HRSA and the Affordable Care Act: Accomplishments to Date, Opportunities Moving Forward

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• In one day HHS saw **4.8 million visits to HealthCare.gov** and about **2 million calls** to the CMS call centers.

• **3 million** more people were enrolled in Medicaid and CHIP as of February, compared to before the Marketplaces opened. Medicaid and CHIP enrollment continues year-round.

• **3 million young adults gained coverage** thanks to the Affordable Care Act by being able to stay on their parents plan.

• **5 million people** are enrolled in plans that meet ACA standards **outside the Marketplace**, according to a CBO estimate.

• **5.7 million people will be uninsured** in 2016 because 24 States have not expanded Medicaid.
Lower-than-expected premiums under the Affordable Care Act will help save $104 billion over the next ten years.

Medicare/Medicaid costs in 2020 are now projected to be $180 billion lower than 2010 estimates.

In 2016, the average premium for the second-lowest cost silver Marketplace plan will be 15% lower than expected.

#ACAWorks

SOURCES: CONGRESSIONAL BUDGET OFFICE, STAFF OF THE JOINT COMMITTEE ON TAXATION.
Health Insurance Security

- Up to **129 million** Americans with pre-existing conditions – including up to 17 million children – no longer have to worry about being denied health coverage or charged higher premiums because of their health status.

- **71 million Americans** with private insurance have gained coverage for at least one free preventive health care service such as mammograms, birth control, or immunizations in 2011 and 2012.

- In 2013, **37 million people** with Medicare received at least one preventive service at no out of pocket cost.

- Approximately **60 million** Americans have gained expanded mental health and substance use disorder benefits and/or federal parity protections.

- **105 million Americans** no longer have to worry about having their health benefits cut off after they reach a lifetime limit.
Thank You!

- HRSA grantees and stakeholders played a major role in ensuring the successful implementation of the Affordable Care Act.

**Highlights of Your Amazing Work!**

- The Arizona State Office of Rural Health created brochures a year before enrollment to hand out to the community. The brochures are based on 5 facts about the ACA and can be adapted for other states and in any language.

- A rural grantee partnered with the local utility company to put brochures in utility bill envelopes with the utility bill which was an effective way to get people interested in taking the next step.

- The Family Health Coalition of Tulsa, Oklahoma and the United Way of Miami-Dade in Florida won first place in the *Care Counts: Educating Women and Families* Challenge for the creation of an innovative, educational tool to inform women about enrollment in the Marketplace as well as key provisions designed specifically to improve their health and that of their families.
• The Delta Regional Authority provided Marketplace materials to roughly 18,000 patients receiving services through the Delta Innovative Readiness Training program.

• During the Somali Cover Oregon Enrollment fair, Oregon health centers recruited Somali cab drivers in the Portland Metro area to pick up and drop off members of their own community to the fair for free.

• In celebration of Corps Community Day, 11 approved NHSC sites hosted Marketplace Q&A Sessions for their patients and community members. Over 600 people attended these events.

• The University of New Mexico AHEC program incorporated an ACA component into the required training for medical students as part of their Practical Immersion Experience rotations following the first year.

• The majority of Montana’s Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) clients who are eligible to access health insurance through the federal Marketplace are now either enrolled, or in the process of being enrolled, into insurance plans through one of the three companies providing health insurance. Many will be insured for the first time in their adult lives.
Outreach and education activities are still critical.

- Special Enrollment Period
- Enrollment assister functions
- HRSA staff efforts
Outreach & Enrollment is NOT Over

2014 open enrollment period ended on March 31, 2014, but:

- Individuals can apply for and enroll in Medicaid or CHIP at any time (no deadline);
- Members of federally recognized tribes and Alaska Native shareholders can enroll in Marketplace coverage any time of year. There is no limited enrollment period for these groups, and they can change plans as often as once a month.
- Some clients may qualify for a special enrollment period that will allow them to enroll in a qualified health plan or change plans outside of open enrollment; and
- The next open enrollment period (2015 plan year) is around the corner: November 15, 2014 – February 15, 2015.
If a consumer has a qualifying life event (i.e., losing minimum essential coverage, having a baby, adoption, foster care, or getting married), they may be eligible to receive an SEP to enroll or change coverage outside of open enrollment.

- Activate through HealthCare.gov or through the Call Center
- Visit https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/ to learn more about these qualifying life events.
<table>
<thead>
<tr>
<th>SEP Event</th>
<th>QHP Effective Date</th>
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<tbody>
<tr>
<td>Loss of Coverage</td>
<td>If loss of coverage is in the past, 1&lt;sup&gt;st&lt;/sup&gt; of the month following QHP selection. If loss is in the future, 1&lt;sup&gt;st&lt;/sup&gt; of the month following the loss of coverage</td>
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<tr>
<td>Marriage</td>
<td></td>
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<tr>
<td>Denial of Medicaid or CHIP</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the next month following plan selection</td>
</tr>
<tr>
<td>Birth, Adoption, Foster Care</td>
<td>Date of birth, adoption, placement for adoption or placement in foster care</td>
</tr>
<tr>
<td>Gaining lawfully present status</td>
<td></td>
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<tr>
<td>Newly eligible or ineligible for APTC, change in cost share reductions</td>
<td>If eligible within first 15 days of the month: 1&lt;sup&gt;st&lt;/sup&gt; of the month. If eligible on or after 16&lt;sup&gt;th&lt;/sup&gt; of the month: 1&lt;sup&gt;st&lt;/sup&gt; of the month after next</td>
</tr>
<tr>
<td>Moving and Incarceration Release</td>
<td></td>
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<tr>
<td>Native American Status</td>
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</table>
Consumers who apply for new coverage and have a qualifying life event that grants an SEP will see a reminder message on their Enroll To-Do List that they are eligible for a SEP.
Circumstances that may allow a Limited Circumstance SEP include:

- Enrollment errors
- Exceptional circumstances
- Misinformation, misrepresentation, or inaction
- Specific system issues
- Survivors of domestic abuse
Examples of Enrollment Error SEPs

• Consumer enrolled through the Marketplace but the insurance company didn’t get their information due to technical issues

• Consumer’s information is received by the insurance company and may be processed, but the enrollment file contains defective or missing data (insurance company unable to enroll the consumer)

• Consumer’s enrollment may have been rejected by the insurance company’s system (errors in reading data)
Examples of Exceptional Circumstance SEPs

- Consumer experienced a serious medical condition (e.g., unexpected hospitalization, temporary cognitive disability) that prevented him or her from enrolling
- Consumer prevented from enrolling because of a natural disaster (e.g., earthquake, massive flooding, hurricane)
- Consumer couldn’t enroll because of a planned system outage around plan selection deadlines (e.g., Social Security Administration outage)
Examples of Misinformation, Misrepresentation or Inaction SEPs

Misconduct by individuals or entities providing formal enrollment assistance* that resulted in one of the following:

• Failure to enroll the consumer in a plan
• Consumer enrolled in wrong plan against their wish
• Consumer was eligible but did not receive Advanced Payments of the Premium Tax Credit (APTC) or Cost-sharing Reductions

* Including: Insurance company, Navigator, Certified Application Counselor (CAC), Call Center representative, or agent or broker
1. **Errors related to Immigration status**: An error in the application submitted by immigrants caused the consumer to get an incorrect eligibility result (for example, immigrant with income <100% FPL in non-Medicaid expansion state).

2. **Display errors on HealthCare.gov**: Plan Data display errors (premiums, benefits, co-pay/deductibles, service area).

3. **Medicaid/CHIP transfer**: Consumers who were found ineligible for Medicaid or CHIP and their applications weren’t transferred between the State Medicaid/CHIP agency and the Marketplace in time for the consumer to enroll in a plan during open enrollment.
4. **Error messages**: A consumer is not able to complete enrollment due to error messages (for example, error or box screen indicating that the data sources were down and they could not proceed with enrollment).

5. **Unresolved casework**: A consumer is working with a caseworker on an enrollment issue that is not resolved prior to March 31.

6. **Other system errors**, as determined by CMS, which hindered enrollment completion.
A consumer who is married but living apart from his or her spouse and is a victim of domestic abuse can obtain APTC and CSRs -- as long as they are otherwise eligible. Due to system limitations, consumers in this unique circumstance must indicate on the Marketplace application that they are not married.

- If:
  1. Consumer is married, a victim of domestic abuse, and living apart from spouse; **AND**
  2. Unable to file a joint tax return with spouse (for example, it could be dangerous for the individual to contact the other spouse).

- Then:
  • **If applying before end of open enrollment on March 31**, the consumer should start an application and indicate that they are not married on the application; **OR**
  • **If applying after open enrollment**, the consumer should call the Call Center to explain the situation and activate the SEP (see steps on next slide). Consumer should indicate that they are not married on the application.
Step 1: Consumer calls the Marketplace Call Center (1-800-318-2596; TTY 1-855-889-4325) and requests an SEP.

Step 2: Call Center will ask the consumer a variety of questions to help understand if the consumer is eligible for an SEP. The Call Center will forward cases that need additional review to CMS caseworkers.

Step 3: If an SEP is granted, Call Center activates the SEP and allows the consumer to complete the enrollment. (If approved from a caseworker, the consumer will have to call the Call Center to “activate” the SEP.)

Step 4: Consumer enrolls online or through the Call Center.

Step 5: If the SEP is denied, the consumer can appeal the decision.
• Right to Appeal: A consumer has 90 days to request an appeal with the Marketplace from the date their SEP request is denied or 90 days from the date of the eligibility determination.

• How to file an appeal:
  - Visit https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/ to find and complete the appeal request form for the consumer’s state.
  - Mail appeal documents to:
    Health Insurance Marketplace
    465 Industrial Blvd.
    London, KY 40750-0061
After following the guidelines for issuing an SEP described on previous slides, in most cases, consumers will have 60 days to select a plan from the date they are granted the SEP, which could be one of the following “triggering events”:

1. The **date that the consumer receives a letter** informing them that they are eligible for an SEP;

2. The **date that the consumer contacts the Call Center and is found eligible** for an SEP; **OR**

3. The **date that the caseworker finds an individual eligible** for an SEP.
Limited Circumstance SEP Effective Dates

- Coverage effective dates will generally follow the regular effective dates.
  
  - Consumers who select a plan between the 1st and 15th of the month will have coverage effective the first of the following month.

  - Consumers who select a plan between the 16th and the end of the month will have coverage effective the second following month.

- Note that qualifying life event or exceptional circumstance SEPs may have different effective dates,
If a consumer is enrolling through their state’s Marketplace and wants to request an SEP, the consumer should contact that State-based Marketplace.

Consumers who are already enrolled & report a life change that grants them a SEP will see a reminder message on their Enroll To-Do List that they are eligible for a SEP.

They can choose to re-enroll in their current plan or choose a new plan during their SEP window.

Updates from their application will not take effect until the consumer completes the final “Review & Confirm” task on their Enroll To-Do List.
Reporting Life Changes

• Consumers need to report changes in their lives and households throughout the year directly to the Marketplace – either by reporting that change through MyAccount in Healthcare.gov or by calling the Call Center.

• Some changes may result in (1) changing a consumer’s program eligibility (e.g., change between private insurance and Medicaid), (2) the consumer’s receiving a Special Enrollment Period to change plans, and/or (3) different premiums.
<table>
<thead>
<tr>
<th>Type of Change</th>
<th>Where to Report</th>
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<tbody>
<tr>
<td>New person on the application (e.g., birth, marriage)</td>
<td>Marketplace</td>
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<tr>
<td>Relocation to a new zip code or county</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Loss of access to other coverage (e.g., employer coverage)</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Release from incarceration</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Change in citizenship or immigration status</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Removal of a person from the application (e.g., death, divorce)</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Become incarcerated</td>
<td>Marketplace</td>
</tr>
<tr>
<td>New access to other coverage (e.g., employer coverage)</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Change in tax filing status/tax household composition</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Change in status as an American Indian/Alaska Native or tribal status</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Change in disability status</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Correction to name, date of birth (DOB), or Social Security number (SSN)</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Increase or decrease in income</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Communication preferences:</td>
<td></td>
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<tr>
<td>• Language preferences</td>
<td></td>
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<tr>
<td>• Add or remove phone text alert</td>
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<tr>
<td>• Mailing of paper notices</td>
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<td></td>
<td>Marketplace and Issuer</td>
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</tbody>
</table>
Consumers who are already enrolled & report life changes but are not eligible for a SEP will see a reminder message on their Enroll To-Do List.

Consumers who are eligible for APTC can update the amount they would like to use each month and can review any changes to their premium amount in their current plan based on their life changes.

Updates from their application will not be sent to their insurance plan until the consumer completes the final “Review & Confirm” task on their Enroll To-Do List. It’s importance consumers do this in a timely manner to make sure their enrollment information is up-to-date with their plan.
1. **Enrollment Assistance**: continuing to assist eligible consumers in enrolling in coverage.

2. **Post-Enrollment Assistance**: helping consumers with questions related to the utilization of their coverage.

3. **Outreach and Education**: providing consumers with educational information about the Affordable Care Act and health insurance.
Enrollment Assistance:

• Assisting individuals in several key groups that are able to enroll in coverage
  • Consumers eligible for a Special Enrollment Period (SEP)
  • Consumers eligible for Medicaid/CHIP
  • American Indians/Alaskan Natives (members of federally recognized tribes)
  • Consumers transitioning from PCIP
  • Small businesses wanting to enroll employees in SHOP (Navigators)
Post- Enrollment Assistance:

- Enhancing efforts to help consumers navigate the health insurance and health care system.

- This includes helping consumers to:
  - Understand and use their health care coverage
  - Understand their rights as health care consumers
  - Appeal eligibility and coverage decisions
  - Report a change in circumstance and navigate subsequent eligibility redeterminations
Outreach and Education:

• Continuing to educate consumers about the benefits of the Affordable Care Act in preparation for the 2015 Enrollment Cycle.

• This includes:
  • Building trust in their communities
  • Building and strengthening community partnerships and local coalitions
  • Reflecting on what worked and what didn’t work in 2014
How You Can Help

• Share relevant resources with the populations you serve
  • Enhance consumers’ health insurance literacy
  • Equip health care providers with information to help them better understand and connect with newly insured patients

• Incorporate Affordable Care Act related messages or themes into existing events and activities

• Gear up for the next open enrollment season
  • November 15, 2014 – February 15, 2015
Resources

• HRSA Affordable Care Act Website
  o http://www.hrsa.gov/affordablecareact

• Provider Marketplace Toolkit
  o http://www.hrsa.gov/affordablecareact/toolkit.html

• HIV/AIDS Bureau Affordable Care Act Website
  o http://hab.hrsa.gov/affordablecareact

• Provider and Consumer Resources

• From Coverage to Care Resources