

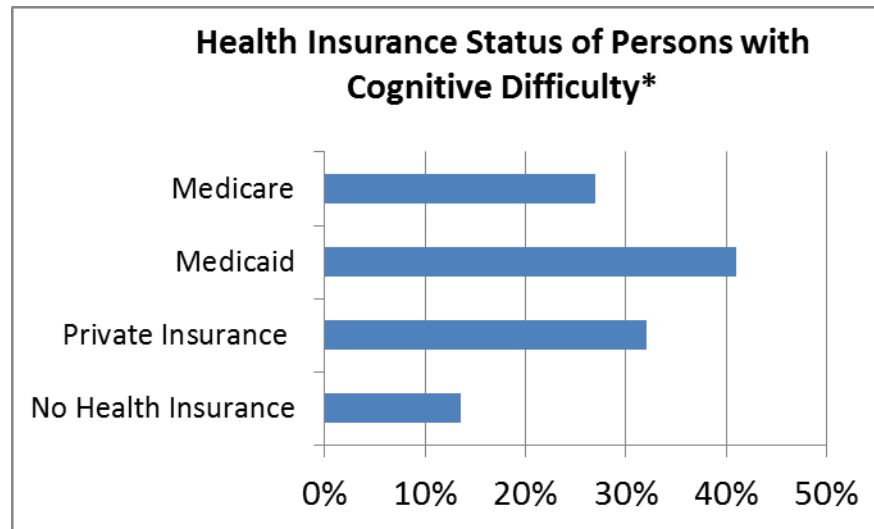
# Health Insurance Marketplaces

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The Arc of the United States  
September 11, 2013

# Presentation Outline

1. Affordable Care Act overview
2. Marketplace information
3. Assistance for consumers
4. Resources from The Arc
5. CMS materials
6. Questions

# Health Insurance Status



\* People with intellectual disability would be a subset of people with cognitive difficulty which also includes people with Alzheimer's, dementia, and other conditions.

# Access to Health Insurance

- Uninsured
- Lack access to employer-sponsored insurance
- Inadequate insurance
  - Pre-existing condition exclusions
  - Non-covered disability services
  - Unaffordable
  - Medical underwriting

# ACA Helps People With Disabilities

- Ends insurance industry practices that discriminated against people with disabilities and health conditions
- Expands access to health care
- Improves long term services and supports
- Promotes prevention and wellness



# ACA Implementation

- Politically divisive law--each state different
- Builds on our complicated health insurance system
- Few resources for implementation
- The Arc emphasis on shaping the regulations
  - Through meetings with officials
  - Comments on regulations
  - Developing materials
  - Updating Website



# Insurance Reforms In Effect Now

- Means for plan years beginning on or after **September 23, 2010**
- Eliminates pre-existing condition exclusion for under age 19
- Lifetime limits not allowed
- Phase-in of elimination of annual limits
- Rescissions
- Access to doctors
- Emergency room
- Appeals

# Insurance Reforms in 2014

- Can't consider health status when calculating premiums
- Prohibit discrimination based on health status
- Eliminate use of annual limits for all
- Guaranteed issue and renewability
- Pre-existing condition clauses eliminated for adults







# Generous Federal Match

- 100% federal match the first 3 years
- Phases down over time

Years	Federal Matching Rate
2014 – 2016	100%
2017	95%
2018	94%
2019	93%
2020 and beyond	90%

# States that Expand

- New eligibility category—childless adults
- Newly eligible access to Alternative Benefit Plans (ABP)
- State flexibility in designing ABP
- Category of people “medically frail” exempt from automatic enrollment
- Many people with I/DD will fall in this category

# Pre-Existing Conditions Plans

## *Pre-Existing Conditions Insurance Plans*

**UPDATE:** For those enrolled in the pre-existing conditions insurance plan (PCIP); you will have to re-enroll through the health insurance marketplace when it opens on October 1, 2013. For those who do not want a gap in their coverage, make sure to enroll on or before **DECEMBER 7, 2013!**

For additional information, enrollment help, and inquiries, you can call a 24/7 toll free hotline: (800) 318-2596, or visit [www.healthcare.gov](http://www.healthcare.gov)

# Individual Responsibility

- Tax penalties for no coverage-administered by IRS
  - 2014-- \$95
  - 2015--\$325
  - 2016-- \$695
- Percent of household income 1% in 2014, 2% in 2015 2.5% in 2016 and after
- Exempts individuals with incomes too low to pay taxes

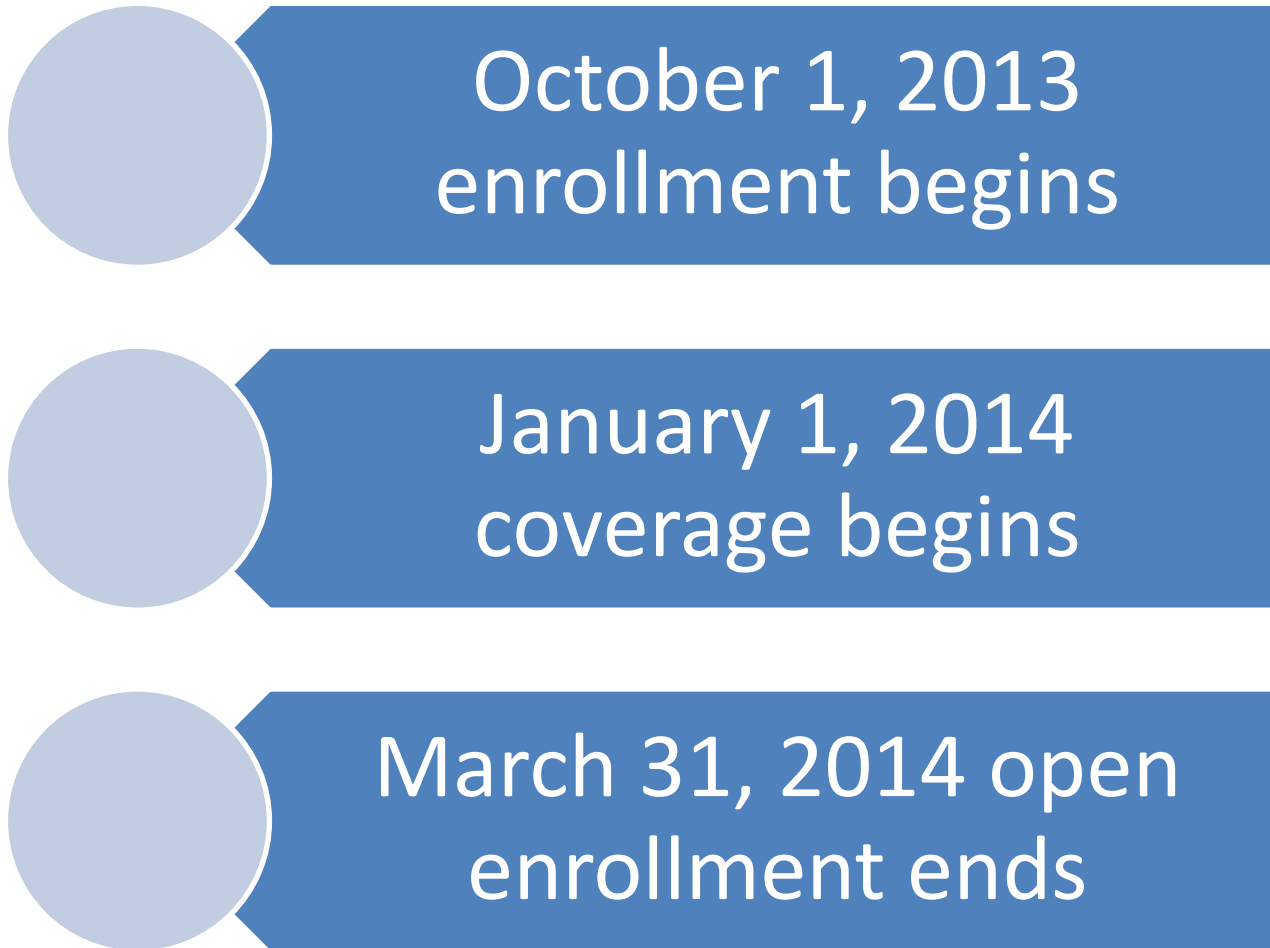
# Employer Responsibility

- Build on existing employer-sponsored system
- Penalties delayed one year
- Applies to large employers
- Grandfathered plans treated differently

# Marketplaces (formerly exchanges)

- Two marketplaces—one for individuals and the Small Business Health option Program (SHOP)
- Intended to make it easier for individuals, self-employed and small businesses to compare plans, enroll
- Plans sold in marketplace subject to reforms and must meet requirements for benefits and affordability

# Marketplace Timeline





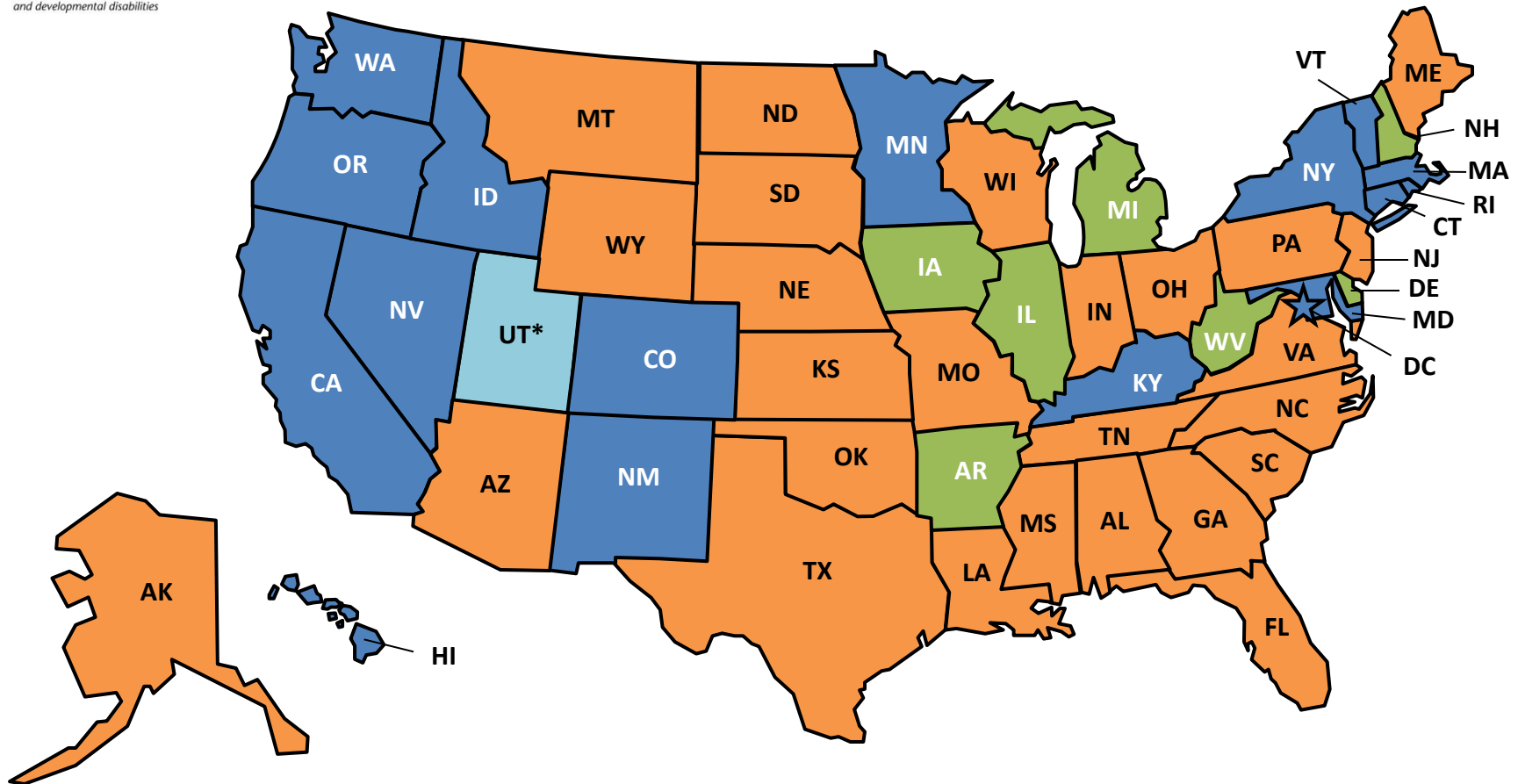
# Marketplace Types

State Based Marketplace

State Partnership Marketplace

Federally Facilitated Marketplace

# States Health Insurance Marketplace Decisions as of May 10, 2013 from the Kaiser Family Foundation



**State-based Marketplace (16 states and DC)**

**Partnership Marketplace (7 states)**

**Federally-facilitated Marketplace (27 states)**

*Achieve with us*  
\* In Utah, the federal government will run the marketplace for individuals while the state will run the small business, or SHOP, marketplace.

# Application and Eligibility

- Submit application online, phone, mail, or in person
- Verify and determine eligibility for premium tax credits in the marketplace, Medicaid, CHIP
- Enroll

## APPENDIX C

### Assistance with Completing this Application

#### You can choose an authorized representative.

You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change your authorized representative, contact the Marketplace. If you're a legally appointed representative for someone on this application, submit proof with the application.

1. Name of authorized representative (First name, Middle name, Last name)		
2. Address		3. Apartment or suite number
4. City	5. State	6. ZIP code
7. Phone number (     )     -		
8. Organization name		9. ID number (if applicable)
By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with this agency.		
10. Your signature		11. Date (mm/dd/yyyy)

#### For certified application counselors, navigators, agents, and brokers only.

Complete this section if you're a certified application counselor, navigator, agent, or broker filling out this application for somebody else.

1. Application start date (mm/dd/yyyy)	
2. First name, Middle name, Last name, & Suffix	
3. Organization name	4. ID number (if applicable)

# Application for Health Coverage & Help Paying Costs

THINGS TO KNOW



## Use this application to see what coverage you qualify for

- Affordable private health insurance plan coverage to help you stay well
- A new tax credit that can immediately help pay for health coverage
- Free or low-cost insurance from the Medicaid Insurance Program (CHIP)



## Who can use this application?

- Single adults who:
- Aren't offered health coverage from their employer
  - Don't have any dependents and can't be claimed on someone else's tax return

**NOTE:** If any of the following apply, you may not be eligible to use this application to see what coverage you qualify for:

- You're married or have dependent children
- You were in the foster care system, and you're now a dependent of a parent
- You have items that can be deducted from your income: student loan interest, tuition, etc.
- You're American Indian or Alaska Native



## Apply faster online

Apply faster online at [HealthCare.gov](https://www.healthcare.gov).



## What you may need to apply

- Your Social Security number (or document if you're an immigrant)
- Employer and income information (for W-2 forms, or wage and tax statements)



## Why do we ask for this information?

We ask about income and other information to see what coverage you qualify for and if you can get help paying for it. We'll keep all the information you provide confidential.

## STEP 1

## Tell us about yourself.

1. First name, Middle name, Last name, & Suffix

2. Home address (Leave blank if you don't have one)

3. Apartment or suite number

4. City

5. State

6. Zip code

7. County

8. Mailing address (if different from home address)

9. Apartment or suite number

10. City

11. State

12. ZIP code

13. County

14. Phone number

( ) -

15. Other phone number

( ) -

16. Do you want to get information about this application by email? ☐ Yes ☐ No

Email address:

17. Preferred spoken or written language (if not English)

18. Date of birth (mm/dd/yyyy)

19. Sex

☐ Male ☐ Female

20. Social Security number (SSN)

We need this if you want health coverage and have an SSN. We use SSNs to check income and other information to see if you're eligible for help with health coverage costs. If you need help getting an SSN, call 1-800-772-1213 or visit [socialsecurity.gov](https://www.socialsecurity.gov). TTY users should call 1-800-325-0778.

21. Are you a U.S. citizen or U.S. national? ☐ Yes ☐ No

22. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status?

☐ Yes. Fill in your document type and ID number below

a. Immigration document type

b. Document ID number

c. Have you lived in the U.S. since 1996? ☐ Yes ☐ No

d. Are you a veteran or an active-duty member of the U.S. military? ☐ Yes ☐ No

23. Are you pregnant? ☐ Yes ☐ No

24. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? ☐ Yes ☐ No



## Get help with this application

- Online: [HealthCare.gov](https://www.healthcare.gov)
- Phone: Call our Help Center at 1-800-368-0268
- In person: There may be counselors in your area. Visit [HealthCare.gov](https://www.healthcare.gov), or call 1-800-368-0268
- En Español: Llame a nuestro centro de ayuda al 1-800-XXX-XXXX

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other

26. Race (OPTIONAL—check all that apply)

☐ White

☐ American Indian or Alaska Native

☐ Filipino

☐ Vietnamese

☐ Guamanian or Chamorro

☐ Black or African American

☐ Asian Indian

☐ Japanese

☐ Other Asian

☐ Samoan

☐ Chinese

☐ Korean

☐ Native Hawaiian

☐ Other Pacific Islander

☐ Other

**NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://www.healthcare.gov) or call us at 1-800-XXX-XXXX. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX. If you need help in a language other than English, call 1-800-XXX-XXXX and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-XXX-XXXX.

**NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://www.healthcare.gov) or call us at 1-800-XXX-XXXX. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX. If you need help in a language other than English, call 1-800-XXX-XXXX and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-XXX-XXXX.

# Comparing plans

- Law envision easy comparisons
- Oct. 1 see the plans
- Required standard summary of benefits
- HHS developed glossary and standard definitions to help explain the law and to require plans to use the same language
- Divided the plans into “metal tiers”

## Glossary



3



7



Email

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

### A

[Accountable Care Organization](#)

[Accreditation](#)

[Actuarial Value](#)

[Advanced Premium Tax Credit](#)

[Affordable Care Act](#)

[Affordable Insurance Exchange](#)

[Affordable coverage \(as it relates to APTC\)](#)

[Agent](#)

[Alimony](#)

[Allowed Amount](#)

[Annual Deductible Combined](#)

[Annual Limit](#)

[Appeal](#)

[Attest/Attestation](#)

[Authorized Representative](#)

^ [Back to top](#)

### B

[Balance Billing](#)

[Benefits](#)

[Biosimilar Biological Products](#)

[Brand Name \(Drugs\)](#)

[Broker](#)

[Bronze Health Plan](#)

# Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
>
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

## Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**)

## Appeal

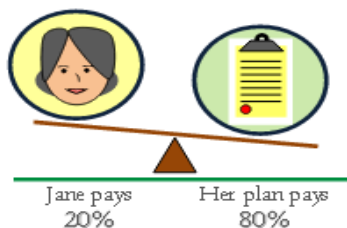
A request for your health insurer or **plan** to review a decision or a **grievance** again.

## Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

## Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



## Complications of Pregnancy

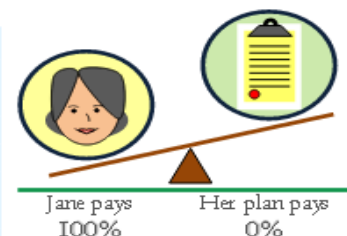
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of

## Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

## Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

## Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

## Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

## Emergency Room Care

**Emergency services** you get in an emergency room.

## Emergency Services

Evaluation of an **emergency medical condition** and





- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use \_\_\_\_\_ **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness			
	Specialist visit			
	Other practitioner office visit			
	Preventive care/screening/immunization			
If you have a test	Diagnostic test (x-ray, blood work)			
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition	Generic drugs			
	Preferred brand drugs			
	Non-preferred brand drugs			
More information about <b>prescription drug coverage</b> is available at <a href="#">www.[insert]</a> .	Specialty drugs			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)			
	Physician/surgeon fees			

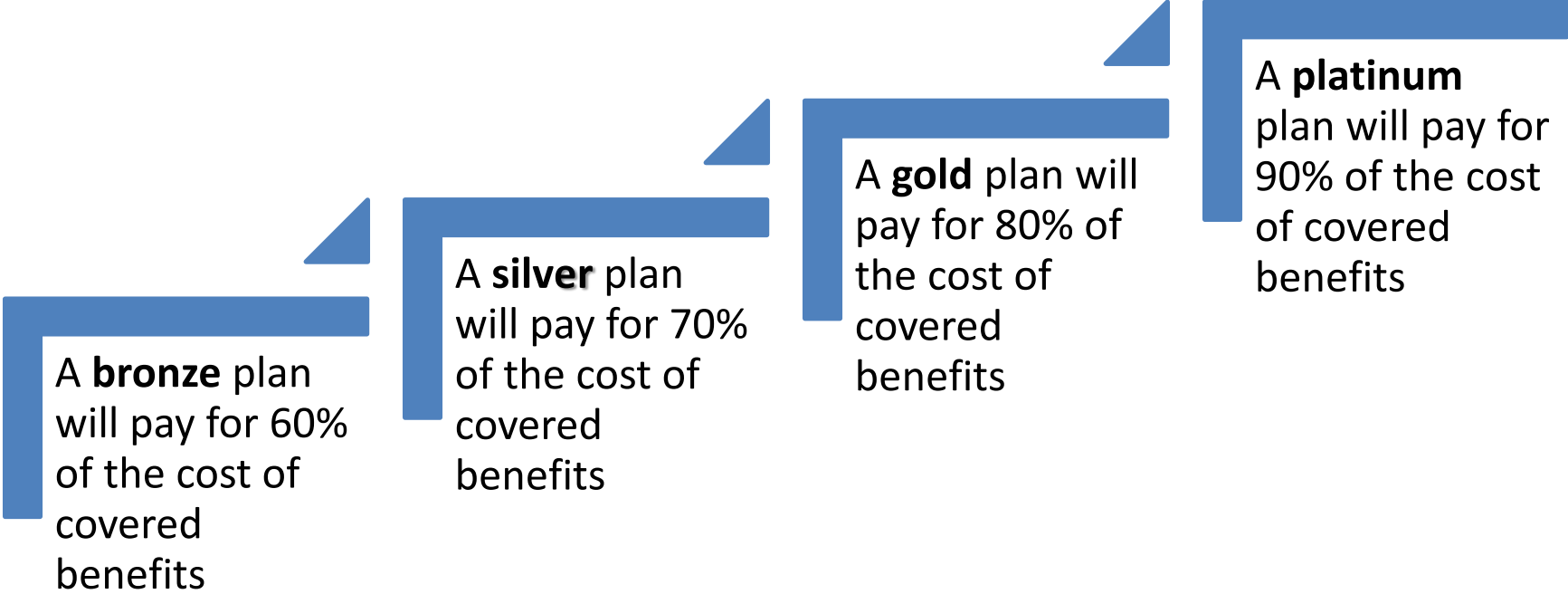
**Questions:** Call 1-800-[insert] or visit us at [www.\[insert\]](#).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](#) or call 1-800-[insert] to request a copy.

# Links

- Comprehensive glossary
  - <https://www.healthcare.gov/glossary/>
- Uniform glossary
  - <http://www.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf>
- Summary of benefits
  - <http://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sbc-template-2012.pdf>

# Metal Tiers



A **bronze** plan will pay for 60% of the cost of covered benefits

A **silver** plan will pay for 70% of the cost of covered benefits

A **gold** plan will pay for 80% of the cost of covered benefits

A **platinum** plan will pay for 90% of the cost of covered benefits

# Essential Health Benefits

- Ambulatory (outpatient) services
- Emergency services
- Hospitalization
- Maternity and newborn care
- **Mental health and substance abuse disorder services including behavioral health treatment**
- Prescription drugs
- **Rehabilitative and habilitative services and devices**
- Laboratory services
- **Preventive and wellness services and chronic disease management**
- Pediatric services including oral and vision care

# Affordability Provisions

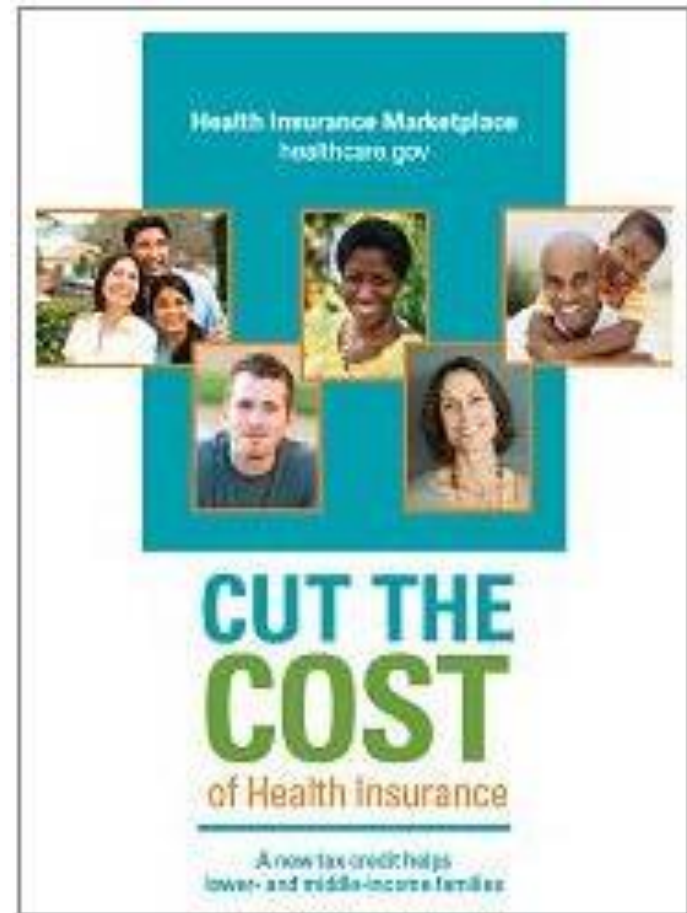
- Cost sharing reductions: to protect enrollees from very high out-of-pocket costs for covered, in-network benefits
- Premium tax credits: assistance with the cost of coverage for anyone purchasing insurance in the new health insurance marketplace.

# Who is Eligible

- Lower monthly premium is based on family income and size.
  - Generally for people between 100%-400% of the Federal Poverty Level (FPL)
  - \$23,550-94,200 for a family of four in 2013
- Lower cost sharing is available people up to 250% of FPL
  - About 58,875 for a family of four in 2013

# Resources

- <https://sites.google.com/a/consumer.org/tax-credit-brochure/>
- Kaiser Family Foundation calculator  
<http://kff.org/interactive/subsidy-calculator/>
- The website has instructions for how to [embed instructions](#).



# Consumer help

- Information expected on [www.healthcare.gov](http://www.healthcare.gov)
- 24 hour 7 day a week help line
  - 1-800-318-2596
- Funding for programs limited
- States establishing own marketplaces likely to be more robust
- People with disabilities may have more complicated decisions



# Assistance Available through the Marketplaces

	Navigators	Non-Navigator assistance personnel	Certified application counselors	Agents and Brokers
State-based Marketplace	Yes	Optional for states	Yes	Optional for states
State Partnership Marketplace	Yes	Yes	Yes	Yes, if a state permits it
Federally-facilitated Marketplace	Yes	Not applicable; Navigators provide this assistance	Yes	Yes, if a state permits it

<http://www.cms.gov/CCIIO/Resources/Files/Downloads/marketplace-ways-to-help.pdf>

# How Are These Roles Funded?

	<b>Navigators</b>	<b>Non-Navigator assistance personnel</b>	<b>Certified application counselors</b>	<b>Agents and Brokers</b>
State-based Marketplace	State-based grant program	State-based grants or contracts, which can be funded by Exchange Establishment grants	Certified application counselors will not receive new federal grant money through the Marketplace. Federal funding through other grant programs or Medicaid may be available. Some examples of possible application counselors include staff at community health centers, hospitals, other health care providers, or social service agencies.	Agents and brokers can be compensated by insurance companies or consumers, consistent with state law.
State Partnership Marketplace	Federal grant applications are being reviewed and awards will be announced in late summer 2013	State-based grants or contracts, which can be funded in states with consumer partnerships by Exchange Establishment grants		
Federally-facilitated Marketplace	Federal grant applications are being reviewed and awards will be announced in late summer 2013	Not applicable		

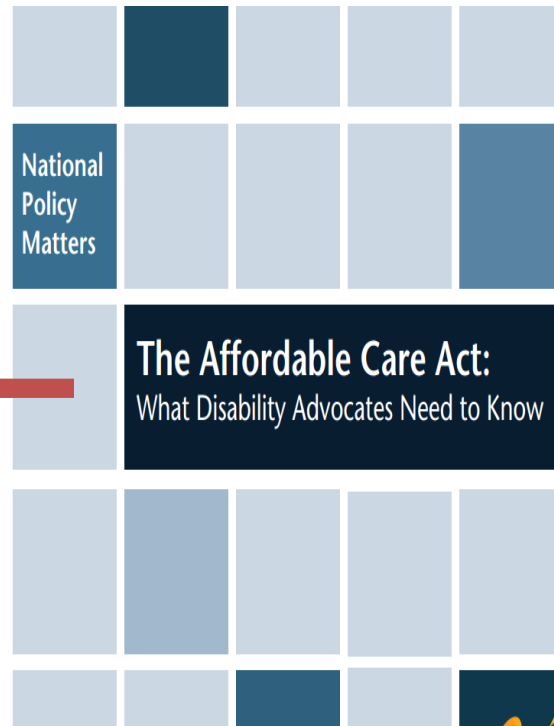
# ACA Resources: In-depth analysis

## Public Policy

Home ... What We Do ... Public Policy ... Policy Issues ... Health Care Issues

### *Health Care Issues for People with Disabilities*

Enactment of health care reform, known as the Affordable Care Act (ACA), is the most significant law for people with disabilities since the enactment of the Americans with Disabilities Act (ADA) in 1990. It will bring about comprehensive reforms that will benefit Americans with disabilities by prohibiting discrimination based on health status and improving access to care. Read The Arc's [in-depth guide for advocates on the ACA](#), and read a [one page summary of the guide](#) for a shorter version. Watch the video below to learn about how the ACA works and how it will benefit all groups.




# ACA Resources:

## Impact on nonprofit employers



National Policy Matters

3	Introduction
6	What does the ACA require of employers?
9	What penalties are imposed on large employers?
13	Can employers keep their current health insurance?
14	Can non-profits apply for tax credits?
15	What additional provisions apply?
15	Helpful resources

	The Affordable Care Act: What Nonprofit Employers Need to Know			
			National Policy Matters	

# Coming Soon

- ACA Tool Kit—Phase 1
  - Sample articles and social media messages
  - Links to resources
  - Templates for chapters to use
- New NPM on enrollment
  - Brief review of issues
  - Questions to think about when enrolling

# Website

- Affordable Care Act pages revised
- New pages on consumer assistance, essential health benefits
- <http://www.thearc.org/what-we-do/public-policy/policy-issues/health-care>

# HHS Resources

- For individuals needing health insurance
  - <https://www.healthcare.gov/>
- For chapters wanting educational and training resources—sample articles, posters, etc.
  - <http://marketplace.cms.gov/>



# HHS Resources, continued

- <http://marketplace.cms.gov/getofficialresources/widgets-and-badges/mp-badges-english.html>





# Disability Policy Seminar

SAVE THE DATE

April 6-9

# What do you need?

- What resources can we develop?
- More webinars?
- Ideas on monitoring?
- Questions about this presentation