

# The Affordable Care Act (ACA): *The Health Insurance Marketplace and Medicaid*

---

---

**Presentation by:  
Champaign County Health Care  
Consumers (CCHCC)**

**October 26, 2017**

***Welcome!***

# Goals of the Affordable Care Act (ACA)

- Expand health insurance coverage
- Improve coverage for those with health insurance
- Improve access to, and quality of, care
- Control rising health care costs

# Health Reform Implementation Timeline

2010

- Adult dependent coverage until age 26
- No lifetime caps
- No rescinding of coverage
- Pre-existing condition insurance plan
- Children cannot be denied based on pre-existing conditions
- Small business tax credits
- Premium review

2011-2013

- No cost-sharing for preventive services in Medicare and Medicaid
- Increased payments for primary care
- New delivery system models in Medicare and Medicaid
- Navigators and IPC groups are funded

2014

- Medicaid expansion
- Health Insurance Marketplaces
- Premium subsidies
- Insurance market rules—prohibition on denying coverage or charging more to those who are sick, standardized benefits
- Individual mandate
- Employer requirements (2015)

# Benefits & Protections as a Result of Health Reform

## Benefits

- Allows adult children to remain on their parents' health insurance policy until age 26
- Certain preventive services are covered at no cost including well-care visits
- Contraceptive coverage and STI testing/counseling with no co-pays

## Protections

- No lifetime caps or limits
- Insurance companies cannot drop coverage because of illness
- People with pre-existing conditions cannot be denied insurance or charged more (*2010 for children and 2014 for adults*)
- Medical loss ratio

# Making Insurance Affordable

Insurance is made more affordable in 3 ways:

- Providing financial assistance in the form of “Advanced Premium Tax Credits” to those with incomes between 139% and 400% FPL;
- Providing out-of-pocket Cost-Sharing to those with incomes between 139% and 250% FPL, when purchasing Silver plans; and,
- Expanding Medicaid (public insurance) to those with incomes up to 138% Federal Poverty Level (FPL).

*You can apply and qualify for all of these through the Marketplace.*

# **The Health Insurance Marketplace**

**(Healthcare.gov)**

# What You Need to Know About the Marketplace

- ✓ There are new, affordable options available for people without insurance.
- ✓ All plans have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions.
- ✓ Financial help is available so you can find a plan that fits your budget.
- ✓ All insurance plans have to show the costs in simple language with no fine print.

# The Health Insurance Marketplace

- Officially called **Get Covered Illinois**.



- The Health Insurance Marketplace (Healthcare.gov) is a “one stop shop” where people can enroll or find out if they are eligible for private health insurance plans and Medicaid.
- In Illinois, we have a State Partnership Marketplace: this means that our Marketplace is both federally and state run.

# The Health Insurance Marketplace, *cont'd.*

- People can enroll through the Marketplace online at **healthcare.gov**, over the phone (800-318-2596), or using a paper version.
- Open enrollment in the Health Insurance Marketplace is from November 1, 2017, through December 15, 2017.
- For health insurance to start January 1, 2018, you must enroll by December 15, 2017.
- People will find out if they are eligible for Medicaid, premium subsidies (Advance Premium Tax Credits), and cost-sharing subsidies *through one application.*

# Who can shop in the Marketplace?

- Uninsured individuals
- People on individual health insurance plans
- People who purchase dependent coverage
- People with COBRA health insurance
- Self-employed people with no employees
- Families
- Small businesses
- People whose health insurance is unaffordable (more than 9.5% of their annual income)
- Must be U.S. citizen, visa holder, or permanent resident (green card)

# Who CANNOT shop in the Marketplace?

- People with Medicare
- People with Medicaid
- Individuals who are currently incarcerated and are serving a sentence
- Undocumented individuals

# What Will Marketplace Plans Cover?

Plans through the Marketplace will be considered Qualified Health Plans (QHPs) and must include 10 Essential Health Benefits at a minimum

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

# What Will Marketplace Plans Cover?

## *Cont'd.*

About dental coverage in the Marketplace:

- Under the health care law, dental insurance is treated differently for adults and children 18 and under.
- Dental coverage for children is an essential health benefit. This means it must be available to you as part of a health plan or as a free-standing plan.
- This is not the case for adults. Insurers don't have to offer adult dental coverage.
- Some plans may offer dental coverage. You can also purchase stand-alone dental insurance, but only if you are also purchasing a health insurance plan through the Marketplace.

# Levels of Coverage in Health Plans

- There will be 5 different levels of coverage:

- Catastrophic (limited)
- Bronze (60%)
- Silver (70%)
- Gold (80%)
- Platinum (90%)

<b>CATASTROPHIC</b>	less than <b>60%</b>	of the total average costs of care
<b>BRONZE</b>	<b>60%</b>	of the total average costs of care
<b>SILVER</b>	<b>70%</b>	of the total average costs of care
<b>GOLD</b>	<b>80%</b>	of the total average costs of care
<b>PLATINUM</b>	<b>90%</b>	of the total average costs of care

- The % refers to how much of the total cost of medical services that the plan is designed to pay for, on average (also known as the actuarial value).

# Levels of Coverage in Health Plans, *continued*

- The benefits between levels will be the same but the cost-sharing (deductibles, copays, coinsurance) will vary.
- The lower the level of the plan, the lower the monthly premiums, but the higher your out-of-pocket costs might be.
- All plans will have a maximum out-of-pocket limit for your protection. If you reach that limit, the health plan has to cover all your costs for the rest of the year.
- All levels will have to cover all 10 Essential Health Benefits.

# Catastrophic Health Plans

- These plans are available to individuals under the age of 30.
- Individuals age 30 and over, who have received a hardship exemption, may be able to buy a catastrophic plan.
- In the Marketplace, catastrophic policies cover 3 primary care visits per year at no cost. They also cover free preventive benefits.
- If you buy a catastrophic plan in the Marketplace, you cannot get financial assistance based on income.

# Plans Offered in Champaign County

- Offered by 2 different companies
  - Health Alliance Medical Plans
  - Blue Cross Blue Shield of Illinois
- For most individuals and families, who do not qualify for Medicaid, there are 28 plans in the Marketplace offered locally.
  - 2 Catastrophic plans, 12 Bronze plans, 12 Silver plans, 2 Gold, and 0 Platinum plans

# Making Insurance Affordable

Insurance is made more affordable in 3 ways:

- Providing financial assistance in the form of “Advanced Premium Tax Credits” to those with incomes between 139% and 400% FPL;
- Providing out-of-pocket Cost-Sharing to those with incomes between 139% and 250% FPL, when purchasing Silver plans; and,
- Expanding Medicaid (public insurance) to those with incomes up to 138% Federal Poverty Level (FPL).

*You can apply and qualify for all of these through the Marketplace.*

# Advanced Premium Tax Credit (subsidies)

- A Premium Tax Credit is a refundable credit that helps reduce premiums for health insurance purchased through the Health Insurance Marketplace.
- The tax credit can be taken in advance and paid to the health insurance company to reduce your premium or at the end of the year in a lump sum.
- Changes every year with the Federal Poverty Level
- Can only be received through [Healthcare.gov](https://www.healthcare.gov)

# Cost Sharing Reduction (CSR)

- Cost sharing is consumer's portion of healthcare costs (deductibles, copay, coinsurance).
- Cost sharing reduction is a discount on deductibles, copays, and coinsurance on Silver plans and it is still available.
- Govt would reimburse companies to make them whole, but the administration has stopped payments to the insurance companies.

# Income Guidelines

## Income Guidelines for Affordable Health Insurance

Based on the 2017 Federal Poverty Level (FPL)

Household Size	Below 138% FPL	138 – 400% FPL
1 person	\$0 - \$16,643	\$16,643 - \$48,240
2 people	\$0 - \$22,411	\$22,411 - \$64,960
3 people	\$0 - \$28,180	\$28,180 - \$81,680
4 people	\$0 - \$33,948	\$33,948 - \$98,400
<b>Affordable Insurance Options Available</b>	Expanded Medicaid	Marketplace Plans with Premium Subsidies (Advanced Premium Tax Credits)
<b>Where To Apply</b>	abe.illinois.gov	healthcare.gov 1-800-318-2596

# What Counts as Income?

## What Counts

- Wages, salaries and tips
- **Net** income from any self-employment or business  
*(generally the amount of money you take in minus your business expenses)*
- Unemployment compensation
- Social Security payments, including disability payments
- Alimony
- Retirement income, investment income, pension income, rental income, and other taxable income

## What Doesn't Count:

- Child support
- Gifts
- Supplemental Security Income (SSI)
- Veterans' disability payments
- Workers' compensation
- Proceeds from loans

# About Expanded Medicaid

- As mentioned earlier, one way insurance has been made more affordable is by expanding Medicaid.
- It is often called the medical card or public aid.
- Medicaid is health insurance that is offered by the government and it will cover the 10 Essential Health Benefits *just like the private plans* offered in the Marketplace.
- Expanded Medicaid for adults has no monthly premiums.

# About Expanded Medicaid *continued*

- Medicaid expanded in 2014. The income limit went up slightly and categorical requirements were removed to allow more individuals to qualify.
- Also, Medicaid will not be looking at assets (just the types of income we mentioned earlier) for individuals under age 65.
- Illinois Medicaid application: [abe.illinois.gov](http://abe.illinois.gov)

# Getting Ready to Enroll!

# Getting Ready & Tips

- Gather information for you and your family, like birthdates, Social Security Numbers, and household income.
- The applications may need documentation such as birth certificates, state ID/driver's license, Social Security cards, immigration documents, and paystubs.
- If you have a preference on where you get your care, or you already established doctors, research what insurances companies are accepted by those providers.
- If you believe you may qualify for Medicaid, go directly to the Medicaid application at [abe.illinois.gov](http://abe.illinois.gov).
- If you need help, set up an appointment for in-person assistance.
- Be patient!

# How To Apply

## 1. Online

- **Healthcare.gov** for the Marketplace
- **Abe.illinois.gov** for the Medicaid application
- If you are unsure what you qualify for, you can use the lower costs tool on Healthcare.gov  
<https://www.healthcare.gov/lower-costs/>

## 2. By phone

- National Call Center: 1 (800) 318-2596
- Illinois Call Center: 1 (866) 311-1119

## 3. By paper

## 4. In person at Enrollment Locations

# Where Can You Get Help To Enroll?

- People will need help applying for private insurance and Medicaid through the Illinois Health Insurance Marketplace.
- There are local agencies that have received state and federal funding to provide In-Person assistance, enrollment and outreach as well as volunteer Certified Application Counselor (CAC) organizations like CCHCC.
- Open enrollment: November 1, 2017 – December 15, 2017, for insurance to start as early as January 1, 2018.

# 5 Steps to Renew Your Coverage

***Do you already have health insurance through the Marketplace?***

To stay covered through the Marketplace for 2018, you'll need to follow 5 Steps during Open Enrollment:

**1.Review** your current plan's 2018 health coverage and costs.

- *You should have received two notices about your coverage -- one from your health insurance company about 2018 rates, and one from the Health Insurance Marketplace about your tax credit for 2018.*

# 5 Steps to Renew Your Coverage

## *continued*

- 2. Update** your Marketplace application, starting November 1.
  - *You may be eligible for more tax credits!*
- 3. Compare** the health plans available to you in 2018.
  - *There will be different plan options!*
- 4. Choose** the plan that best meets your needs.
- 2. Enroll** in the health plan you want for 2018 coverage, by December 15, 2017.

# Appealing a Decision

- If you disagree with the eligibility determination made by the Health Insurance Marketplace, you CAN appeal.
- Appeals are made by mail:
  - Health Insurance Marketplace
  - 465 Industrial Blvd.
  - London, KY 40750-0061
- You can download the Appeal Request Form online at [healthcare.gov](https://healthcare.gov) or write your own letter.
- Be sure to include your application ID number and any supporting documents to make your case.

# **Exemptions from the Individual Responsibility Payment**

# Individual Responsibility Payment

- Individuals will be required to have health coverage that meets minimum standards in 2018.
- The Individual Responsibility Payment is enforced through the IRS and applies to everyone filing a Federal Tax Return.
- There will be penalties for not having insurance. Amounts for 2018 have not yet been published. For 2017, tax penalties will start at \$695 per adult and \$347.50 per child under 18, up to a family maximum of \$2,085 or 2.5% of your income (whichever is greater).
- Exemptions for certain groups: if you are part of a religion that opposes having an insurance policy, undocumented immigrants, incarcerated persons, if your income is below the threshold for filing a tax return, or if you have to pay more than 8% of your income towards health insurance.

# Individual Responsibility Payment

- Penalty increases every year.
- Exemptions can be submitted at throughout the year or when filing Federal Tax Return depending on the exemption.
- A 2-month gap in coverage is the maximum allowed before the penalty is applied.

# Hardship Exemption

Examples for Hardship Exemptions include:

- Facing eviction or being evicted within the past 6 months
- Being Homeless
- Received shut-off notice from utility company
- Experienced Domestic Violence
- Filed for bankruptcy within the past 6 months
- Had medical expenses in the past 12 months resulting in substantial debt

These exemptions are applied to the remaining months of the coverage year and should be done as soon as possible.

# Applying for an Exemption

- There are more options for exemptions based on individual needs and situations.
- The list of exemptions is available online at [Healthcare.gov](https://www.healthcare.gov) and CCHCC will be able to assist in the process.

# **The Affordable Care Act Going Forward**

# Going Forward

- Premium increases due to instability, most consumers are insulated through subsidies.
- Website will shut down every Sunday due to maintenance.
- Expect politicians to push for cuts to Medicaid, Medicare, and ACA during budget negotiations.
- Murray-Alexander Market Stabilization deal:
  - Ensures CSR payments for 2 years
  - Allows for certain non-QHP plans to be sold on Marketplace

# **What You Can Do to Help!**

# Resources

Illinois Health Insurance Marketplace – “Get Covered Illinois”  
[www.GetCoveredIllinois.gov](http://www.GetCoveredIllinois.gov)

Marketplace Application Website: <http://healthcare.gov/>

Illinois Medicaid Website: <http://abe.illinois.gov/>

Premium and Tax Credit Estimates:  
<http://www.healthcare.gov/see-plans/>

CCHCC website: <http://www.healthcareconsumers.org>

**Champaign County Health Care Consumers**  
**(217) 352-6533 | [cchcc@healthcareconsumers.org](mailto:cchcc@healthcareconsumers.org)**

# Thank You!

Champaign County Health Care  
Consumers (CCHCC)

(217) 352-6533

[healthcareconsumers.org](http://healthcareconsumers.org)

[facebook.com/healthcareconsumers](https://facebook.com/healthcareconsumers)