counseling and screening for HIV
- Contraceptive methods and counseling (with refusal clause)
- Breastfeeding support, supplies, and counseling
- Screening and counseling for interpersonal violence

Preventive Services: Challenges and Opportunities

- Well-woman visit
 - Can be more than one
 - Opportunities to define broadly
 - Prenatal care
- Contraceptive coverage = all FDA-approved methods
 - Medical Management
 - “As prescribed”
 - Religious exemptions and accommodations

Premium subsidies

- Premium subsidies are available on a sliding scale from 100-400% FPL
 - Premium subsidy = Advance Premium Tax Credit = APTC
- Eligibility basics
 - Individuals and families with income between 138%* to 400% FPL
 - Must be U.S. citizens or lawfully present in the U.S.
 - Must not be eligible for other “minimum essential coverage” (MEC)
 - **Pregnancy-related Medicaid is not minimum essential coverage**

Cost-sharing

- There is also a (confusing!) matrix of cost-sharing protections:
 - People with incomes up to 250% of the FPL
 - Plans will be sold on actuarial value “metal” tiers
 - Lower-income people get better AV variations
 - Out-of-pocket maximums also in place
 - Lower income people get better out-of-pocket maximums
- When is silver is better than gold?
- Beware of the “bronze trap”!

MEDICAID

Medicaid Basics

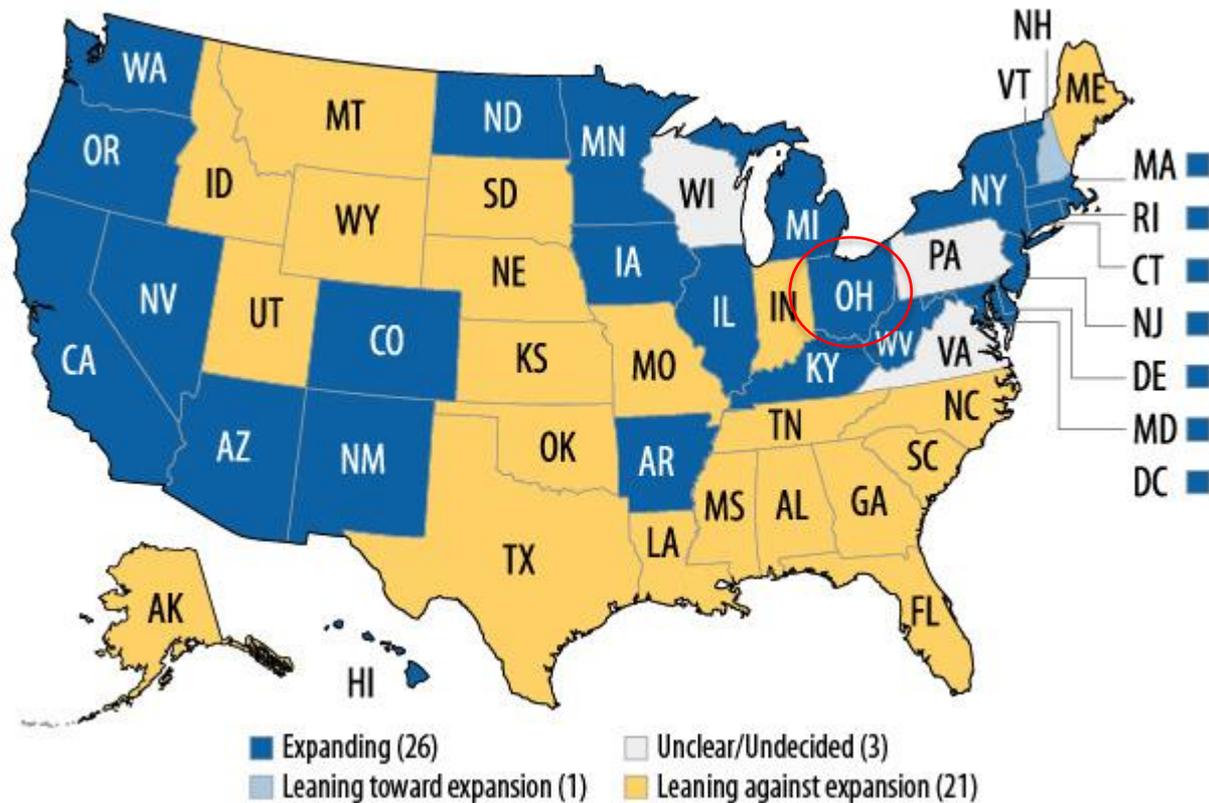
- Medicaid is the nation's largest public health program, with over 60 million enrolled
- Federal-state partnership and funding (mandatory floor with option to do more)
- Today: to be eligible, individuals must be low-income and fit into an eligibility category
 - Ex. Pregnant women, *very* low-income parents, children, persons with disabilities

Medicaid Expansion Eligibility

Coming in 2014: A new eligibility category for low income individuals that don't fit in today's categories!

- Age 19-64 and **not pregnant***
- Income up to 138% of FPL
- Must meet Medicaid citizenship and immigration status requirements
- No category requirement
- (And not eligible if already eligible in a traditional category. Traditional categories remain!)

State of the states...



Three Big Buckets of Benefits

Marketplace



EHB

Essential Health Benefit

Medicaid Expansion



ABP (+ EHB)

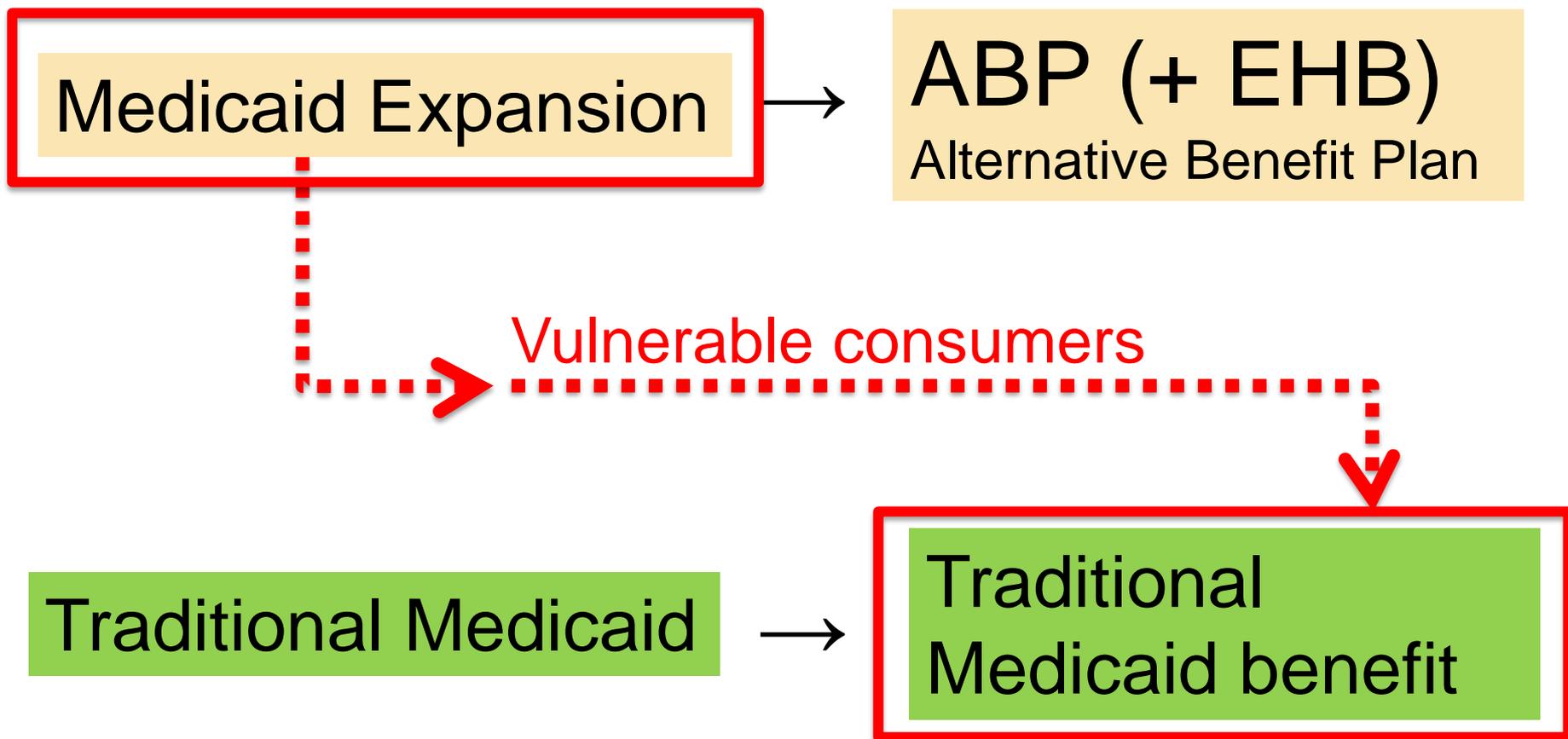
Alternative Benefit Plan

Traditional Medicaid



**Traditional
Medicaid benefit**

One Big Detour!



Pregnant Women's Coverage Options

FULL MEDICAID

- Income level set by the state (in now repealed cash assistance program)

PREGNANCY-RELATED MEDICAID

- 133%-185% (depending on the state) of the FPL

MEDICAID EXPANSION

- If pregnant at application, a woman is not eligible
- If become pregnant after enrollment remains eligible at higher match rate until redetermination

MARKETPLACE

- Income between 100% and 400% of the FPL qualify for advance premium tax credits (“APTCs”) and use those to purchase health insurance
- Some legal immigrants with incomes below 133% of the FPL

“Pregnancy-Related” Medicaid Coverage: **Not** Minimum Essential Coverage

- What does that mean?
 - **Tax credit:** Women eligible for Medicaid on the basis of pregnancy **should be** eligible for tax credits to purchase coverage through Marketplace
 - **Tax penalty:** IRS to issue guidance that women who in 2014 enroll in pregnancy-related Medicaid, but do not enroll in other coverage will not be assessed a tax penalty
 - **Choice:** Pregnant women **should be** able to choose which or both programs to enroll.

Some Outstanding Questions

- Will the IT system allow a pregnant woman to make a choice to enroll in QHP coverage with APTCs and/or Medicaid?
- What happens if a woman becomes pregnant after enrollment in Marketplace or Medicaid Expansion?
- What happens after 2014 to pregnant women enrolled only in pregnancy-related Medicaid coverage?

Coverage Options for Pregnant Women

If pregnant at application:

- Medicaid **and/or***
- Marketplace

If not pregnant at application:

- Medicaid Expansion,
- Medicaid, **and/or***
- Marketplace

BENEFIT DIFFERENCES

(Will likely vary by state)

MEDICAID

- Full-Scope Medicaid
- Pregnancy-related Medicaid
- Medicaid Expansion
- Some states
 - offer pregnant women and pregnant minors additional services (e.g., case management, dental, hearing, vision, home health and personal care services).
 - have state-only funding for abortion
- States must provide:
 - Transportation and language access
 - Early Periodic Screening Diagnosis and Treatment (EPSDT) for pregnant minors under 21

MARKETPLACE

- Some state flexibility
 - Essential health benefits (EHB), includes maternity and newborn care
 - QHPs must also cover prenatal care as preventive service without cost-sharing

Cost Differences?

MEDICAID

- **No** deductibles, copayments, etc. for services related to pregnancy or conditions that might complicate the pregnancy, including
 - prenatal care, labor and delivery
- Above 150% of the FPL may charge limited premiums
- After 2014, will women in pregnancy-related Medicaid be assessed a penalty for not having minimum essential coverage?

MARKETPLACE

- APTCs up to 400% of the FPL
- Cost-sharing reductions up to 250% of the FPL
- **No** cost-sharing for prenatal care, but there might be cost-sharing for labor and delivery

Continuity of Coverage and Care

TRANSITIONING MIGHT MEAN CHANGES IN

- provider networks,
- benefits,
- cost-sharing protections, and
- family coverage

A woman needs good information about her options to make a decision!

Notice

- Effective and timely notice, including appeal rights
- Confidentiality

Potential Options to Reduce Disruption in Coverage and Care

BRIDGE PLANS: Medicaid insurers offer coverage in the Marketplace.

PREMIUM ASSISTANCE: Medicaid program uses premium assistance to enroll a Medicaid eligible woman in Marketplace QHP.

- “Wrap” or “supplemental” benefits

ENROLLMENT IN MEDICAID AND MARKETPLACE

One Size Does Not Fit All

KEEP IN MIND:

- After 2014, liability for shared responsibility payment?
- Programs should work together to ensure continuity of coverage, cost-sharing protections, and access to complete network of providers and all covered benefits.
- Presumptive eligibility and enrollment periods
- Eligibility criteria (immigration status, FPL, etc.)
- Benefits (scope and accessibility)
- Cost (protections and timeliness of payment)
 - Medicaid's third-party liability rules
- Provider network
- Confidentiality
- How long will she stay?
- Family coverage



THANK YOU

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