



# **MATERNAL CHILD HEALTH**

## Healthcare Coverage Handbook



**WOMEN'S HEALTH INITIATIVE**  
Covering Kids & Families of Indiana

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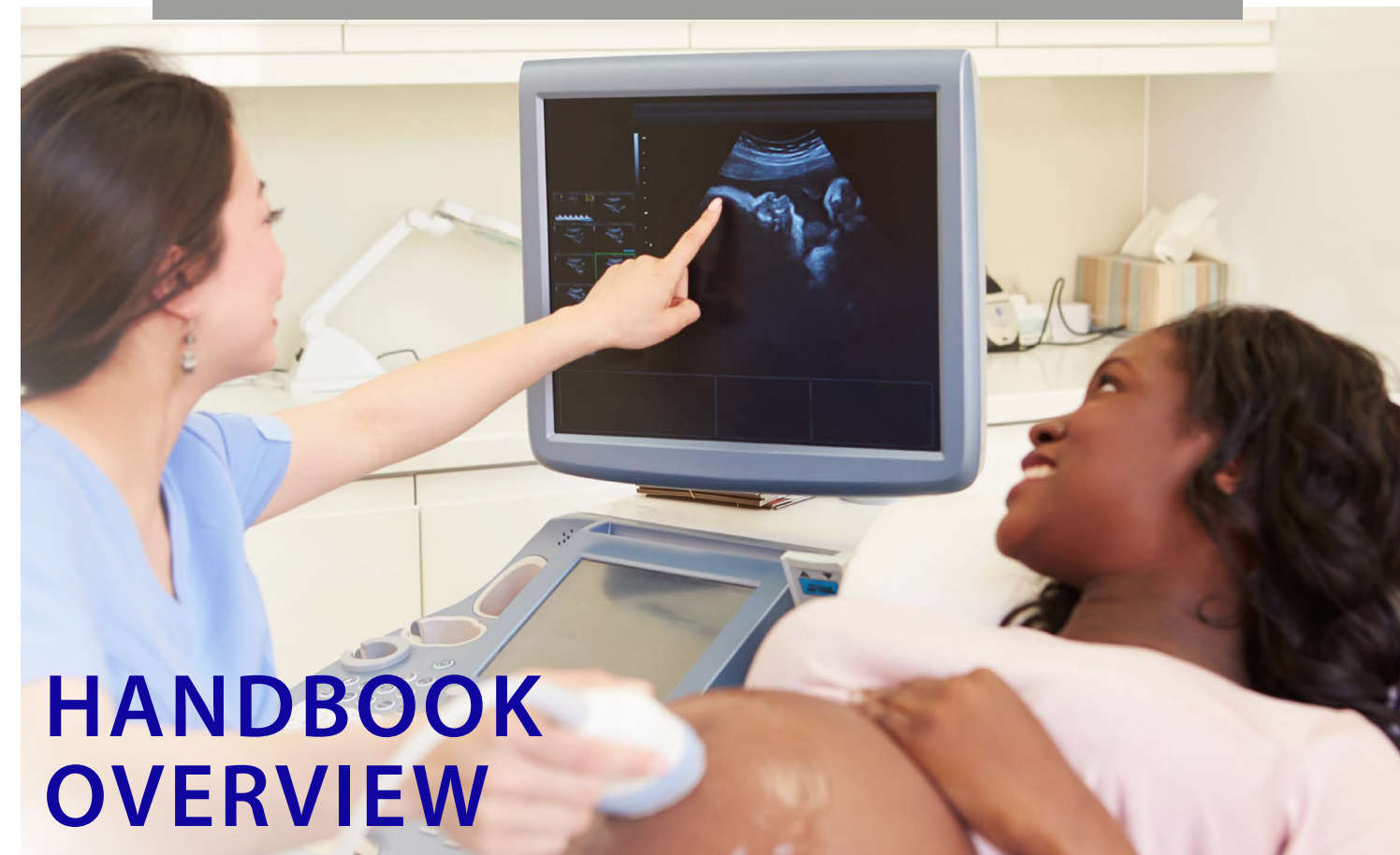
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This Maternal Child Health (MCH) Healthcare Coverage Handbook includes information that providers and allied professionals can use to effectively maximize the services and resources available to address the healthcare needs of pregnant and postpartum women. This is intended as a reference to assist patients, consumers, stakeholders and providers in navigating coverage and care.

Several goals were considered in developing this resource and are summarized here. Use of this Handbook will lead to: 1) improved awareness, knowledge and understanding of expanded Medicaid benefits for pregnant/postpartum women; 2) increased rates of Medicaid/insurance enrollment among pregnant/postpartum women; 3) enhanced utilization and delivery of health care services for pregnant/postpartum women; and 4) ultimately, decreased rates of morbidity and mortality among pregnant/postpartum women.



This Handbook was printed in March 2026. Any updated versions are available online using the QR code above.



## HANDBOOK OVERVIEW



## Intended Audience

This Handbook is intended for people in the wide range of roles that interact with pregnant and postpartum women, including clinical providers, Maternal Health Advocates (MHA), social workers, case managers, community health workers, administrative staff and countless others. This information will also be helpful to those providing specialty services and receiving referrals that expand and extend maternal child health care.

## Covering Kids & Families of Indiana's Role and Intent

Covering Kids & Families of Indiana (CKF-IN) is an organization that helps Hoosiers apply for and understand healthcare coverage programs, working to ensure accessible care for all Hoosiers and to support children's development. This Handbook advances CKF-IN's efforts to assist Hoosiers in navigating insurance options and systems, simplify the process of getting and staying covered, support partners and consumers, and improve overall health and wellbeing.

The CKF-IN team is committed to maintaining this resource with accurate, concise and up to date information and making it available and accessible to a broad range of users. Working through various state and local partners, CKF-IN will promote and distribute the Handbook throughout Indiana, to ensure it can be easily accessed by professionals, stakeholders and members of the general public who are looking for information, referral sources and support.

Materials will also be developed to support related education and training for professionals serving women and their families, especially during pregnancy and one year postpartum.

# Partners

Covering Kids & Families of Indiana has strong, long-standing partnerships with the Indiana Department of Health (IDOH), the Family and Social Services Administration (FSSA), Indiana's health insurance providers and managed care entities (MCEs), as well as the organizations and associations representing various clinical care providers. This Handbook compiles information, resources and materials that have been developed to advance collective efforts by all of these entities to improve public health and the wellbeing of pregnant and postpartum Hoosiers.

The Indiana Department of Health (IDOH) is the state agency responsible for protecting and improving the health of Hoosiers. IDOH provides core public health services by managing vital records (births, deaths), overseeing environmental health, and supporting local health departments. IDOH also leads initiatives in areas like disease prevention, nutrition, and minority health, all while collaborating with local entities to address community health needs through programs like "Health First Indiana" and grant funding.

The Indiana Family and Social Services Administration (FSSA) is the state agency that manages healthcare and social services for Hoosiers by providing support for economic independence through programs like Medicaid, SNAP (food assistance), mental health, disability services, aging support, and childcare. Established in 1991, FSSA oversees major health plans such as the Healthy Indiana Plan (HIP) and Indiana Medicaid, serves over 1.5 million residents, and connects people to resources via Indiana 211.

More information about Indiana's health insurers and MCEs is provided below.

# How to Use the Handbook

This Handbook is available as an electronic, web-based resource with live links and as a printed, hard copy. As noted above, the CKF-IN team is committed to maintaining this resource with accurate, concise and up to date information and making it available and accessible to a broad range of users. User feedback, including suggested content, needed updates and corrections, is welcome and encouraged. Please contact us at [info@ckfindiana.org](mailto:info@ckfindiana.org) with any feedback.

The Handbook will be promoted and distributed through partners at IDOH, FSSA, health insurance companies (MCEs), and various clinical partners, provider groups and health systems. Hopefully those using this Handbook will find value in sharing it through their own networks as well!

Lastly, supporting educational and training materials will be developed and shared.

# HEALTHCARE COVERAGE OVERVIEW

Health insurance, or healthcare coverage, can provide important financial protection in the event of accident or sickness. It is offered through a legal contract between a health insurance company and the consumer/enrollee, to provide payment or reimbursement for health care services in exchange for a monthly premium over a set period of time. Policies typically cover things such as doctors' services, medications, hospital care and special equipment, as well as many preventive services such as immunizations and cancer screening.

Healthcare/insurance coverage is often grouped into two general categories: private and public. Private health plans may be a benefit that an employer, union, or other group sponsor provides, or it may be purchased directly from an insurance company or a federal or state Marketplace (discussed further below). Public healthcare coverage is through government programs such as Medicare, Medicaid, or the Veterans Health Administration.

## Affordable Care Act Overview

The Patient Protection and Affordable Care Act, also referred to as the Affordable Care Act, ACA and Obamacare, was signed into law in March 2010. It was a health care reform law and represented an overhaul of the U.S. health care system, affecting insurers, providers, state governments, employers, taxpayers, and consumers.

When it was passed, the Affordable Care Act was intended to make affordable health insurance available to more people, expand the Medicaid program to cover more adults, and support innovative medical care delivery methods designed to lower the costs of health care generally. It addressed exclusions based on preexisting conditions, eliminated the maximum lifetime benefit and provided for additional rights and protections, as outlined below. One significant change was the introduction of regulated health insurance exchange markets, or Marketplaces.

The Affordable Care Act mandates certain protections that come with coverage, which are outlined in Appendix A. A comprehensive glossary of terms associated with health insurance and the Affordable Care Act is available online at [www.healthinsurance.org/glossary/](http://www.healthinsurance.org/glossary/).

Despite the many health insurance options available, thousands of people in Indiana and millions across the country do not have health insurance coverage, thereby limiting their access to available, affordable, and consistent healthcare services. There are organizations and providers that serve the uninsured including safety net hospitals, community health clinics and faith-based entities.

Women of reproductive age have unique health care needs that have long left them vulnerable to health industry profit motives and discrimination, and political and judicial decisions that create barriers to their ability to access timely health care. The ACA addressed some of those barriers, as outlined in the Commonwealth Fund's 2024 State Scorecard on Women's Health and Reproductive Care. For example:

- The ACA banned insurers in the individual market from charging young women higher premiums than young men and required them to cover maternity care, which they had rarely done prior to the law.
- The law required all private and public insurers, as well as employers, to cover contraception, with workarounds for religious objections subsequently added.
- The ACA expanded Medicaid eligibility and provided subsidies for marketplace coverage, reforms that halved the uninsured rate among women ages 19 to 64, from 18.5 percent to 9.7 percent, helping 8.4 million women gain coverage by 2022.
- The Inflation Reduction Act of 2022 gave states the option of extending postpartum coverage to a full year. Prior to the ACA, pregnant women with incomes under 133 percent of poverty were made eligible for Medicaid up to 60 days postpartum. With more than half of pregnancy-related deaths occurring up to a year postpartum, nearly all state Medicaid programs have adopted this extension of coverage.
- The federal government and several states have implemented policies to reduce maternal mortality, including supporting state perinatal quality collaboratives and maternal mortality review committees. Quality collaboratives are state or multistate networks of pediatricians, obstetricians, and midwives that identify weaknesses in perinatal care in their states and create new approaches. Forty-nine states and the District of Columbia, New York City, and Philadelphia have formal maternal mortality review committees or legal requirements to review pregnancy-related deaths.
- In many states, efforts are underway to improve access to mental health care, substance use treatment, and preventive actions to control the upswing in syphilis cases.
- But for women in many parts of the U.S., state variation in the implementation of federal law, along with recent court decisions, have erected obstacles to health care. Ongoing judicial action at the federal level, along with the potential for a policy reversal under the next administration, raise further concerns over the future of women's health. For example:
  - » for pregnant and postpartum persons
  - » for those after one year postpartum

In 2025, the Centers for Medicare and Medicaid Services (CMS) implemented new baseline health and safety requirements related to obstetrical services, which were intended to increase access to care and ensure it is consistently provided and delivered in line with nationally recognized standards for both physical and behavioral health needs of pregnant, birthing and postpartum patients.



## Navigation and Enrollment

Healthcare providers in Indiana have varying levels of information, interaction and expertise with healthcare coverage programs and policies. The relationship between a provider and an insurer is dictated by contractual and regulatory agreements that are often extensive and laden with acronyms and terms of art. Most providers have staff members focused on the interaction with and documentation for insurers and even then, the relationship is complex and complicated.

The relationship between an insurer and the patient is also governed by contractual and regulatory agreements and is often complex and complicated. In this state, there are Indiana Department of Insurance (IDO) Certified Navigators available to guide Hoosiers through every step of the coverage process, helping them understand their options, enroll successfully, and maintain coverage. IDOI Navigators are employed by health systems, clinics and nonprofit organizations. Based on the size and structure of the organization, the navigation services may be housed in areas called Financial Counseling, Registration and Billing, or Nonclinical services. This document serves as an overview of the programs for birthing families in Indiana and does not replace the instructions and protocols of the provider organization.

# HEALTH INSURANCE

## Healthcare Insurance Literacy

*Health insurance literacy is defined as a person's ability to seek, obtain, and understand health insurance plans, and once enrolled use their insurance to seek appropriate health care services.*

## Healthcare System Challenges

There are many challenges inherent in the U.S. health care system. Some of the challenges facing Hoosiers, and particularly pregnant women, include provider shortages and maternity care deserts, rural hospital closures, and current and pending changes to Medicaid coverage. In Indiana, access to care during pregnancy and around the time of birth is not consistently available across the state. The level of maternity care access within each county is classified by

- The availability of birthing facilities,
- The number of maternity care providers, and
- The percent of uninsured women of childbearing age.

Maternity care deserts lack a hospital or birthing center providing obstetric care and have no obstetric providers. Limited access to providers means that people will struggle to access obstetric care and face barriers to getting the full continuum of prenatal and postnatal care. States where a large share of residents live in rural areas tend to have the fewest obstetric providers. In 2023, 36 percent of U.S. counties were maternity care deserts.

As discussed previously, health insurance can be obtained through various private and public sources and comes with a range of benefits and costs. This section of the Handbook discusses some of those sources available in Indiana and provides additional reference and resource information. Please refer to the section above on navigation and enrollment to support and assist individual consumers.



## Health Insurance

A 'Health Insurance Basics' document is available online through [CMS](#) that explains key health insurance concepts that may be helpful in understanding health coverage terms and medical billing.

To find an explanation of terms associated with shopping for health insurance or navigating a health plan and for a comparative guide on plans, visit [Forbes Health Insurance Guides](#), available online [here](#).

Private insurance is typically provided as a benefit by an employer, union, or other group sponsor. It may also be purchased directly from an insurance company through the federal Health Insurance Marketplace (or exchange). Some states also offer Marketplace plans, but Indiana does not.

Information about the U.S. Health Insurance Marketplace can be found online at [healthcare.gov](#). The site contains countless resources, including information about enrollment, costs, tax-related topics, subsidies and more.

Public healthcare coverage is provided through government programs such as Medicare, Medicaid and the Veterans Health Administration.



## Medicaid

Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities with funding provided both by states and the federal government. Medicaid is administered by states according to federal requirements, which means there are differences in coverage and services across states.

In Indiana, Medicaid is administered through the Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP). OMPP's suite of programs, called the Indiana Health Coverage Programs, includes traditional Medicaid, risk-based managed care and a variety of waiver services tailored to the needs of specific populations. You can learn more about some of the relevant programs by clicking on the links below:

- [Traditional Medicaid](#)
- [Healthy Indiana Plan](#)
- [Hoosier Care Connect](#)
- [Hoosier Healthwise](#)
- [Pharmacy Benefits](#)
- [Indiana Medicaid Covered Services](#)
- [Health Plan Comparisons](#)

### Medicaid During Pregnancy

In Indiana, Medicaid-covered care and services are available to women throughout their pregnancy journey, including the prenatal, childbirth and delivery, and postpartum periods. Postpartum care extends for one-year after delivery. Presumptive Eligibility for Pregnant Women (PEPW) allows pregnant women who appear eligible for Medicaid or the Healthy Indiana Plan to get prenatal care without waiting for their application to be fully processed and approved. This allows for earlier doctor visits and outpatient prenatal care which can help keep mother and baby healthier.

[Learn more about presumptive eligibility here.](#)

### Managed Care Entities

Managed care entities (MCEs) or organizations (MCOs) are healthcare companies that are contracted to manage healthcare costs, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and MCEs/MCOs that accept a set per member per month (capitation) payment for these services. By contracting with

# MEDICAID MANAGED CARE SERVICES DURING PREGNANCY

various types of MCE/MCOs to administer health care services for the beneficiaries, states can reduce Medicaid program costs and better manage utilization. Improvement in health plan performance, health care quality, and outcomes are key objectives of Medicaid managed care.

Indiana Medicaid provides coverage to pregnant women through two managed care programs, [Hoosier Healthwise](#) and the [Healthy Indiana Plan](#).

In 2026, there are three MCEs managing Hoosier Healthwise and the Healthy Indiana Plan:

- Anthem/Elevance
- CareSource
- Managed Health Services (MHS), a Centene company

## Medicare

Medicare is the federal health insurance program for people age 65 or older, though people younger than age 65 with certain disabilities and conditions who receive Social Security disability benefits may also be eligible. It is possible that a pregnant woman may have insurance coverage through Medicare.

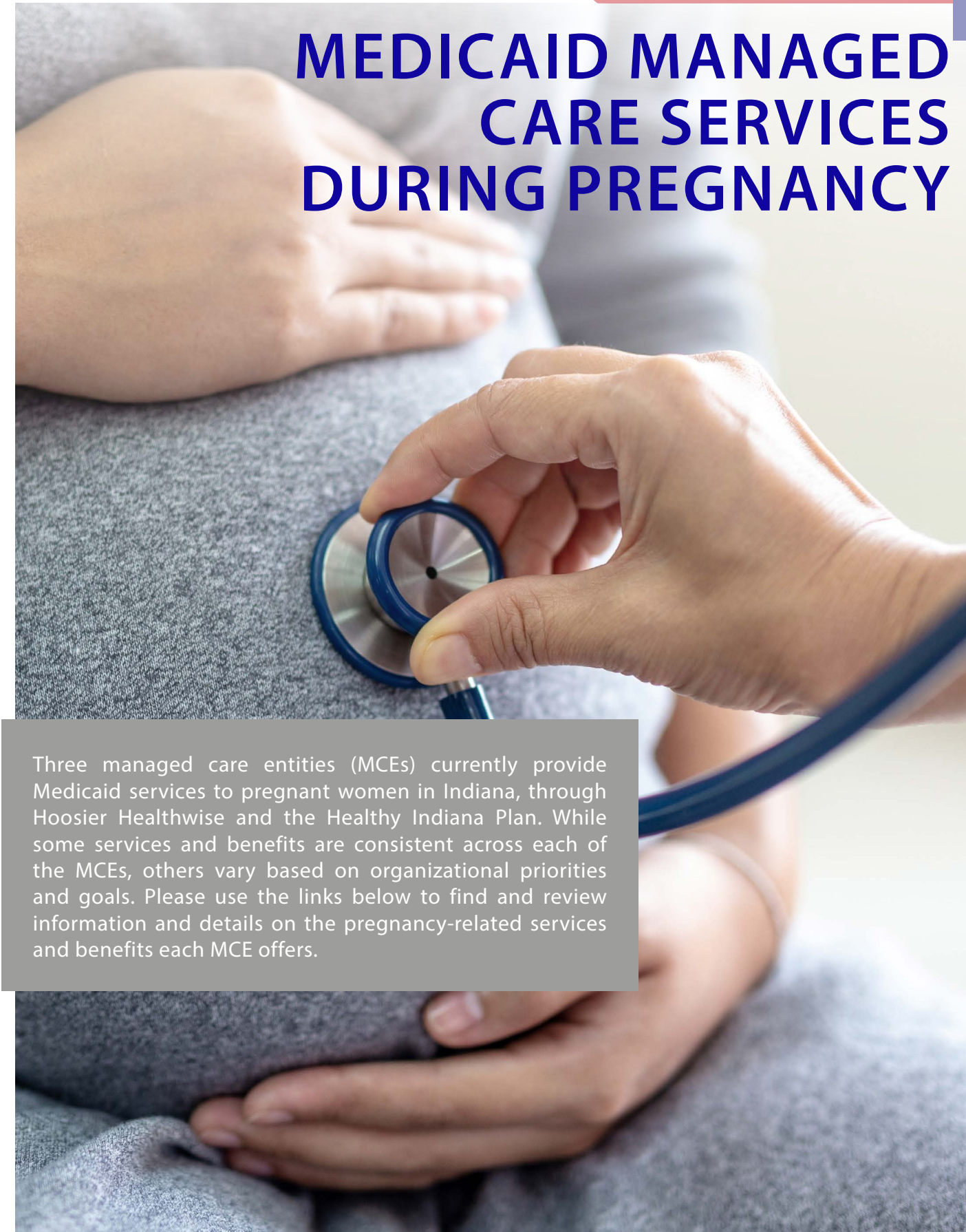
Medicare provides 12 months of maternity coverage, from diagnosis and prenatal checkups through delivery and postnatal care. Doctor's visits and hospital and outpatient services are also covered consistent with plan guidelines. Medicare does not provide coverage for newborn infants; it only covers services for the birthing parent, so separate coverage is needed for the baby.

[Learn more about Medicare and pregnancy online here.](#)

## Military and Veterans Coverage

Active and former members of the military can receive maternity coverage and care coordination through TRICARE and the U.S. Department of Veterans Affairs. Each covers a wide range of maternity care and coordination services throughout pregnancy, delivery, and postpartum. Learn more at:

<https://tricare.mil/CoveredServices/IsItCovered/MaternityCare>  
<https://www.womenshealth.va.gov/topics/maternity-care.asp>



Three managed care entities (MCEs) currently provide Medicaid services to pregnant women in Indiana, through Hoosier Healthwise and the Healthy Indiana Plan. While some services and benefits are consistent across each of the MCEs, others vary based on organizational priorities and goals. Please use the links below to find and review information and details on the pregnancy-related services and benefits each MCE offers.

## Anthem/Elevance

- Healthy Indiana Plan  
<https://www.anthem.com/in/medicaid/healthy-indiana-plan>  
<https://www.anthem.com/in/medicaid/pregnancy-and-womens-health>
- Hoosier Healthwise  
<https://www.anthem.com/in/medicaid/hoosier-healthwise>  
[https://www.anthem.com/content/dam/digital/docs/anthem/medicaid/in/inin\\_caid\\_hhw\\_quickstartguide\\_eng.pdf](https://www.anthem.com/content/dam/digital/docs/anthem/medicaid/in/inin_caid_hhw_quickstartguide_eng.pdf)

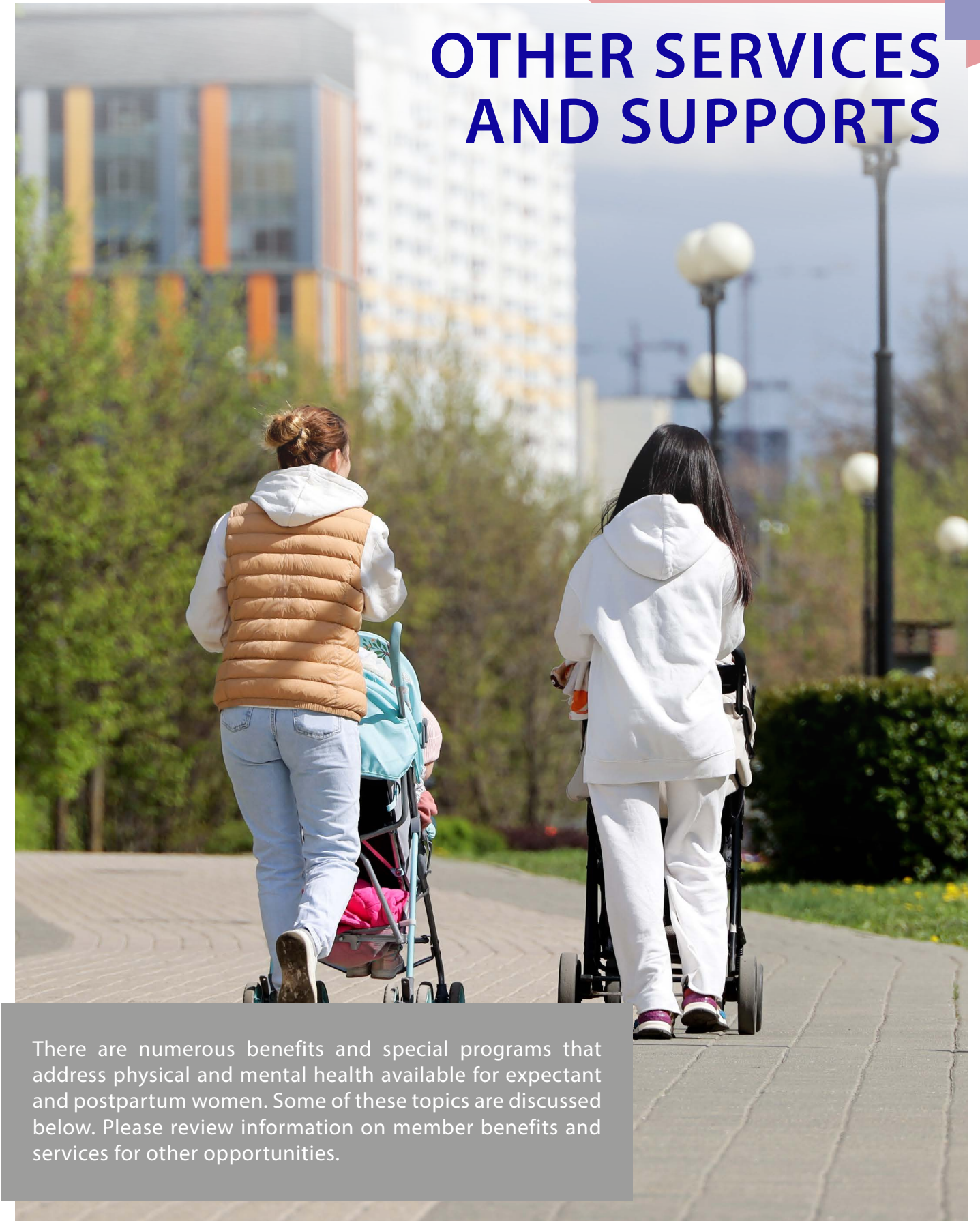
## CareSource

- Healthy Indiana Plan  
<https://www.caresource.com/in/plans/medicaid/benefits-services/hip-benefits/>
- Hoosier Healthwise  
<https://www.caresource.com/in/plans/medicaid/benefits-services/hhw-benefits/>

## Managed Health Services (MHS), a Centene company

- Hoosier Healthwise  
<https://www.mhsindiana.com/members/medicaid/benefits-services/pregnancy.html>
- Healthy Indiana Plan  
<https://www.mhsindiana.com/members/hip/health-services/pregnancy/pregnancy.html>
- Smart Start for Your Baby  
<https://www.mhsindiana.com/members/medicaid/benefits-services/pregnancy/start-smart-for-your-baby.html>  
<https://www.startsmartforyourbaby.com/>

# OTHER SERVICES AND SUPPORTS



There are numerous benefits and special programs that address physical and mental health available for expectant and postpartum women. Some of these topics are discussed below. Please review information on member benefits and services for other opportunities.

## Expanded Health Services

Coverage may include additional services for vision, dental, and chiropractic care, as well as case management, telemedicine options, and doulas or similar birth advocates. Care may be incentivized through rewards programs for doctor visits and prevention activities, too. Community and member ‘baby showers’ can help families celebrate and stock up on newborn essentials and supplies.

Another important program of note is the [Indiana Breast and Cervical Cancer Program \(BCCP\)](#), which provides access to breast and cervical cancer screenings, diagnostic testing, and treatment for underserved and underinsured women who qualify for services.

## Mental Health and Substance Use Disorder

Mental health services specifically for pregnant and postnatal people are important to address postpartum depression and other perinatal mental health conditions. The Office on Women’s Health (OWH) in the U.S. Department of Health and Human Services (HHS) has developed resources that provide helpful information for women and their support networks who are seeking resources for postpartum depression or other perinatal mental health conditions.

- <https://womenshealth.gov/a-z-topics/depression-during-and-after-pregnancy>
- [https://womenshealth.gov/sites/default/files/documents/2025/talkingppd/1\\_Postpartum-Depression-Fact-Sheet-for-Women-and-Their-Support-Network\\_ADA-FINAL.pdf](https://womenshealth.gov/sites/default/files/documents/2025/talkingppd/1_Postpartum-Depression-Fact-Sheet-for-Women-and-Their-Support-Network_ADA-FINAL.pdf)

The [Indiana Pregnancy Promise Program](#) is a free, voluntary program for pregnant and postpartum Medicaid members who are or have been impacted by substance use disorders. The program connects individuals to prenatal and postpartum care, other physical and mental health care, treatment for substance use disorders, and addresses unmet health-related social needs of the family.

Tobacco cessation programs are an important resource during pregnancy. Quit Now Indiana’s [Expanded Pregnancy Program](#) (EPP) is free for those who are planning to become pregnant, currently pregnant, or postpartum and has helped hundreds of women quit successfully. Designed specifically for women, the EPP provides professional support to quit smoking, vaping, and using smokeless tobacco, helping to increase chances of quitting successfully.

## Nutrition and Physical Activity

Healthcare coverage may include benefits that support healthy eating and physical activity through items such as food and/or produce boxes, healthy meal delivery, fitness resources and memberships and more.



## Lactation Support

Coverage may include a range of breastfeeding services and supports, including classes, pumps and supplies, lactation consultation and more. Education, resources and support are also available through [Indiana’s WIC \(Women, Infants, and Children\) nutrition program](#).

The IDOH also has a [Lactation After Loss program](#) to support families experiencing loss due to miscarriage, stillbirth, or infant death, helping navigate lactation options during the grieving process.

## Other Providers

Physical and mental health services and supports for pregnant and postpartum women are also provided by various other local and community-based organizations. These include Indiana’s 95 local health departments, Federally Qualified Health Center (FQHCs) and other Community Health Centers (CHC), Community Mental Health Centers (CMHC), faith-based clinics and others.



## SOCIAL DETERMINANTS OF HEALTH

Social determinants or drivers of health (SDOH) – which are broadly defined as the conditions in which people are born, grow, live, work and age, along with people’s access to power, money and resources – affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions are typically grouped into five domains - Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context – and impact how well and how long people live.

Social determinants or drivers of health contribute to wide health disparities and have a powerful influence on health inequities. For example, people who have limited access to quality housing, education, social protection and job opportunities have a higher risk of illness and death. Research shows that these social determinants can outweigh genetic influences or healthcare access in terms of influencing health.

Increasingly, services and supports for pregnant women and families address SDOH. The section below highlights some related programs and services offered through MCEs and other partners. Please review specific information on member benefits and services for others.

### Housing

Housing affordability, stability, habitability, quality and safety relate to various physical and mental health conditions and concerns and can make it harder to access health care. There are documented health effects of substandard housing and forced evictions. Certain populations may be more affected by housing issues, such as children who move frequently and people who have spent time in prison.

As a resource, the Indiana Justice Project and several collaborators created the [Indiana Tenant Habitability Guide](#). The guide explains the available protections for tenants who have habitability concerns in their home. This guidebook was made possible through a partnership with the Grassroots Maternal and Child Health Initiative at Indiana University School of Medicine.

### Transportation

Transportation systems significantly influence quality of life, health, and safety, and a lack of efficient and reliable transportation options can limit access to jobs, health care, social interaction, and healthy foods. Increasingly, health insurance coverage may include free rides to and from clinical care visits, health education programs, and related appointments, as well as trips to food pantries, grocery stores or other food distribution sites. Support for the payment and use of public transit options and assistance with reinstatement of a driver’s license may also be available..

## RESOURCES AND APPENDIX



### For Additional Information and Assistance

For more information and/or assistance as you are using this Handbook, please reach out to the CKF-IN team at [info@ckfindiana.org](mailto:info@ckfindiana.org) or 1-888-975-4CKF. As noted above, the CKF-IN team is committed to maintaining this resource with accurate, concise and up to date information and making it available and accessible to a broad range of users. User feedback, including suggested content, needed updates and corrections, is welcome and encouraged. Supporting educational and training materials will be available to help providers and allied professionals serving pregnant women and their families.

### Acknowledgement

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### Education and Employment

Education, employment, and health are deeply interconnected. Higher education levels generally lead to better job opportunities and greater earnings, which in turn provide access to resources, better living conditions, and health knowledge. This results in improved health outcomes, longer life expectancy, and healthier lifestyle choices for individuals and their families.

Insurance coverage may include programs that support or pay for continuing education, including high school equivalency and General Educational Development (GED) testing. Online learning courses may also be available, along with support and connections to resources and opportunities for employment, upskilling, and job readiness.

### Justice System Involvement

The justice system and health are also deeply intertwined, and tailored services and supports may be available for people reentering the community after having been jailed or in prison.



## Disclaimer

These materials have been prepared by CKF-IN to provide education and instruction regarding CKF-IN services and the programs supported by CKF-IN, only, and are intended to comply with federal and state law regarding advertising and marketing of the Indiana Health Coverage Programs.

## References and Resources

- <https://www.cms.gov/files/document/nsa-health-insurance-basics.pdf>
- <https://www.hhs.gov/healthcare/about-the-aca/index.html>
- <https://www.kff.org/affordable-care-act/health-policy-101-the-affordable-care-act/?entry=table-of-contents-what-is-the-affordable-care-act>
- <https://www.healthinsurance.org/glossary/>
- <https://www.cms.gov/files/document/nsa-health-insurance-basics.pdf>
- <https://www.forbes.com/advisor/health-insurance/best-health-insurance-companies/>
- <https://www.medicaid.gov/medicaid>
- <https://www.in.gov/fssa/ompp/about-ompp/>
- <https://www.in.gov/medicaid/>
- <https://www.medicaid.gov/medicaid/managed-care>
- <https://www.in.gov/fssa/ompp/forms-documents-and-tools2/medicaid-eligibility-policy-manual/>
- <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>
- [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)
- <https://www.commonwealthfund.org/publications/scorecard/2024/jul/2024-state-scorecard-womens-health-and-reproductive-care>

## APPENDIX

### *ACA Rights and Protections*

The Affordable Care Act:

- Requires insurance plans cover pre-existing conditions, including pregnancy without charging more
- Ends lifetime and yearly dollar limits on coverage of essential health benefits (Note that there can still be a cap on the number of covered visits. For example, an insurer might cover 20 physical therapy visits in a year, and that's still allowed.)
- Requires insurance plans publish a Summary of Benefits and Coverage (SBC) and Uniform Glossary
- Mandates a Rate Review and the 80/20 Rule
- Makes it illegal for health insurance companies to cancel coverage just because you get sick
- Allows choice of the doctor within the plan's provider network and use of an out-of-network emergency room without penalty.

The ACA also requires that all health insurance policies cover ten essential health benefits, defined as:

1. Hospitalization
2. Ambulatory services – visits to doctors and other healthcare professionals and outpatient hospital care
3. Emergency services
4. Maternity and newborn care
5. Mental health and substance abuse treatment
6. Prescription drugs (including brand-name drugs and specialty drugs)
7. Lab work or laboratory tests involves analyzing samples of blood, urine or body tissues.
8. Preventive care services (discussed in more detail below)
9. Pediatric dental and vision care
10. Rehabilitative and habilitative services – those that help individuals keep, learn, or improve skills and functioning for daily living.

Preventive care services are divided into three categories: all adults, women, and children. Healthcare plans must cover the following list of preventive services without charging a copayment or coinsurance even if the yearly deductible has not been met. These services are free only when delivered by a doctor or other provider in network. Some services (such as mammography) are fully paid for by insurance if done as preventive care in an asymptomatic person but require cost sharing if done for diagnostic reasons (such as investigating a lump).

Preventative care services for adults include:

- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screening
- Depression screening
- Diabetes Type 2 screening for adults 40-70 who are overweight or obese
- Diet counseling
- Falls prevention for adults 65 years and older living in a community setting
- Hepatitis B screening
- Hepatitis C screening
- HIV screening and counseling for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) for HIV-negative women and men at high risk for HIV infection
- Immunizations and vaccinations

Preventative care services for pregnant women or women who may become pregnant include:

- Breastfeeding support and counseling from trained providers, and access to a breast pump. It may be a rental unit or a new one to keep. Plans may have guidelines on whether the pump is manual or electric, the length of the rental, and when you'll receive it (before or after birth).
- Folic Acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later)
- Gonorrhea screening for all women at higher risk.
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Syphilis screening
- Intervention and counseling for pregnant tobacco users
- Urinary tract or other infection screening

Other covered preventive services for women include:

- Bone density screening for all women over age 65 or women aged 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk
- Breast cancer screening mammogram, with or without clinical breast examination, every 1-2 years for women 40 and older
- Breast cancer chemoprevention counseling for women at higher risk
- Cervical cancer screening (Pap test) for women aged 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who are not currently pregnant and who have not been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women
- Gonorrhea for all women at higher risk
- Sexually transmitted infections counseling for sexually active women
- Tobacco use screening and interventions
- Urinary incontinence screening for women yearly
- Well-woman visits to get recommended services for all women

Female contraception is part of the ACA's preventive care essential health benefit (EHB) although it is not specifically spelled out as one of the essential health benefits. Instead, the law directed the Health Resources and Services Administration (HRSA) to define woman-specific services that must be covered under the preventive care EHB category. HRSA developed those to include coverage for the full range of female contraceptives approved by the FDA. The rules for employer exemptions from the contraceptive coverage mandate have changed over the years.



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