



Alphabet Soup

Making Sense of
Medicaid
Family Planning
and the
Affordable Care Act

October 2013



Health Insurance Got You Confused?

HICAP can help.



michigan.gov/HICAP

| 877.999.6442

Medicaid





Billing Medicaid

- Medicaid is payer of last resort
- Good-cause exception to third-party liability when:
 - “it is anticipated that cooperation will result in reprisal against, and cause physical or emotional harm to, the individual or other person.”
- States have the option to provide immediate temporary Medicaid coverage to applicants who seem eligible (aka “presumptive eligibility”)

Family Planning and Medicaid

- Family planning is required service with enhanced 90/10 match rate
- Broad range of services: contraceptive methods, pap tests, other associated exams and lab tests
- Exempt from cost-sharing
- Can receive family planning services from provider of choice (aka “freedom of choice”)

Medicaid Family Planning Expansions

31 states have family planning expansions

21 have waivers

10 have state plan amendments (SPAs)

SPA states:

California

Connecticut

Indiana

New Mexico

North Carolina

Ohio

Oklahoma

South Carolina

Virginia

Wisconsin

Medicaid Family Planning Expansions

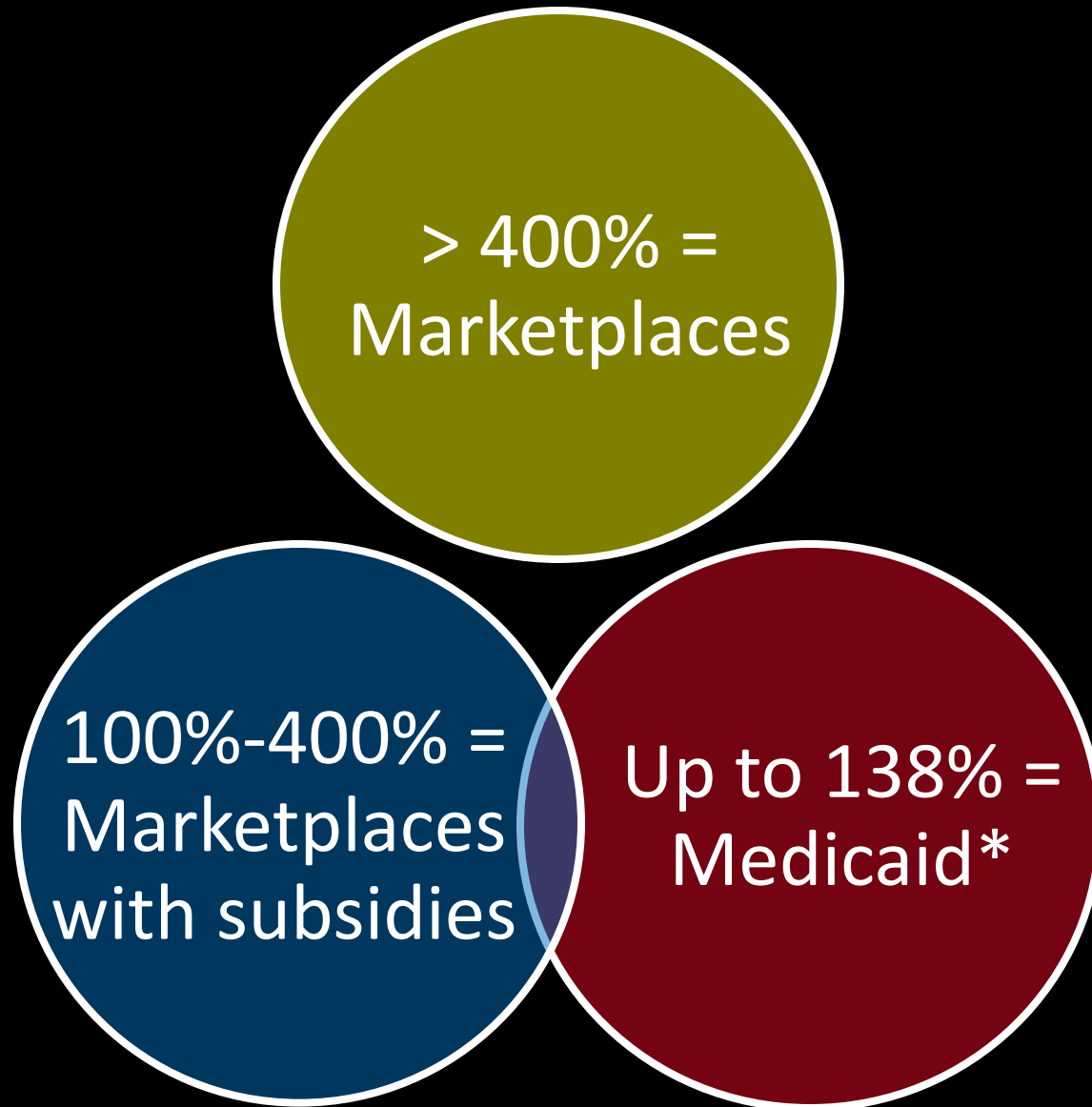
Issue	Waivers	State Plan Amendments (SPAs)
Budget Neutrality	Required	Not required
Research and Evaluation	Required	Not required
Application	Drafted by state	2.5 page template
Timeline for Approval	No (average 15+ months)	Yes (federally mandated)
Approval Period	Currently 2014	No end date
Renewal	Generally every 3 years	None
Eligibility	At state's discretion	Up to state's pregnancy eligibility level; Based only on income and pregnancy status

Affordable Care Act

INSURANCE

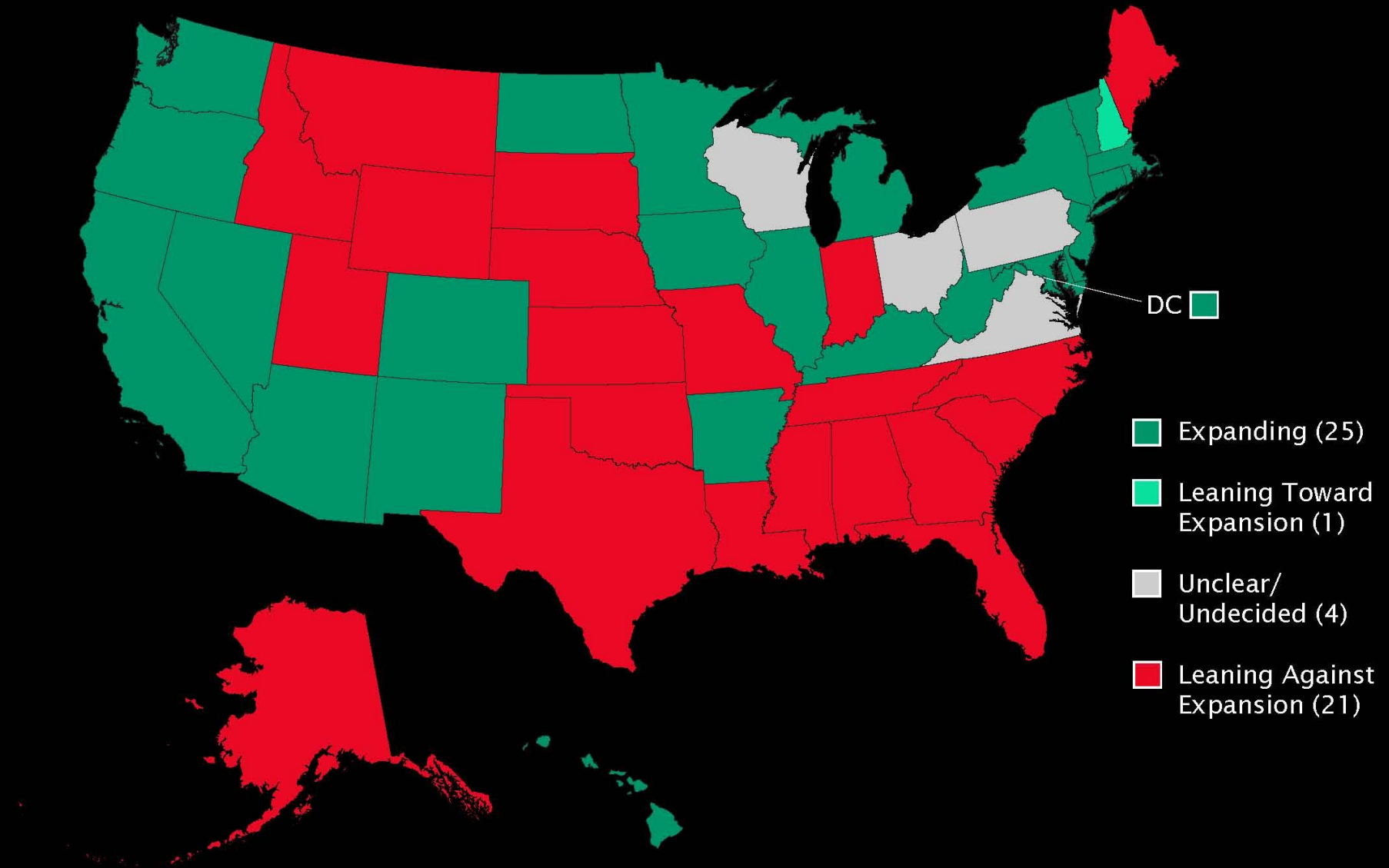
Dental/Medical

ACA Insurance Eligibility



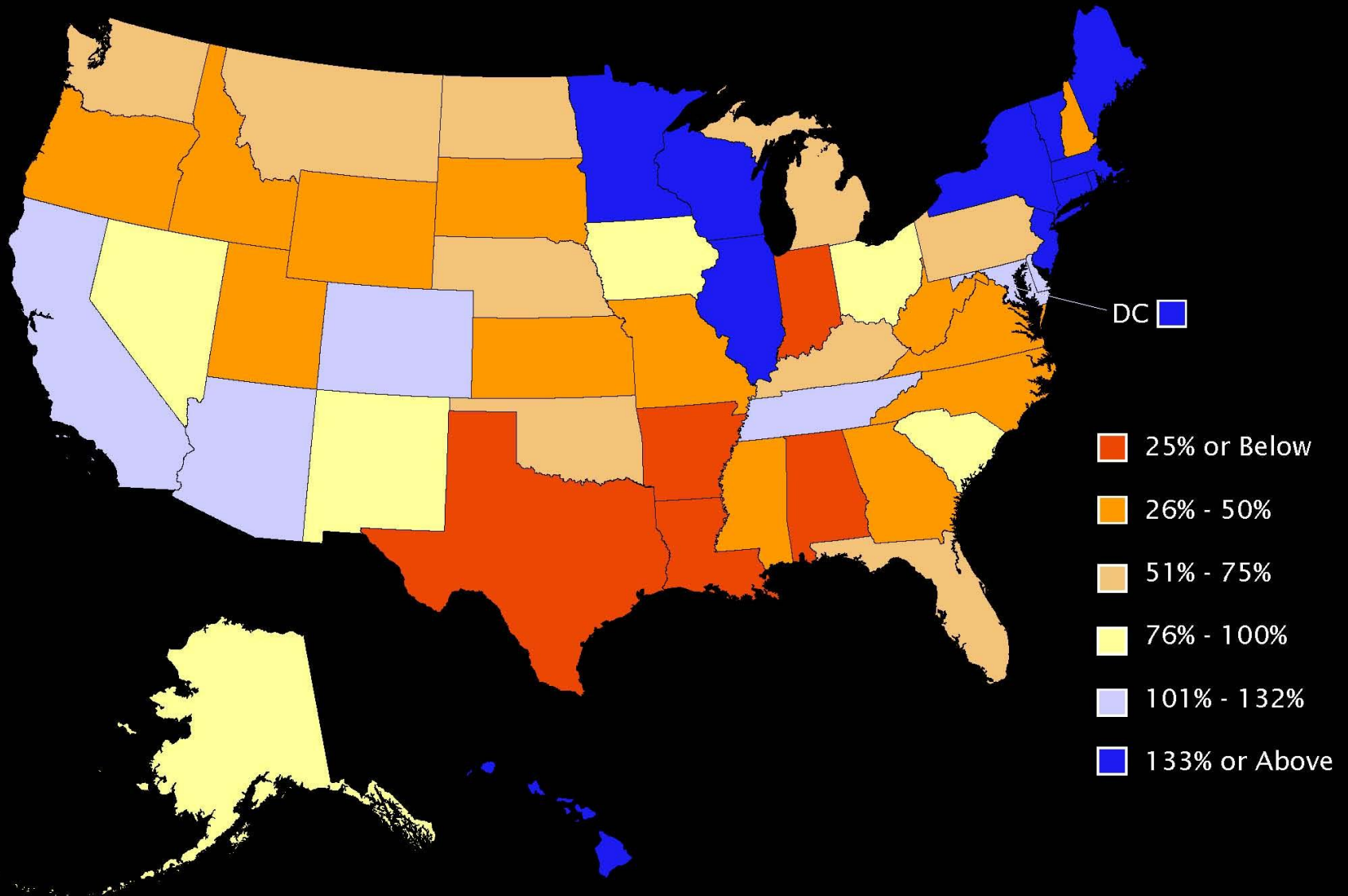
Status of State Medicaid Expansion for 2014

as of September 12, 2013



Medicaid Eligibility Limits for Working Parents

as a percent of the Federal Poverty Level (FPL), January 2013*



Source: Kaiser Family Foundation. Note: A state's eligibility limit for non-working parents may be lower than the eligibility limit for working parents.

*FY2013 HHS Poverty Guidelines (family size of 1): 25% \$2,873

50% \$5,745

75% \$8,618

100% \$11,490

133% \$15,282

Marketplaces: Three Options for States

State-based exchange

- State responsible for all exchange functions
- State can use federal government for certain functions, such as premium tax credit determinations and reinsurance program

State partnership exchange

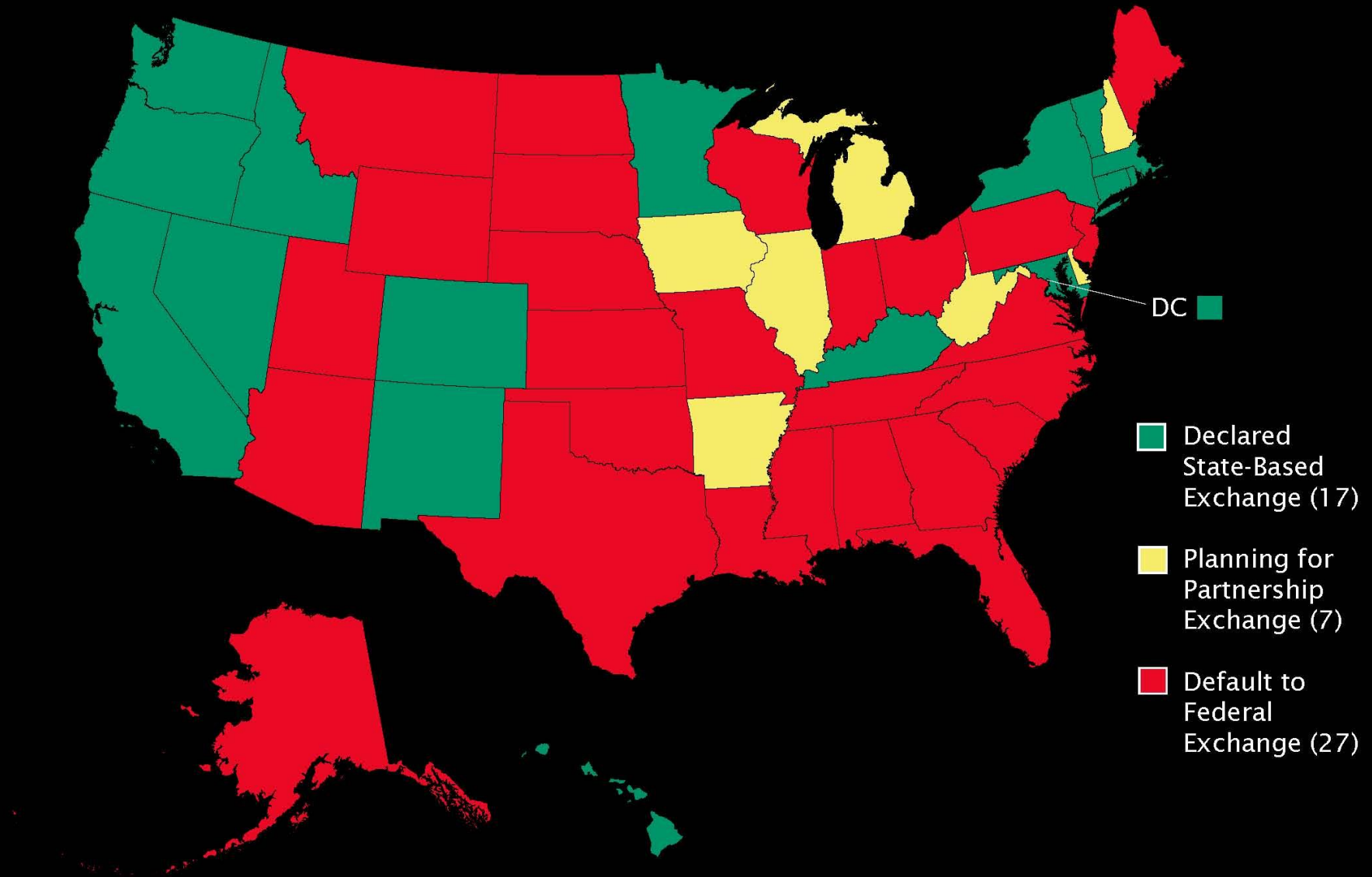
- State can be responsible for certain functions
- Model moves to state-based exchange over time

Federally facilitated exchange

- Core functions managed by federal government
- Interact with state agencies as necessary
- Model may or may not be able to move to state-based exchange

State Action on Health Insurance Exchanges

as of September 12, 2013



Qualified Health Plan Coverage



Essential Health Benefits

- 10 items and services
- Individual & small group markets

Preventive Health Benefits

- USPSTF
- Women's Preventive Health

Cost-sharing limitations

Medicaid Benefits: Who Gets What?

- New adult population gets ABPs
 - “Benchmark” plans = alternative benefit plans (ABPs)
 - ABPs must cover EHB
- “Traditional” Medicaid population
 - Not required to get EHB, unless in ABP

