What Does the Affordable Care Act Do for Adolescents and Young Adults?

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NIHCM Foundation Webinar

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Early Wins for Adolescents and Young Adults
States Must Hold Steady on Medicaid and CHIP Coverage

- Maintenance of Effort (MOE) provision
  - Eligibility
  - Enrollment procedures
  - Until 2019 for kids; 2014 for adults
5 million of the 8 million uninsured children are currently eligible for Medicaid or CHIP! 36% are 13 - 18 yr olds (1.7 million)
Insurance Reforms Effective Soon

- Starting with new or renewing plans issued on or after September 23, 2010
- Grandfathered plans generally exempted
  - Employer or individual market plans
  - Must meet specific requirements limiting increases in cost-sharing, reductions in benefits or decreases in employer contributions
- States can impose more requirements
Young Adults Can Stay on Family’s Plan

- Up to 26 yrs old regardless of student, marital, residency or dependent status
- Grandfathered plans may exclude those with access to employer-based coverage until 2014
- EBRI reports coverage gains could be higher than estimated 680,000 – 2.12 million
No Pre-Existing Exclusions

- No coverage denials/exclusions for children/teens with pre-existing conditions
- Open enrollment agreed upon by administration and insurers to avoid adverse selection
- Rating rules change in 2014
- No lifetime caps, restrictive annual limits or rescissions
No Cost-Sharing for Preventive Care

- No co-payments or deductibles apply to preventive services
- Bright Futures pediatric standards
- US Preventive Services Task Force; CDC for adults
Current Options for States but Fiscal Conditions Aren’t Favorable

- Provide more comprehensive Medicaid benefits up to age 21, most states stop at 19
  - Early Periodic Screening Diagnostic & Testing (EPSDT)
- Move 6 - 19 yr olds < 133% FPL covered by CHIP into Medicaid
  - 20 States
- Expand children’s coverage to 300% FPL
- Expand Medicaid to parents and adults without children to 133% FPL
  - CT, DC
Moving on to 2014
What Happens to 13.7 Uninsured Young Adults 19-29 in Health Reform?

- Medicaid: 52%
- Subsidized Coverage in the Exchange: 41%
- No Subsidy but Required to Purchase: 7%

Medicaid/CHIP

• Mandatory coverage to 133% FPL for all citizens and lawfully residing immigrants in US >5 yrs.
  • An estimated 16 million to gain coverage

• Parents must enroll their children if not insured
  • Potentially 3 million children

• Medicaid for young adults aging out of foster care until age 26

• CHIP continues until 2019
New Purchase Options through Competitive State or Regional Exchanges

• Individual and small group exchange plans
  • Premium subsidies and small business tax credits
  • Cost-sharing limits up to 250% FPL income

• Specific option for lower-cost individual market catastrophic coverage for < 30 yrs old
  • Essential benefits + 3 primary care visits
  • $5,950 maximum out-of-pocket

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Premium as % of Income</th>
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<tbody>
<tr>
<td>Up to 133% FPL</td>
<td>2%</td>
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<tr>
<td>133 – 150% FPL</td>
<td>3 – 4%</td>
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<tr>
<td>150 – 200% FPL</td>
<td>4 – 6.3%</td>
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<tr>
<td>200 – 250% FPL</td>
<td>6.3 – 8.05%</td>
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<tr>
<td>250 – 300% FPL</td>
<td>8.05 – 9.5%</td>
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<tr>
<td>300 – 400% FPL</td>
<td>9.5%</td>
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Cutting Administrative Red Tape

- Intent for “no wrong door” between Medicaid, CHIP, and the Exchange subsidies
- Web-based enrollment
- Consistent eligibility rules
- Plain language, simplified communications
- Need effective technology/systems
Helping Families & Individuals Navigate the New System

• Consumer assistance beginning in 2010
  – facilitate enrollment
  – troubleshoot problems
  – access health care

• Navigators in 2014
  – assist with public education and enrollment
How Health Plans, States and Advocates Can Collaborate on Successful Implementation

- Public education on positive impact of ACA
- Getting everyone covered
- Strategic investments in technology
- Effective coordination between public and private coverage
- Independent, community-based consumer assistance
For more information

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Our website:
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Say Ahhh! Our child health policy blog:
http://www.theccfblog.org/