

The Affordable Care Act (ACA) in Wisconsin

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Covering Kids & Families

- Based at UW-Madison, also affiliated with UW-Extension, Cooperative Extension
- Provide training, education, and outreach to schools and community organizations in order to connect families with health insurance

Website: www.ckfwi.org

Blog: <u>http://ckfwi.wordpress.com</u>

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Updated August 8, 2013

Everyone has questions....



Things To Remember -

- Extension is viewed as a reliable source of information, people trust us to be unbiased and non-partisan.
- Extension responds to meet pressing community needs.
- And most importantly, the Affordable Care Act is law and implementation is underway.





What is this law, and what does it mean for Wisconsin?

The Patient Protection and Affordable Care Act (ACA)

What is the ACA?

The Affordable Care Act, also referred to as ObamaCare and health care reform, was passed in March, 2010 and was upheld by the Supreme Court in July, 2012

The law establishes changes to the current health care system and an avenue to provide coverage for the uninsured

States were given options to implement different components of the law, including the expansion of their Medicaid programs

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Parts of the Law Currently in Effect

- Free preventive care for those with insurance, including Medicare
- ✓ Financial assistance for seniors for prescription drugs
- ✓ Tax breaks for small businesses to provide coverage
- No lifetime limits on coverage of essential health benefits
- ✓ Young adults on parent's private insurance plans until age 26
- Children cannot be denied coverage for having preexisting condition

What parts go into effect in 2014?

- Adults cannot be denied coverage for pre-existing conditions. This applies to all options of health insurance, not just the plans in the Marketplace.
- People will be required to have insurance referred to as the Individual Mandate
- ✓ The Health Insurance Marketplace will be open to apply for health insurance (October 1, 2013).
- ✓ Government will provide tax credits to purchase marketplace coverage (100-400% of the Federal Poverty Level)
- ✓ Medicaid (BadgerCare+) changes go into effect

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The Individual Mandate

Most people will be required to have insurance or pay a tax.

- 2014: \$95 per adult or 1% of income
- 2016: \$695 per adult or 2.5% of income

Some people may be **exempt**, including:

- Religious conscience;
- Membership in a health care sharing ministry;
- Member of an Indian tribe;
- Hardship (based on personal circumstance or a lack of affordable coverage); and
- Ineligible for Medicaid based on a state's decision not to expand

The Three-legged Stool Approach



Public Programs (Medicaid/CHIP/Medicare)

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Poverty Guidelines

The poverty guidelines are the federal poverty measure used to determine a person's eligibility for certain federal programs.

A person or family's eligibility for a program or benefit is determined by the number of people in their family/household and their adjusted gross income.

Annual Income Categories: Federal Poverty Level (FPL), 2013

Group Size	100% FPL	133% FPL	200% FPL	300% FPL	400% FPL
1	\$11,490	\$15,282	\$22,980	\$34,470	\$45,960
2	\$15,510	\$20,628	\$31,020	\$46,530	\$62,040
3	\$19,530	\$25,975	\$39,060	\$58,590	\$78,120
4	\$23,550	\$31,322	\$47,100	\$70,650	\$94,200
5	\$27,570	\$36,668	\$55,140	\$82,710	\$110,280
6	\$31,590	\$42,015	\$63,180	\$94,770	\$126,360

For a family of 4 at 200% of the FPL, that is \$47,100 per year.

BadgerCare+ Current Eligibility and Future Changes



How will the comprehensive health care coverage change for Wisconsin's families?

	Ba	BadgerCare Plus "Core"		
"Federal				
Poverty	<u>No Income Limit</u>			
Level"				
300%				
		300%		
200%				
			200%	200%
100%				
	Children	Pregnant	Parents/Caretaker	Adults without
		Women	Relatives	Children
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BadgerCare+ Changes

Department of Health Services (DHS) applied for a waiver to the Center for Medicaid and Medicare Services (CMS) to change Medicaid eligibility to 100% FPL for parents and adults without dependent children; will take effect January 1, 2014 if accepted.

BadgerCare+ Changes (Eligibility)

What may happen if the waiver is accepted:

- No change to programs for individuals who qualify as Pregnant or Elderly, Blind, and Disabled
- Adults without dependent children below 100% FPL will be able to access coverage through BadgerCare+
- Adult without dependent children and Parents with incomes 100-200% FPL with BadgerCare+ coverage will be required to transition to Marketplace coverage (approx. 93,000 people)
- Children will now be eligible up to 300% FPL

BadgerCare+ Changes

What may happen if the waiver is accepted:

- Eligibility will be determined by a families Modified Adjusted Gross Income (MAGI)
- Children aging out of the foster care program will be eligible for BadgerCare+ (regardless of income) up until their 26th birthday
- Individuals and families who are no longer eligible for BadgerCare+ can seek coverage through the Health Insurance Marketplace

BadgerCare+ Eligibility Changes

Federal Poverty Level					
400%	No income limit Health Insurance Marketplace Coverage				
300%	300%	300%			
200%			200%	200%	
100%			100%	100%	
	CHILDREN (up to age 19)	PREGNANT WOMEN	PARENTS/ CARETAKER RELATIVES	ADULTS WITHOUT DEPENDENT CHILDREN	





What do businesses need to do to comply with the health law?

Employersponsored Health Insurance and Private Insurance

How it Works

The ACA creates an online Small Business Health Options Program (SHOP) where small businesses and employers can compare their options and purchase insurance beginning in 2014.



The SHOP will offer qualified health plans with benefits and costs clearly explained. Employees choose an insurance plan based on their needs.

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Qualified Health Plan

A Qualified Health Plan

- Is offered by an issuer that is licensed by the state and in good standing
- Covers Essential Health Benefits
- Is offered by an issuer that offers at least one plan at the "silver" level and one at the "gold" level of cost sharing
- Is offered by an issuer that agrees to charge the same premium rate whether offered directly through the Marketplace or outside the Marketplace

More of How it Works

 Small businesses with fewer than 50 employees are not mandated to provide insurance coverage, but tax credits are available to offset the costs.



Employees of small businesses may be eligible for tax credits to purchase insurance on their own if their employer chooses not to provide it.

Small Business Tax Credits

Starting in 2010, small businesses that offer healthcare coverage to their employees may be eligible for a tax credit.

To qualify, a small business must:

- Have fewer than 25 full-time equivalent employees
- Pay average annual wages below \$50,000 per FTE
- Contribute at least 50% of each employee's premium

Notes:

*Owners are excluded, and should not be counted in number of employees, wages, or premium contribution amount.

*Tax credits can't be larger than actual income tax liability.

Small Business Majority tax credit calculator: http://www.smallbusinessmajority.org/tax-credit-calculator/

Business Required To Offer Insurance?

- Large Businesses (50 FTE or more) will be required to offer health insurance starting January 2015.
- If they do not offer insurance, it may result in a penalty:
 - By not offering adequate health insurance, or
 - By not offering health insurance at all
- Businesses with less than 50 FTE will not be required to offer health insurance.

Health Insurance Marketplace



A "no wrong door" place to get health insurance.

2014: The Health Insurance Marketplace

Starting January 1, 2014, Americans can access health insurance in the **new health insurance marketplace** featuring:

- Competitive, comprehensive health plans
- Tools for comparing options and finding the best plans
- Strong oversight of insurance companies to offer essential health benefits and affordable coverage

cover



The Marketplace/Exchange



The Marketplace

- With a "no wrong door" approach, an individual or family can determine what type of insurance they can receive:
 - BadgerCare+
 - Private plans with tax credits
 - Catastrophic plans
- The Marketplace is a place people can go to compare insurance plans and determine what additional services beyond the essential health benefits they may want or need
- Individuals can purchase healthcare coverage and apply for discounts (tax credits) on their premiums

The Marketplace Eligibility

People can access the Marketplace, if they:

- Are currently uninsured
- Are not incarcerated
- Do not have access to affordable insurance through their employer
- Have affordable employer-sponsored coverage, but would like to explore their options (Note: not eligible for tax credits)

Insurance Affordability

Note: Insurance is deemed affordable if the annual premium for a self-only plan (not a family plan) costs less than 9.5% of a person's annual household gross income.





The Marketplace

- Marketplaces are managed either by the state or the federal government.
 Wisconsin's Marketplace will be managed by the federal government
- Will be housed at <u>www.healthcare.gov</u>
- Starting October 1, 2013, people can apply:
 - \circ Online
 - Over the phone
 - With a paper application
 - o In-person
- A 24-hour call center has recently been established by the federal government, and is now open: 1-800-318-2596
- If applying online, there is a chat feature to help someone walk through the application.
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Who is Coming To the Marketplace?





Components of the Marketplace

What will the Marketplace look like and how will it function?

Qualified Health Plan

A Qualified Health Plan

- Is offered by an issuer that is licensed by the state and in good standing
- Covers Essential Health Benefits
- Is offered by an issuer that offers at least one plan at the "silver" level and one at the "gold" level of cost sharing
- Is offered by an issuer that agrees to charge the same premium rate whether offered directly through the Marketplace or outside the Marketplace

WI Insurers *Requesting* Marketplace Participation

Common Ground Healthcare Cooperative Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of South Central Wisconsin Gundersen Health Plan, Inc. Health Tradition Health Plan Medica Health Plans of Wisconsin MercyCare HMO, Inc. Molina Healthcare of Wisconsin, Inc. **Physicians Plus Insurance Corporation** Security Health Plan of Wisconsin, Inc. Unity Health Plans Insurance Corp. Arise (WPS Health Plan, Inc.)

*Still must go through the federal review process, will be finalized in September

Different Levels of Plan

4 Levels of coverage – bronze, silver, gold, and platinum

- Each has a different value for level of coverage
- Bronze: 60%. Silver: 70%. Gold: 80%. Platinum: 90% (percentage shows how much of the cost of health services the insurance will cover)
- Any costs not covered by the plan are paid by individuals through deductibles, co-pays, co-insurance (not including monthly premium)

Each plan level must cover the same set of minimum essential health benefits

- What differs is amount of cost-sharing required
- Example: The bronze plan will have the least generous cost coverage (60%) with more out-of-pocket costs

No health plan can apply a deductible or any cost-sharing for certain preventive health services
Metal Tiers



2011 © Community Catalyst & Georgetown University Health Policy Institute

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Metal Tiers

The state a person lives in, how extensive benefits are, number of insurance companies offering plans in marketplaces can affect costs of insurance plans

Individual insurance companies are not required to offer all 4 plans, but at a minimum they must offer Silver and Gold (within the Marketplace)

It is possible that one company's Silver Plan is cheaper than another company's Bronze Plan.

Financial assistance is available for eligible individuals:

 When filling out application on Marketplace, it will automatically determine what financial assistance is available to the person applying for coverage

Catastrophic Plan

What is a catastrophic health plan?

- It is known as a high-deductible-low-premium plan
- It covers essential health benefits only after reaching the deductible
- It can be offered in the Marketplace or outside of the Marketplace through a private insurer

How are deductibles applied to catastrophic plans?

- Deductible is usually equal to the ACA's out-of-pocket cost limit (January 2015)
- Preventative care benefits still apply to this plan, and up to three annual primary care visits will be covered, free of charge
- Individuals purchasing catastrophic plans are not eligible for premium tax credits

Catastrophic Plan

Catastrophic Plan eligibility

- People who are under age 30 before the plan year begins, OR
- People who are exempt from the individual mandate because they can not afford a coverage option (Hardship Exemption)

Advantages and disadvantages of obtaining Catastrophic Coverage

- Advantage: Beneficial for people who cannot afford traditional plan premiums or who are healthy and do not need routine care
- Disadvantage: Plans may not cover preventive care or prescriptions, and costs for routine care before the deductible is met can accumulate rapidly.



Help Paying with Costs

 People with incomes between 100-400% of the federal poverty level will be eligible for discounts (also referred to as tax credit subsidies) when applying for coverage in the Marketplace

100-400% of the Federal Poverty Level: (\$11,490-45,960/year for an individual and \$23,550-94,200/year for a family of four)

ABC for Health FPL Calculator: <u>http://www.safetyweb.org/fpl.php</u>

Discounts can be applied to reduce the cost of each monthly premium
<u>covering</u>

Help Paying with Costs

 The maximum an individual will pay for their premium is a percentage of their income based on cost of the Silver Plan:

Up to 133% FPL	2% of income
133 - 150% FPL	3 - 4% of income
150 - 200% FPL	4 - 6.3% of income
200 - 250% FPL	6.3 - 8.05% of income
250 - 300% FPL	8.05 - 9.5% of income
350 - 400% FPL	9.5% of income

• Calculator: <u>http://kff.org/interactive/subsidy-calculator/</u>

Estimated Premium Payments, Individuals, 2013

Percentage of poverty line	Annual income	Percentage of income towards premiums	Annual premium due
100 - 133%	\$11,490 - \$15,282	2%	\$228 - \$300
133 - 150%	\$15,282 - \$17,235	3 - 4%	\$456 - \$684
150 - 200%	\$17,235 - \$22,980	4 - 6.3%	\$684 - \$1,452
200 - 250%	\$22,980 - \$28,725	6.3 - 8.1%	\$1,452 - \$2,316
250 - 300%	\$28,725 - \$34,470	8.1 - 9.5%	\$2,316 - \$3,264
300 - 350%	\$34,470 - \$40,215	9.5%	\$3,264 - \$3,816
350 - 400%	\$40,215 - \$45,960	9.5%	\$3,816 - \$4,368

Angeles, January. "Making Health Care More Affordable: The New Premium and Cost-Sharing Assistance." Center on Budget and Policy Priorities. Updated April 3, 2013. <u>http://www.cbpp.org/cms/?fa=view&id=3190</u>. (These amounts assume the coverage provisions in health reform were in effect in 2013. The 2014 FPL has not yet been calculated).

Estimated Premium Payments, Family of 4, 2013

Percentage of poverty line	Annual income	Percentage of income towards premiums	Annual premium due
100 - 133%	\$23,550 - \$31,322	2%	\$468 - \$684
133 - 150%	\$31,322 - \$35,325	3 - 4%	\$936 - \$1,416
150 - 200%	\$35,325 - \$47,100	4 - 6.3%	\$1,416 - \$2,964
200 - 250%	\$47,100 - \$58,875	6.3 - 8.1%	\$2,964 - \$4,740
250 - 300%	\$58,875 - \$70,650	8.1 - 9.5%	\$4,470 - \$6,708
300 - 350%	\$70,650 - \$82,425	9.5%	\$6,708 - \$7,824
350 - 400%	\$82,425 - \$94,200	9.5%	\$7,824 - \$8,940

Angeles, January. "Making Health Care More Affordable: The New Premium and Cost-Sharing Assistance." Center on Budget and Policy Priorities. Updated April 3, 2013. <u>http://www.cbpp.org/cms/?fa=view&id=3190</u>. (These amounts assume the coverage provisions in health reform were in effect in 2013. The 2014 FPL has not yet been calculated).



Limits on Out-of-Pocket Costs

Starting in January 2015, there will be a limit on out-of-pocket costs:

- \$6,350 for an individual and \$12,700 for a family
- This limit applies to co-payments and deductibles, but not premiums
- People with incomes below 250% FPL will get subsidies to lower those limits, based on their income

Exception: Some plans won't be required to implement this until 2015

Source: http://101.communitycatalyst.org/aca_provisions/subsidies



Essential Health Benefits

Qualified Health Plans in the Marketplace must cover:

ambulatory patient services	pediatric services, including oral and vision care
emergency services	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	chronic disease management



Essential Health Benefits

Each state had the choice to determine what benefits would be covered under each EHB category:

Wisconsin has chosen UnitedHealthcare Choice Plus Plan as the state benchmark EHB plan.

 Learn the details of this plan: http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/wisconsin-ehb-benchmark-plan.pdf



Essential Health Benefits

Note: All EHBs will be represented in each health plan in and out of the Marketplace.



How the Marketplace works



Create an

account

First you'll provide some basic information. Sign up for Marketplace emails now and we'll let you know as soon as you can create an account.

Starting October 1, 2013 you'll enter Next you'll see all the plans and information about you and your family, including your income, household size, and more.

Apply

Use this checklist now to help you gather the information you'll need. programs you're eligible for and compare them side-by-side.

Pick a plan

You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

Choose a plan that meets your needs and enroll!

Enroll

Coverage starts as soon as January 1, 2014.

> Español Help



ACCESS will work best with Internet Explorer version 8 and 9. You may experience problems if you are using other browsers such as Firefox, Safari, or Chrome. If you have questions or need help with your application, please call Member Services at 1-800-362-3002.



A side by side comparison

Application Process

Jean Nothnagel Covering Kids & Families

Marketplace Application Process

Beginning October 1st, Individuals can apply for coverage through the Marketplace online, in person, over the phone or by mail

online at www.healthcare.gov

- Create an Account with name, address, e-mail
- This can be done now!
 - Complete and Submit an individual or family application
 - Eligibility is determined immediately
 - Enroll applicants choose from available insurance plans and will know their costs of coverage right away

How the Marketplace works









Create an

account

First you'll provide some basic information. <u>Sign up for</u> <u>Marketplace</u> emails now and we'll let you know as soon as you can create an account.

Apply

Starting October 1, 2013 you'll enter information about you and your family, including your income, household size, and more.

<u>Use this checklist</u> now to help you gather the information you'll need.

Pick a plan

Next you'll see all the plans and programs you're eligible for and compare them side-by-side.

You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

Enroll

Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.

https://www.healthcare.gov/marketplace/individual

Enrollment Assistance

- In person: Navigators, Certified Application Counselor organizations, community based organizations, public health departments and federally qualified health centers will provide application assistance and/or referrals
- By phone: through a national call center 1-800-318-2596



• Online: chat with a Marketplace representative when filling out an application

Apply in the Marketplace

Application for Health Coverage & Help Paying Costs

The basic application can be used:

- To apply for anyone in a family.
- Even if a family member already has coverage, lower cost or free coverage may be available.
- In families that include ineligible immigrants. You can apply for eligible children even if an adult cannot be enrolled.

http://www.healthreformgps.org/wp-content/uploads/family-form-4-30.pdf

Marketplace Implementation

August:

- Organizations apply to be Certified Application Counselors (CACs) at <u>www.marketplace.coms.gov</u>
- Consumers can set up an account at <u>www.healthcare.gov</u>

October 1, 2013- March, 2014: Open Enrollment: Individuals can sign up for health insurance plans on the Marketplace

December 15: First premium payment due and deadline to enroll for January 1 coverage

January 1, 2014: BadgerCare+ eligibility changes take effect and Marketplace coverage begins if enrolled

Consumer Assistance Network



Who's doing what to get our community covered?

Who May Need Assistance



What Information is Needed



Type of Assistance Needed



Information and Referral

Enrollment and Application Assistance



Existing Support Networks

CMS regional representative <u>www.healthcare.gov</u> Online Chat Support with Marketplace Representative National Call Center 1-800-318-2596

NATIONAL

Services, Office of Commissioner on Insurance, Income Maintenance Consortia

Department of Health

Healthcare providers and networks, benefit specialists, health centers, community-based organizations, consumer advocates, agents and brokers, 211 and other referral sources, churches and faith-based groups

STATE

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LOCAL

Types of Assisters

Туре	Description	Requirements	Funding
Navigators	Public education, outreach and enrollment assistance	At least two awardees per state, Federal and state training required	Limited federal funding
Agents and Brokers	Assist people with securing insurance, in and outside of the Marketplace	State licensure requirements and must register with Exchange, some training required	Generally paid by insurers or work on commission
Certified Application Counselors	Assist people with enrolling in public health insurance or private insurance through the Marketplace	Federal rules pending, federal and state training required	FQHC may apply for one- time federal funding, no other federal or state funding available
Public Program Enrollment Assisters	Assist people with applying for public benefits only	May participate in trainings offered by MKEN and other partners	DHS federal pass through to 9 public health entities
Information & Referral Agents and Promoters	Provide accurate information to people seeking assistance with enrolling in insurance	May participate in trainings offered by MKEN and other partners	Funding varies

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PARTNERSHIP

Navigators

- Navigators will engage in outreach, education and enrollment assistance, and follow up with individuals seeking health insurance through the marketplace
- Ideally there will be a Navigator available to each region in the state
- Navigators expected to complete state and federal training and registration requirements
- "No wrong door policy" meaning Navigators should be available to anyone requesting assistance



Navigators

- Partners for Community Development, Inc.
- Northwest Wisconsin Concentrated Employment Program, Inc.
- Legal Action of Wisconsin, Inc./SeniorLAW
- National Council of Urban Indian Health*
- National Healthy Start Association
- R&B Receivables Management Corporation

Regional Enrollment Networks

Local and regional collaboration to meet the enrollment and education needs of our communities around the Affordable Care Act





Agent/Brokers

- Assist enrolling individuals in coverage
- State training and registration with OCI required
- Registration with Marketplace required
 - Establish account
 - Complete training
 - Sign agreement
 - Receive Portal ID
- Final details on training requirements expected in August
- Receive compensation by the issuer
- May make recommendations for specific plans but should inform consumers of options

Certified Application Counselors

- Similar to Navigators, but no dedicated funding
- Assist individuals in application process and enrollment in coverage (Medicaid or Marketplace)
- State and federal training and registration requirements are need to be a certified organization
- Examples: Financial counselors, benefit specialists



Public Program Enrollment Assisters

- Assist in Medicaid and public benefit programs only, with exception potentially to people who are transitioning from BC+ to the Marketplace
- Would refer to Navigator, CAC , and healthcare.gov to complete Marketplace application if a person is deemed eligible
- Examples: IM Consortia Agencies and staff, CBOs only comfortable/trained/familiar with public benefit programs

Information and Referral Agents (Mobilizers)

- Provide consumers with accurate and appropriate referrals to Application Assisters
- Stay informed of available community, state and national supports
- Examples: 211, community-based organizations, churches, schools, untrained or uncomfortable providing application assistance, and UW-Extension



Timeline and Resources



Where can people go for more information?

ACA/Medicaid Reform Timeline



Medicaid





Four Key Messages to Reach Most Uninsured



Source: Enroll America, November 2012

More Health Care Reform Resources

CKF website, blog, list serve:

http://www.ckfwi.org/affordablecareacthome.html



Updated January 1, 2013

www.healthcare.gov

Overview of ACA, timeline of changes, Marketplace information, glossary of terms, brochures, blog, FAQs, sign up for email updates



Other Links You May Like

http://marketplace.cms.gov/

CMS.gov Health Insurance Marketplace Centers for Medicare & Medicaid Services

ACCESS

Access information and research, brochures and other official publications

https://access.wisconsin.gov/

Find out your eligibility for public programs such as BadgerCare+ and apply online

http://www.badgercareplus.org/



Information on services covered by BadgerCare+, find providers, learn about plan updates, contact information and more

Other Links You May Like

http://101.communitycatalyst.org/aca_provisions/

Detailed information on the Provisions of the Affordable

Care Act all in one place



http://kff.org/interactive/subsidy-calculator/



Calculate how much insurance will cost you and your family, including assistance with costs.

http://www.enrollamerica.org/get-enrolled/how-to-enroll How to enroll, and many links within this link



Questions, Discussion



Let CKF know your questions and we will help get them answered!

Covering Kids & Families Info@ckfwi.org www.ckfwi.org 608-261-1455

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