

5 Ways Health Reform Helps Medicaid Beneficiaries

1. **ALREADY IN PLACE: Protection for Medicaid enrollees**

The ACA included a “Maintenance of Effort” provision prohibiting states from cutting eligibility for adults until 2014 and children until 2019. If states do not comply, they can be sanctioned and lose all federal Medicaid funding. This provision has protected the Medicaid coverage of millions of individuals who would otherwise have lost Medicaid as states sought to reduce spending due to the poor economy.

2. **ALREADY IN PLACE: More preventive care**

The ACA includes numerous provisions which expand access to preventive services. For example, the ACA has already distributed “Medicaid Incentives for Prevention of Chronic Disease” grants for states to engage in diabetes prevention, cholesterol and blood pressure screening, and tobacco cessation. Starting in 2013, Medicaid preventive benefits will include a broader array of services and states will receive increased federal funding if they provide these services without cost-sharing. Another provision requires that, starting in 2014, many Medicaid enrollees will receive some services that may be new to Medicaid, such as habilitative services, and will have access to a wide range of women’s health services.

3. **COMING SOON: Medicaid expansions**

Starting in 2014, the ACA creates a new Medicaid eligibility category covering nearly all uninsured individuals living under 138% of the federal poverty level. Sixteen million people will be newly eligible for Medicaid. The ACA also creates other options for states including expanding family planning services, providing new home and community based services and programs, and offering other services for higher income individuals not otherwise eligible for Medicaid.

4. **COMING SOON: Better access to primary care providers**

The ACA will substantially increase the Medicaid payment rates in 2013 for certain primary care providers (internal medicine, family medicine and pediatrics). These providers will get the higher Medicare payment rate for primary care services. This provision will help improve access to primary care providers for enrollees and support the safety-net providers who take care of underserved populations.

5. **COMING SOON: Improved enrollment processes**

The ACA heavily invests in simplifying the process of enrolling in health care. Starting in 2014, states must have one streamlined application process for all health care programs, including Medicaid and private exchange insurance plans including available subsidies. The ACA also provides start-up funding for state consumer assistance programs and health care navigators to ensure that every individual receives help understanding her options and getting enrolled.

Health reform has done so much already – let’s finish the job!

Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP has filed a brief with the U.S. Supreme Court in defense of the ACA's Medicaid expansion. Brief available at: http://www.healthlaw.org/images/stories/2012_NHeLP_ACA_Brief.pdf
- ✓ NHeLP has written regulatory comments to help protect the rights of consumers in the new Medicaid expansion and enrollment processes. Comments available at: http://www.healthlaw.org/images/stories/Medicaid_Aug_2011_NPRM_Comments_FINAL.pdf
- ✓ NHeLP has advocated, led national sign-on letters, and written comments to help improve the Essential Health Benefits standard. Comments available at: http://www.healthlaw.org/images/stories/NHELP_EHB_Comments_1.31.12_FINAL.pdf
- ✓ NHeLP has worked in numerous states to develop expansions in Medicaid and other related programs, such as the Basic Health Plan option. Basic Health Plan issue brief available at: http://www.healthlaw.org/images/stories/Short_Paper_2_The_ACA_and_the_Basic_Health_Option.pdf