



Essential Health Benefits

Grantmakers in Health
Children's Access Funders Network
Webinar
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Essential Health Benefits: The Basics

- Minimum benefits for certain health plans
- Non-group and small group market plans, **in and out of** exchanges
 - Also some Medicaid enrollees
 - If applicable, Basic Health Plan



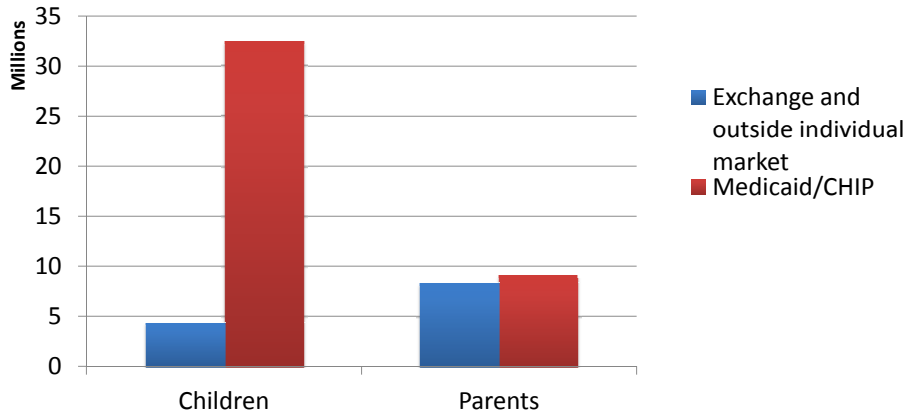
Which Plans Must Provide EHBs?

Exchange Private Plans	Small Group		Yes
	Non-Group		Yes
Non-Exchange Private Plans	New Plans	Self-insured	No
		Large Group	No
		Small Group	Yes
		Non-Group	Yes
	Grandfathered Plans	Self-insured	No
		Large Group	No
		Small Group	No
		Non-Group	No
Public Plans	Medicaid	Non-benchmark coverage	No
		Benchmark or benchmark-equivalent coverage	Yes
	Basic Health		Yes



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Expected Enrollment, United States



Source: Genevieve M. Kenney, et al., Improving Coverage For Children Under Health Reform Will Require Maintaining Current Eligibility Standards For Medicaid And CHIP, Health Affairs, December 2011.



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EHB Selection Process



- Under ACA, the Secretary of HHS “shall define” EHBs that cover certain categories of services
- Secretary decided that each state will select its EHBs by:
 - Choosing a benchmark plan from existing employer-sponsored plans
 - Supplementing it as necessary to cover the required categories

The 10 ACA Categories An Act

Entitled The Patient Protection and Affordable Care Act.

(b) ESSENTIAL HEALTH BENEFITS.—

(1) IN GENERAL.—Subject to paragraph (2), the Secretary shall define the essential health benefits, except that such benefits shall include at least the following general categories and the items and services covered within the categories:

- (A) Ambulatory patient services.
- (B) Emergency services.
- (C) Hospitalization.
- (D) Maternity and newborn care.
- (E) Mental health and substance use disorder services, including behavioral health treatment.
- (F) Prescription drugs.
- (G) Rehabilitative and habilitative services and devices.
- (H) Laboratory services.
- (I) Preventive and wellness services and chronic disease management.
- (J) Pediatric services, including oral and vision care.

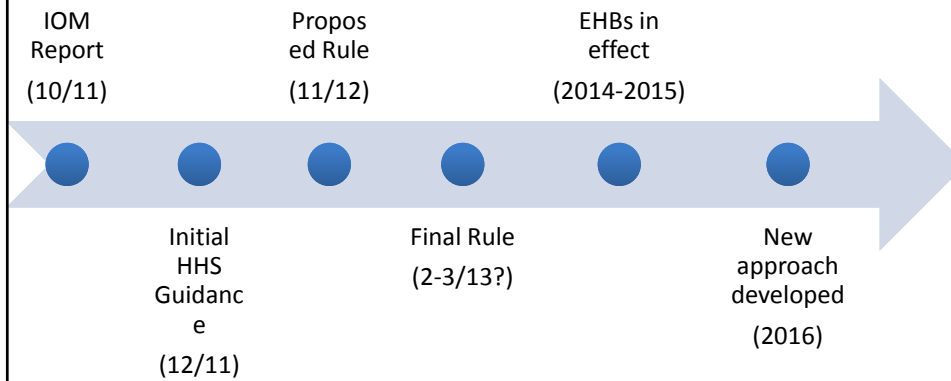
Benefits of Concern

- Explicitly mentioned in 10 categories:
 - Pediatric dental and vision
 - Habilitation
 - Maternity care for dependents
- Not mentioned explicitly:
 - Hearing care, including screenings, treatment, and hardware
 - Weight control services



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EHB Timeline



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Proposed Rule



- Sticks with state selection of benchmarks
- States may define habilitation services if they choose
- Somewhat more robust drug coverage than initially proposed

Concerns with Proposed Rule

- Continues to consider only vision and dental as pediatric services
- If state does not define habilitation, insurers can offer benefit of their choice



Concerns with Proposed Rule



- Insurers may substitute benefits within categories and the categories are not further defined
- Enforcement of non-discrimination provisions

Next Steps on EHB

- Final rule to come
- HHS will review the benchmark approach and may adopt a new method for setting EHBs for 2016



States Can Continue to Strengthen EHBs

- Adopt definition of habilitative services
- Adopt definition of medical necessity
- Prepare to gather data
 - Unmet care needs
 - Costs for uncovered services



EHB Resources

- State Refor(u)m table on state benchmarks
<http://www.statereforum.org/analyses/state-progress-on-essential-health-benefits>
- Georgetown University Center for Children and Families EHB page
<http://ccf.georgetown.edu/aca/essential-health-benefits/>
- CCIIO guidance
<http://cciio.cms.gov/resources/regulations/index.html#hie>

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