

Getting Health Coverage Under the Affordable Care Act

Serve Ohio
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Presenter



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What is UHCAN Ohio?

Statewide, non-partisan, non-profit organization working to achieve quality, affordable health care for all Ohioans. We are building the voice of consumers in health care reform.



www.uhcanohio.org



What Is Ohio Consumers for Health Coverage?

Ohio Consumers for Health Coverage is a broad based coalition working to achieve quality, affordable health care for all Ohioans.



www.ohioconsumersforhealth.org



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Update on Ohio Enrollment in the Health Insurance Marketplace

12/11/13

4

Overview

- Key facts you should know about new coverage options in the Marketplace and Medicaid.
- Where to go for help enrolling in health coverage
- What you can do to help get others enrolled

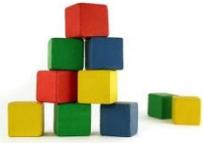


Disclaimer

- Information provided represents current knowledge of implementation and is not considered legal advice.
- Implementation of the ACA and Marketplace are ongoing and therefore is subject to change or further clarification.

www.healthcare.gov





The Affordable Care Act Expands Access to Coverage

Medicaid Expansion

All adults up to 138% of the Federal Poverty Level are eligible

Private insurance through the “Exchange” (Marketplace)

Offers choices of private insurance plans (Qualified Health Plans – QHPs) with financial help available to those who qualify.



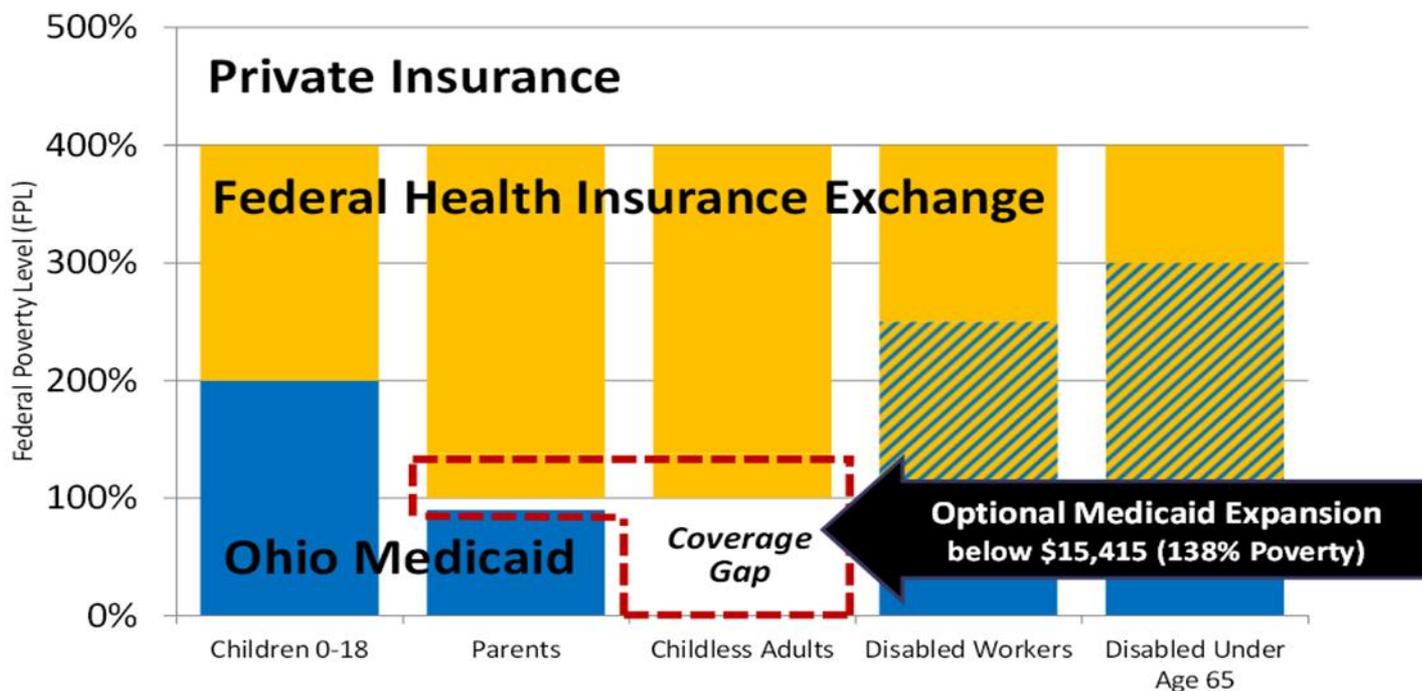
Federal Poverty Levels for 2014

Household Size	100%	133%	150%	200%	250%	300%	400%
1	\$11,670	\$15,521	\$17,505	\$23,340	\$29,175	\$35,010	\$46,680
2	15,730	20,921	23,595	31,460	39,325	47,190	62,920
3	19,790	26,321	29,685	39,580	49,475	59,370	79,160
4	23,850	31,721	35,775	47,700	59,625	71,550	95,400
5	27,910	37,120	41,865	55,820	69,775	83,730	111,640
6	31,970	42,520	47,955	63,940	79,925	95,910	127,880
7	36,030	47,920	54,045	72,060	90,075	108,090	144,120
8	40,090	53,320	60,135	80,180	100,225	120,270	160,360



How Medicaid Expansion and Marketplace Expand Coverage to more Ohioans

Lowest-Income Ohioans Face a Coverage Gap in 2014



Ohio

Governor's Office of Health Transformation

SOURCE: Ohio Medicaid; Medicaid eligibility as of February 2013; Federal Health Insurance Exchange eligibility as of January 2014; 2012 poverty level is \$11,170 for an individual and \$23,050 for a family of 4; over age 65 coverage is through Medicare, not the exchange.



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12/11/13

Important Deadlines to Know

Purchasing Private insurance through the Marketplace (Exchange) or outside Marketplace

- Only during Open Enrollment (Ended March 31, 2014; Next one is November 15, 2014 to January 15, 2015)
- Exception: Special Enrollment Period – for people who lose coverage through employment, divorce, turn 26, etc.

Medicaid Expansion

- Apply any time
- Coverage is retroactive for 3 months prior to application date.



Medicaid Expansion in Ohio

- US Supreme Court ruling: Medicaid is optional for states
- Governor Kasich included Medicaid Expansion in his budget
- Ohio General Assembly removed it from budget and declined to act
- Campaign to place statute on the ballot in November 2014
- Governor issued Executive Order and Controlling Board approved funds
- Ohio Supreme Court Upheld Controlling Board Action
- <http://www.healthtransformation.ohio>
- Only in place in current state budget



Who Are the Newly Covered?

- Parents with incomes 91-138% FPL
- People working in low-wage jobs that don't offer health insurance – personal care aides, child care workers, food service workers, etc.
- People suffering from serious mental health and addictions, other serious health issues
- 26,000 Ohio veterans
- Retirees and unemployed workers under 65 on fixed incomes



Enrollment in Medicaid

- October 1, 2013 - Ohio launched a new Medicaid eligibility system, Ohio Benefits - <http://Benefits.Ohio.gov>
- December 9, 2013 – The website began taking Medicaid applications online and received 1,165 the first day!
- Ohio Benefits is a simplified, self-service Website that makes it easier for Ohioans to learn about assistance that may be available to them.
 - Relies primarily on electronic data
 - Those who do not qualify for Medicaid will be directed to Federal Health Insurance Marketplace.



Overview -- Who's Eligible?

Newly Eligible

Any Ohio adult:

- with income no higher than 138% of the Federal Poverty Level
- who has lived in the United States as a legal permanent resident for at least 5 years (no waiting period for children and pregnant women); and
- is not eligible for an Ohio Medicaid category in existence as of December 31, 2013.



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12/11/13

14

2014 Federal Poverty Guidelines

Family Size	100%	138%
One	\$11,670	\$16,104
Two	\$15,730	\$21,708
Three	\$19,790	\$27,312
Four	\$23,850	\$32,916
Five	\$27,910	\$38,520
Six	\$31,970	\$44,124



Immigrants and Medicaid

- Refugees are eligible for 7 years after entry (if meet other requirements)
- Legal Permanent Residents – barred for 5 years after entry to US, except for pregnant women and children
 - If not eligible for Medicaid:
 - Exchange with subsidies
 - Emergency Medicaid (Alien Emergency Medical Assistance)
- Undocumented residents
 - No Medicaid – except for Alien Emergency Medical Assistance
 - Can't use Marketplace



Use **Benefits.Ohio.Gov** Instead of **Healthcare.gov** for Medicaid Enrollment

- Healthcare.gov can't currently transfer files to Ohio
- For Medicaid, Ohio residents should apply in one of the following ways:
 - Online through the Ohio Benefits self-service portal (www.Benefits.Ohio.gov)
 - Over the phone (800-324-8680 or 800-292-3572 for those with a hearing impairment)
 - In-person with their county department of job and family services

Insurance Marketplace in 2014

Creates one-stop shop for easy comparison of coverage options

Gives consumers more choice and control

Subsidies for individuals and tax credits for small businesses are available to make it more affordable

Offers coverage options through a website and helpline

Interesting Fact about the Exchange:

Congress will get its coverage through the same Exchanges.



Enrollment in the Marketplace

1. March 31, 2014 – Open Enrollment ended
1. can't buy insurance in/out of Marketplace

2. Exception: Special Enrollment Period (SEP) for change in circumstances

3. Can enroll in Medicaid any time

1. November 15, 2014 – Next Open Enrollment begins



Who is Eligible?

Marketplace eligibility requires consumers to:

- Live in its service area, and
- Be lawfully present in the U.S. for the entire period for which enrollment is sought, and
- Not be incarcerated, other than incarceration pending disposition of charges.



All QHPs will cover these Essential Health Benefits

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity & newborn care
5. Mental health and substance abuse disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral* and vision care

*Not required in benefit package if a stand-alone dental plan is in the Marketplace in which the plan operates.

Things to Think About When You are Choosing a Plan

- Affordability of both Premium and Out of Pocket Costs
- Provider Network
- Prescription Drug Formulary
- Visit Limits and Other Details of Specific Benefits
- Insurer Participation in both the Marketplace and Medicaid (for people likely to move back and forth)



Affordability: The Marketplace Olympics

Level of Coverage	Plan Pays On Average	Enrollee Pays On Average*
 Bronze	60%	40%
 Silver	70%	30%
 Gold	80%	20%
 Platinum	90%	10%

*In addition to monthly premium.

Affordability: The Advance Premium Tax Credit

- The financial help people get in the Marketplace to pay their premium is called the Advance Premium Tax Credit.
- It is based on two things:
 - Income of the person or family enrolling
 - The cost of the second lowest Silver Level Plan



What You Will Pay

Expected Contributions at Certain Income Levels

Annual Household Income		Expected Premium Contribution	
% of FPL	Income Amount ¹	% of Income	Dollar Amount ²
< 133% ³	< \$15,282	2%	< \$306
133 - 150%	\$15,282 - \$17,235	3% - 4%	\$459 - \$689
150 - 200%	\$17,235 - \$22,980	4% - 6.3%	\$689 - \$1,448
200 - 250%	\$22,980 - \$28,725	6.3% - 8.05%	\$1,448 - \$2,312
250 - 300%	\$28,725 - \$34,470	8.05% - 9.5%	\$2,312 - \$3,275
300 - 350%	\$34,470 - \$40,215	9.5%	\$3,275 - \$3,820
350 - 400%	\$40,215 - \$45,960	9.5%	\$3,820 - \$4,366
> 400%	> \$45,960	n/a	n/a

¹ for a household of one (i.e. an individual)

² based on second-lowest priced SILVER health plan in the Exchange

³ residents <133% FPL that would be eligible for Medicaid are ineligible for tax credits

cbpp.org

How is the Subsidy Computed? – Example of Single Person Age 45 in Franklin County

\$285 Monthly Premium of 2nd lowest silver plan

-\$ 57 Applicant Share ($4\% \times \$17,235$) \div 12 mo

\$228 Advance Premium Tax Credit (Monthly)



How Can I Use the Advance Premium Tax Credit?

You can apply the credit to any plan you want, but :

- The tax credit is based on the price of the second cheapest silver plan.
- The tax credit is the same, no matter how expensive the other plans are.
- If your income does not exceed 250% of the poverty level and you want to get help with out of pocket costs, you must purchase a **silver plan**.

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Do I have to wait until I file my taxes to get the tax credit?

- You can **reduce your premium amount each month**
 - You can choose an Advance Premium Tax Credit
 - Advanced payments are paid directly to the insurer on your behalf

- The amount is based on **projected** household income
 - Reconciled at tax time against the actual Premium Tax Credit amount you are eligible for
 - Changes in circumstances, such as new family members or decrease in income, should be reported to ensure the tax credit is still accurate and the recipient does not end up owing additional taxes when filing.



Who is Eligible for Cost-sharing (Out of Pocket) Reduction?

- Eligibility for reduced cost-sharing is based on:
 - Incomes **at or below 250% FPL** (\$58,875 annually for a family of four in 2013)
 - Receiving a **Premium Tax Credit**
 - Enrolling in a Marketplace **Silver-level QHP**



Catastrophic Plans

- **Who is eligible?**
 - Young adults under the age of 30
 - Those who cannot afford coverage and obtain a hardship waiver from the Marketplace
- **What is *catastrophic coverage*?**
 - Plans with high deductibles and lower premiums
 - Includes coverage of three primary care visits and preventive services with no out-of-pocket costs
 - Provides some protection to consumers, but high deductibles may still lead to high out-of-pocket costs



Benefits and Deductible

- While essential benefits are very important, what is critical for most people making a plan choice is:
 - What is the co-pay for a **physician** visit?
 - What is the co-pay for a **specialist** visit?
 - Are physician and specialist visits **subject to the deductible?**
- Plans vary. Some do not cover a specialist visit until the deductible is met.
- Some do not cover a physician OR a specialist visit until the deductible is met.



Provider Network

- QHPs are using small networks to keep costs down.
- Very important to click the link when you are comparing plans that takes you to the plan network.
- If you aren't sure about whether your doctor is in the network, **call the health insurance company.**



Drug Formulary

- When you are comparing plans, it is very important to click the link that takes you to the plan's drug formulary.
- A health plan providing essential health benefits must have procedures in place that allow an enrollee to request and gain access to clinically appropriate drugs not covered by the health plan.

However, no one should count on being able to easily “request and gain access” to a drug not in the formulary. Will be a steep climb.



Helping Others Get Enrolled

- Have a conversation about whether they understand the benefits they will get from health insurance.
- Guide them to a navigator or CAC at www.localhelp.healthcare.gov
- Help them find help at www.ohioforhealth.org or 1-800-648-1176 (Ohio Assn of Food Banks)

Get Additional Help Statewide

All Other Areas:

- Ohio Association of Food Banks

1-800-648-1176 (Ohio)

www.ohioforhealth.org

- Ohio Association of Community Health Centers

<http://findahealthcenter.hrsa.gov>

<http://bit.ly/1bNxK7n>



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Helping Ohioans Enroll in Medicaid – ONCE – 2/13/2014

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Questions?



You can also submit a question at www.uhcanohio.org.



For More Information

Visit These Websites:

www.uhcanohio.org

www.ohioconsumersforhealth.org

www.healthcare.gov

www.aarp.org

www.kff.org

Need Help?

Call our helpline at
614-456-0060 x233

