

# Fact Sheet: The Essentials

## Opportunities for Title V Programs and the Essential Health Benefits

### The AMCHP Role

**AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children.** We work with partners at the national, state and local levels to promote women's health; provide and promote family-centered, community-based, coordinated care for women and children; and facilitate the development of community-based systems of services for women, children and their families.

**The AMCHP National Center for Health Reform Implementation** provides state MCH leaders and their partners with the information, tools and resources to optimize the opportunities presented by the Patient Protection and Affordable Care Act (ACA) for improving services, systems and health outcomes for MCH populations.

### Background

On February 20, 2015, the Centers for Medicare and Medicaid Services (CMS) issued a final notice for benefit and payment parameters. The rule seeks to ensure coverage options in the Health Insurance Marketplace are affordable, accessible, and of high-quality. In addition, the rule further strengthens transparency and accountability. The parameters in this rule are applicable in plan year 2016, which begins on January 1.<sup>i,ii</sup> Within the final rule, there are several changes to essential health benefits (EHBs) that may have implications for maternal and child populations (MCH) including children and youth with special health care needs (CYSHCN).

Title V programs have an opportunity to engage in the transformation of the healthcare delivery system because of the Affordable Care Act (ACA) and state-level health reforms. The ACA allows states to define and shape the implementation of the law in many ways, including the selection of a benchmark health plan to serve as a reference plan to define EHBs in the state. On the national level, AMCHP provided [comments](#) to the U.S. Department of Health and Human Services Notice of Benefit and Payment Parameters for 2016 as well as in years past in regards to the implementation of the EHBs. States are selecting a benchmark plan for plan year 2017 in the spring of 2015. States that do not select a benchmark plan will use the default benchmark plan, which is the largest small group plan in the state. This fact sheet informs Title V programs about the state EHB benchmark plan selection process, with particular emphasis on issues that are highly relevant to MCH populations.

### Key Points for MCH Professionals

- **Definition of habilitative services.** The final rule adopts a uniform definition of habilitative services for plans that are required to include EHBs.<sup>iii</sup> This definition is effective Jan. 1, 2016. While states can continue to define habilitative services in a non-discriminatory manner, the definition must be comparable

to the uniform definition adopted in the final rule. However, HHS decided to delay until 2017 the requirement that qualified health plans (QHPs) impose separate visit limits for habilitation and rehabilitation services and that visit limits for habilitation cannot be less favorable than those for rehabilitation. Additionally, issuers can no longer provide their own definition for habilitative services.

- **Pediatric services:** the final rule requires issuers to provide pediatric coverage to enrollees until at least the end of the month in which the enrollee turns 19. The rule encourages *"issuers to cover services under the pediatric services EHB category beyond the 19th birthday month if non-coverage of those services after that time would negatively affect care."* ([Federal Register](#), 2015)

## Title V Opportunities to Engage in the EHB Benchmark Process

As the foundation for ensuring the health of the nation's women, children and youth, including CYSHCN, and their families, it is important for Title V programs to understand the benefits and scope of services available to MCH populations as well as potential gaps and challenges.

A handful of states have begun engaging with the public to solicit comments on the benchmark plan selection. This process allows observers to listen and provide comments on the process.

## Suggested questions to gather information about the process in your state:

- Is your state selecting a benchmark plan or going with the default plan?
- Is there a public forum or hearing on the benchmarking process? (This information may be found through your state's [Department of Insurance](#).)

- Are "evidence of coverage" documents available from your state? (These documents lay out specifics of coverage of the 10 EHB categories including limits.)
- Is your state accepting written comments on the benchmark plan selection?
- There might be an opportunity to contribute to the discussion on important MCH issues (see above).

## What to look for in the evidence of coverage documents or listen for in a public forum:

- Is there discussion on raising the age of coverage for pediatric services?
- Are there changes being made to the uniform habilitative services definition?
- Is there discussion on maternity and newborn care?
- Is there discussion on pediatric oral and vision screening?

## Resources:

CMS fact sheet on final notice:

<http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/2016-PN-Fact-Sheet-final.pdf>

Federal register of final notice:

<https://www.federalregister.gov/articles/2015/02/27/2015-03751/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2016#h-105>

Letter to Issuers about final notice:

[http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016\\_Letter\\_to\\_Issuers\\_2\\_20\\_2015.pdf](http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016_Letter_to_Issuers_2_20_2015.pdf)

National health law program EHB fact sheet:

<http://www.healthlaw.org/issues/health-care-reform/essential-health-benefits-update-and-advocacy-opportunities#.VQh-q47F-3Yne>

CCIO, EHB benchmark selection:

<http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>

## **Acknowledgment:**

This issue brief was made possible with funding support provided by the W.K. Kellogg Foundation. Its contents are the sole responsibility of the authors and do not necessarily represent the official view of the W.K. Kellogg Foundation.

## **AMCHP staff contact:**

This fact sheet is part of a series of AMCHP tools, documents and resources on implementation of the ACA and its impact on maternal and child health populations. For more information, please visit the AMCHP website at: [amchp.org](http://amchp.org) and/or contact the AMCHP staff listed below. All AMCHP staff can be reached by phone at: (202) 775-0436.

### **Author:**

**Carolyn McCoy**, senior policy manager

[cmccoy@amchp.org](mailto:cmccoy@amchp.org)

---

<sup>i</sup> The Centers for Medicare and Medicaid Services Press Release, available at:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-02-20-4.html>

<sup>ii</sup> The next Open enrollment period for the Health Insurance Marketplace begins on Nov. 1, 2015 and continues for three months, ending Jan. 31, 2016.

<sup>iii</sup> Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.