The Affordable Care Act: What it Is & How It Will Affect The People You Serve

Stephanie Altman
Programs and Policy Director
Stephani Becker
Illinois Health Matters, Project Director

March 5, 2013 Presentation to Suburban Cook County Intimate Partner Violence (IPV) Healthcare Coalition

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About Us

Health & Disability Advocates

celebrating 20 years of helping vulnerable populations thrive

- Chicago-based, state/national in scope
- Advance health, education, workforce and income equity for people with special health care needs
- Staff: Lawyers, MSWs, Policy Analysts
- Client Representation, Medical Legal Collaboration, Training/Consulting to States on Public Benefits and Employment
- Policy/Advocacy
  - **Health and Workforce Equity, Special Education, People with Disabilities, etc.**
  - **Since 2010, main focus on Affordable Care Act**

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Information Covered Today:

1. Key components of the ACA
2. New paths to health coverage in 2014 through Medicaid & Health Insurance Exchange/Marketplace
2. Coverage under the health insurance and Medicaid “benchmark” plans
3. Illinois Uninsured Population
4. Populations without path to coverage after 2014
5. Domestic Violence/Intimate Partner Violence Provisions in the ACA

"Health Care Law – it's a trek not a sprint" [AP News, March 11, 2012]

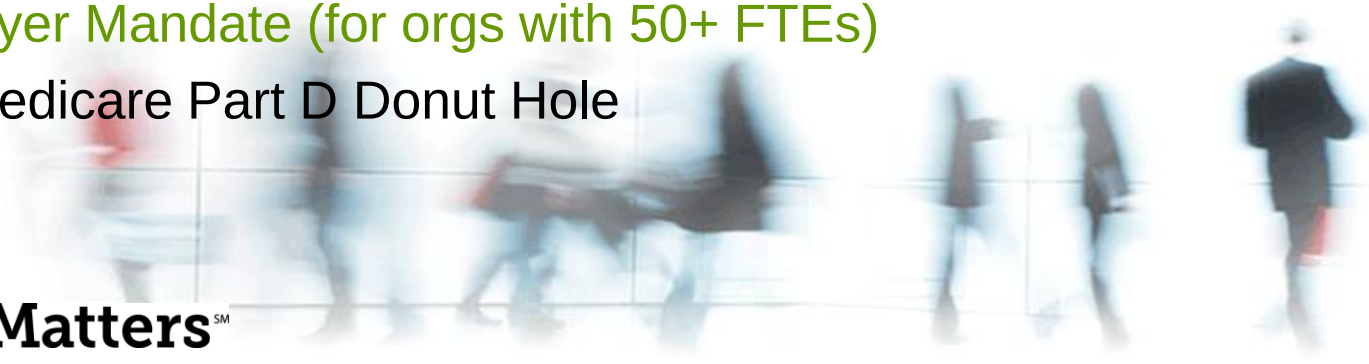
- Patient Protection and Affordable Care Act passed March 2010

Available Now…

- Dependent Coverage up to age 26
- CountyCare (Early Expansion of Medicaid in Cook County)
- No pre-existing condition exclusion for children
- Consumer protections – no lifetime limits
- No insurance cancellations except in cases of fraud/intentional misrepresentation
- Summary of Benefits and Coverage and Uniform Glossary
- Preventative Services – no co-pay
- Insurers are required to spend 80-85% of premium dollars on patient care
- Small business tax credits

Starting in 2014…and beyond

- State or federal “Health Insurance Exchanges” – new marketplaces with Essential Health Benefits package (Enrollment begins Oct. 1, 2013)
- Non Profit health insurance CO-OP
- Large Medicaid Expansion to Adults up to 138% FPL
- No pre-existing condition exclusion
- Consumer protections – no annual limits, no rating by health status or gender only by age, location & smoker/non-smoker
- Shared Responsibility Provisions
  - Individual Mandate
  - Employer Mandate (for orgs with 50+ FTEs)
- Closing Medicare Part D Donut Hole



CountyCare Eligibility

countycare
Medicaid program for uninsured adults in Cook County

- Live in Cook County
- Be 19-64 years old
- Have income at or below 133% of the Federal Poverty Level ($14,856 individual, $20,123 couple - annually)
- Not be eligible for “state Plan” Medicaid (parent, pregnant, blind or receiving disability income)
- Not be eligible for Medicare
- Be a legal immigrant for five years or more or a US citizen
- Have a Social Security number or have applied for one

CountyCare: Methods to Enroll

- Apply with Application Assistors – by phone or in person
- Call **312-864-8200 or toll free 855-444-1661** M-F 8-8, Sat 9-2
  - To apply by phone
  - To find a CCHHS location to apply in person
  - To find a CountyCare FQHC site to apply in person
- Two steps to apply
  - Provide verbal answers to application questions
  - Submit verification documents
- Share documents by mail, email or in person
- Go to: www.countycare.com for more information and FAQs

CountyCare: Covered Services

- Hospital emergency room visits
- Hospital inpatient services
- Hospital ambulatory services
- Nursing Facility Services (30 days) (covers post-hospitalization nursing home stays)
- Physician services
- Advanced Practice Nurse services
- Laboratory and x-ray services
- Prescription Drugs
- Family planning services and supplies
- Podiatric Services (for diabetics)
- EPSDT (for 19-21 year olds)
- Dental (for 19-21 yrs only)
- FQHCs, RHCs and other Encounter rate clinic visits)
- Emergency Services (includes post-stabilization services)
- Sub-acute alcoholism and substance use disorder services
- Mental Health Services (including rehabilitation and clinic option)
- Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies
- Home health agency visits
- Hospice (and palliative)
- Physical, Occupational, Hearing and Speech Therapy Services
- Transportation - to secure Covered Services
- Targeted Case Management (behavioral health)

How Does the ACA Impact Domestic Violence Screening/Counseling?

Non-grandfathered plans are required to provide these 8 new preventive services without cost sharing beginning on or after August 1, 2012.

Type of Preventive Service	**Frequency**
Well Woman Visit	Annual (though may need more)
Screening for gestational diabetes.	Between 24-28 weeks or more if high risk
Human papillomavirus testing	At 30 years & every 3 yrs
Counseling for sexually transmitted infections.	Annual
Counseling and screening for human immune-deficiency virus.	Annual
Contraceptive methods and counseling.	As prescribed (exemptions)
Breastfeeding support, supplies, and counseling.	With each birth
Screening and counseling for interpersonal and domestic violence.	**Annually (HRSA) or As Needed (IOM)?**

2/20/13 FAQ Regarding Interpersonal & Domestic Violence

Q11: What do health care providers need to know to conduct a screening and counseling for interpersonal and domestic violence, as recommended in the HRSA Guidelines?

- Screening may consist of a few, brief, open-ended questions. One option is the five-question Abuse Assessment Screening tool available here: (http://www.cdc.gov/ncipc/pub-res/images/ipvandsvscreening.pdf, page 22).

- Counseling provides basic information, including how a patient's health concerns may relate to violence and referrals to local domestic violence support agencies when patients disclose abuse. Recommended Tools: (http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services/programs/centers).

Source: http://www.dol.gov/ebsa/faqs/faq-aca12.html

2/20/13 FAQ Regarding Cost Sharing

"If a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of that service, the plan or issuer can use reasonable medical management techniques to determine any coverage limitations."

Q3: My plan does not have any in-network providers to provide a particular preventive service required under PHS Act section 2713. If I obtain this service out-of-network, can the plan impose cost-sharing?

No. If a plan or issuer does not have in its network a provider who can provide the particular service, then the plan or issuer must cover the item or service when performed by an out-of-network provider and not impose cost-sharing with respect to the item or service.

Source: http://www.dol.gov/ebsa/faqs/faq-aca12.html

Interpretation (Example: United Healthcare)

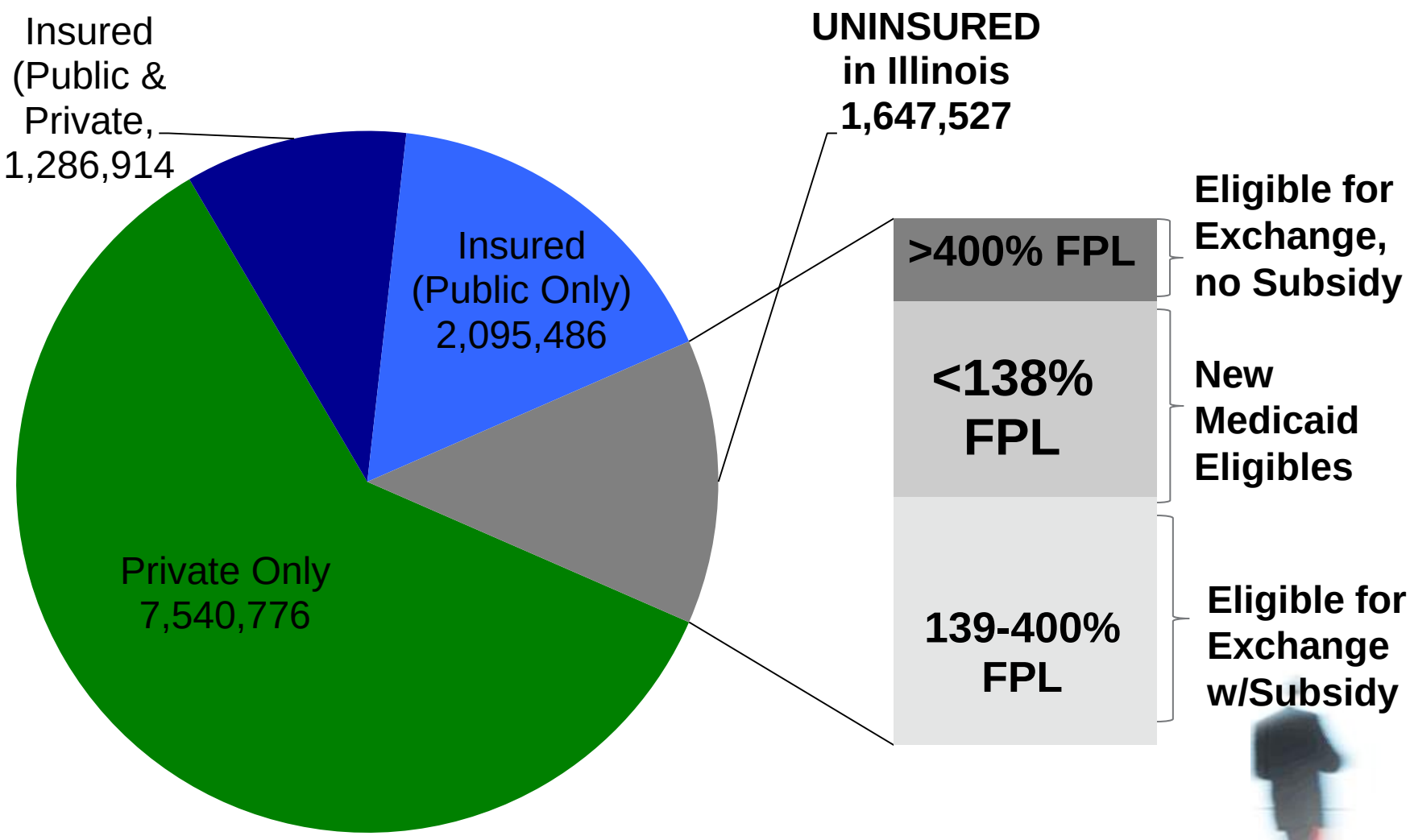
Domestic Violence Screening and Counseling

Annual screening and counseling for interpersonal and domestic violence is covered at no cost-share to the member under the health reform law. UnitedHealthcare covers age-appropriate preventive visits including risk identification and guidance for risk reduction at no cost-share. Domestic violence screening is included in the wellness examination codes provided under preventive care services benefits.

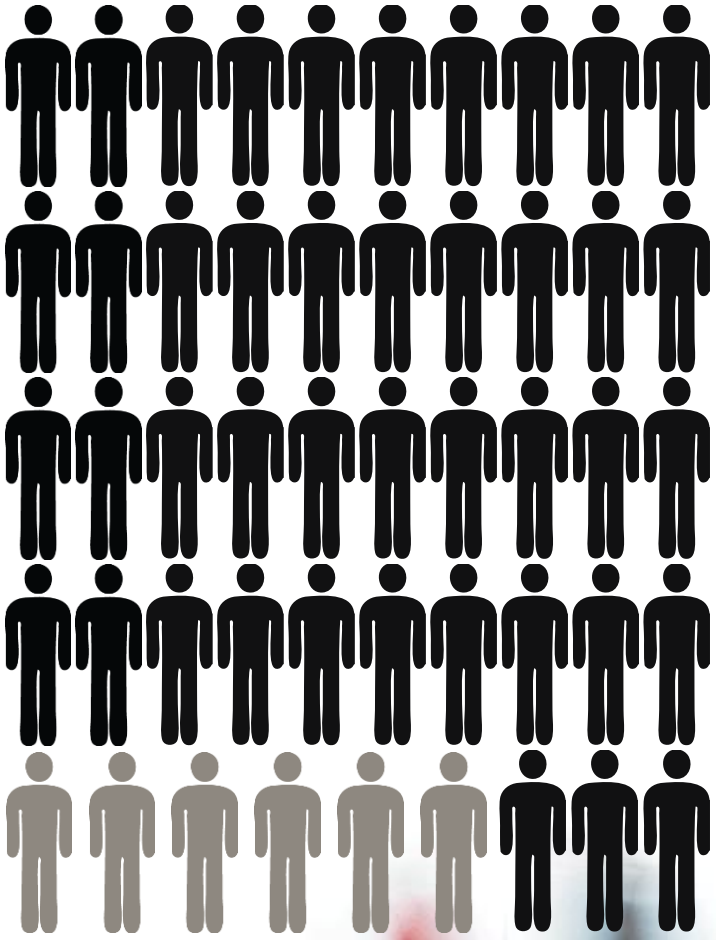
This screening is covered at no cost-share when performed by a network physician or health care professional. The annual screening and counseling for interpersonal and domestic violence is not a service provided by mental health professionals. Instead, mental health professional services are covered under the behavioral health benefit.

http://www.uhc.com/live/uhc_com/Assets/Documents/WomensPreventive.pdf

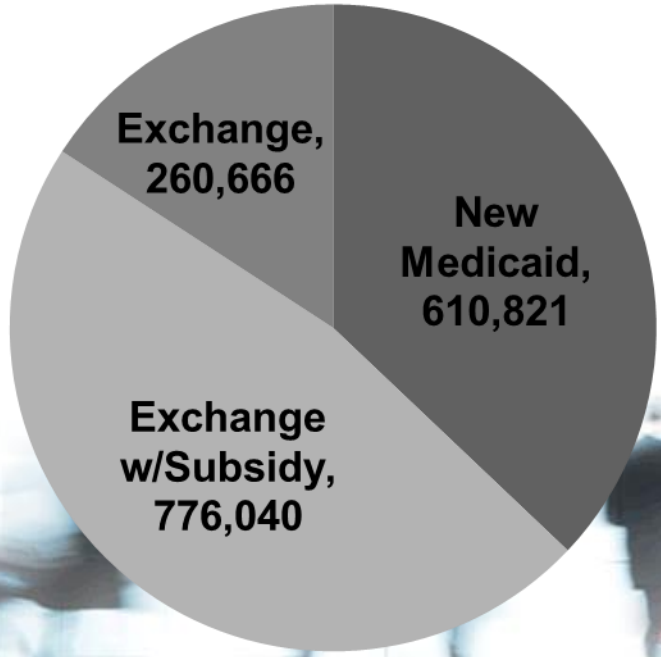
Income & Pathway to Coverage



Ready, Set Exchange (Marketplace)



PENT UP DEMAND: 1.7 million Illinoisans (13% of the population) don't have insurance. In 2014, most will be able to access coverage through the Health Insurance Marketplace



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Top 10 Areas for Uninsured Residents in Illinois

Community Area Name	Total # of Uninsured
Chicago: Avondale, Hermosa, Logan Square, West Town	50,329
Chicago: Archer Heights, Armour Square, Bridgeport, Brighton Park, McKinley Park, New City	45,323
Chicago: Chicago Lawn, Clearing, Gage Park, Garfield Ridge, West Elsdon, West Lawn	43,947
Chicago: Edgewater, Rogers Park, Uptown	38,423
Cook: Berwyn, Cicero, Oak Park townships	37,392
Chicago: South Lawndale, Lower West Side	35,778
Chicago: Albany Park, Forest Glen, Irving Park, North Park	35,556
Chicago: Belmont Cragin, Montclare, Portage Park	32,180
Cook: Thornton township	30,877
Chicago: Avalon Park, Chatham, Greater Grand Crossing, South Shore, Woodlawn	29,934

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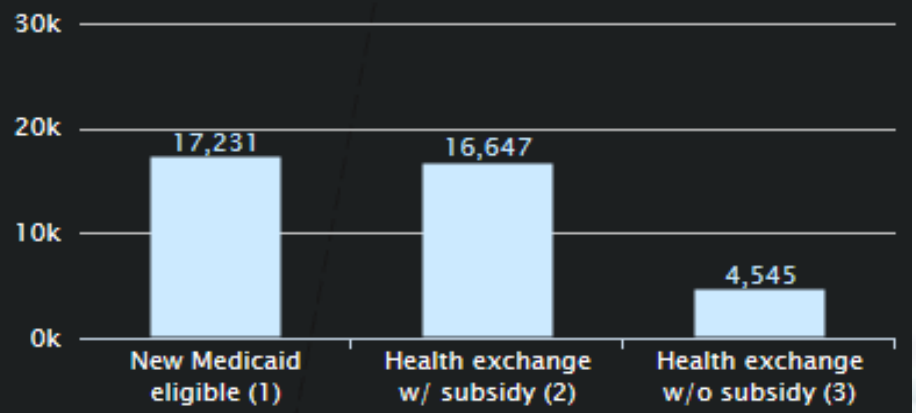
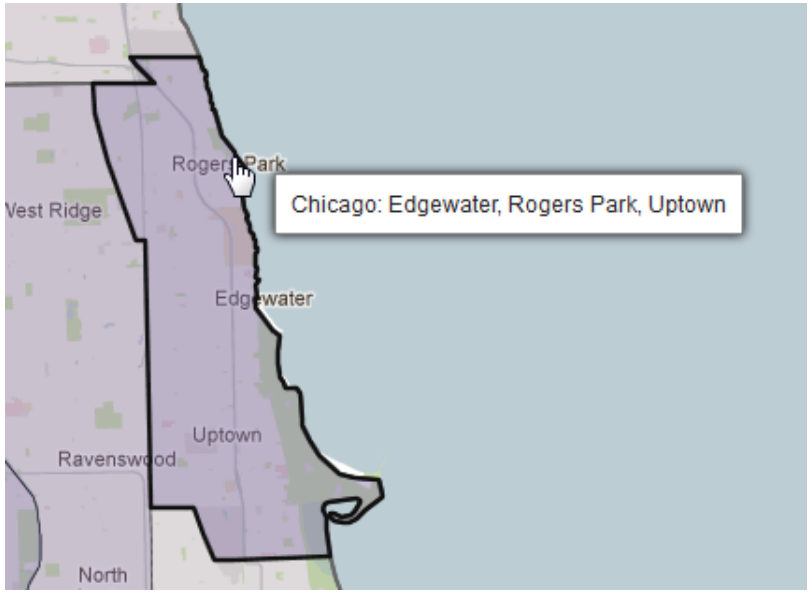
How will health care reform in 2014 affect the uninsured?

Edgewater, Rogers Park & Uptown

Cook County Illinois State

In 2014, 38,423 people (22.7% of the population) will have affordable health insurance available to them. Below are the types of coverage that will be available to them based on their income.





Medicaid Expansion in 2014

- In 2014, anyone up to 138% FPL is eligible for Medicaid, called “newly eligible” Medicaid.
  - No disability requirement.
  - Must be under 65, not entitled to or enrolled in Medicare A or enrolled in Part B.
  - Modified gross income test and no asset test, which is different from current Medicaid and CHIP Programs.
- Federal government pays for much greater percentage of this expansion.
- Most applications will be filed electronically through a Health Insurance Exchange/Marketplace. Others will be filed through more traditional methods.

Essential Health Benefits Package: What is it?

- All non-grandfathered health plans in individual & small group market must cover these essential benefits at a minimum

- Illinois has chosen BCBS Blue Advantage as the Benchmark Plan supplemented by AllKids for dental and Federal VIP for vision for children. Illinois is currently developing their Medicaid Expansion Benchmark – most likely similar to FamilyCare.

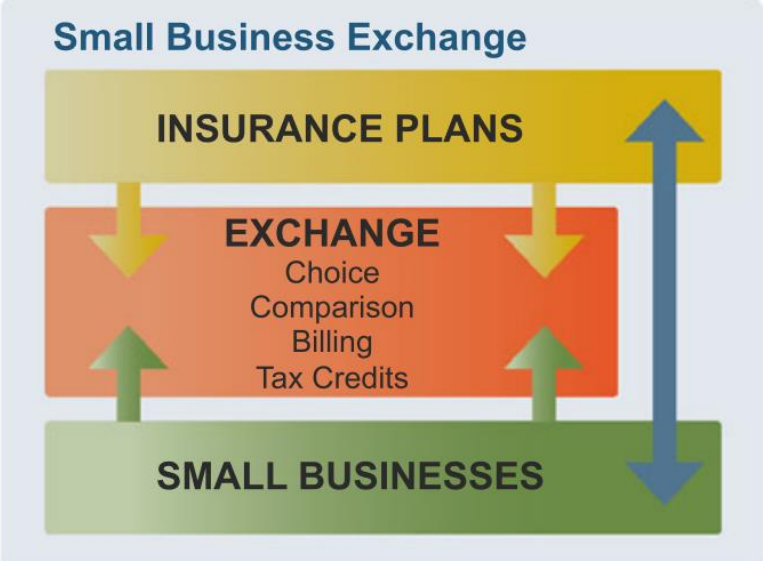
- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services including chronic disease management;
- Pediatric services including oral and vision care.

What is an Exchange or Health Insurance Marketplace?

- One stop shop web portal for businesses (w/fewer than 100 employees) & individuals to purchase health coverage
- Benefits will be standardized and must meet minimum standards
- Plan information and pricing can be easily compared
- Premium subsidies for those earning up to 400% FPL (about $90k for family of four).
- Navigators will be available to help

Illinois will run an exchange in Partnership with the Federal Government in 2014. Enrollment begins **October 2013**

More on Exchanges/Health Insurance Marketplaces



- Plans Organized into 4 Tiers:
  - Bronze
  - **Silver**
  - **Gold**
  - Platinum
- Plans will compete on price/quality
- Amount of tax credit is based on income & premium amount; lets you reduce your costs right away.

Premium Tax Credit in 2014: What is It?

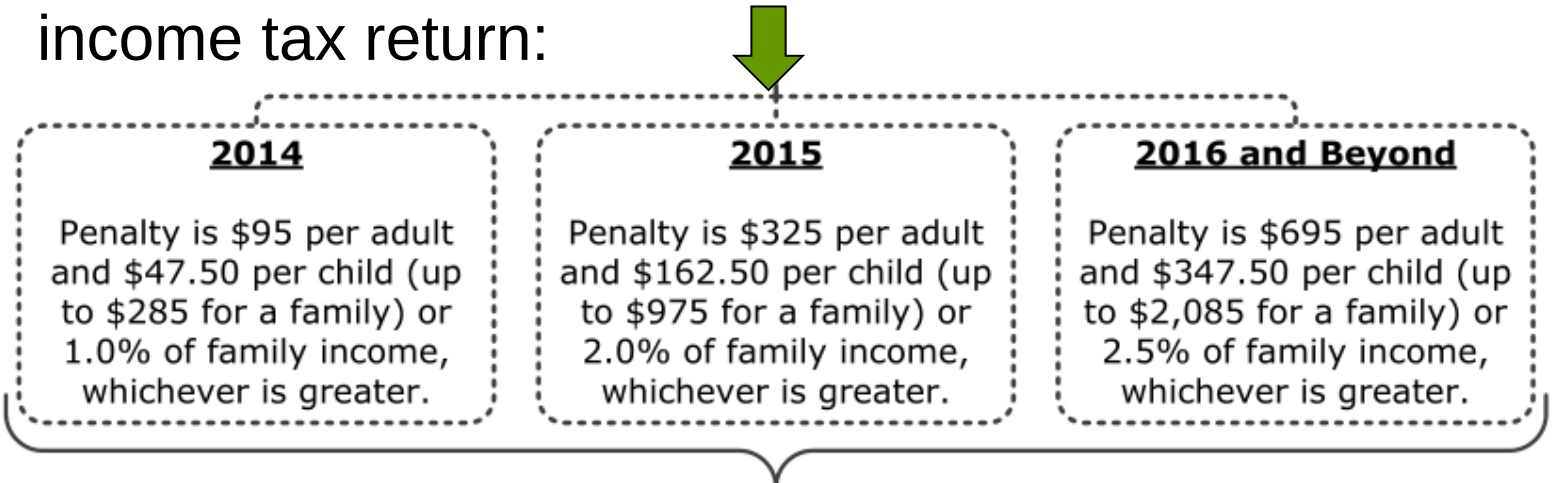
- Premium tax credit = subsidy to individuals enrolled in the exchange/marketplace.
- Linked to the second lowest cost of a “Silver Plan” (70 percent actuarial value plan).
- Set on a sliding scale such that the premium contribution for a Silver Plan does not exceed the following percentage of income:

Below 133% of poverty	2.0% of income
133 up to 150% of poverty	3.0-4.0% of income
150 up to 200 % of poverty	4.0-6.3% of income
200 up to 250 % of poverty	6.3-8.05% of income
250 up to 300 % of poverty	8.05-9.5% of income
300 up to 400 % of poverty	9.5% of income

Example:
Family of 4 w/income of $34,575 will pay $1,383; Feds will pay remainder

The Individual Mandate

- Requires most individuals (including children) to carry "minimum essential" health coverage
- According to Kaiser Family Foundation, almost 9 in 10 non-elderly people in the US would either satisfy the mandate automatically or be exempt from it.
  - Exemptions include: religious reasons, undocumented immigrants, very low income so do not file taxes, unaffordable coverage (insurance premiums exceed 8% of family income)
- Payment, exemption or penalty is through the federal income tax return:



Shared Responsibility Provision ("Employer Mandate")

- Beginning January 1, 2014, some businesses will be required to provide minimum-level health insurance coverage to their employees
- **Businesses with 50 full-time equivalents (FTEs), or fewer, are exempt from this provision and are not penalized even if their employees access a tax credit on their own**

  FTEs are defined as someone working 30 hours or more/week
- Businesses with more than 50 FTEs could face a financial penalty, depending on whether the employer offers insurance, if at least one full-time employee accesses a tax credit or cost-sharing reduction on his/her own

Shared Responsibility Provisions (cont'd)

- For businesses with >50 FTEs that DO NOT offer insurance, there is a penalty of $2,000/employee, not counting the first 30 employees

- For businesses with >50 FTEs that DO offer health insurance, there is a penalty of either $3,000/employee who *accesses a tax credit* OR $2,000/employee, not counting the first 30 employees, whichever amount is less

- Coverage offered must meet "minimum essential standards" and must not be *inadequate or unaffordable*
  - *Unaffordable is when the plan costs more than 9.5% of the employee's income*

Roles in Health Delivery System:

LINK	identify and enroll individual into insurance, subsidies, Medicaid and coordinated care.
EDUCATE	guide consumers on how to use health care system, navigate and understand the cost of services.
PARTNER	facilitate individuals with chronic conditions on successful care health outcome strategies.

Consumer Assistance in Enrollment in Exchange

When told about the new coverage options, 75% of the newly eligible want in-person assistance to learn about and enroll in coverage.
(Enroll America Research, November 2012)

Navigators:

- Educate the public on coverage options
- Distribute fair and impartial information
- Facilitate enrollment
- Provide referrals
- Provide assistance in a culturally and linguistically appropriate manner

In Person Assistors:

•Fill gaps in a state's in-person assistance network and

•Supplement the work of navigators and other in-person assistance providers

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Populations Without Path to Coverage After 2014

- Non citizens who are lawfully present but have not been in the U.S. for 5 years are generally not eligible for Medicaid but may be eligible for exchange.
- Undocumented immigrants are not eligible for either Medicaid or exchange.
- Individuals residing in states that choose not to expand Medicaid.
- People who do not enroll in Medicaid or purchase insurance through the health insurance exchange, or otherwise.
- Barriers to eligible but not enrolled include lack of education and outreach and affordability.

Undocumented Non-Citizens

- There is no federal coverage for undocumented immigrants
- Not allowed to purchase private insurance through state insurance exchange.
- Not eligible for premium tax credits.
- Exempt from individual mandate.
- Not eligible for Medicare, Medicaid, or CHIP.
- ***Only*** eligible for emergency Medicaid.
- Additional funding to community health centers through the Affordable Care Act targeted for undocumented uninsured individuals.
- Can purchase private insurance outside of Exchange

How To Stay Informed

- Bookmark www.illinoishealthmatters.org
- Sign up for IHM newsletter, Facebook page, Twitter (@ILHealthMatters)
- Watch for information from state about Navigators/In Person Assistors (June 2013).
- Stay tuned for information about health care exchange & premium subsidies (Enrollment Oct 2013)
- Contact us with any questions:
  - Stephanie Altman, Programs & Policy Director
    saltman@hdadvocates.org
  - Stephani Becker, IHM Director
    sbecker@hdadvocates.org
    Phone: 312.265.9072

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