Affordable Care Act Implementation: What Happens Next?

Health Reform Workgroup
Webinar Series
September 24, 2013
Webinar Overview

• Introductions
• Presentation
• Q & A after presentation
  – You can submit any questions throughout the webinar and after the presentation via the ‘Chat’ box.
  – The moderator will read the questions after the presentations.
• Survey
  – Please complete our short survey to give us feedback for the next webinar!
Rachel Patterson, MPA
Policy Analyst, AUCD

David Deere, MSW, MTH
Director, Partners for Inclusive Communities,
University of Arkansas at Fayetteville
• Overview of coverage expansion
• Exchange/Marketplaces
• Medicaid Expansion
• Consumer Assistance
• Where to find further resources
• UCEDD Involvement
Victories

- Pre-existing conditions
- Lifetime and annual limits
- Cap on out-of-pocket costs
- Preventive care
- Premium control
- Premium equity
- Young adult coverage
- Rescissions
Coverage

Medicaid Expansion

Health Insurance Marketplaces
Exchange = Marketplace
Open Enrollment Starts October 1

Coverage Starts January 1

Open Enrollment Ends March 31
**Continuum of Exchange Options**

1. **State-based Exchange**
   - State operates all exchange activities

2. **State-Federal Partnership Exchange**
   - State operates plan management and/or consumer assistance activities; may determine Medicaid/CHIP eligibility

3. **Federally-Facilitated Exchange**
   - HHS operates all exchange activities; state may determine Medicaid/CHIP eligibility
States Health Insurance Marketplace Decisions, May 10, 2013

- **State-based Marketplace (16 states and DC)**
- **Partnership Marketplace (7 states)**
- **Federally-facilitated Marketplace (27 states)**

*In Utah, the federal government will run the marketplace for individuals while the state will run the small business, or SHOP, marketplace.*
Automated Eligibility Processes Facilitate Enrollment into Coverage Through the Exchange or Public Coverage

Single Door to Health Coverage

Eligibility for Multiple Programs Determined in Real Time

Information Provided on Available Plans for Comparison

Enrollment Into Selected Plan

Qualified Health Plans

Medicaid/CHIP

Premium Tax Credits

Unsubsidized Exchange Coverage

Plan A Plan B Plan C

John Doe
123 Main Street
12345

Platinum Gold Silver Bronze
## Metal-Level Plans

<table>
<thead>
<tr>
<th></th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
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<tbody>
<tr>
<td><strong>Monthly Cost</strong></td>
<td>$$$$$</td>
<td>$$$$</td>
<td>$$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Cost When You Get Care</strong></td>
<td>$</td>
<td>$$</td>
<td>$$$</td>
<td>$$$$$</td>
</tr>
<tr>
<td><strong>Good Option If You...</strong></td>
<td>plan to use a lot of health care services</td>
<td>want to save on monthly premiums while keeping your out-of-pocket costs low</td>
<td>need to balance your monthly premium with your out-of-pocket costs</td>
<td>don’t plan to need a lot of health care services</td>
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</table>
Essential Health Benefits

1. Ambulatory Patient Services
2. Emergency Services
3. Hospitalization
4. Maternity and newborn care
5. Mental health, substance-use 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
Steps to defining Essential Health Benefits

1. Select a **Benchmark Plan**
2. Determine if **Essential Health Benefits** are covered
3. Supplements benefits not defined in benchmark
   a) If **Habilitation** is not defined
      • State can define
      • Plan can provide at parity with rehabilitation
      • Plan can determine services and report to HHS
4. Substitute benefits to customize coverage
Habilitation and nondiscrimination in health insurance

ACA bars discrimination in health insurance, but final HHS regulations:

• Unclear on habilitation
  – Plans traditionally use “recover” standard
  – Discrimination that “varies from typical plan”

• Leave monitoring up to the states
Stuff you should know!

• Your state’s EHB benchmark plan
• Your state’s habilitation benefit decision
• Your state’s antidiscrimination monitoring & enforcement

➤ Center for Consumer Information and Insurance Oversight – CMS.gov/CCIIO
➤ State Refor(u)m from the National Academy of State Health Policy and RWJF – statereforum.org
The June 2012 Supreme Court decision in *National Federation of Independent Business v. Sebelius* maintained the Medicaid expansion, but limited the Secretary's authority to enforce it, effectively making the expansion optional for states. 138% FPL = $15,856 for an individual and $26,951 for a family of three in 2013.
Current Status of State Medicaid Expansion Decisions, as of September 3, 2013

NOTES: 1 - Exploring an approach to Medicaid expansion likely to require waiver approval. 2- Discussion of a special session being called on the Medicaid expansion.

SOURCEs: Based on KCMU analysis of recent news reports, executive activity and legislative activity in states. Data reported here are as of September 3. It is important to note that per CMS guidance, there is no deadline for states to implement the Medicaid expansion. Requirements for legislation to implement the Medicaid expansion vary across states.
In states that do not expand Medicaid, there will be large gaps in coverage, leaving millions of low-income adults with no affordable options.

**Diagram:**

- **MEDICAID**
  - Limited to Specific Low Income Groups
  - 0% FPL
  - Current State Medicaid Eligibility Limit for Parents (Median: 48% FPL)
  - 100% FPL ($11,490 for an individual)
  - 400% FPL ($45,960 for an individual)

- **NO COVERAGE**
  - Parents
  - Childless Adults

- **MARKETPLACE SUBSIDIES**

**NOTE:** Applies to states that do not expand Medicaid. The current median state Medicaid eligibility limit for parents is 48% FPL in the 21 states that are not moving forward with the Medicaid expansion at this time.
Alternative Benefit Plan

- Created in 2005 as optional Medicaid program
- State option to create a plan similar to commercial insurance
- Certain people are exempt
- ACA mandates that Medicaid expansion be through ABP
- Cover Essential Health Benefits

Options:
1. Make ABP look like commercial package
2. Make ABP as close as possible to current state plan
Steps to build Alternative Benefit Plan

1. Select **Benchmark Plan** for ABP
   - Federal BC/BS benefits plan
   - Largest state employee plan
   - Largest non-Medicaid HMO
   - Secretary approved coverage
   - Similar to Commercial
   - Similar to State Plan Medicaid

2. Select **benchmark plan** for Essential Health Benefits

3. Supplement benefits so ABP & EHB are covered
   - If **Habilitation** is not defined – state determines services

4. Substitute benefits to customize coverage
   - Likely path for states seeking uniformity with traditional Medicaid / Secretary Approved Coverage
Exemptions from ABP

• **Medical frailty** is defined by the state but must include:
  o A disabling mental disorder, including
    § Children with serious emotional disturbance
    § Adults with serious mental illness
  o A chronic substance abuse disorder
  o Serious and complex medical conditions
  o **Physical, intellectual, or developmental disability**
    that significantly impairs ability to perform **one or more activity of daily living**
  o A disability determined by the Social Security criteria, or in states that apply more restrictive criteria than the SSI program, the state criteria.

45 CFR §440.315(f)
Single Streamlined Application

- Purchase Exchange Plan with subsidies
- Purchase Exchange Plan without subsidies
- Medicaid Expansion Group
- Traditional Medicaid/CHIP

Qualified Health Plan

Alternative Benefits Package

Traditional Medicaid/CHIP Benefits
Stuff you should know!

• ABP Benchmark plan
• EHB Benchmark plan
• Habilitation definition
• State exemption/options process or how people with disabilities in Medicaid expansion will be informed of their options
ACA Consumer Assistance

Navigators
- Flagship Program
- All states
- Education & Outreach

In Person Assisters
- Fill in gaps in Navigators
- Target populations or needs

Certified Application Counselors
- Build on existing community partners

Consumer Assistance Programs
- Ombudsman
- Advocate and collect information
## Navigators

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<tr>
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<th>Federal</th>
<th>Partnership</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>Available</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (eventually)</td>
</tr>
<tr>
<td>Funding</td>
<td>Federal grant</td>
<td>Federal grant</td>
<td>State exchange revenue</td>
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<tr>
<td>Training</td>
<td>Federal (CMS)</td>
<td>Federal (CMS)</td>
<td>State (can use federal training)</td>
</tr>
</tbody>
</table>
# In-Person Assisters

(Non-Navigator Assistance Personnel)

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<tr>
<th></th>
<th>Federal</th>
<th>Partnership</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>Available</td>
<td>No</td>
<td>Yes</td>
<td>Optional</td>
</tr>
<tr>
<td>Funding</td>
<td>Not applicable</td>
<td>State grants from Exchange Establishment grants</td>
<td>State grants from Exchange Establishment grants</td>
</tr>
<tr>
<td>Training</td>
<td>Not applicable</td>
<td>Federal</td>
<td>State (can use federal training)</td>
</tr>
</tbody>
</table>
## Certified Application Counselors

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</thead>
<tbody>
<tr>
<td>Available</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Funding</td>
<td>No new federal funding, but other federal grants or Medicaid may fund activities.</td>
<td>Federal</td>
<td>Federal</td>
</tr>
<tr>
<td>Training</td>
<td>Federal</td>
<td>Federal</td>
<td>State (can use federal training)</td>
</tr>
</tbody>
</table>
Stuff you should know!

• Consumer assistance available in your state
• Training for consumer assistance

➢ Enroll America
➢ State Refor(u)m
State Refor(um)
If you’re a professional learning about the Marketplace and helping people apply, get the latest resources here.

If you’re a consumer ready to learn about and buy health insurance through the Marketplace, visit HealthCare.gov, the official consumer site for the Marketplace.
HealthCare.gov

The Health Insurance Marketplace is coming soon

A new way to get affordable coverage launches October 1.

Answer a few questions to learn if you qualify for lower costs.

SEE YOUR OPTIONS »

GET IMPORTANT NEWS & UPDATES

Email Address

SIGN UP

What is the Health Insurance Marketplace?

What is the Marketplace in my state?

What if I have job-based insurance?

How can I get coverage at lower costs?

What do small businesses need to know?
El Mercado de Seguros Médicos comenzará pronto

El 1 de octubre comienza una manera nueva de obtener cobertura médica de calidad

Responda unas cuantas preguntas para saber si califica para los costos reducidos

EMPICE AHORA
Find your State-Based Exchange

Welcome to the Marketplace

The Health Insurance Marketplace is a new way to get coverage that meets your needs.

Starting October 1, 2013, you can come here to fill out an application and see your plan choices. In the meantime, we can help you get ready.

CHOOSE YOUR STATE AND WE’LL TELL YOU YOUR NEXT STEPS

If you live in the District of Columbia, DC Health Link is the Health Insurance Marketplace to serve you. Instead of HealthCare.gov, you’ll use the DC Health Link website to apply for coverage, compare plans, and enroll. You can apply as early as October 1, 2013. Visit DC Health Link now to learn more.

VISIT DC HEALTH LINK NOW

State-Based Exchange
Sign up for updates from your Federally Facilitated Exchange

Welcome to the Marketplace

The Health Insurance Marketplace is a new way to get coverage that meets your needs.
Starting October 1, 2013, you can come here to fill out an application and see your plan choices. In the meantime, we can help you get ready.

If you live in Virginia, you’ll use this website, HealthCare.gov, to apply for coverage, compare plans, and enroll. You can apply as early as October 1, 2013. Learn more about the Marketplace and how you can get ready.

CHOOSE YOUR STATE AND WE’LL TELL YOU YOUR NEXT STEPS

Virginia

CREATE ACCOUNT  LOG IN
OPEN ENROLLMENT
Starts October 1

HealthCare.gov

1-800-318-2596

CuidadoDeSalud.gov

TTY: 1-855-889-4325
UCEDDS AND THE ACA

David Deere
Partners for Inclusive Communities
Arkansas UCEDD/LEND
September 24, 2013
A Case Study of One UCEDD

- Wrote original planning grant for state Marketplace
- Staff member recruited to head state planning
- Served on Marketplace Steering Committee
- UCEDD gathered stakeholder engagement (2011)
- Key informant interviews, 47 community meetings, state-wide survey on ideas for design of Marketplace
Efforts in Second Year

- Dropped pursuit of state Marketplace
- First state approved for a federal-state partnership
- Conducted community meetings via interactive videoconference that reached 8 communities
- Definition of habilitative services
- Served on Consumer Assistance Advisory Committee and Navigator Committee
Activities in Third Year

- State adopted “Private Option” for Medicaid Expansion
- State-wide conference for small businesses
- Town hall meetings in all 75 counties
- Seven trainings for insurance agents and brokers
- Held hour-long, call-in programs on PBS affiliate (2 programs)
UCEDD Received Navigator Grant

- Coordinating work of navigators with state’s In-Person Assisters
- Subcontracting with 7 agencies
- Directly employing 13 additional navigators and collaborating with 15 other organizations for connections with uninsured
(a total of 8 DD agencies are contracting or collaborating)
Community First Choice Option

- Staff member is on planning committee and another staff member attends as her direct support person
- CFCO is slated to eliminate waiting list for Home and Community-Based Waiver
Ways UCEDDs and LENDs Can Engage in ACA Activities

- Train staff on ACA
- Disseminate information to constituent groups (families of individuals with disabilities are a key demographic group for enrollment in coverage)
- Meet with navigator and IPA programs to find out how to become involved
More Ways to Be Involved

- Evaluate accessibility of Marketplace services
- Evaluate experience of individuals with disabilities and their families
- Become part of the conversation for future changes to plans and services
Contact

David Deere
501-765-6522
deere@uark.edu
Questions
Or Comments?
Visit the Websites

- AUCD Website:  http://www.aucd.org
- Health Reform Hub: http://www.aucd.org/projects/health_reform
- Join the Health Reform Workgroup Listserv:  http://www.aucd.org/template/news.cfm?news_id=8723

- Questions about the Health Reform Workgroup
  - Rachel Patterson: rpatterson@aurcd.org
  - Dawn Rudolph: drudolph@aucd.org

Please take a few minutes to complete our survey!