



Affordable Care Act

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What is the Affordable Care Act (ACA)?

- Signed into law on March 23, 2010
- Goal is to provide affordable healthcare to Americans
 - Marketplace
 - Medicaid Expansion





Marketplaces

- One in each State
- Two types of consumers
 - Individuals and Families
 - Small Businesses
- Three types of Marketplaces
 - Federally Facilitated
 - State Partnership
 - State Based




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What is my state doing?




State Full Partner Hybrid Federal Federal

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How is Medicaid related to the ACA?

- Originally Medicaid expansion was mandated for every state by the ACA.
- Supreme Court decision made Medicaid expansion a choice.

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Who did Medicaid cover prior to the ACA?

- Pregnant women and children under age 6 with family incomes at or below 138% federal poverty level (FPL)
- Children ages 6-18 with family incomes at or below 100% FPL
- Parents and caretaker relatives who met the financial eligibility requirements
- Elderly and disabled people who qualify for Supplemental Security benefits

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Who is covered under the Medicaid expansion?

- All people under age 65 with household incomes at or below 138% FPL

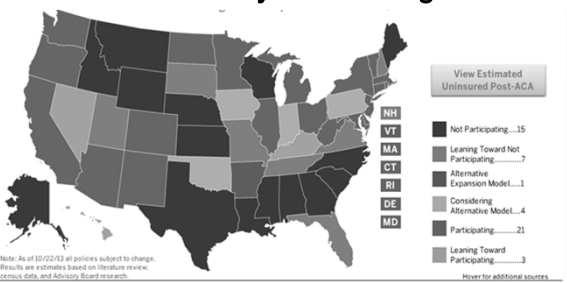
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How is the Medicaid expansion funded?

- Federal Government to pay 100% for first three years
- Phases to 90% by 2020

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What is My State Doing?



Note: As of 10/22/13 all policies subject to change. Results are estimates based on literature review, various data, and Advisory Board research. Hover for additional sources.



Understand Potential Savings

Income level % FPL	Eligible :			
	For Medicaid?	To purchase insurance through Market-places?	For insurance purchased through the Marketplace:	
			Premium Tax Credits	Reduced cost-sharing
0 to 100%	Currently eligible people will generally remain eligible. Individuals with incomes up to 138% FPL will be able to enroll in Medicaid in states that implement Medicaid expansion	Yes	No (Exception: legal immigrants)	
100% - 138%	Generally not (although some States cover some individuals)	Yes	Yes*	
138% - 250%		Yes		
250% - 400%	No	Yes	Yes*	No
Above 400%	No	Yes	No	No
Not lawfully present	No (except emergency Medicaid)	No	No	No

* unless eligible for other minimum essential coverage as defined in IRC 5000A(f)





Understanding Potential Savings: Sliding Scale for Tax Credits

Income Level	Premium as % of Income
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
300-400% FPL	9.5% of income



Understanding Potential Savings: Cost Sharing Values

Income Level	Actuarial Value
100-150% FPL	94%
150-200% FPL	87%
200-250% FPL	73%

Understanding the Minimum Coverage Provision



Tax for 2014:
\$95 per adult and \$47.50 per child (up to \$285 for a family)
OR
1 percent taxable income

→

Tax for 2015:
\$325 per adult and \$162.50 per child (up to \$975 for a family)
OR
2 percent taxable income

→



Tax for 2016 and beyond:
\$695 per adult and \$347.50 per child (up to \$2,085 for a family)
OR
2.5 percent taxable income

Understanding the 2013-2014 Enrollment Period



Enrollment Date	Effective Date of Coverage
Oct. 1, 2013-Dec. 15, 2013	January 1, 2014
Dec. 16, 2013-Jan. 15, 2014	February 1, 2014
Jan. 16, 2014-Feb. 15, 2014	March 1, 2014
Feb. 16, 2014-March 15, 2014	April 1, 2014
Mar. 16, 2014-Mar.31, 2014	May 1, 2014

Starting October 2014, annual open enrollment will be October 15, 20xx until December 7, 20xx



Understanding What is Available in your State for Consumer Assistance

- Navigators
- Non-Navigator Assisters
- Certified Application Counselors
- Agents and Brokers

Which assistance is available in the different types of marketplaces?

	Navigators	In-person assistance personnel	Certified application counselor	Agents and Brokers
State-based Marketplace	Yes	Optional for states	Yes	Optional for states
State Partnership Marketplace	Yes	Yes	Yes	Yes, if a state permits it
Federally-facilitated Marketplace	Yes	No	Yes	Yes, if a state permits it

How are these roles funded?

	Navigators	Non-Navigator assistance personnel	Certified application counselors	Agents and Brokers
State-based Marketplace	State-based grant program	State-based grants or contracts, which can be funded by Exchange Establishment grants	Certified application counselors will not receive new federal grant money through the Marketplace. Federal funding through other grant programs or Medicaid may be available. Some examples of possible application counselors include staff at community health centers, hospitals, other health care providers, or social service agencies.	Agents and brokers can be compensated by insurance companies or consumers, consistent with state law.
State Partnership Marketplace	Federal grant applications are being reviewed and awards will be announced in late summer 2013	State-based grants or contracts, which can be funded in states with consumer partnerships by Exchange Establishment grants		
Federally-facilitated Marketplace	Federal grant applications are being reviewed and awards will be announced in late summer 2013	Not applicable		




What Training and Certification Is Required?

	Navigators	Non-Navigator assistance personnel	Certified application counselors	Agents and Brokers
State-based Marketplace	State training and certification (state may choose to use federal training)	State training and certification (state may choose to use federal training)	State training and certification (state may choose to use federal training)	State training and certification (state may choose to use federal training)
State Partnership Marketplace	Federal training and certification, which may be supplemented by the state	Federal training and certification, which may be supplemented by the state	Federal training and federal designation of organizations, which may be supplemented by the state	Federal training and registration
Federally-facilitated Marketplace	Federal training and certification	Not applicable	Federal training and federal designation of organizations	Federal training and registration



Understanding How to Enroll

- Paper application
- By phone (1-800-318-2596)
- In-person
- Online (www.healthcare.gov)



Understanding What the ACA Mean For Rural Residents

- Consumers who purchased their own insurance can now easily compare and purchase high quality plans.
- Focus on improvement in quality of care.



- More transparency from insurance companies.
- No more discrimination when issuing policies.
- Limits on out-of-pocket costs
- Subsidies or tax credits for low-income consumers.
(<http://kff.org/interactive/subsidy-calculator/>)
- Insurers cannot cancel coverage if you get sick.



Understanding Small Business Health Options Program (SHOPs)

- In 2014, small businesses with generally fewer than 50 employees can purchase through SHOPs.
- SHOPs will offer Qualified Health Plans (QHPs) for small businesses.
- Delays?



Through a SHOP, small employers can:

- Offer meaningful choice of QHPs
- Decide which QHP to offer employees
- Decide how much to contribute towards premium costs
- Collect employee share of premiums through payroll deduction
- Get one monthly bill and make one monthly payment
- Take advantage of potential tax credits



Understanding Circumstances Unique to Rural Populations

- State to state variability
- Greater proportion of uninsured
- Lower population density
- Less health resources
- Less insurance plan coverage
- Unbanked population
- Seasonal workers
- Effect on small businesses



Ideas for Rural OE&E:

- Town halls
- Farmers Markets
- Church Meetings
- State fairs
- HRSA regional offices
- Brochures
- Use local news media




Office of Rural Health Policy Efforts:

- Workgroups.
- Weekly Wednesday 3-4 p.m. office hours for updates and Q&A starting July 11, 2013.
- Events calendar on Marketplace.cms.gov
- ORHP-ACAQuestions@hrsa.gov email address for questions.
- Supplemental grants for grantees.



What can you do?

- Partner with Navigators, CACs, and Health Centers
- Utilize local businesses to get the word out
- Keep updated on the news
- Marketplace.CMS.gov for resources


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In the News...

Sparse Competition and Higher Premiums
More than half of the counties in the 34 states on the federally run health exchange are served by just one or two insurers. The highest premiums are found in areas with the least competition, and most of these areas are in the South. [Related Article >](#)


Southern counties have less competition.

NUMBER OF INSURERS
1 2 3 or more





LOWEST PREMIUM
Pima County, Ariz.
INSURERS: 8
MONTHLY PREMIUM: \$235

HIGHEST PREMIUM
Baker County, Ga.
INSURER: 1
MONTHLY PREMIUM: \$673

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Questions?



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Contact Information

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