iLead | iServe™ Congressional Black Caucus Foundation, Inc.

Health Reform Implementation Updates
September 2013

Expanding Access to Health Insurance

According to the U.S. Department of Health and Human Services, African Americans are almost twice as likely as non-Hispanic whites to be uninsured. One in four African Americans are uninsured compared to one in seven whites. African Americans experience the highest unemployment rate in the country and are more likely to work in low-income jobs, which make it more difficult to get health insurance coverage. This lack of insurance leads to less access to health care services for many African Americans and contributes to ongoing disparities in health status and health care. The Affordable Care Act (ACA), also known as "Obamacare," is designed not only to make health insurance more affordable and available but also to increase access to health care services and improve health outcomes.

Temporary Health Insurance Programs

Both temporary health insurance programs that were established in 2010, the Pre-Existing Condition Insurance Plan (PCIP) and the Early Retiree Reinsurance Program (ERRP), are no longer accepting new enrollees. Those who are currently enrolled in these programs will continue to receive benefits until the health insurance exchanges/marketplaces are established and fully functioning or Medicaid is expanded in the individual states.

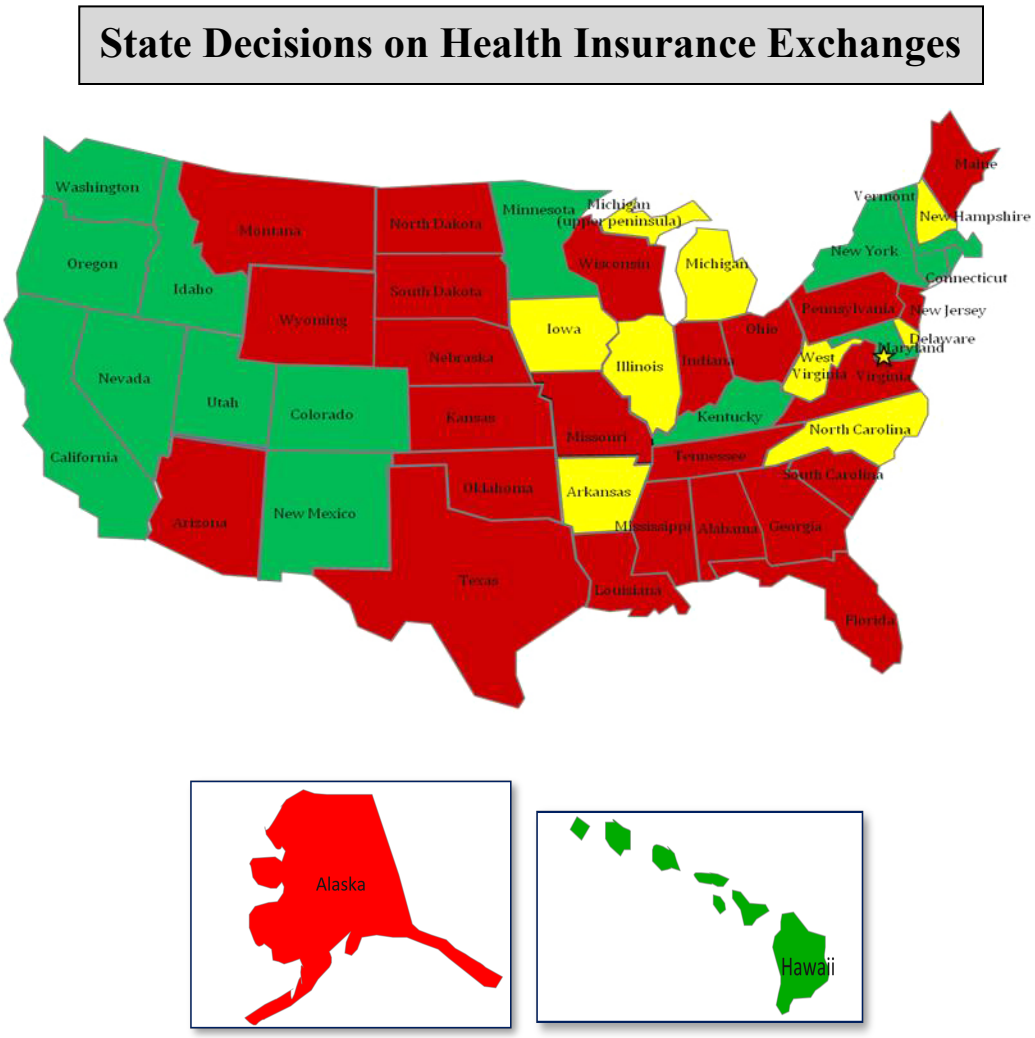
Permanent Health Insurance Programs

Health Insurance Exchanges/Marketplaces. The law requires the creation of new state-based health insurance exchanges or "marketplaces" by January 1, 2014, which will provide individuals and small businesses with a competitive marketplace to compare prices and benefits of qualified health plans and purchase health insurance. These marketplaces will operate similar to online sites like Travelocity.com and Expedia.com, and they will guarantee that individuals making more than 100 percent of the federal poverty level are able to get much-needed, affordable health insurance regardless of pre-existing conditions and with subsidies to offset much of the cost. The marketplaces will be especially helpful for individuals who have been unable to obtain health insurance through their employers or who do not qualify for Medicare or Medicaid.

Subsidies in the form of tax credits will be available to more than 3.5 million individuals and their families to buy insurance through the exchanges if they have incomes between 100% and 400% of the federal poverty level. Using 2013 figures, this means that individuals with incomes between $11,490 and $45,960 and a family of four with an income between $23,550 and $94,200 are eligible for subsidies to buy health insurance coverage in the exchanges. Open enrollment starts on October 1, 2013 with

coverage starting as soon as January 1, 2014. Individuals and small businesses can visit www.HealthCare.gov to learn more about the Health Insurance Marketplace and open enrollment.

Under the Affordable Care Act, states have the option to administer their own health insurance exchange; *however, if a state chooses not to run its own exchange the federal government is authorized to establish and operate the health insurance exchange in that state*. The map below highlights which states have currently declined to operate their own health insurance exchanges and defaulted to a federally-run marketplace (red), which have decided to operate an exchange in conjunction with the federal government (yellow) and which will operate their own exchange (green).

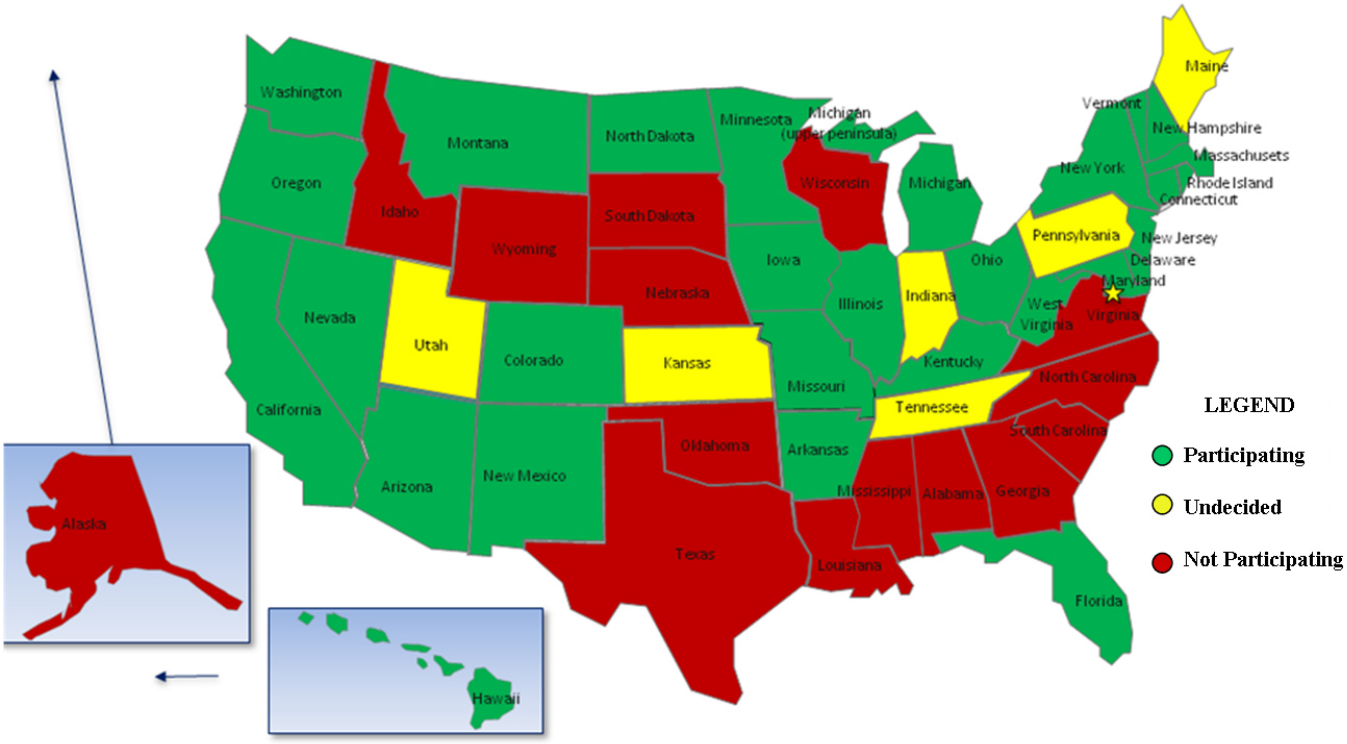


Under the Affordable Care Act, each state insurance exchange is required to set up a patient navigator program to help individuals and businesses make informed decisions about insurance enrollment through the exchange. Patient navigators are health professionals who guide consumers through the health care system and help them overcome barriers in accessing or receiving care.

Medicaid Expansion. The law expands Medicaid to adults under 65 with incomes up to 133% of the federal poverty level. Using 2013 federal poverty guidelines, this means that individuals making less than $15,282 and a family of four making less than $31,322 will be eligible for Medicaid in 2014. In addition, individuals without dependent children or who are not pregnant will now be eligible for Medicaid.

The map below highlights decisions by individual state governors regarding whether to expand their Medicaid programs as stipulated by the Affordable Care Act. Currently, 29 state governors have voiced support for Medicaid expansion (green), 15 have voiced opposition to Medicaid expansion (red), and 6 are still weighing their options (yellow*). It's important to note that many of the governors who oppose expanding Medicaid represent states with the highest uninsured rates in the nation.*

State Decisions on Medicaid Expansion



WEBSITE ENHANCEMENTS

New HealthCare.gov Website

On June 24, 2013, the U.S. Department of Health and Human Services (HHS) re-launched the HealthCare.gov website, which is the destination for the Health Insurance Marketplace. Individuals can now access new educational information and learn what they can do to get ready for open enrollment this fall. The website will add functionality over the summer so that, by October 2013, consumers will be able to create accounts, complete an online application, and shop for qualified health plans. For Spanish speaking consumers, CuidadoDeSalud.gov will also be updated to match HealthCare.gov's new consumer-friendly focus.

New Medicare.gov Website

On June 27, 2013, the Centers for Medicare and Medicaid Services (CMS) announced the redesign of Physician Compare (http://www.medicare.gov/physiciancompare), a website that allows consumers to search and compare information about physicians and other health care professionals enrolled in the Medicare program. The updated site is now easier to use and provides new information on physicians, such as:

- Information about specialties offered by doctors and group practices
- Electronic health records
- Board certification
- Affiliation with hospitals and other health care professionals

In 2014 quality data will be added that will help consumers choose a medical professional based on performance ratings. In addition to the Physician Compare page, individuals can go to www.medicare.gov to find doctors and other health professionals as well as group practices.

RECENT REGULATIONS

Women's Preventive Services

On June 28, 2013, the U.S. Departments of Labor, Treasury and Health and Human Services released a final rule for women's preventive services. The rule requires group health plans and companies offering group or individual health insurance coverage to provide certain women's preventive health services at no cost to patients. Such preventive services must include all Food and Drug Administration (FDA) approved-contraceptive methods, sterilization procedures, and patient education and counseling for women of childbearing age.

In the final rule, the Departments address the concerns of non-exempt, non-profit religious organizations, such as non-profit religious hospitals and institutions of higher education, that object to providing contraceptive coverage for their employees or students. Under the final rule, such organizations will not be required to contract, arrange, pay or refer for contraceptive coverage to which they object on religious grounds; nonetheless, such coverage will be made available to women enrolled in their health plans at no cost to the women or the organizations. The final rules regarding non-exempt organizations apply to group health plans and health insurance issuers for plan years beginning on or after January 1, 2014. The final rules on women's preventive services coverage are available here: http://www.gpo.gov/fdsys/pkg/FR-2013-07-02/pdf/2013-15866.pdf.

Employer Mandate

On July 3, 2013, the U.S. Department of Treasury (DoT) announced that it will delay enforcing the ACA's employer mandate until 2015 to allow the agency and businesses time to prepare for coverage and reporting requirements. The mandate requires businesses with at least 50 employees to offer health insurance that meets the law's requirements to all full-time employees or pay a penalty to the government.

Patient Navigators

On July 12, 2013, CMS finalized a proposed rule outlining the minimum standards for patient navigators. State-based marketplaces can use this guidance or developing their own. The rule identifies training, conflict of interest standards, and standards for serving people with limited English proficiency and people with disabilities.

In addition to navigators, marketplace consumers will have access to assistance through a call center, where they can get help with determining their eligibility and the enrollment process. The call center will also provide referrals to the appropriate state or federal agencies, as well as other supports such as in-person assistance personnel, certified application counselors, and agents and brokers. In addition to English and Spanish, the call center provides assistance in more than 150 languages through an interpretation and translation service. Customer service representatives are available for assistance toll-free at (800) 318-2596 and hearing impaired callers using TTY/TDD technology can dial (855) 889-4325 for assistance. To access the final rule, visit http://www.gpo.gov/fdsys/pkg/FR-2013-07-17/html/2013-17125.htm.

Language Access

On April 30, 2013 the Office for Civil Rights (OCR) at the Department of Health and Human Services announced its nationwide compliance review initiative, "Advancing Effective Communication in Critical Access Hospitals," to support language access programs in these hospitals. This initiative will ensure that language access is provided to individuals with limited English proficiency so that they can participate in and benefit from quality health care services. Title VI prohibits discrimination on the basis of race, color or national origin in programs that receive federal funds; it also requires recipients of federal funds, such as critical access hospitals, to take reasonable steps to ensure full access to their programs and services by persons with limited English skills. OCR is available to help all critical hospitals nationwide with developing and implementing a comprehensive language access program. Critical access hospitals seeking technical assistance can call OCR toll free at (800) 368-1019 (voice) or (800) 537-7697 (TDD). To learn more about the critical access hospital program, visit http://www.hhs.gov/ocr/civilrights/activities/agreements/compliancereview_initiative.pdf.

HIV/AIDS

On April 29, 2013, the U.S. Preventive Services Task Force (USPSTF) issued recommendations supporting routine HIV testing for all adults and adolescents ages 15 through 65. Previously, the USPSTF had only recommended HIV testing for people who are at risk for HIV and pregnant women; however, the Task Force now recommends routine HIV screening for all persons ages 15 through 65. This recommendation will play a significant role in the coverage of and reimbursement for HIV testing services. The USPSTF also proposes testing of adolescents under age 15 and adults over 65 who are at increased risk for HIV and reaffirmed its recommendation of routine testing of pregnant women. For more information, visit http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm.

RECENT REPORTS & RESOURCES

The Department of Health and Human Services has released a report highlighting some of the Affordable Care Act's effects on Medicare services in 2012. The report, entitled *The Affordable Care Act: A Stronger Medicare Program*, provides data on Part D coverage, "donut hole" discount savings, and use

of preventive services under the ACA. To view the report, visit http://www.cms.gov/apps/files/MedicareReport2012.pdf.

HHS has also released a report showing that about 71 million Americans with private health insurance received at least one free preventive health care service in 2011 and 2012 because of the ACA, such as a mammogram or flu shot. Additionally, an estimated 34 million Americans in traditional Medicare and Medicare Advantage plans have received at least one preventive service, such as an annual wellness visit with no out-of-pocket costs, because of the health care law. Taken together, this means about 105 million Americans with private insurance or Medicare have been helped by the Affordable Care Act's prevention coverage improvements. For a copy of the issue brief, visit http://aspe.hhs.gov/health/reports/2013/PreventiveServices/ib_prevention.cfm.

The Centers for Disease Control and Prevention posted their FY 2012 Grant Funding Profiles Tool, which provides detailed access to CDC grants by state, territory, and congressional district. It includes many data fields, including one for the Prevention and Public Health Fund (Fund) which allows readers to see a snapshot of Fund uses in a particular state. To learn more, visit http://wwwn.cdc.gov/FundingProfiles/FundingProfilesRIA/.

The U.S. Surgeon General released The *National Prevention Council 2013 Annual Status Report*, which describes national progress in meeting specific prevention, health promotion, and public health goals defined in the National Prevention Strategy. For a copy of the report, visit: http://www.surgeongeneral.gov/initiatives/prevention/2013-npc-status-report.pdf.

What Should You Do Now?

Now that you've learned about recent developments with putting the Affordable Care Act in place, the following information will help you to take advantage of the law's insurance benefits and get ready for the new Health Insurance Marketplace.

IMPORTANT DATES TO REMEMBER

DATE #1: OCTOBER 1, 2013

This is when you can start to enroll in health insurance plans offered in your state's Health Insurance Exchange (also called the Health Insurance Marketplace). When you complete the application, you also will learn if you qualify for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). If anyone in your family is eligible for Medicaid or CHIP when you apply, the Medicaid and CHIP agency in your state will be notified so that the coverage can start right away.

If you already qualify for Medicaid or CHIP, you do not have to wait for October 1, 2013; you can apply for Medicaid and CHIP right now.

DATE #2: JANUARY 1, 2014

The insurance coverage that you select will begin on this date.

DATE #3: MARCH 31, 2014

You will want to be sure to visit the Health Insurance Exchange (also called the Health Insurance Marketplace) and enroll in a plan before this date. After March 31, 2014, you can get new private health insurance for 2014 during a special enrollment period only if you have a qualifying life event, such as a job loss, a birth, or a divorce.

HOW CAN I FIND OUT IF I AM ELIGIBLE FOR MEDICAID OR THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)?

FOR INFORMATION ABOUT THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP):

There are two ways to see if your children qualify today:

- If you have a computer, you can visit **www.insurekidsnow.gov.**
- If you have a telephone, you can call **1-877-543-7669.**

You also may fill out the Marketplace application when enrollment opens on October 1, 2013 to find out if your family is eligible for coverage under your state's CHIP program.

FOR INFORMATION ABOUT THE MEDICAID PROGRAM:

You may qualify for Medicaid now or in 2014. The rules for Medicaid eligibility are different for each state. Most states offer coverage for adults with children below a certain income level, as well as pregnant women, some seniors, and people with disabilities. **Under the health care law, Medicaid eligibility is expanding in most states. This means that more people than ever will qualify for Medicaid starting in 2014. It also means that if you were told in the past that you did not qualify, you may qualify beginning in 2014.** To see if you qualify for Medicaid, do one of these:

- **Option I:** If you have a computer, you can visit **www.healthcare.gov/do-i-qualify-for-medicaid/.** You can select your state at the bottom of the page and can apply right away to find out if you qualify.
- **Option II: Starting October 1, 2013, fill out an application for the Health Insurance Marketplace.** When you find this application you will learn if you or your family is eligible for

Medicaid today or starting in 2014. The site will let the Medicaid agency in your state know so that your coverage can start right away. However, if you are not eligible today, you may qualify in 2014 and you will learn about that option from the website too.

_____

WHERE CAN I GO AND WHO CAN I CALL TO GET STARTED?

If you have a computer, you can get started online at **www.healthcare.gov.**

This website – which was created by the U.S. Department of Health and Human Services – offers user-friendly information about your health insurance options and benefits. **On October 1, 2013, you can go to this site, select your state, learn about your options and fill out a health insurance plan application.** This site also has information about the health benefits offered in every plan in the Health Insurance Exchange, as well as answers to commonly asked questions about the new health care reform law and how it will benefit you and your family.

OR

You can visit **http://findahealthcenter.hrsa.gov/Search_HCC.aspx.**

This website will allow you to find a community health center where you can go and get help with applying for health insurance coverage starting on October 1, 2013. On this site, type in your zip code and the site will list all of the community health centers in and near your neighborhood.

If you prefer to use a telephone, you can call: **1-800-318-2596.**

You can call this free number to get help completing your application for the Health Insurance Exchange. **NOTE:** If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need.

If you have children, find out if they qualify for the CHIP program. Each state program has its own rules about who qualifies for CHIP. There are two ways to see if your children qualify today:

- OPTION I: If you have a computer, you can visit **www.insurekidsnow.gov.**
- OPTION II: If you have a telephone, you can call **1-877-543-7669.**

MAKING GOOD HEALTH *MY* REALITY:
A CHECKLIST TO GET READY FOR OCTOBER 1, 2013

To get ready to apply for health insurance coverage in your state's Health Insurance Exchange (also called the Health Insurance Marketplace), you will want to collect important information that you will need to provide on October 1, 2013. The checklist below will help you gather that information so that you are ready to **MAKE GOOD HEALTH *YOUR* REALITY.**

___ Do you have your social security number and those in your household (spouse and children)? If this applies to you or your household, do you have document numbers for legal immigrants?

___ Do you have income information and employer information for yourself and everyone in your household who needs coverage? (For example, do you have W2 forms or pay stubs because these documents include this information?)

___ Have you completed an Employer Coverage Tool? You will need to fill out this form for every job-based insurance plan you or someone in your household is eligible for, even if you're not enrolled. You can fill out this form by visiting page 2 of the following website:

www.healthcare.gov/downloads/MarketplaceApp_Checklist_Generic.pdf

___ Make a list of the health conditions that you and members of your household have. For example, do you or your children have asthma or diabetes? How many prescriptions do you take to manage your conditions? This will help you determine the type of plan that best meets your and households' health and health care needs. **And, remember, the new health care reform law protects you and your household because starting in 2014, you cannot be denied coverage just because you already have a health condition like asthma or diabetes.**

___ Make a list of all of the questions you have about health insurance plans and benefits that you can apply for on October 1, 2013. Common questions include: 1) How much assistance will I get to help me pay for my health insurance premiums? 2) If I have never paid taxes before, where do I go so that I can get help with my health insurance premiums? 3) What types of benefits will I receive from the different plans that I qualify for? 4) Are dental benefits included in my or my child's health insurance plan? 5) Will I be able to choose my own doctor? 6) Where can I go to get health care with my health insurance plan?

HOW DOES THE NEW HEALTH CARE LAW PROTECT ME AND MY FAMILY?

Whether you already have health insurance coverage or will be applying for it, the health care law offers important rights and protections that will help keep you and your family healthy. Below are the 10 ways that the new health care law protects you:

Number 1: Creates the Health Insurance Exchange (also called a Health Insurance Marketplace) where you can go to get affordable, high-quality health insurance coverage.

Number 2: Requires insurance companies to cover you, even if you have a pre-existing health condition such as diabetes, asthma or hypertension.

Number 3: Provides free preventive care to help keep you and your family healthy.

Number 4: Covers young adults under the age 26 on their parents' health insurance plans.

Number 5: Helps you clearly understand what you are getting with a user-friendly Summary of Benefits and Coverage.

Number 6: Holds insurance companies accountable by reviewing rate increases and making sure you get more value for your health insurance premium dollars.

Number 7: Makes it illegal for health insurance companies to cancel your health insurance just because you get sick.

Number 8: Protects your choice of doctors so that you can see the provider with whom you and your family are most comfortable.

Number 9: Ends lifetime and yearly dollar limits on coverage of essential health benefits.

Number 10: Guarantees your right to appeal a health plan decision.

Source: https://www.healthcare.gov/how-does-the-health-care-law-protect-me/

Produced by Daniel E. Dawes, Esq.

for the Congressional Black Caucus Foundation

1720 Massachusetts Avenue, NW | Washington, DC 20036 | ph. 202.263.2800

www.cbcfinc.org

CBCFInc