

Helping Florida Consumers Enroll in Coverage Under the Affordable Care Act

Navigate PBC 1st Regional Symposium
Health Council of Southeast Florida

Elaine Saly
Families USA

April 12, 2013

Topic Outline

1. New Health Coverage Options
2. Simplified Enrollment Process
3. Changes to Medicaid
4. Help Paying for Private Coverage
5. Consumer Assistance
6. The Role of Assisters

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New Health Coverage Options

New Consumer Rights

Private Insurance

- Young adults can stay on family plan
- Greater consumer protections
 - No coverage rescissions
 - No annual or lifetime limits
 - External appeal rights
- No denials for pre-existing conditions
- No gender rating
- Free preventive services

New Coverage Options

New Marketplaces (“exchanges”)

- Private “qualified health plans”
- Comprehensive coverage
- Help to lower costs
- SHOP exchange and tax credits for small employers

Medicaid

- Expansion of eligibility to 138 percent of poverty
- Federal government covers bulk of costs
- State flexibility in defining benefits package

Health Coverage in 2014

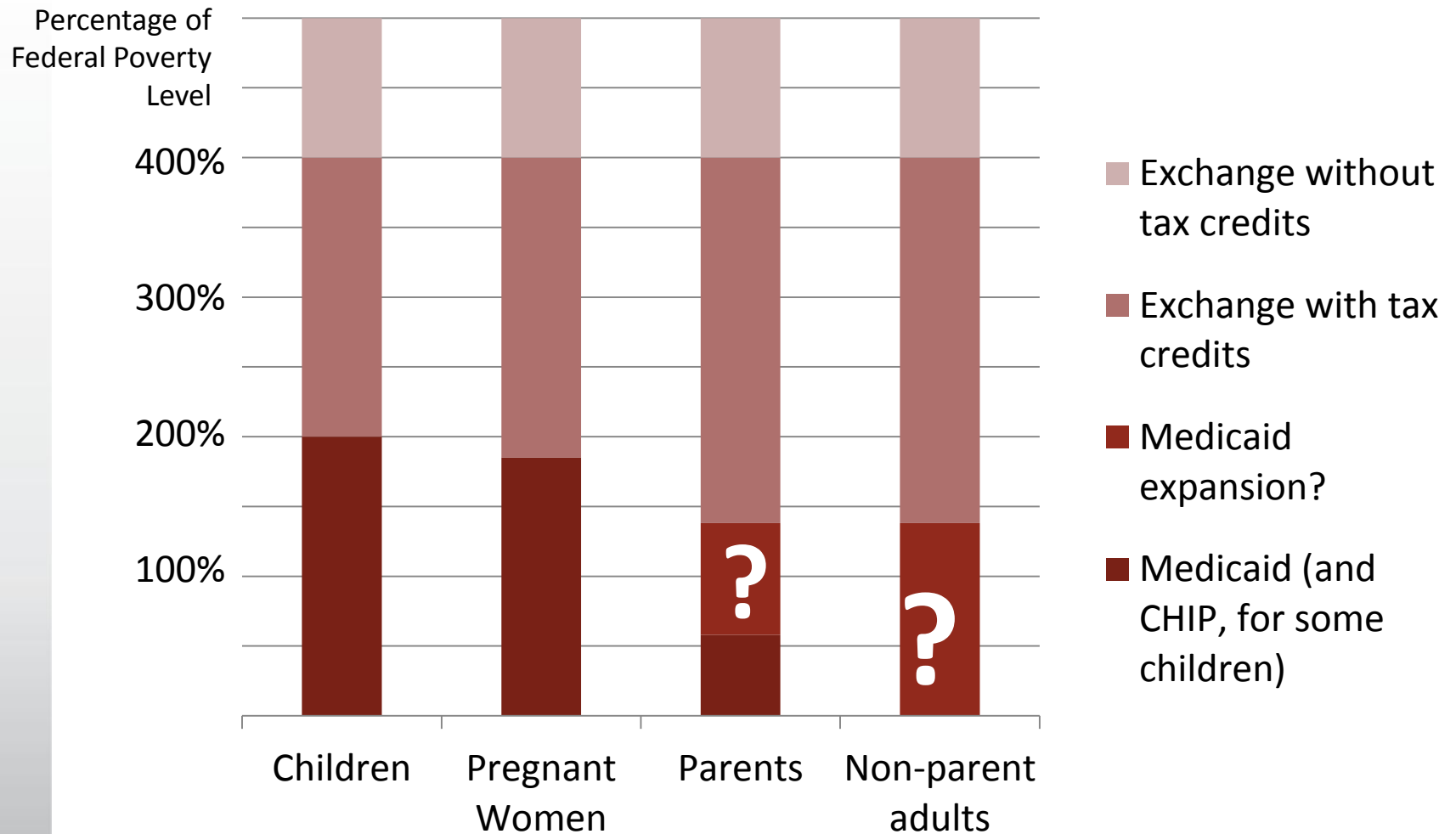
An Opportunity for a Complete Continuum of Coverage

Coverage Options for Adults without
Medicare or Job-Based Coverage

Income as a percent of the federal poverty level

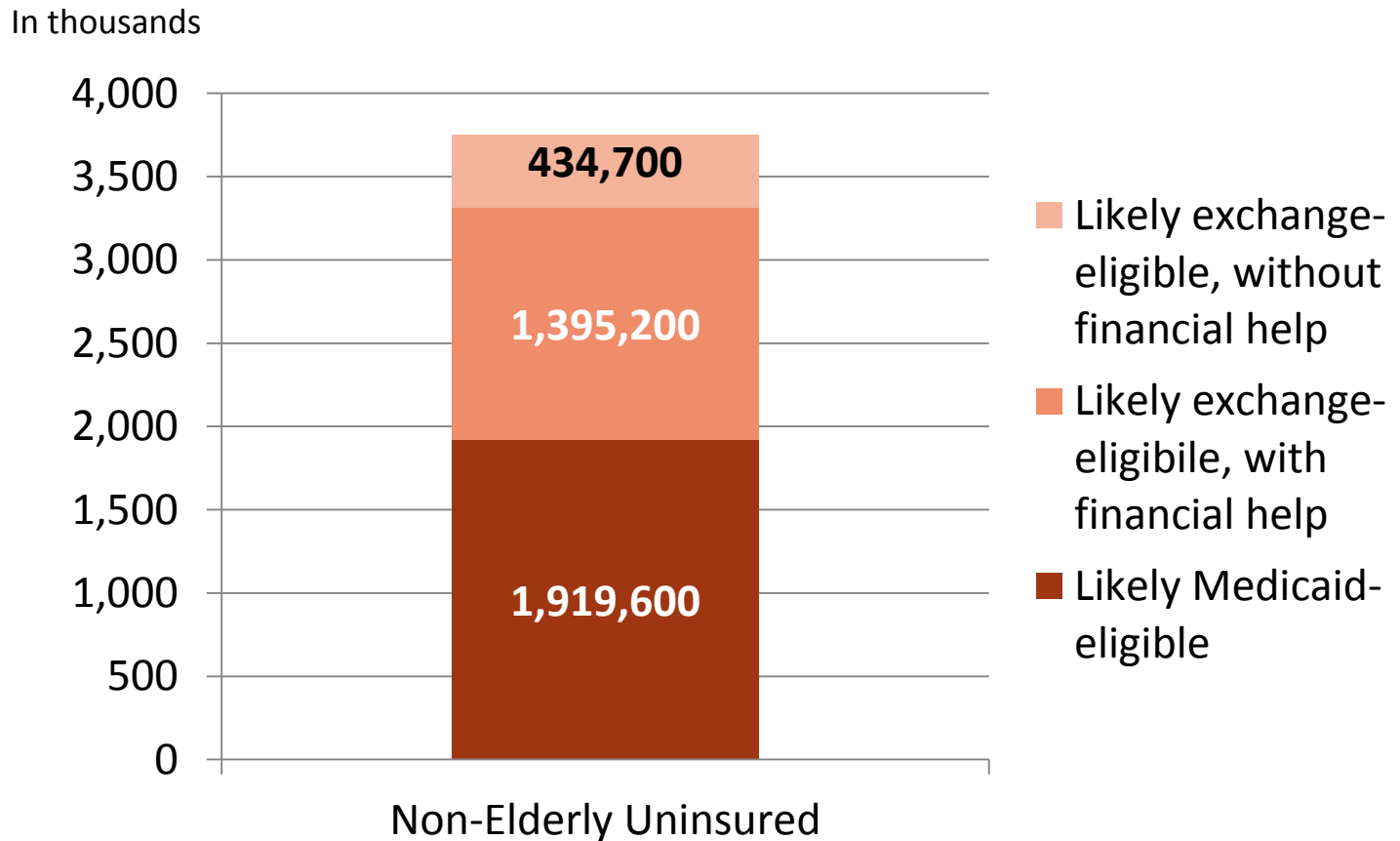


The Coverage Continuum in Florida

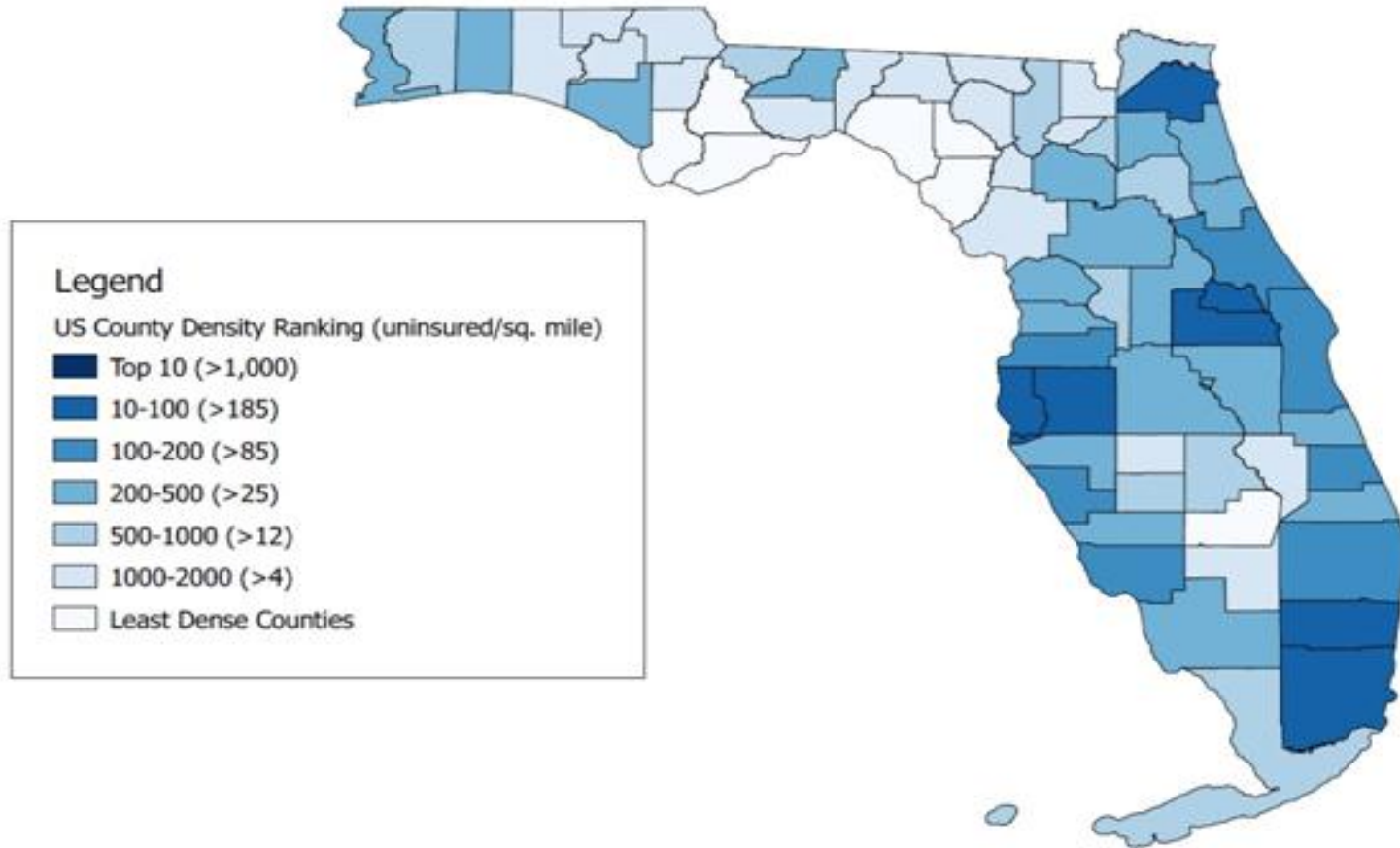


The Enrollment Opportunity in Florida

Connect more than 3.75 million people to coverage



Where are the uninsured in Florida?



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Simplified Enrollment Process

Consumer-Friendly Enrollment Process

- **No Wrong Door**
 - Access to coverage, regardless of where you apply
 - One application
 - Multiple ways to apply: online, by phone, in person, by mail
- **Plain Language Consumer Information**
 - Standardized plan descriptions
 - Taglines for non-English languages

Systems that Work

- **Seamless**
 - Alignment of eligibility requirements
 - MAGI – new method for calculating income and family size
 - Based on tax filing status
 - Special rules if you don't have a tax filing requirement
 - Data-sharing behind the scenes
 - Transitions between programs without gaps in coverage
 - Coordinated, then combined notices
- **Efficient**
 - “Real time” or presumptive eligibility determinations
 - Keep verifications simple, data-based
 - Automatic renewals

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Changes to Medicaid

Changes to Medicaid

Even if a state does not expand, it must:

- Use the new application
- Use MAGI method for counting income – standard 5 percent disregard, no asset tests
- Update rules on household composition
- No in-person interviews
- Coordinate with the marketplace
 - Whether or not the state expands Medicaid, who will make eligibility determinations?

Qualifying for Traditional Medicaid

- Benefits for expansion population will be different from traditional Medicaid, likely to be less robust
- Can get traditional Medicaid if:
 - Categorically eligible
 - Qualify under expansion + part of exempt category
- Must still meet needs-based criteria to get long-term services
- Eligibility will be determined by Medicaid agency
 - What additional steps must the consumer take?

Consumers Will Need Help with Medicaid

- Obtaining traditional Medicaid benefits
 - Identifying needs on the application
 - Reporting health care expenses
 - Getting help once data transferred to Medicaid
 - Understanding eligibility notices
 - Appealing an eligibility determination
- Enrolling in another type of coverage in the interim

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Help Paying for Private Coverage

Private Coverage: Help with Premiums

- **Premium Tax Credits**
 - Sliding scale based on projected annual income
 - Paid in advance to reduce premium costs
 - Refundable
 - Reconciliation process when you file taxes
- **Allowable Premium Increases**
 - Standard age rating
 - Plans may charge tobacco users 50 percent more

Premiums for a Standard Plan

Income as Percent of Poverty Level (for an individual)	Percent of Annual Income Spent on Premiums in Second-Lowest Cost Silver Plan	Monthly Premium Paid for Second-Lowest Cost Silver Plan
100% (\$11,490)	2% (\$230)	\$19.17
150% (\$17,235)	4% (\$689)	\$57.42
200% (\$22,980)	6.3% (\$1,448)	\$120.67
250% (\$28,725)	8.05% (\$2,312)	\$192.67
300% to 400% (\$34,470-\$45,960)	9.5% (\$3,275-4,366)	\$271.92 - \$368.83

Help with the Cost of Using Coverage

- The amount you pay depends on the plan you choose
 - Different plans cover different percentages of cost-sharing
- Limits on out-of-pocket costs are based on income
- Assistance with cost-sharing for people with lower incomes (up to 250 percent of poverty)
 - Must choose “silver level” plans
 - Reconciliation process does not apply

Cost-Sharing Assistance Amounts

Income as Percent of Poverty Level (for an individual)	Percent of Income Spent on Premiums	Share of Costs Paid by Silver Plan after Cost-Sharing Assistance Is Applied	Out-of-Pocket Maximum Cost Sharing for an Individual (double for a family)
100% (\$11,490)	2% (\$230)	94%	\$2,100
150% (\$17,235)	4% (\$689)	87%	\$2,100
200% (\$22,980)	6.3% (\$1,448)	73%	\$3,200
250% (\$28,725)	8.05% (\$2,312)	70%	\$5,200
300% to 400% (\$34,470-45,960)	9.5% (\$3,275-4,366)	70%	\$5,200

Who Is Eligible for Help with Costs?

1. Must enroll in a plan through the marketplace
2. Must be lawfully present and not incarcerated
 - Incarcerated “pending disposition” can still get credits
 - Family members can still get credits
3. Not eligible for other “minimum essential coverage”
 - Job-based plan that meets standards:
 - Premiums less than 9.5 percent of wages
 - Covers 60 percent of expected costs
 - Public coverage
 - *Can* be eligible for individual market coverage

Who Is Eligible for Help with Costs?

4. Income between 100 and 400 percent of poverty
5. Must file taxes – people with tax debt may be deterred
 - Must file jointly if married, there may be exceptions for abuse/abandonment
 - Typically claim those on your plan, but there are exceptions
 - Lawful residents with income under poverty level not required to file

Eligibility for Immigrants

- **Naturalized Citizens**
 - Same as U.S. citizens
- **Lawfully Present Immigrants**
 - Can buy coverage in the marketplace
 - Eligible for premium tax credits (0 – 400%) and cost-sharing reductions (0 – 250%)
 - 5 year bar for Medicaid eligibility
 - Subject to individual mandate

Eligibility for Immigrants

- **Undocumented Immigrants**
 - Not eligible to buy coverage in the marketplace
 - Remain ineligible for Medicaid, except for emergency services
 - Exempt from individual mandate
 - Can apply for eligible family members

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Consumer Assistance

Consumer Assistance in Florida's Marketplace

April

- Health coverage application

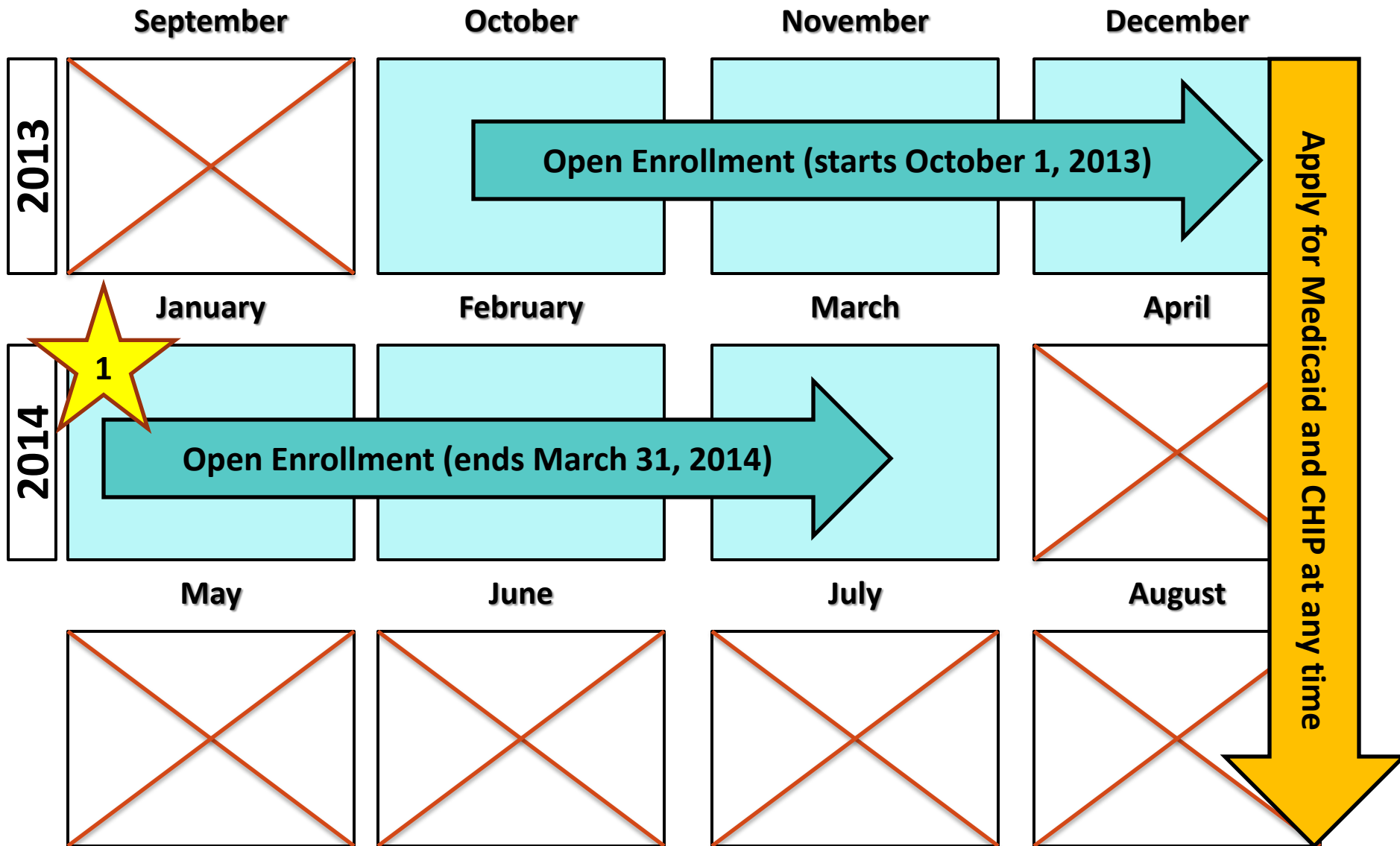
June

- Centralized 24-hour call center

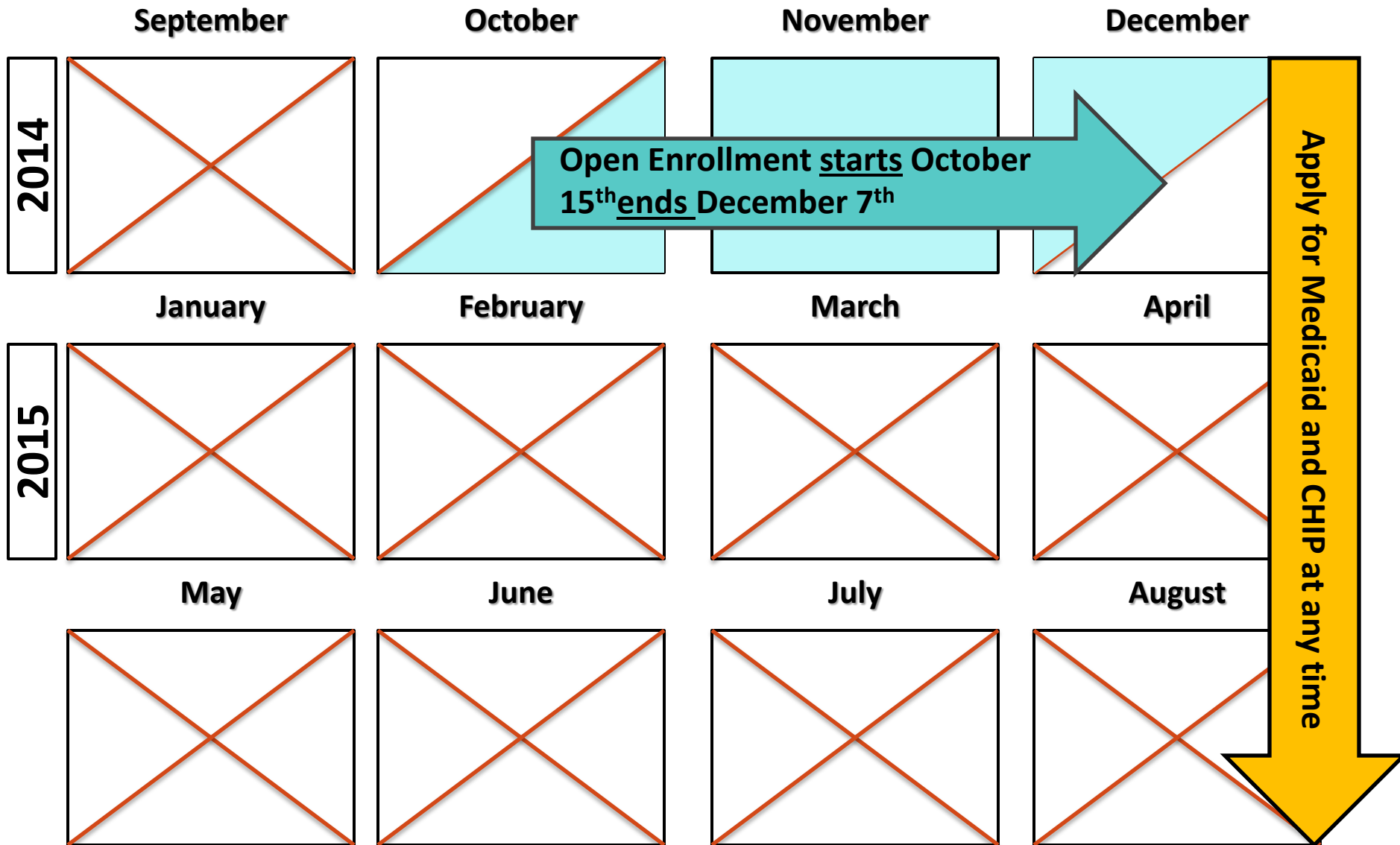
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- Federal marketplace website
- Navigator program
- Certified application counselors

First Open Enrollment Period



Open Enrollment Periods After The First Year



Consumers Will Need Help: Application

- Encouraging consumers to apply
- Reassurance about privacy, security, confidentiality of data
- Determining household income and size
- Electronic data may not be available, likely to be out of date
- Do I have minimum essential coverage?
- Members of a family may be eligible for different types of coverage
- What if my employer retaliates?
- Individual Responsibility Requirement: Do I qualify for an exemption?

Consumers Will Need Help: Plan Selection

- Which plan should I choose based on benefits, premiums, cost-sharing assistance, etc.?
- Advantages of lower premium vs. higher cost-sharing
- Do I need to purchase a stand alone plan for dental?
- How much of my estimated premium tax credit should I take in advance?
- Spilt tax credits between plans, or pool tax credits for one plan?

Post-Enrollment Assistance

- Reporting changes
- Options if the offer of coverage changes
- Qualifying for a special enrollment period
- Help with reconciliation
 - May have liability at tax time
 - Rules for divorce
 - Filing status changes
- Renewing coverage

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The Role of Assisters

Navigators

- People or organizations that will help consumers and small employers learn about and enroll in coverage through the new state insurance marketplaces
- Navigator programs are required in all marketplaces
- In-person assistance must be available to all consumers, including small employers

What Will Navigators Do?

- Maintain expertise in eligibility and enrollment
- Raise public awareness
- Distribute fair, accurate, and impartial information
- Facilitate enrollment in QHPs
- Provide culturally and linguistically appropriate, accessible assistance and information
- Make referrals for assistance outside of scope

Who Can Be a Navigator?

- Many types of groups can be navigators
- Must be at least two types
- Must include community or consumer-focused nonprofit
- Must have existing relationships (or readily establish relationships) with populations likely to be eligible
- Cannot have a conflict of interest

What Will Navigators Need to Know?

Specialized training in at least:

- Needs of underserved and vulnerable populations
- Eligibility and enrollment rules and procedures
- Private health plans, cost assistance, and public coverage options
- Online application process
- Privacy and security standards
- Outreach methods and strategies
- Referral information

Navigators in Florida's Marketplace

- **The federal government will:**
 - Develop conflict of interest, training, and cultural and linguistic competency standards (proposed rule)
 - Select and award grants to navigators
 - Funding announcement released April 9, proposals due June 7
 - Florida will receive \$5,851,072
 - Funding for one year, awarded August 15
 - Provide training, continuing education, certification & annual recertification
 - Monitor navigator activities
- **A state may:**
 - Develop additional requirements in compliance with federal law and guidance

Proposed Federal Navigator Standards

- Proposed standards issued on April 4
- Comments due by 5 pm, May 6

More information on:

- State-specific requirements
- Conflict of interest
- Training and certification
- Providing culturally and linguistically appropriate services
- Ensuring accessibility for individuals with disabilities

Certified Application Counselors

- Enables others to assist with enrollment
- Optional in Medicaid, required in marketplace
- Certified application counselors (CACs) must:
 - Register
 - Receive training & obtain certification
 - Disclose information to consumers
 - Provide services in the best interest of consumers
 - Comply with privacy & security standards
- No federal funding for CACs
- Rules not yet final

Insurance Brokers and Agents

- State option
- To help consumers enroll in Marketplace coverage must:
 - Register with the Marketplace
 - Complete training
 - Comply with privacy and security standards
- Must use Marketplace enrollment portal
- Can be navigators, if no insurer compensation, no direct or indirect consideration from health insurer in connection with enrollment inside or outside the Marketplace

Key Questions

- How will in-person assistance be coordinated with phone and online assistance options?
- How will in-person assisters communicate with the marketplace and Medicaid?
- What other support resources will be available to assisters?
- Will there be adequate assistance for Medicaid?
- How can gaps in capacity be filled?
- How will data be collected?
- What feedback mechanisms will be in place?

Enrollment Best Practices

- Targeted outreach
- “Welcome mat” approach
- Providing assistance at critical times
- Finding the right settings
- Embedding outreach and enrollment into existing activities, processes, and routines
- Developing strong referral relationships
- Using technology to connect with assistance

Points to Take Away

- Broad stakeholder involvement will be needed
- Community-based organizations have a critical role
- Make assistance easy to access at any point
- Assistance needs to be proactive and coordinated
- Strong mechanisms for communication
- Expert programs to provide backup assistance

Resources

Help Wanted: Preparing Navigators and Other Assisters to Meet Consumer Needs.

<http://www.familiesusa.org/resources/tools-for-advocates/preparing-navigators-tool-kit/>

Enroll America, In-Person Assistance Resources State Profiles, <http://www.enrollamerica.org/best-practices-institute/assistance-resource-center>

The Center for Consumer Information & Insurance Oversight (CCIIO), <http://cciio.cms.gov/>

Questions?

Elaine Saly

esaly@familiesusa.org

202-628-3030

www.familiesusa.org