

Preparing for Health Care Reform:

The New Coverage Options

April 2013 #3

The Patient Protection and Affordable Care Act's (ACA) major health coverage expansion takes effect January 2014. Enrollment will begin in October 2013 for coverage beginning January 2014. At this time, uninsured or underinsured individuals and families will be able to:

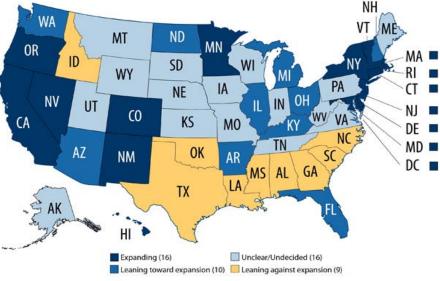
- purchase coverage through a state or federally-run Marketplace (also referred to as an Exchange), or
- in many states, enroll in new Medicaid coverage if their income is less than 133 percent of the federal poverty level (FPL), or around \$15,000 a year for an individual.

This fact sheet provides information for HIV providers on how their patients may be affected.

Underlined blue text hyperlinks to the online resource referenced. All web addresses are listed under "Resources" in the order they are referenced.

The Medicaid Expansion

Sixteen states have committed to expanding Medicaid and many states are leaning toward implementing the expansion. Nine states are not expected to participate – at least in the first year. There is no deadline for states to participate, but the 100 percent federal funding for the expansion is only available from 2014 to 2016. Beginning in 2017, the federal match gradually drops, until it reaches 90 percent in 2020, where it will stay. Learn more about your state from the <u>Center on Budget and Po</u>licy Priorities.



* Source: Center on Budget and Policy Priorities. March 2013.

U.S. territories also can expand Medicaid to individuals and families making less than 133 percent of the FPL, but territories will only receive their regular 55 percent federal match rate. They are not eligible for the enhanced federal support available to the 50 states and the District of Columbia to support the expansion.

If Your State Is Expanding:

Low income patients with income less than 133 percent FPL also will be required to enroll in the Medicaid expansion in January 2014 if eligible. They may have different benefits than current Medicaid patients and may be required to enroll in Medicaid managed care plans.

2013 FPL for an	
Individual	
100%	\$11,490
133%	\$15,282
150%	\$17,235
200%	\$22,980
300%	\$34,470
400%	\$45,960
*From Families USA	

It will be important for HIV medical providers to contract with Medicaid managed care plans to continue to provide care to their patients, and to inform their patients of the plans that they can enroll in to continue to see their current medical provider.

If Your State Is Not Expanding:

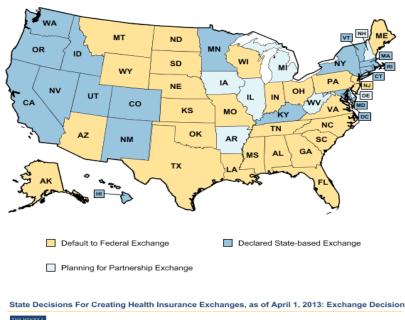
Patients with income greater than 100 percent of the FPL (\$11,490 for an individual) will be eligible for premium tax credits to purchase private coverage through the Marketplace. Patients with income less than 100 percent of the FPL are not eligible for assistance because it was assumed they would be eligible for Medicaid. Most patients under 100 percent of the FPL will not be able to afford coverage without the premium assistance and will continue to rely on Ryan White-funded care and support. Additional help with cost-sharing will be available for some low income patients (those making between 100 percent and 250 percent of FPL).

For patients with private coverage, it will be important for HIV medical providers to have contracts with the plans available through the Marketplace, and to inform their patients of the plans that they can enroll in to continue to see their current medical provider.

The Marketplaces (Exchanges)

Every state will have a Marketplace (Exchange) that will either be run by the state, facilitated by the federal government, or jointly administered by the federal government and the state. State-specific information on Marketplace/Exchange activity is available from the Kaiser Family Foundation.

U.S. territories are eligible for a capped amount of federal funding to establish Marketplaces and to provide premium assistance to low income individuals and families to help purchase insurance.





The federal facilitated marketplace will not be available in territories that do not implement Marketplaces. Information on the territories that received exchange planning grants is available from the Center for Consumer Information and Insurance Oversight (CCIIO).

What It Means to Have a State Run Marketplace/Exchange:

Sixteen states and the District of Columbia are running their own Marketplace/Exchange. These states have the flexibility to set standards and rules that adhere to the minimum standards set by the federal government. States are at varying degrees of finalizing their rules for qualified health plans, eligibility, enrollment and plan monitoring but this work needs to be completed soon.

HIV medical providers should check in with their Marketplace/Exchange to:

- Learn about resources to support outreach and enrollment
- Ensure that Ryan White medical providers are considered essential community providers and that plans are required to contract them
- Urge that HIV medical providers are clearly identified in plan provider directories
- Encourage an active approach to selecting plans that provides the best value and coverage

What It Means to Have a Federally-Facilitated Marketplace:

An estimated two-thirds of individuals eligible for Marketplace/Exchange coverage will purchase coverage through the federally-facilitated marketplaces (FFM). In FFM states, the federal government will oversee outreach, eligibility and enrollment, certify "qualified health plans" (QHPs) and monitor QHP coverage. Premium assistance will be available for individuals between 100 percent and 400 percent of the FPL to purchase coverage through the FFM. Cost-sharing subsidies will be available for individuals making between 100 percent and 250 percent of the FPL.

For patients to continue to see their HIV medical providers, their providers must be in the new plans' provider networks. It will be important for HIV medical providers to contract with the Marketplace plans that will be available in their state, and to inform their patients of the plans they can enroll in to continue to see them.

State-specific contacts for FFMs are not available. Contact the regional <u>Medicaid office</u> to learn details on how the FFM will be implemented in your state and to learn how to prepare for implementation, including contracting with plans.

What It Means to Have a Partnership Marketplace:

States have the option to partner with the federal government on administering their Marketplace. States that have approved or are considering a partnership exchange are Arkansas, Illinois, Iowa, Michigan, New Hampshire, and West Virginia. Each state has a different arrangement, but these states will generally work with the federal government on the plan management and/or consumer outreach. The federal government will handle eligibility and enrollment. If you are in a partnership state, there may still be opportunities to weigh in on some Marketplace policies.

The Ryan White Program

As the payer of last resort, the Ryan White program will continue to support uncovered services, care and treatment. The Health Resources and Services Administration (HRSA) is developing guidance regarding what the program will be able to cover and how it may intersect with the new coverage options. HRSA's HIV/AIDS Bureau maintains an ACA implementation webpage with grantee guidances that is updated regularly.

REFERENCED RESOURCES

Center on Budget and Policy Priorities Medicaid Expansion:

http://www.cbpp.org/cms/index.cfm?fa=view&id=3819

Families USA Federal Poverty Guidelines Chart:

www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines. html

Kaiser Family Foundation State Decisions for Creating Health Insurance Exchanges: http://statehealthfacts.kff.org/comparemaptable.jsp?ind=962&cat=17

CMS Regional Offices:

http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html?redirect=/regionaloffices

CCIIO Exchange Planning Grant Information:

http://cciio.cms.gov/Archive/Grants/exchanges-map.html

HRSA HIV/AIDS Bureau Information for Grantees:

http://hab.hrsa.gov/affordablecareact/

OTHER RESOURCES

Department of Health and Humans Services:

http://www.healthcare.gov

HHS Tools to Assist with Enrollment and Education:

http://marketplace.cms.gov

Centers for Medicare and Medicaid Services Stakeholder Information:

http://www.cms.gov/Outreach-and-Education/Outreach/

OpenDoorForums/ODF HealthInsuranceMarketplace.html

HIVhealthrefom.org:

http://hivhealthreform.org

JAMA Graphic on the Coverage Expansion:

http://www.kff.org/healthreform/jama infographic 1212.cfm