Continuing the Conversation: The Affordable Care Act after the Supreme Court Ruling

July 31, 2012

Association of Maternal & Child Health Programs
Presenters

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Audio Portion of Today’s Webinar

• All lines will be in listen only mode.

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• Click send

• *Hint: You can type your questions at anytime during the webinar. The moderator will field all Q&A at the end of the webinar presentation.*
Will the Webinar be Recorded?

- The webinar will be recorded and archived on the AMCHP website at www.amchp.org
Call Evaluation

• Following the end of the webinar, you will receive an evaluation for today’s call. It is important to hear your feedback to use for future planning of calls.
Webinar Objectives

• Provide updates on the implications of the Supreme Court ruling on the Affordable Care Act on MCH populations since the July 2, 2012 AMCHP webinar.

• Highlight some of the pressing and more recent opportunities for Title V involvement with ACA implementation.

• Provide an opportunity for state Title V programs to engage in a facilitated discussion on the range of opportunities for Title V involvement in the ACA and have questions about the Title V role answered.

• Continue the dialogue on what states need from AMCHP to continue to support their efforts.
Supreme Court Ruling Recap:

• SCOTUS Ruling:
  – ACA upheld
  – State penalty requirement for Medicaid expansion found unconstitutional

• Implications:
  – Medicaid expansion to adults under 133% FPL is left up to states to determine – ‘Opt Out States’
Key Questions following the ACA Supreme Court Ruling (National Governors Association)

1. Will states that expand Medicaid coverage up to a level below 133 percent of the federal poverty limit (FPL), for example up to 100 percent FPL, still receive the enhanced federal medical assistance percentage (FMAP) available for “newly covered” populations?

2. Will states be allowed to phase-in Medicaid coverage up to 133 percent of FPL in years after 2014 and still receive the enhanced FMAP?

3. If a state opts not to pursue Medicaid expansion as written in the ACA, what other Medicaid provisions of ACA would apply to their states program?

4. What options and federal assistance are available for states that decide not to pursue Medicaid expansion as written in the ACA?

5. If a state expanded coverage through a waiver prior to enactment of the ACA, but then chooses not to expand coverage further, are they still eligible for the 75%-90% enhanced FMAP for the previously expanded populations?
HHS Response Since the Supreme Court Ruling:

- New funding for **affordable insurance exchanges** (June 29, 2012 release)
  - Funding to states **no matter where they are in the process of establishing a marketplace**, and no matter whether a state plans on running its own exchange, partnering with another **state**, or partnering with the **federal government**.
- State application for funding extended until the **end of 2014** and may use the funds for **building exchanges and for start-up costs**.
- Medicaid expansion reminder:
  - the federal government will **completely pay for coverage under the eligibility expansion in 2014-2016**, and for at least **90 percent** of such costs thereafter,
  - HHS stated “we are committed to providing as much flexibility as we can to achieve successful implementation of the many important opportunities provided by this legislation.”
HHS Regional Implementation Forums

August 14, 2012: Washington, DC
August 21, 2012: Chicago, IL
August 15, 2012: Atlanta, GA
August 22, 2012: Denver, CO
August 14, 2012: Washington, DC
Questions
Federal Funding Update: By the Numbers

- 60
- $640.1 million
- $7.5 trillion
- $50 million
- $204 million
Federal Funding Update: By the Numbers

- 60: Senate filibuster proof majority
- $640.1 million: Proposed FY13 funding level for the Title V MCH block grant
- $7.5 trillion: End of the year fiscal cliff
- $50 million: Sequestration cut for Title V MCH block grant
- $204 million: Potential cut for Title V in FY14
Highlights of Pressing ACA Opportunities for State Title V Programs and Their Partners

- Coverage and the Medicaid Expansion
- Essential Health Benefits
  - Children’s Preventive Services
  - Women’s Preventive Services
- Health Insurance Exchanges
Access to Medicaid for Low-Income Women and Children

Today: Medicaid Eligibility Levels Vary by Categorical Status

- Children: 235%
- Pregnant Women: 185%
- Working Parents: 64%
- Non-Working Parents: 38%
- Childless Adults: 0%

Note: Medicaid income eligibility for most elderly and individuals with disabilities is based on the income threshold of Supplemental Security Income (SSI).
Source: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.
Figure 8

Expanded Access to Medicaid for Low-Income Women

2014: New Medicaid Eligibility Floor
138% FPL

Note: Medicaid income eligibility for most elderly and individuals with disabilities is based on the income threshold of Supplemental Security Income (SSI).
Source: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.
Assistance For Uninsured Women Under Health Reform

19.1 million uninsured

96.2 million women ages 18-64

Employer 59%

Uninsured 20%

Individual 6%

Medicaid 12%

Other 3%

No Subsidies > 400%

Tax Credits 139-399%

Medicaid <138%


Other includes programs such as Medicare and military-related coverage.
The federal poverty level for a family of three in 2012 was $19,090.
Children's Eligibility for Medicaid/CHIP by Income, January 2012

NOTE: The federal poverty line (FPL) for a family of three in 2011 is $18,530 per year. OK has a premium assistance program for select children up to 200% of the FPL. AZ's CHIP program is currently closed to new enrollment.

SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2012.
Implications of Supreme Court Ruling for MCH Populations

• Coverage for low-income women and families:
  – Coverage of low-income women under 133% FPL is not guaranteed in ‘opt out’ states
  – Continuous coverage post partum no longer guaranteed for women living in ‘opt out’ states

• Coverage for low-income children is still guaranteed under Medicaid and CHIP based on state eligibility levels
Key Questions following the ACA Supreme Court Ruling (AMCHP)

• What does the Medicaid expansion ruling mean for coverage of low-income women and families living in ‘opt out’ states?
  – E.g., What are the opportunities in opt out states for advancing efforts such as preconception health and overall efforts to improve birth outcomes?
• How will CYSHCN living in ‘opt out’ states be affected?
• How will coverage of pregnant women be affected both in ‘opt in’ and ‘opt out’ states?
• What is the role of Title V MCH programs in health reform?
Essential Health Benefits
Review of Essential Health Benefits in the Exchange

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

New Private Plans must cover without cost-sharing (i.e., co-payment, co-insurance or deductible):

- U.S. Preventive Services Task Force (USPSTF) Recommendations rated A or B
- ACIP recommended immunizations
- *Bright Futures* guidelines for preventive care and screenings
- “*With respect to women,*” evidence-informed preventive care and screenings not otherwise addressed by USPSTF recommendations
Women’s Preventive Services for New Health Insurance Plans, August 1, 2012

- well woman visit (preventive care visit),
- screening for gestational diabetes,
- HPV DNA testing for women 30 years and older,
- STI counseling,
- FDA approved contraception methods and contraceptive counseling,
- breastfeeding support, supplies and counseling,
- HIV screening and counseling, and
- domestic violence screening and counseling.
## Adult Preventive Services to be Covered by Private Plans Without Cost Sharing

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Chronic Conditions</th>
<th>Immunizations</th>
<th>Healthy Behaviors</th>
<th>Pregnancy-Related**</th>
<th>Reproductive Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Breast Cancer  - Mammography for women 40+*  - Genetic (BRCA) screening and counseling  - Preventive medication counseling</td>
<td>✓ Cardiovascular health  - Hypertension screening  - Lipid disorders screenings  - Aspirin  ✓ Type 2 Diabetes screening (adults w/ elevated blood pressure)  ✓ Depression screening (adults, when follow up supports available)  ✓ Osteoporosis screening (all women 65+, women 60+ at high risk)  ✓ Obesity Screening (all adults) Counseling and behavioral interventions (obese adults)</td>
<td>✓ Td booster, Tdap  ✓ MMR  ✓ Meningococcal  ✓ Hepatitis A, B  ✓ Pneumococcal  ✓ Zoster  ✓ Influenza, Varicella  ✓ HPV (women 19-26)</td>
<td>✓ Alcohol misuse screening and counseling (all adults)  ✓ Intensive healthy diet counseling (adults w/high cholesterol, CVD risk factors, diet-related chronic disease)  ✓ Tobacco counseling and cessation interventions (all adults)  ✓ Intergenerational care and domestic violence screening and counseling (women 18-64)²</td>
<td>✓ Tobacco and cessation interventions  ✓ Alcohol misuse screening/counseling  ✓ Rh incompatibility screening  ✓ Gestational diabetes screenings²  - 24-28 weeks gestation  - First prenatal visit (women at high risk for diabetes)  ✓ Screenings  - Hepatitis B  - Chlamydia (&lt;24, hi risk)  - Gonorrhea  - Syphilis  - Bacteriurea  ✓ Folic acid supplements (women w/repro capacity)  ✓ Iron deficiency anemia screening  ✓ Breastfeeding Supports  - Counseling  - Consultations with trained provider  - Equipment rental</td>
<td>✓ STI and HIV counseling (adults at high risk; all sexually-active women²)  ✓ Screenings:  - Chlamydia (sexually active women ≤24y/o, older women at high risk)  - Gonorrhea (sexually active women at high risk)  - Syphilis (adults at high risk)  - HIV (adults at high risk; all sexually active women)  ✓ Contraception (women w/repro capacity)  ✓ All FDA approved methods as prescribed, Sterilization procedures, Patient education and counseling</td>
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<tr>
<td>✓ Cervical Cancer  - Pap testing (women 18+, High-risk HPV DNA testing)</td>
<td>✓ Breast Cancer  - Mammography for women 40+*  - Genetic (BRCA) screening and counseling  - Preventive medication counseling</td>
<td>✓ Alcohol misuse screening and counseling (all adults)</td>
<td>✓ Tobacco and cessation interventions  ✓ Alcohol misuse screening/counseling  ✓ Rh incompatibility screening  ✓ Gestational diabetes screenings²  - 24-28 weeks gestation  - First prenatal visit (women at high risk for diabetes)  ✓ Screenings  - Hepatitis B  - Chlamydia (&lt;24, hi risk)  - Gonorrhea  - Syphilis  - Bacteriurea  ✓ Folic acid supplements (women w/repro capacity)  ✓ Iron deficiency anemia screening  ✓ Breastfeeding Supports  - Counseling  - Consultations with trained provider  - Equipment rental</td>
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<td>✓ Colorectal Cancer  - One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy</td>
<td>✓ Cardiovascular health  - Hypertension screening  - Lipid disorders screenings  - Aspirin  ✓ Type 2 Diabetes screening (adults w/ elevated blood pressure)  ✓ Depression screening (adults, when follow up supports available)  ✓ Osteoporosis screening (all women 65+, women 60+ at high risk)  ✓ Obesity Screening (all adults) Counseling and behavioral interventions (obese adults)</td>
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Sources: U.S. DHHS, “Recommended Preventive Services.” Available at http://www.healthcare.gov/center/regulations/prevention/recommendations.html. More information about each of the services in this table, including details on periodicity, risk factors, and specific test and procedures are available at the following websites:

USPSTF: [http://www.uspreventiveservicestaskforce.org/recommendations.htm](http://www.uspreventiveservicestaskforce.org/recommendations.htm)

ACIP: [http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#comp](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#comp)

Health Insurance Exchanges
Health Insurance Exchanges

- Allow individuals and small businesses to compare health plans, get answers to questions, find out if they are eligible for tax credits for private insurance or health programs like CHIP and enroll in a health plan that meets their needs.
Key Deadlines for Exchanges

- States submit a **blueprint to HHS for approval** to operate either a **state-based exchange** or **state partnership exchange**
- States must submit a **complete exchange blueprint** no later than 30 business days prior to the required approval date of January 1 (Nov 16, 2012 for plan year 2014)
  - Two parts to a blueprint: **declaration letter** and **exchange application**
- States may submit **declaration letter** any time prior to this deadline.
- States that plan to operate in a **federally-facilitated exchange** without partnership may submit a **declaration letter**, but do not need to complete the exchange application

Source: CMS
# Key Deadlines for Exchanges

**TABLE 1: Deadlines relevant to the development of a Health Benefit Exchange established by PPACA**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/23/2010</td>
<td>HHS to establish interoperable standards and protocols for enrollment in federal and state HHS programs</td>
<td>Section 1561</td>
</tr>
<tr>
<td>3/22/2011</td>
<td>HHS to make available grants for planning and development of exchanges</td>
<td>Section 1311(a)</td>
</tr>
<tr>
<td>3/23/2011</td>
<td>HHS to develop standards for compiling and providing enrollees with a summary of benefits and coverage explanations</td>
<td>Section 1001, amending Public Health Services Act, Section 2715</td>
</tr>
<tr>
<td>1/1/2013</td>
<td>HHS approves that the state will be willing and able to implement the exchange by 1/1/2014</td>
<td>Section 1321(c)</td>
</tr>
<tr>
<td>7/1/2013</td>
<td>HHS to provide loans to assist with start-up costs for Co-Ops</td>
<td>Section 1322(b)</td>
</tr>
<tr>
<td>1/1/2014</td>
<td>Exchange must be operational</td>
<td>Section 1311(b)</td>
</tr>
</tbody>
</table>

Source: Academy Health
Implications and Roles for State Title V Programs
Implications and Roles for State Title V Programs in These Three Areas

- Partner with key stakeholders (e.g., Medicaid, CHIP, Health Insurance Exchanges) to provide guidance on development and implementation of preventive service requirements for women and children.
- Partner with key stakeholders to conduct outreach and enrollment and inform MCH populations about eligibility for coverage under Medicaid, CHIP and the Health Insurance Exchanges.
- Train ‘front line’ public health staff (e.g., WIC, FP) about new eligibility.
- Encourage Exchanges to consult with state Title V programs as part of “public health experts” and also with families of CSHCN.
- Encourage Exchanges to work with state Title V programs and families/consumers in the development and selection of Patient Navigators and public education activities to raise awareness of QHPs.
- Promote linkages of Exchange websites and call centers to statewide 1-800 help and hotline numbers administered by Title V programs.
- Many others…
State to State Member Exchange
State to State Exchange

• Where are states with implementing the ACA?
• What are the range of roles that state Title V programs are presently engaged in, plan to be engaged in, or would like to be engaged in as it relates to ACA implementation, health reform and/or Medicaid partnerships more broadly (for states where it is still being determined)?
• What do you see as the key areas for state Title V program involvement and where we need to be leading efforts or being ‘at the table’?
Current AMCHP ACA Resources

• Archived webinars:
  – July 2, 2012 AMCHP webinar on Supreme Court Ruling and the Affordable Care Act
  – Medical Home
  – Optimizing Health Reform to Integrate Service Delivery Systems for Women, Children and their families

• Summary of Key MCH Related Highlights on Implementation

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

• Fact Sheets and Issue Briefs on Health Reform and…
  – Breastfeeding (New!)
  – Women’s Health
  – Medical Home
  – Adolescent Health
  – CYSHCN

• New Opportunities for Integrating and Improving Health Care for Women, Children, and Their Families

• The Power of Prevention: The Cost Effectiveness of MCH Interventions

• What else do you need as AMCHP members?
Upcoming Resources

• Health Homes under the ACA Part II: (policy brief and national webinar – fall 2012)
• Opportunities to promote preconception health through health reform (policy brief and national webinar – fall 2012)
• The ABCs of ACOs: Roles for Title V (national webinar – fall 2012)
Questions
Final Reminders

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For More Information:

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