

Adolescents and the Affordable Care Act



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Overview

- Brief background on the Affordable Care Act
- Current uninsured rate among adolescents
- Coverage provisions already in effect
- Coverage provisions taking effect in 2014
- Other relevant Affordable Care Act initiatives
- Federal Resources



The Affordable Care Act

- Enacted March 2010
- Some key provisions are already in effect
 - Preventive services
 - Phased-in prohibition on annual limits for essential health benefits
 - Prohibition on lifetime limits for essential health benefits
 - Expansion of dependent coverage up to age 26
 - Prohibition on pre-existing condition exclusions for children
- Other key provisions take effect January 1, 2014
 - Health Insurance Marketplace coverage
 - Medicaid Expansion



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Uninsured Adolescents, 2011

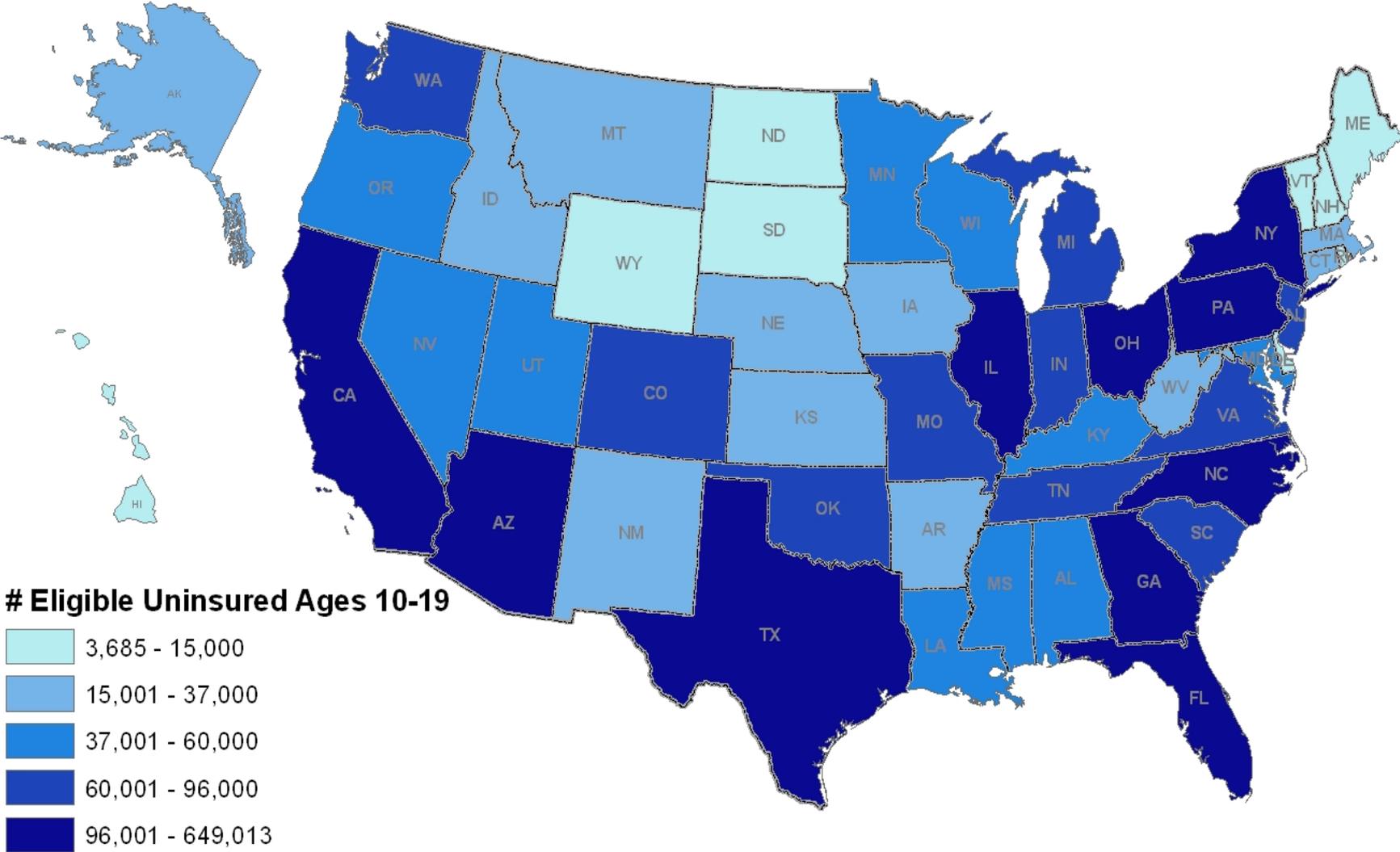
United States Eligible Uninsured* Ages 10-19 by Race Ethnicity		
Race/Ethnicity	Percentage of Eligible Uninsured Adolescents	Total Number
Hispanic	34.9%	1,464,000
White (Non-Hispanic)	40.3%	1,691,000
Black (Non-Hispanic)	15.5%	649,000
Asian (Non-Hispanic)	4.3%	178,000
Hawaiian/ Pacific Islander (Non-Hispanic)	.2%	7,000
American Indian/ Alaskan Native (Non-Hispanic)	1.8%	76,000
Multiracial (Non-Hispanic)	3%	126,000
Total US 10-19 Population	10.1%	4,192,000

United States Eligible Uninsured* Ages 10-19 by Poverty Level		
Poverty Level	Percentage of Eligible Uninsured	Total Number
≤ 138% of Federal Poverty Level	52.6%	2,203,000
139% to 400% of the Federal Poverty Level	40.2%	1,685,000
>400% of the Federal Poverty Level	7.3%	304,000
Total US 10-19 Population	10.1%	4,192,000

*Eligible uninsured means non-elderly uninsured legal residents (i.e., U.S. citizens and legal immigrants).

Source: ASPE tabulations from CY 2011 American Community Survey, adjusted to exclude estimated undocumented persons.

Numbers of Eligible Uninsured by State, 2011



*Eligible uninsured means non-elderly uninsured legal residents (i.e., U.S. citizens and legal immigrants).
Source: ASPE tabulations from CY 2011 American Community Survey, adjusted to exclude estimated undocumented persons.

Preventive Services

For plan or policy years beginning September 23, 2010, non-grandfathered group health plans and plans in the market must cover certain preventive services without cost sharing. Effective August 1, 2012, additional preventive services for women were added to this requirement.

- Alcohol and drug use assessments
- Blood pressure screening
- Cervical cancer screening
- Contraceptive services for women as prescribed by a provider
- Depression screening
- Domestic violence screening
- HIV screening for high risk adolescents
- Immunizations, including hepatitis A and B, HPV, flu, meningitis, and tetanus, diphtheria and pertussis
- Obesity screening and counseling
- STI prevention and counseling
- TB testing
- Vision screening for children
- Well woman visits



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Lifetime and Annual Dollar Limits

- No health plan renewed or issued on or after September 23, 2010, may include a lifetime limit on essential health benefits.
 - Both total lifetime dollar limits on essential health benefits (such as a \$2 million lifetime cap), and lifetime limits on specific benefits (such as a \$200,000 lifetime limit on transplants) are no longer allowed.
 - Prior to the ACA, an estimated 28 million children were enrolled in plans that had lifetime limits.*
- Group health plans, group health insurance coverage, and non-grandfathered individual health insurance policies are required to phase out annual dollar limits on essential health benefits.



Pre-Existing Conditions

- For plan or policy years beginning September 23, 2010, group health plans, group health insurance coverage, and non-grandfathered individual health insurance policies may not deny or limit coverage for children under the age of 19 because of a pre-existing condition.
- For plan or policy years beginning January 1, 2014, group health plans, group health insurance coverage, and non-grandfathered individual health insurance policies may not deny or limit coverage for any enrollee because of a pre-existing condition.
 - Plans also cannot charge individuals a higher premium based on health status or pre-existing conditions.



Dependent Coverage Expansion

- As of September 23, 2010, new or renewing plans in the individual and group markets must cover dependents up to age 26.
 - Only applies if the plan offers dependent coverage in general
 - Applies to all markets, including self-insured plans
 - Applies to young adults even if they are married, not living with their parent, and/or not financially dependent on their parent
- As of December 2011, 3.1 million young adults (ages 19-25) had gained coverage under this provision.
- Uninsured rates among men ages 19-25 dropped from 42% to 28% between September 2010 and December 2011.



Essential Health Benefits

- For plan or policy years beginning on or after January 1, 2014, non-grandfathered individual and small group market insurance must cover:
 - Pediatric services for children up to age 19
 - This includes pediatric dental and vision services.
 - Habilitative services, which are particularly relevant for children and adolescents with developmental disorders.
 - Mental health and substance use disorder services, including behavioral health treatment, subject to federal parity requirements.



Health Insurance Marketplace

- New way to buy health insurance when key parts of the health care law take effect.
 - Enrollment starts October 1, 2013
 - Coverage begins January 1, 2014
- To provide individuals and small businesses:
 - Access to affordable insurance options, including Medicaid and CHIP
 - Ability to buy certain private health insurance
 - New tax credits to lower premiums
 - Reduced cost sharing
 - Access to health insurance information
- Eligible individuals and families with incomes between 100% and 400% of the FPL may receive premium tax credits, and those with incomes between 100% and 250% of the FPL can also receive cost-sharing reductions.



FPL and Tax Credits

FPL (2013)	Income (single)	Max Premium Payment for an individual (monthly)	Cost Sharing Reductions?	Explanation of Cost Sharing Reductions
100%	\$ 11,490	\$19	Yes	Plan covers 94% of average cost and limits on out-of-pocket spending* to \$2,250 or less
150%	\$ 17,235	\$57	Yes	Plan covers 87% of average costs and limits out-of-pocket spending to \$2,250 or less
200%	\$ 22,980	\$121	Yes	Plan covers 73% of average costs and limits out-of-pocket spending to \$5,200 or less
250%	\$ 28,725	\$193	No	
300%	\$ 34,470	\$273	No	
350%	\$ 40,215	\$318	No	
400%	\$ 45,845	None	No	

*Includes copays and deductibles but does not include premiums or spending on out-of-network or non-covered services

Medicaid

- Beginning January 1, 2014, individuals or families with incomes up to 133% of the Federal Poverty Level (FPL) may be eligible to enroll in Medicaid in many states.
 - All states must cover all children up to age 18 with family incomes up to 133% of the Federal Poverty Level (FPL).
 - All states have the option to expand Medicaid eligibility for adults with income up to 133% of the FPL.
- Former foster care children are required to be eligible for coverage by Medicaid up to age 26.



Other Relevant Affordable Care Act Initiatives

- Marketplace Navigators
- School Based Health Centers
- Teen Pregnancy Prevention
- Child Obesity Prevention
- Maternal, Infant, and Early Childhood Home Visiting
- Health Center Expansion



Marketplace Navigators

- Individuals and entities to provide unbiased, culturally and linguistically appropriate information to consumers about health insurance, the new Health Insurance Marketplace, qualified health plans and public programs like Medicaid and CHIP.
- Funding opportunity for Navigators in the federally facilitated Marketplaces is currently open to individuals and private and public entities. **Applications due [June 7, 2013 \(see grants.gov\)](#).**
- The ACA requires the Navigator program to do the following:
 - Public education about the availability of qualified health plans (QHPs);
 - Facilitate enrollment in QHPs;
 - Distribute fair / impartial information;
 - Provide referrals to the appropriate entity for consumer grievances.

<http://cciio.cms.gov/programs/exchanges/assistance.html>



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School-Based Health Centers (SBHCs)

- Administered by Health Resources Services Administration (HRSA)
- The Affordable Care Act provided \$200 million in 2010-2013 for SBHC capital needs.
 - Construction, renovation and equipment
 - Operations needs not included in this grant program
- By December 2012, a cumulative total of 520 awards made in 47 states, DC and Puerto Rico for \$190 million
- <http://www.hrsa.gov/grants/apply/assistance/sbhcc/>



Teen Pregnancy Prevention Activities (ACA)

- PREP (Personal Responsibility Education Program)- Adm. for Children and Families (ACF)-\$75 million/ year in grants to states for teen pregnancy prevention programs
 - Education on contraception, STDs (including HIV) and abstinence
 - Target populations ages 10-19 and include foster youth, minority groups, homeless youth, and youth from rural areas or areas with high teen birth rates
- Abstinence Education- ACF- \$50 million per year for 5 years
 - Promotes abstinence for ages 10-19. Target populations include foster or homeless youth, minority groups.

<http://www.acf.hhs.gov/programs/fysb/programs/adolescent-pregnancy-prevention/programs>



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Pregnancy Assistance Fund

- Office of Adolescent Health- \$25 million competitive program to States and Tribes, with awards to 17 entities
- Provides seamless network of services to expectant and parenting teens, women and families to allow them to:
 - Complete high school or postsecondary degrees
 - Gain access to health care, housing, child care and other supports
- Improves services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking

<http://www.hhs.gov/ash/oah/oah-initiatives/paf/home.html>



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Child Obesity Prevention

- Child Obesity Demonstration Project-Centers for Disease Control and Prevention- \$25 million for project authorized under CHIPRA.*
 - Targets children 2-12 covered by Children's Health Insurance Program (CHIP)
 - Combines changes in preventive care with changes in schools, child care centers and community venues.

<http://www.cdc.gov/obesity/childhood/researchproject.html>



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Maternal, Infant, and Early Childhood Home Visiting

- Administered by HRSA, Maternal and Child Health Bureau
- Targets pregnant women or children ages 0-5
 - Seeks to improve maternal and child health, child health and development, parenting skill, school readiness, family economic self-sufficiency, coordinated referrals for other community resources and supports.
- Must implement one of 14 approved evidence-based models.
- As of March 2013:
 - \$630 million awarded in 53 states and territories.
 - 19,207 families served with >160,000 home visits.

<http://mchb.hrsa.gov/programs/homevisiting/>



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Health Centers

- HRSA, \$11 billion over 5 years for operation, expansion, and construction of HCs throughout the nation.
- \$9.5 billion is targeted to:
 - Support on going HC operations.
 - Create new HC sites in medically underserved areas.
 - Expand preventive/ primary health care services (including oral, behavioral, pharmacy and/ or enabling services)
- \$1.5 billion will support major construction and renovation projects at HCs nationwide.

<http://www.healthcare.gov/using-insurance/low-cost-care/community-health-centers/index.html>



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Resources for Agencies and Families

The screenshot shows the homepage of the 1-877-Kids-Now website. At the top right, there is a language selector for "En Español". Below the header is a search bar with a "Go" button. The main content area is divided into several sections:

- Home:** A vertical list of navigation links including "What is CHIP?", "What is Medicaid?", "Learn About Programs in Your State", "Questions & Answers", "For Professionals", and "About Us".
- Central Banner:** A large image of three children with mud on their faces, titled "Connecting Kids to Coverage National Campaign". Below the image is a link that says "Learn more. Get involved".
- Left Sidebar:** A graphic of a doctor and a child with the text "1-877-Kids-Now (1-877-543-7669)".
- Right Sidebar:**
 - SPOTLIGHT:** Contains several news items with links, such as "Connecting Kids to Coverage National Campaign", "New Funding Opportunity: Connecting Kids to Coverage Outreach and Enrollment Grants", "CHIPRA 2012 Performance Bonuses - 23 States awarded nearly \$306 Million", "Medicaid/CHIP Participation Rates in Your State", and "Connecting Kids to Coverage Teams Up with Text4Baby".
 - RESOURCES:** Contains links for "National Consumer Medicaid and CHIP Satisfaction Survey", "Outreach Video Library", and "Connecting Kids to Coverage".

At the bottom of the page, there is a footer with the text: "Your child or teen may qualify for no-cost or low-cost health insurance coverage through".



The Basics: Healthcare.gov

- Health Marketplace
www.HealthCare.gov
- Finding Insurance Options
- Health Insurance Basics
- Special features
 - Videos, YouTube
 - Health care blog
 - Twitter, Facebook, updates by email and text messages

April 19, 2013 Home | Discuss & Share | Blog | Newsroom | Glossary | Email Updates | En Español

HealthCare.gov
Take health care into your own hands

Search

Find Insurance Options Now Prepare for the Health Insurance Marketplace Health Insurance Basics The Health Care Law & You Prevention, Wellness & Comparing Providers

Need health insurance?
Email Address
Get Email or Text Updates >

Already a subscriber? Manage your account settings Privacy Policy

A New Insurance Marketplace
Coming soon: Find insurance that fits the way you live.
Learn More >

Current Topics
Get a Break on Costs Starting in 2014
Thanks to a new kind of tax credit and the expansion of some programs, more people than ever will qualify for help that will make insurance affordable.

HealthCare Blog
Posted April 10, 2013
The FY2014 Budget: Strengthening Health and Opportunity for all Americans
The budget for HHS provides investments that create healthier and safer families, stronger communities and a thriving... Continue Reading

State Information:

<http://www.healthcare.gov/law/information-for-you/index.html>



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Enhancing Enrollment of Children & Adolescents

- *Connecting Kids to Coverage Outreach & Enrollment* grants
 - Offered by CMS/Center for Medicaid & CHIP Services under ACA
 - Two-year grant program for states, local governments, tribal entities, & community-based and non-profit organizations
 - \$32 million to support grants ranging from \$250K-\$1M
 - Five areas of focus:
 - » Engaging schools
 - » Bridging health coverage disparities
 - » Targeted enrollment strategies for people participating in SNAP, WIC & other public benefit programs
 - » Application assistance resources in local communities
 - » Training programs to equip communities to provide assistance to families around enrollment
 - Grant application period has ended- will announce grantees in June.
 - www.insurekidsnow.gov/professionals/outreach/grantees



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“Connecting Kids to Coverage” National Campaign

- Focus of campaign efforts throughout the nation but with special emphasis in states where large numbers of children & teens eligible for Medicaid & CHIP are not enrolled.
 - Three waves of activity
 - Launch (Winter, 2013)
 - Allergies & Asthma Wave, Spring, 2013
 - Back-to-School Wave, Summer, 2013
 - Additional materials
 - Ten Things Schools Can Do
 - Messages that Motivate Enrollment in Medicaid & CHIP
 - Reaching Hispanic/Latino Audiences
 - Media Outreach & Digital Engagement



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“Get Covered. Get in the Game” Campaign

- Goal – to help kids who want to participate in sports programs have health insurance
 - Health insurance frequently a requirement to play
 - A key point: Coverage protects young athletes both on & off the playing field
 - *The Game Plan* – strategies for coaches, parents & community groups to link eligible athletes to Medicaid & CHIP
 - Campaign launched in 7 pilot states – CO, FL, MD, NY, OH, OR, WI
- Can customize materials for organization’s needs



Center for Consumer Information and Oversight (CCIIO)

- <http://cciio.cms.gov/programs/marketreforms/>
- Includes information on:
 - Coverage for Young Adults
 - FAQs on ACA Implementation – including coverage of preventive services
 - Student Health Plans
 - In-Person Assistance including Fact sheet on Helping Consumers apply and Enroll: <http://cciio.cms.gov/programs/exchanges/assistance.html>



Helping Consumers Apply & Enroll Through the Marketplace

Starting October 1, 2013, consumers in all states will be able to choose new affordable health insurance options through a new Health Insurance Marketplace. Some states are setting up a State-based Marketplace, other states will work with the federal government in a State Partnership Marketplace and the remaining states will have a Federally-facilitated Marketplace.

No matter what state they live in, consumers can get help as they apply for and choose new insurance options. You can help provide that assistance in a number of different ways: by becoming Navigators, in-person assistance personnel, or certified application counselors. In addition, agents and brokers can help consumers enroll in new insurance options.

What are the different types of consumer assistance?

Navigators: Navigators have a vital role in helping consumers prepare electronic and paper applications to establish eligibility and enroll in coverage through the Marketplace and potentially qualify for an insurance affordability program (including a premium tax credit, Medicaid and the Children's Health Insurance Program). They will also provide outreach and education to raise awareness about the Marketplace, and will refer consumers to health insurance ombudsman and consumer assistance programs when necessary. Navigators will play a role in all types of marketplaces, be funded through state and federal grant programs, and must complete comprehensive training.

In-person assistance personnel: In-person assistance personnel (also known as...



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HHS: Asst. Sec for Planning and Evaluation

- ASPE – Assistant Secretary for Planning & Evaluation Issue Briefs on ACA Impact including one on young adults:

<http://www.aspe.hhs.gov/>

The Affordable Care Act Research Briefs

This project is available on the Internet at:
<http://aspe.hhs.gov/health/reports/2012/ACA-Research/index.shtml>

Background

The Affordable Care Act was signed into law in March of 2010. Millions of Americans have already benefitted from many of the law's provisions including coverage for preventive health services, ban on lifetime limits, and insurance coverage for young adults. The expansion of Medicaid coverage and launch of Affordable Insurance Exchanges will help millions more in 2014. ASPE created this series of research and issue briefs to analyze the impact of the Affordable Care Act.

Publications

Current publications:

- Number of Young Adults Gaining Insurance Due to the Affordable Care Act Now Tops 3 Million**, *Issue Brief*, June 2012. (PDF version, 2 pages)
New survey findings released today by the National Center for Health Statistics show that the extension of dependent health coverage up to age 26 continues to lead to greater rates of insurance coverage among young adults. This policy is one part of the Affordable Care Act, and it took effect for insurance plan renewals beginning on September 23, 2010.
- The Affordable Care Act and Asian Americans and Pacific Islanders**, *Research Brief*, May 2012. (PDF version, 8 pages)
New estimates from RAND suggest that 2.0 million out of the 2.5 million Asian Americans who would otherwise be uninsured will gain or be eligible for coverage in 2016 through the Affordable Care Act. Asian Americans and Pacific Islanders are already benefitting from the expansion of preventive services with no cost-sharing in both private health insurance and Medicare.
- The Affordable Care Act and African Americans**, *Research Brief*, April 2012. (PDF version, 6 pages)
New estimates from RAND suggest that 3.8 million African Americans who would otherwise be uninsured will gain coverage by 2016 through the Affordable Care Act. African Americans will gain improved access to preventive health services and community health centers and improved maintenance of chronic diseases.
- The Affordable Care Act and Latinos**, *Research Brief*, April 2012. (PDF version, 7 pages).
En español (Versión en PDF, 7 Páginas)
An estimated 30.7% of Latinos are uninsured, compared with 16.3% of all Americans. The Affordable Care Act includes several provisions to significantly improve the health outcomes of Latinos.
- Uninsured Young Adults and the Affordable Care Act**, *Research Brief*, March 2012. (PDF version, 2 pages)
The Affordable Care Act is beneficial for young adults aged 19-25 who previously were more than twice as likely as other adults to lose private health insurance coverage. The law helps to provide stable health insurance.
- The Affordable Care Act and Women**, *Research Brief*, March 2012. (PDF version, 7 pages)
The Affordable Care Act ensures that women will not pay more for the same insurance coverage as men and will provide insurance to an estimated 13 million more women by 2016. Women also gain improved access to maternity coverage, preventative health services, and Medicaid coverage.
- The Affordable Care Act and Participation Rates in Medicaid**, *Issue Brief*, March 2012. (PDF version, 7 pages)
The Affordable Care Act extends Medicaid eligibility to all US citizens and other qualified residents with family incomes at or below 133% of the federal poverty level. This brief provides estimates of projected Medicaid enrollment rates under the ACA.



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Data on Eligible Uninsured at the Local Level

- User-friendly CMS resource based on 2011 Census data
- Provides eligible uninsured percentages & counts at county/sub-county levels for every state
- Sorted by multiple demographic characteristics: Income (%FPL), age group, gender, marital status, children in family, race, Latino ethnicity, disability, FT worker in family, job sector (9), education level, language spoken at home (8)
 - <https://data.cms.gov/dataset/The-Percent-of-Uninsured-People-for-Outreach-Target/9hxb-n5xb>
 - <https://data.cms.gov/dataset/The-Number-of-Uninsured-People-for-Outreach-Target/pc88-ec56>



Contact Information

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