



Understanding the Health Insurance Marketplace

Michelle Ray, MPA
Navigator Program Manager
USF-Florida Covering Kids & Families



florida
covering kids™
& families

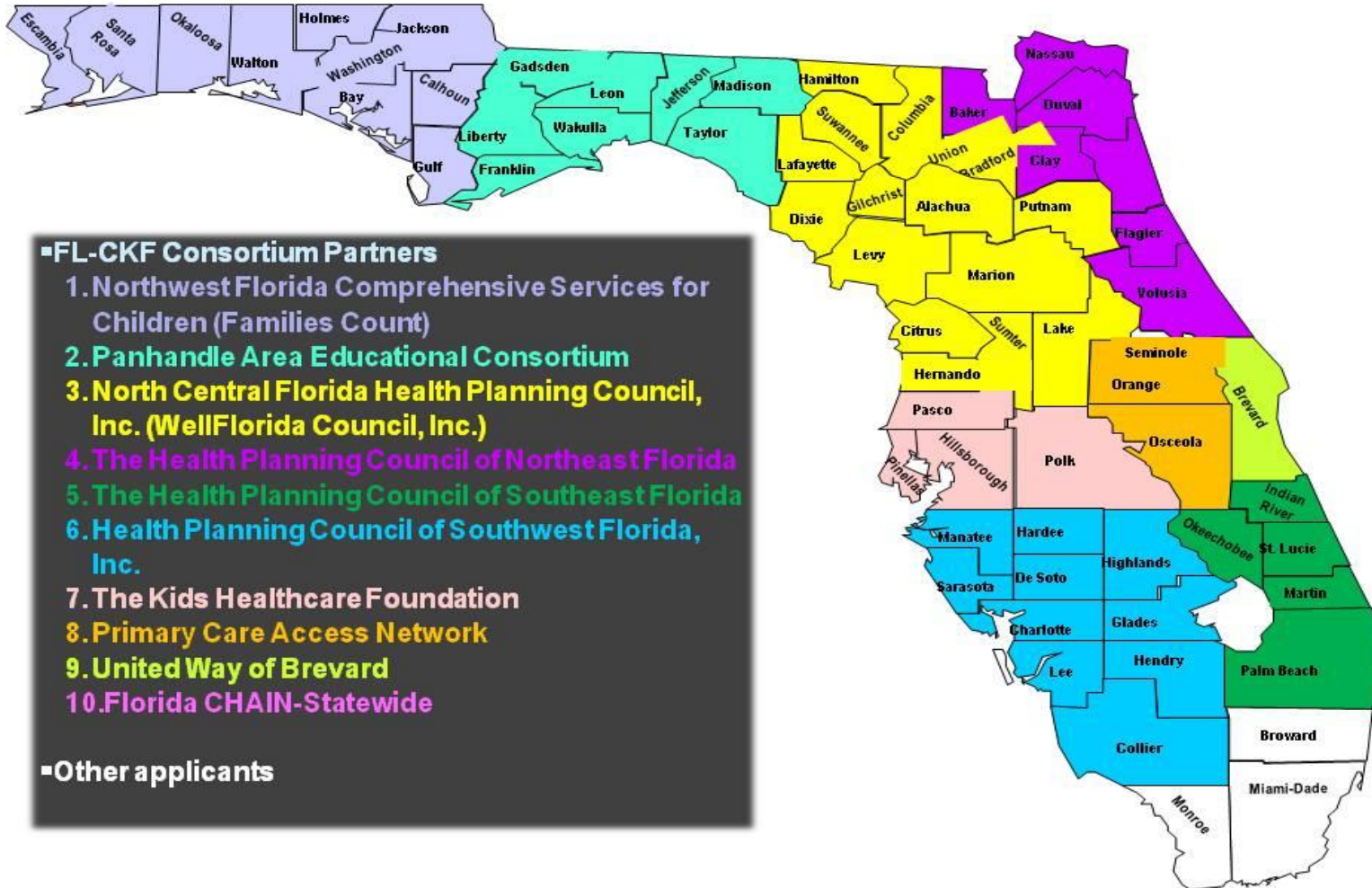
Topics

- USF's role in the Health Insurance Marketplace
- Rate of uninsured in Florida, opportunities and challenges
- The Affordable Care Act and the Health Insurance Marketplace
- Eligibility and Enrollment
- Qualified Health Plans
- Tax credits and cost sharing
- Potential Fraud
- Resources & enrollment assistance

USF's Role in the Marketplace

- 8/15/13, awarded \$4.2M grant to perform Navigator duties
 - ✓ Enrollment
 - ✓ Outreach
 - ✓ Education
- 10 consortium partners
- Cover 64 of 67 counties in FL

USF's Consortium Partners

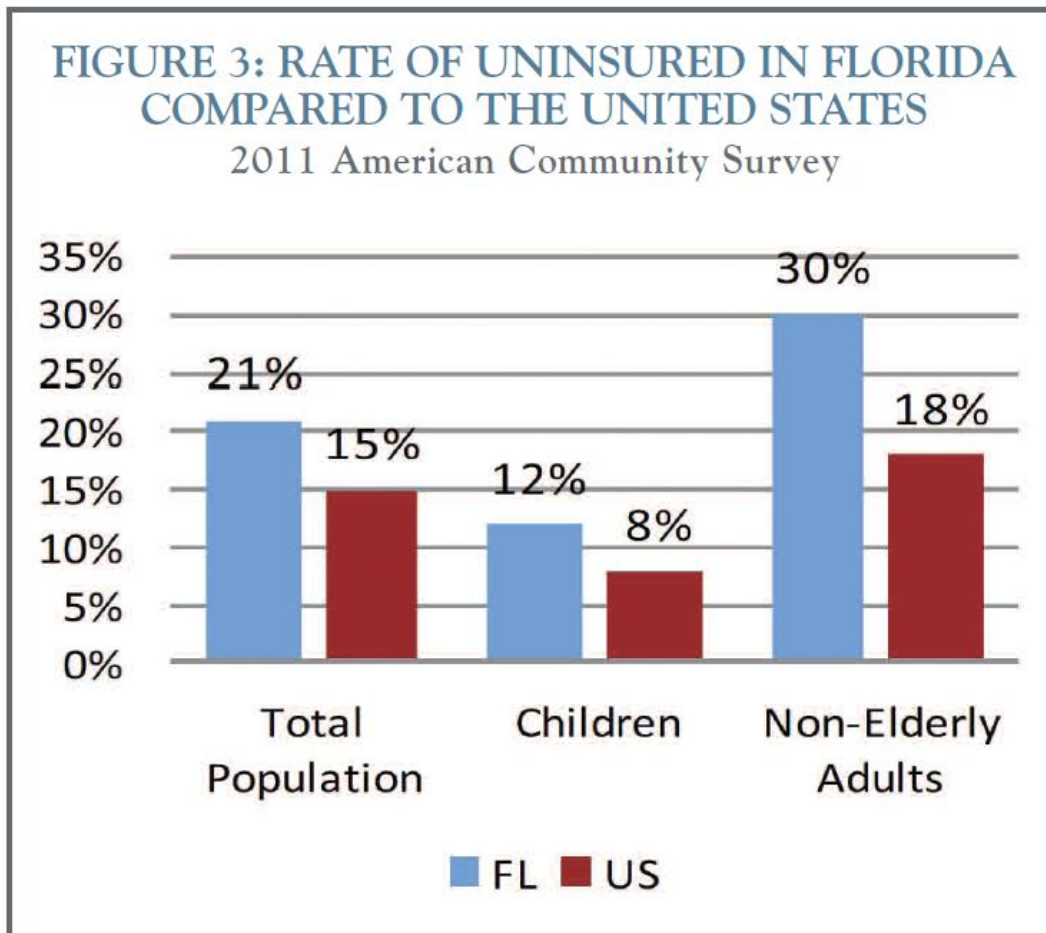


FL-CKF Consortium Partners

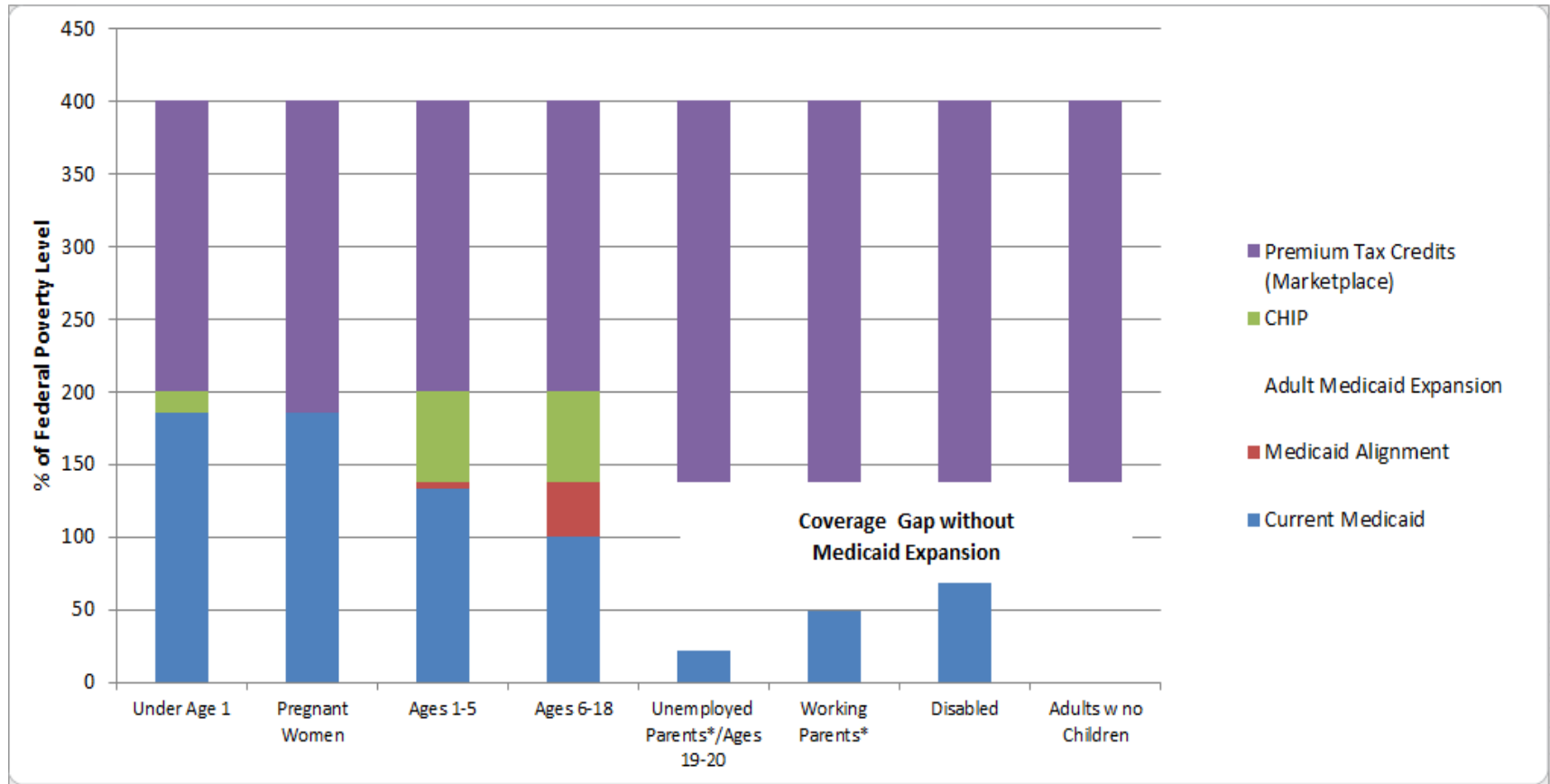
1. Northwest Florida Comprehensive Services for Children (Families Count)
2. Panhandle Area Educational Consortium
3. North Central Florida Health Planning Council, Inc. (WellFlorida Council, Inc.)
4. The Health Planning Council of Northeast Florida
5. The Health Planning Council of Southeast Florida
6. Health Planning Council of Southwest Florida, Inc.
7. The Kids Healthcare Foundation
8. Primary Care Access Network
9. United Way of Brevard
10. Florida CHAIN-Statewide

Other applicants

Uninsured Population in FL



Insurance in FL - Opportunities and Challenges



Affordable Care Act

- ACA signed into law March 2010
 1. Patient Protection and Affordable Care Act (PPACA)
 2. Health Care and Education Reconciliation Act
- Created the Health Insurance Marketplace

Affordable Care Act continued...

- Young adults can on parents' plans until age 26
- Provides some free preventive care
- No longer allows for denial based on pre-existing conditions
- No lifetime limits
- Financial assistance to eligible individuals & families
- Establishment of the Health Insurance Marketplaces

Health Insurance Marketplace or “Exchange”

- Offers Qualified Health Plans (QHP) that provide basic consumer protections
- Provides information on plan premiums, deductibles, and out-of-pocket costs
- Provides premium tax credits and cost-sharing reductions to eligible individuals
- Allows for the comparison of costs and coverage between health insurance plans before purchase

Eligibility

- Live in the plan's service area
- Be a U.S. citizen or national
- Be a non-citizen lawfully present in the U.S.
- Cannot be incarcerated
 - Can apply for Marketplace if pending disposition of charge
 - Can apply for Medicaid/CHIP at any time

Immigration Status & the Marketplace

<https://www.healthcare.gov/immigration-status-and-the-marketplace/>

- Lawful Permanent Resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian Entrant
- Paroled into the U.S.
- Conditional Entrant Granted before 1980
- Battered Spouse, Child and Parent
- Victim of Trafficking and his/her Spouse, Child, Sibling or Parent
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Individual with Non-immigrant Status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (Deferred Action for Childhood Arrivals (DACA) is not an eligible immigration status for applying for health insurance)
- Lawful Temporary Resident
- Administrative order staying removal issued by the Department of Homeland Security
- Member of a federally-recognized Indian tribe or American Indian Born in Canada
- Resident of American Samoa

Individual Mandate

- Individuals must have health insurance coverage beginning January 1, 2014
- Coverage can be through an employer, individual plan, or other designated programs.

Individual Mandate Exceptions

- Individuals at or below 100% of the Federal Poverty Level (FPL) of \$11,490 in 2013
- Individuals who cannot afford coverage
- Undocumented immigrants
- Members of health care sharing ministries

Enrollment

- Open enrollment begins **October 1, 2013** and runs through **March 31, 2014**
- Annual Open Enrollment
 - **October 15 through December 7**
- Special enrollment periods are available under certain circumstances

Enrollment and Coverage

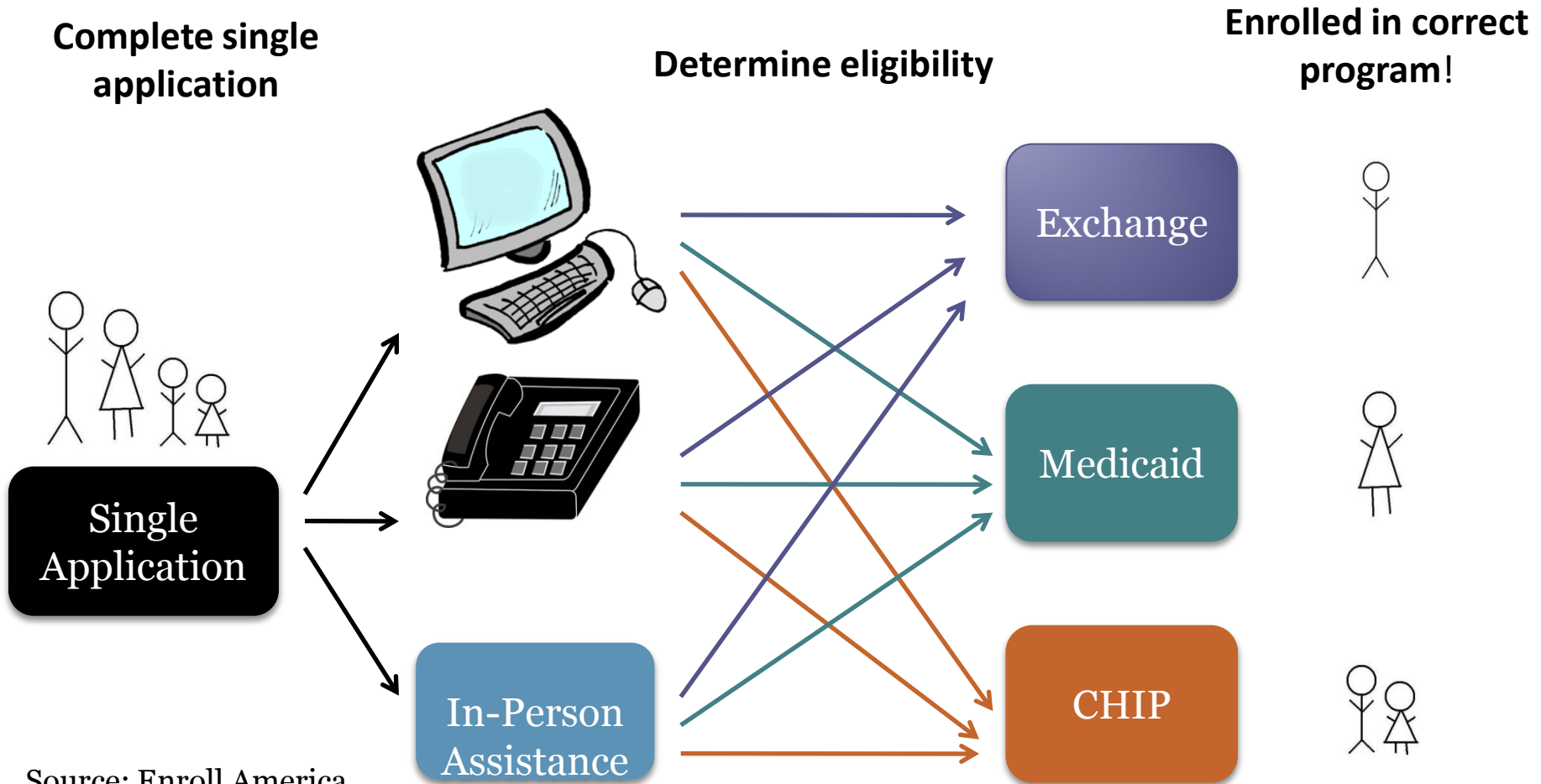
- October 1, 2013 – March 31, 2014

Enroll during the Initial Open Enrollment Period	Your coverage is effective*
On or before December 15, 2013	January 1, 2014
Between the 1st and 15th day of January - March	First day of the following month
Between the 16 th and the last day of December - March	First day of second following month

***Some exceptions may allow for earlier effective dates**

A New Way to Enroll in Coverage

Consumers can connect to whichever program they are eligible for, no matter where they start.



Qualified Health Plans

- What determines if a health plan is a Qualified Health Plan?
 - Offered by a licensed insurer
 - Covers the 10 Essential Health Benefits
 - Offers at least one “Silver” and one “Gold” plan
 - Charge the same premium rate

How Qualified Health Plans Vary

- Some plans may cover additional benefits
- Premiums, co-payments, deductibles, and co-insurance will vary by plan
- Provider Network

Essential Health Benefits

Ambulatory patient services	Prescription drugs
Emergency services	Rehabilitative and habilitative services and devices
Hospitalization	Laboratory Services
Mental health and substance use disorder services, including behavioral health treatment	Preventive and wellness services and chronic disease management
Maternity and newborn care	Pediatric services

Chart provided by the Center for Medicare & Medicaid Services (CMS)

Preventive Care

In cases, you can get preventive services for free:

- ✓ Cancer screenings such as mammograms & colonoscopies
- ✓ Vaccinations such as flu, mumps & measles
- ✓ Blood pressure screening
- ✓ Cholesterol screening
- ✓ Tobacco cessation counseling and interventions
- ✓ Birth control
- ✓ Depression screening
- ✓ And more...

Visit www.healthcare.gov/prevention for a full list.



Health Plans in the Marketplace

Plan Levels of Coverage

Levels of Coverage	Plan Pays On Average	Enrollees Pay On Average* <i>(In addition to the monthly plan premium)</i>
Bronze	60 percent	40 percent
Silver	70 percent	30 percent
Gold	80 percent	20 percent
Platinum	90 percent	10 percent

*Based on average cost of an individual under the plan and may not be the same for every enrolled person.

Chart provided by the Center for Medicare & Medicaid Services (CMS)

Tax Credit Eligibility

- Household income and family size
- Income between 100% - 400% of the FPL
- Ineligibility for other health benefits coverage

Cost Sharing Reduction

Enrollment requirements:

- Receiving the premium assistance tax credit
- Income is at or below 250% of the FPL which was \$58,875 for a family of four in 2013
- Enrolling in a Marketplace “Silver” plan

Potential Fraud

- The Department of Health and Human Services warns of fraud surrounding the Marketplace
- Be informed
- Use only the healthcare.gov website
- Compare plans before deciding
- Look for official government seals and logos
- Know the enrollment dates
- Be suspicious of anyone charging a fee for connection with enrollment

Ask and Verify

- The Marketplace has free trained assisters
- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596
- Do not be afraid to ask questions
- Keep record of anyone who may assist you
- Do not sign anything you don't fully understand
- If you suspect fraud, make sure to report it

Protect Personal Information

- Keep personal and account numbers private
- No one should ask for your personal health information
- Do not give your personal information to someone who calls or comes to your home

Enrollment Assistance

- The Marketplace Toll-Free Call Center
 - 1-800-318-2596 (TTY 1-855-889-4325)
 - Customer service representatives - 24/7
 - English and Spanish
 - *Language line for 150 additional languages*
- Local Navigators (localhelp.healthcare.gov)
 - Certified Application Counselors (CAC)
 - Agents and brokers
 - Community Health Centers
- HealthCare.gov and Marketplace website
 - Cuidadodesalud.gov for Spanish
 - The consumer site for application and plan comparison

USF & Consortium Partner Contacts

Treasure Coast Health Council Inc. d/b/a Health Council of Southeast Florida	561-844-4220 or 1-855-296-5906
The Family Healthcare Foundation	(813) 995-1066
Primary Care Access Network, Inc.	(877) 564-5031
The Health Planning Council of Southwest Florida, Inc.	1-866-547-2793
North Central Florida Health Planning Council Inc. d/b/a WellFlorida Council, Inc.	(352) 299-0380
United Way of Brevard	211
Washington County School District (Panhandle Area Educational Consortium)	(850)875-3806 ext. 3208
Health Planning Council of Northeast Florida, Inc.	(904) 301-3678
Northwest Florida Comprehensive Services for Children, Inc. (Families Count)	(850) 941-7156
Florida CHAIN	(321) 549-8595
University of South Florida	(813) 974-9088 (813) 974-3809 (813) 974-7735

Additional Resources

<https://www.healthcare.gov/health-insurance-marketplace/>

- What is the Health Insurance Marketplace?
- What if I have a pre-existing condition?
- What do immigrant families need to know about the Marketplace?

<http://marketplace.cms.gov/getofficialresources/publications-and-articles/publications-and-articles.html>

- Paper applications
- Bi-fold brochures
- Materials in other languages

<http://marketplace.cms.gov/training/get-training.html>

- Navigator manual
- Training videos

Michelle Ray, MPA
Navigator Program Manager
michelleray@health.usf.edu
813-974-7735

www.FloridaCoveringKidsandFamilies.health.usf.edu

