Implementing Health Reform: Key Provisions and Opportunities for Title V MCH Programs

June 2010, AMCHP Board Meeting
Briefing on Regional Feedback*

1) What are top state needs for reform?
2) How have you been involved in health reform conversations?
3) Where do you see need for more MCH involvement and leadership in your state?
4) What are your key unanswered questions about health reform implementation as they relate to MCH programs?

* AMCHP Regional Directors gathered feedback on health reform from Title V/MCH Directors, CSHCN Directors, and other state delegates throughout April and May 2010. Feedback from regional discussions were shared with the AMCHP Board of Directors on June 26, 2010.
Questions for Board Consideration*

1) What does health reform mean for current AMCHP Strategic Plan? A vision question – what does this mean for what our work should be?

2) What are specific challenges and opportunities for Title V/MCH programs in health reform? A strategies question – what does this mean for how we do our work?

3) How can AMCHP best support state MCH program HR implementation? A tactics question – what specific work do we need to do?

*The AMCHP Board of Directors discussed the above questions at its June 26, 2010 meeting.
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Presentation Overview

I. Big Picture and Immediate Opportunities
II. Insurance Coverage Expansion
III. Benefits Package and Insurance Reform
IV. Health System Improvements
V. Public Health and Prevention Investments
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Big Picture

Patient Protection and Affordable Care Act became law March 23, 2010.

• Coverage for 32 million uninsured
• Broad insurance reforms
• Major new investments in public health.
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What does it mean for MCH?

- Approximately 9 million children and 12 million women of reproductive age gain coverage in 2014.
- Insurance reforms (potentially) provide new protections, particularly for CYSHCN.
- Expands and strengthens coverage of clinical preventive services.
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Key MCH Provisions

New sections of Title V provide:

- $1.5 billion mandatory appropriation for home visiting,
- $375 million mandatory appropriation for PREP (teen pregnancy prevention), and
- $15 million discretionary appropriation for post-partum depression services over 5 years.
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Key MCH Provisions

• Pregnancy Assistance Fund to support parenting teens over 5 years ($125 mandatory appropriation)
• Continuity of coverage and preventive benefits will promote preconception and inter-conception care.
• Shift towards revaluing of primary care and prevention with $11 billion expansion of community health centers.
• Provisions to promote integrated systems and medical homes.
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**AMCHP’s Implementation Plan**

- Create an AMCHP Center for Implementation and MCH.
- Provide state MCH leaders and their partners with information, tools and resources to optimize opportunities throughout implementation to improve services, systems, and outcomes for MCH populations.
- Focus on immediate, intermediate, and long term phases.
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**Implementation Perspectives**

- For immediate opportunities, it’s a sprint.

- For much of the rest, it’s a brisk marathon.

- Need to balance the politics with the policy.

- “Implementation is forever.”
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Immediate Opportunities

• Implementing home visiting program - $1.5 billion over 5 years
• Advocating that an adequate portion of the Prevention and Public Health Fund address MCH issues - $500 million for FY 2010
• Implementing new Personal Responsibly Education Program focused on teen pregnancy prevention - $75 million for FY 2010
• Seeking opportunities for uninsured children with special health care needs to receive assistance via temporary high risk pools - $5 billion over five years; and
• Planning to partner in support of Community Health Center - Expansion $11 billion over five years starting in FY 2011.
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Intermediate Opportunities

- Promote comprehensive benefit package design including application of the Bright Futures for Children guidelines for all plans and development of Bright Futures Guidelines for Women.
- Implement important provisions promoting expansion of medical homes.
- Assure strong MCH representation on new boards and commissions, particularly guiding Key National Indicators development and Adult Medicaid Quality Measures with opportunities to focus on women’s health, preconception and maternity care.
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Long Term Opportunities

• Contributing state MCH expertise to state exchange design
• Support Medicaid expansion – coordinate outreach and enrollment with MCH programs
• Assuring provision of enabling services, care coordination, population-based prevention and systems building services
• Assuring health system capacity and other crucial activities leading up to the 2014 coverage expansion.
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Key Challenges

• Can states afford new costs in out years?
• Many programs authorized but not yet appropriated. Need to recognize mandatory vs. discretionary funding and impact of proposed federal spending freeze.
• Resolution of lawsuits to block or repeal.
• Resolving public confusion.
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**Key Challenges**

- If most every women and child is covered in 2014, what is the future role of Title V, Title X, Ryan White Care Act, Vaccines for Children, etc? How will future public health budgets look?
- Should a public health agency continue to provide direct medical services?
- How to keep families and family-centered care at the core of policymaking decisions?
- What are the unintended consequences?
COVERAGE
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Coverage Basics

- Expands Medicaid to all under 133% of poverty. Sec 2001
- Preserves Medicaid & CHIP coverage for children above 133% of FPL. Sec 2101
- Creates state-based Exchanges to provide coverage and provides tax credits to help people with income up to 400% of FPL Sec. 1301-1333
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Coverage Basics

- Establishes mandate that people obtain insurance or face a tax penalty. Sec. 5000A
- Requires employers with 50 or more full-time workers to pay penalties for employees who receive coverage through exchange. Sec. 45R
- Provides tax credits to small businesses to purchase coverage for their employees. Sec. 1421
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Medicaid Financing

- States receive 100% federal funding for 2014 through 2016, 95% federal financing in 2017, 94% federal financing in 2018, 93% federal financing in 2019, and 90% federal financing for 2020 and subsequent years. Sec. 2001

- Expansion states receive phased-in increase in FMAP for childless adults - by 2019 receive same financing as other states (93% in 2019 and 90% in 2020 and later). Sec. 2001

- State option to expand Medicaid eligibility to childless adults beginning April 1, 2010, but with regular FMAP until 2014. Sec. 2001
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CHIP Financing

• Beginning in 2015, states will receive a 23% increase in the CHIP match rate up to a cap of 100%. Sec. 2101

• CHIP-eligible children who are unable to enroll in the program due to enrollment caps will be eligible for tax credits in the state Exchanges. Sec. 2101
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Medicaid Primary Care Payment Increase

• Medicaid payments for primary care services provided by primary care doctors increase to 100% of the Medicare payment rates for 2013 and 2014.
• States will receive 100% federal financing for the increased payment rates.
• What happens in 2015?
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Key Opportunities for State MCH Programs

- Utilize expertise in coordinating outreach and enrollment.
- Promote linkage and integration of simplified applications to other MCH programs & services – expand “express lane,” no wrong door,” and “one-stop shop” concepts.
- Messaging on why coverage, medical home, preventive services and integrated systems are linked and essential.
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Key Challenges for State MCH Programs

• Upgrading and coordinating state eligibility and enrollment systems.
• Assuring health system capacity to absorb newly insured and meet pent up demand.
• Will mandated coverage be affordable?
• Helping families navigate evolving system and new exchanges.
• Demonstrating value to Medicaid and Insurance partners.
• Getting to the state planning table
• Adequate resources for state implementation activities.
• Shifting culture of enrollment.
Benefits Package and Insurance Reforms
Benefits

• Extends Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) to all children gaining coverage via Medicaid. Sec. 1943

• Assures continuation of CHIP benefits package and cost sharing protections to eligible children until 2019. Sec. 2101
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Benefits

• Establishes four benefit packages available within Exchanges - Bronze, Silver, Gold, and Platinum will vary by actuarial value. Sec. 1302

• Bronze plan to provide minimum essential coverage at actuarial value of 60%; Platinum at 90%. Sec. 1302

• Creates a catastrophic category for the under 30 “young invincibles.” Sec. 1302
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**Essential Health Benefits Package Plans in the Exchange must include:** Sec. 1302

- ambulatory services,
- emergency services,
- hospitalization,
- maternity & newborn care,
- mental health & substance use disorder services, including behavioral health treatment,
- prescription drugs,
- rehabilitative & habilitative services and devices,
- laboratory services,
- preventive & wellness services and chronic disease management, and
- pediatric services, including oral and vision care.*

* Details TBD in regulation.
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**Coverage of Clinical Preventive Services**

- Eliminates co-pays for services recommended by USPSTF and immunizations recommended by CDC. Sec. 2713
- Provides a 1% increase in FMAP for states that provide Medicaid coverage and remove cost-sharing for recommended preventive services. Sec. 4106
- Mandate for plans to cover services recommended by Bright Futures guidelines. Sec. 2713
- HRSA directed to create Bright Futures for Women to also be covered by new plans. Sec. 2713
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**New Medicaid Benefits**

- Requires coverage of comprehensive tobacco cessation services for pregnant women in Medicaid. Sec. 4107
- State option to cover family planning services without waiver. Sec. 2303
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Expands 340B Drug Pricing

Adds the following to the list of covered entities entitled to discounted drug prices: Sec. 7101

- Certain Children’s and freestanding cancer hospitals
- Critical access and sole community hospitals
- Rural referral centers
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Key Opportunities for State MCH Programs

- Promoting comprehensive (yet affordable) benefit package that meets unique needs of MCH populations
- Enhance work with Medicaid and providers to improve EPSDT screening rates
- Support understanding and utilization of Bright Futures Guidelines for Children.
- Promote appropriate development of Bright Futures for Women to include key clinical preventive services and focus on life course, preconception and inter-conception health.
- Replicating state success on smoking cessation and family planning waivers.
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Key Challenges for State MCH Programs

- Maintaining affordability
- Applying evidence base
- How does Bright Futures translate into insurance coverage and payment?
- Will coverage of clinical preventive services translate into improved and appropriate utilization?
- Who will pay for what is not covered?
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Insurance Reforms*

- * Much yet to be determined through the federal regulatory process.

- Confusion over “grandfathering” and what rules apply to whom and when.

- Existing individual and employer-sponsored plans in general do not have to meet the new benefit standards.
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Insurance Reforms

• Prohibit pre-existing condition exclusions for children. (Effective six months following enactment)

• No annual or lifetime limits.

• Guaranteed issue and renewal with rating variation limits in the individual, small group market and the Exchange.

• Prohibition on rescinding coverage except in cases of fraud.

All are critical, but especially for children with special health care needs.
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Insurance Reforms

- Grandfather existing individual and group plans with respect to new benefit standards.
- Require grandfathered plans to extend dependent coverage to adult children up to age 26, prohibit rescissions of coverage, and eliminate waiting periods for coverage of greater than 90 days – key to support transitions to adult care systems.
- Require grandfathered group plans to eliminate annual lifetime limits on coverage and beginning in 2014.
- Require grandfathered group plans to eliminate pre-existing condition exclusions for children within six months of enactment and by 2014 for adults.
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Insurance Reforms

• Require all new policies (except stand-alone dental, vision, and long-term care insurance plans) to comply with one of the four benefit categories.

• Limit deductibles for health plans in the small group market to $2,000 for individuals and $4,000 for families

• Limit any waiting periods for coverage to 90 days.

• Allow states the option of merging the individual and small group markets. (All above effective January 1, 2014)
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**Consumer Information**

- Establish internet website portal to help identify health coverage options (effective July 1, 2010) with standard format for presenting information on coverage options.

- Develop standards for insurers to use in providing information on benefits and coverage.
Medical Home & Health System Improvements
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Promoting Medical Homes & Integrated Systems

• **Health Homes in Medicaid:** $25 million in planning grants to states to develop a state plan amendment to provide health homes.  Sec. 2703

• **CMS Center for Medicare and Medicaid Innovation:** “Test innovative payment and service delivery models for Medicare, Medicaid, and CHIP programs.” Mandatory appropriation of $10 billion over the next ten years for implementation. Sec 3021
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Promoting Medical Homes & Integrated Systems

• **Pediatric Accountable Care Organization Demonstration Project**: Sec. 2706 *

• **State Grants to Promote Community Health Teams** that support the Patient-Centered Medical Home. Sec. 3502 *

• **Establish Community-based Collaborative Care Network Program**: to support consortiums of health care providers to coordinate and integrate health care services for low-income uninsured and underinsured populations. Sec. 10333 *

*Authorized but not appropriated.*
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Community Health Center Expansion

• Community Health Centers and National Health Service Corps Trust Fund Sec. 10503 – Creates $11 Billion mandatory funding for Health Center Program Expansion to expand capacity to serve nearly 20 million new patients; $1.5 billion for capital needs to expand and improve existing facilities and constructing new sites.

• $1.5 Billion mandatory funding for the National Health Service Corps Sec. 10503 – support an estimated 15,000 primary care providers in shortage areas.
Community Health Center Expansion Fund

Fund is in addition to annual CHC discretionary funding, which was $2.19 billion in FY 2010. Annual allocations for the operations dollars are as follows:

- FY 2011 - $1 Billion
- FY 2012 - $1.2 Billion ($200 million increase)
- FY 2013 - $1.5 Billion ($300 million increase)
- FY 2014 - $2.2 Billion ($700 million increase)
- FY 2015 - $3.6 Billion ($1.4 billion increase)
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**Community Health Center Payment Provisions**

- Requires that health centers receive no less than their Medicaid **PPS rate from private insurers** offering plans through the new health insurance exchanges and requires that these plans contract with health centers. Sec. 10104.

- **Adds preventative services** to the Federally-Qualified Health Center (FQHC) Medicare payment rate and eliminates outdated Medicare payment cap on FQHC payments. Sec. 5502

- **Teaching Health Centers** - Authorizes a new grant program for the development of residency programs at health centers. Directly appropriates $230 million over 5 years for the payments. Sec. 340H
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**Key Opportunities for State MCH Programs**

- Major opportunity to expand medical homes
- Opportunity to help plan and support CHC expansion with Title V needs assessment data; link primary care with home visiting and specialty care services
- Promote shift toward primary care and prevention
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Key Questions for State MCH Programs

• Will primary care expansion be adequate?
• Where will the primary care workforce come from?
Public Health and Prevention Investments
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**Prevention and Public Health Investments**

- Creates Prevention and Public Health Fund to provide mandatory funding of $7 billion over 5 years. Sec. 4002

- Purpose - “To provide for an expanded and sustained national investment in prevention and public health programs (over the FY 2008 level). The Fund will support programs authorized by the Public Health Service Act, for prevention wellness and public health activities....”
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**Prevention Fund Levels**

- FY 2010 - $500 million
- FY 2011 - $750 million
- FY 2012 - $1 billion
- FY 2013 - $1.25 billion
- FY 2014 - $1.5 billion
- FY 2015 and each fiscal year thereafter - $2 billion.
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New MCH Investments

Maternal, Infant, and Early Childhood Home Visiting Programs -
Creates a new section in Title V to provide mandatory $1.5 billion appropriation over five years to States to develop and implement one or more evidence-based home visiting model(s). Sec. 2951

Personal Responsibility Education. Another new section of Title V provides mandatory funding of $75 million per year through FY2014 for grants to States for programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections, including HIV/AIDS. Sec. 2953

Restoration of Funding For Abstinence Education. Appropriates $50 million mandatory funding per year through FY 2014 for abstinence education. Sec. 2954
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MCH Provisions

Support, Education, and Research for Postpartum Depression - Amends Title V to authorize $3 million for new discretionary grants to states to provide services to at risk or affected individuals. Sec. 2952

School Based Health Centers - provides mandatory $50 million appropriation to establish school-based health clinics; authorizes but does not appropriate funds for operations. Sec. 4101

Reasonable Break Time for Nursing Mothers - Require that employers provide a reasonable break time breastfeeding mothers. Sec. 4207
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**MCH Provisions**

**Pregnancy Assistance Fund.** Appropriates $25 million in mandatory funding annually for ten years to establish programs to meet the specified needs (housing, childcare, parenting education, post-partum counseling) of pregnant or parenting students. Sec. 10212

**EMSC Program** - Reauthorizes Wakefield Emergency Medical Services for Children Program at $25 million (discretionary funding). Sec. 5603

**Family to Family Health Information Centers** - extends centers mandatory funding through FY2012 at current $5 million level. Sec. 5507
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Other Key Prevention Provisions

- Establishes National Prevention, Health Promotion & Public Health Council. Sec. 4001
- Authorizes Prevention and Health Promotion Outreach and Education Campaign “to raise public awareness of health improvement across the lifespan.” Sec. 4004
- $25 million in mandatory funds for Childhood Obesity Demonstration Project at CMS. Sec. 4306
- Authorizes Oral Healthcare Prevention and Education. Sec. 399LL
- Authorizes Community Transformation Grants. Sec. 4201
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**Workplace Wellness Provisions**

- Provide grants for up to five years to small employers that establish wellness programs. Sec. 10408

- Conduct a national worksite health policies and programs survey to assess employer-based health policies and programs. Sec. 399MM–1

- Permit employers to offer employees rewards—in the form of premium discounts, waivers of cost sharing requirements, or benefits.

**Menu Labeling Provisions**

- Require chain restaurants and food sold from vending machines to disclose the nutritional content of each item. Sec. 4205
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Non Profit Hospitals Provision

• Imposes new requirements on non-profit hospitals to conduct a community needs assessment every three years and adopt an implementation strategy to meet identified needs. Sec. 9007
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**Quality Provisions**

- Calls for a national quality improvement strategy. Sec. 399HH
- Requires development of voluntary adult Medicaid quality measures. Sec. 2701
- Requires enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations. Sec. 3101
- Requires collection of access and treatment data for people with disabilities. (Effective two years following enactment). Sec. 3101
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Health Care and Public Health Workforce

Extensive provisions authorized but not appropriated

• National Health Care Workforce Commission Sec. 5101
• State Health Workforce Development Grants Sec. 5102
• Primary Care Extension Program Sec. 5405
• Public Health Workforce Loan Repayment Sec. 776
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**Key Opportunities for State MCH Programs**

- Implement new programs and link to existing MCH systems
- Build and expand partnerships particularly with child welfare, early education, chronic disease programs, hospitals, and workplaces
- Link Title V needs assessments and plans with new hospital assessments
- Build systems, not categoricals
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Key Challenges for State MCH Programs

- Waiting for HHS guidance
- Protecting and enhancing the core of Title V programs
- Assuring adequate workforce without guaranteed funding
- Bridging the medical care – public health divide
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**Key State Roles**

- Create Health Benefit Exchange and a Small Business Health Options Program (SHOP) Exchanges
- Provide oversight of health plans with regard to the new insurance market regulations, consumer protections, rate reviews, solvency, reserve fund requirements, premium taxes, define rating areas, etc.
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**Key State Roles**

- Enroll newly eligible Medicaid beneficiaries into the Medicaid program no later than January 2014 (states have the option to expand enrollment beginning in 2011), coordinate enrollment with the new Exchanges, and implement other specified changes to the Medicaid program.

- Maintain current Medicaid and CHIP eligibility levels for children until 2019 and maintain current Medicaid eligibility levels for adults until the Exchange is fully operational.
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**Key State Roles**

- Establish an office of health insurance consumer assistance or an ombudsman program
- Consider creation of Basic Health Plan for uninsured individuals with incomes between 133% and 200% FPL in lieu of these individuals receiving premium subsidies to purchase coverage in the Exchanges,
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**Key State Roles**

- Permits states to obtain a five-year waiver of certain new health insurance requirements if the state can demonstrate that it provides health coverage to all residents that is at least as comprehensive as the coverage required under an Exchange plan and that the state plan does not increase the federal budget deficit. (Effective January 1, 2017)
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**Key Dates**

- States must maintain Medicaid/CHIP eligibility levels and enrollment procedures in effect on March 23, 2010 (until 2014, with some exceptions, for adults and 2019 for children).
- States can continue to expand eligibility or simplify enrollment in Medicaid and CHIP.
- Small employers receive tax credits to purchase employee health care premiums.
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Key Dates

- States have option (under certain conditions) to provide CHIP to children of state employees.
- By July 1, 2010, a temporary, high-risk pool is established for qualified uninsured persons with pre-existing conditions (in place until 2014).
- Seniors begin to receive rebates/discounts toward drug coverage (with elimination of the “doughnut hole” by 2020).
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Key Dates

After September 23, 2010 (as a new health plan year begins):

- Young adults can remain on their parents’ health plan until age 26.
- Children with insurance can no longer be denied coverage for pre-existing conditions.
- Insurance plans can no longer impose lifetime caps or restrictive annual limits on coverage, and cannot rescind coverage when a person becomes sick.
- New plans must provide free preventive services to all enrollees.
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**Key Dates**

- By March 23, 2011, states provided federal grants to plan for and establish Exchanges.
- Medicaid physician payments increased, at federal cost, to Medicare levels for primary care services (for 2013 and 2014).
- Medicare beneficiaries receive annual exams and other preventive services at no cost.
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**Key Dates - 2014**

- Most people required to purchase coverage or pay tax penalty.
- New federal Medicaid floor of 133% of the FPL (based on adjusted gross income with 5 percent disregard) for adults and children. Medicaid and CHIP coverage for children still maintained.
- Enhanced federal financial assistance for states covering newly-eligible adults and for expansion states (those that already cover adults up to or above 100% of the FPL) covering childless adults.
- Individuals (including lawfully residing immigrants) and small businesses can purchase affordable coverage through state-based Exchanges; low- to moderate-income families receive premium tax credits and cost sharing subsidies.
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**Key Dates - 2014**

- Children up to age 26 who "age-out" of foster care are eligible to continue receiving Medicaid.
- Insurance companies must cover the care of pre-existing conditions for both adults and children, can no longer set annual coverage limits (in addition to lifetime limits), and cannot deny coverage or charge higher premiums based on health status.
- Exchanges must be financially self-sustaining by end of 2014.
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**Key Dates - 2015**

- CHIP funded through September 30, 2015. If state runs out of federal funding, children can be enrolled in comparable Exchange plans.
- States receive a 23 percentage points increase in CHIP federal match rate (effective October 1, 2015).
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Implementation...

Prepare for a SPRINT and a MARATHON
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Sources and Additional Resources

Public Law 111-148, Patient Protection and Affordable Care Act -
http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590ENR/pdf/BILLS-111hr3590ENR.pdf

AMCHP Health Reform Hub - http://www.amchp.org/Advocacy/health-reform/Pages/default.aspx


Kaiser Family Foundation Summary of the Patient Protection and Affordable Care Act - http://healthreform.kff.org/

Commonwealth Fund Health Reform Resources - http://www.commonwealthfund.org/Health-Reform.aspx