Covered Clips

A Weekly Summary of News and Activities for the Cover Arizona Coalition

Week of April 7th

**Medicaid Enrollment as of April 1st**



**Health Reform and Improvements in Coverage Nationally**

From the LA Times (March 30)

The Affordable Care Act still faces major challenges, particularly the risk of premium hikes next year that could drive away newly insured customers. But the increased coverage so far amounts to substantial progress toward one of the law's principal goals and is the most significant expansion since the creation of Medicare and Medicaid in 1965.

The millions of newly insured also create a politically important constituency that may complicate any future Republican repeal efforts.

Precise figures on national health coverage will not be available for months. But available data indicate:

• A February [survey](http://www.mckinsey.com/client_service/healthcare_systems_and_services/latest_thinking) by consulting firm McKinsey & Co. found 27% of new enrollees were previously uninsured, but newer survey data from the nonprofit Rand Corp. and reports from marketplace officials in several states suggest that share increased in March.

• At least 4.5 million previously uninsured adults have signed up for state Medicaid programs, according to Rand's unpublished survey data, which were shared with The Times. That tracks with [estimates](http://avalerehealth.net/expertise/managed-care/insights/observations-as-aca-open-enrollment-closes) from Avalere Health, a consulting firm that is closely following the law's implementation.

• An additional 3 million young adults have gained coverage in recent years through a provision of the law that enables dependent children to remain on their parents' health plans until they turn 26, according to [national health insurance surveys](http://http/www.cdc.gov/nchs/data/nhis/earlyrelease/insur201403.pdf) from the federal Centers for Disease Control and Prevention.

• About 9 million people have bought health plans directly from insurers, instead of using the marketplaces, Rand found. The vast majority of these people were previously insured.

• Fewer than a million people who had health plans in 2013 are now uninsured because their plans were canceled for not meeting new standards set by the law, the Rand survey indicates.

Source: [http://www.latimes.com/nation/la-na-obamacare-uninsured-national-20140331,0,5472960.story#ixzz2yJQJoUPm](http://www.latimes.com/nation/la-na-obamacare-uninsured-national-20140331%2C0%2C5472960.story#ixzz2yJQJoUPm)

**Obamacare Lowers Uninsured Rate, Gallup Finds**

**Rand Study Found 9.3 Million People Gained Coverage since September**

* Of the 40.7 million who were uninsured in 2013, 14.5 million gained coverage, but 5.2 million of the insured lost coverage, for a net gain in coverage of approximately 9.3 million. This represents a drop in the share of the population that is uninsured from 20.5 percent to 15.8 percent.
* The 9.3 million person increase in insurance is driven not only by enrollment in marketplace plans, but also by gains in employer-sponsored insurance (ESI) and Medicaid.
* **Enrollment in ESI increased by 8.2 million.**
* Medicaid enrollment increased by 5.9 million. New enrollees are primarily drawn from those who were uninsured in 2013, or those who had “other” forms of insurance, including Medicare, retiree health insurance, and other government plans.
* According to our estimates, 3.9 million were covered through the state and federal marketplaces as of mid-March 2014. This figure does not fully capture the enrollment surge that occurred in late March.
* For most people the ACA has not changed their health insurance coverage. Among adults, 80 percent still had the same form of coverage in March 2014 as in September 2013. Notably, more than 100 million had ESI before and have ESI now, while 26 million remain uninsured.
* Of those who were previously uninsured but are now insured, 7.2 million gained ESI, 3.6 million are now covered by Medicaid, 1.4 million have signed up through a marketplace, while the remainder gained coverage through other sources.
* Our estimates suggest that only about one-third of new marketplace enrollees were previously uninsured. While this percentage seems low in absolute terms, it is slightly higher than an earlier figure reported by McKinsey & Company.[[1]](http://www.rand.org/blog/2014/04/survey-estimates-net-gain-of-9-3-million-american-adults.html#fn1)
* Among the 7.8 million people who were enrolled in off-marketplace individual market plans in early 2014, 7.3 million were previously insured; 5.4 million were previously insured through an individual market plan.
* Less than one million who previously had individual market insurance transitioned to being uninsured. While we cannot tell if these people lost their insurance due to cancellation or because they simply felt the cost was too high, the overall number represents less than one percent of people between the ages of 18 and 64.

**Source:** <http://www.rand.org/blog/2014/04/survey-estimates-net-gain-of-9-3-million-american-adults.html>

**GOP Quietly Secures Change in Health Care Law**

From Associated Press

At the prodding of business organizations, House Republicans quietly secured a recent change in President Barack Obama’s health law to expand coverage choices, a striking, one-of-a-kind departure from dozens of high-decibel attempts to repeal or dismember it.

Democrats describe the change involving small-business coverage options as a straightforward improvement of the type they are eager to make, and Obama signed it into law. Republicans are loath to agree, given the strong sentiment among the rank and file that the only fix the law deserves is a burial.

“Maybe you say it helps (Obamacare), but it really helps the small businessman,” said Rep. Phil Roe, R-Tenn., one of several physician-lawmakers among Republicans and an advocate of repeal.

No member of the House GOP leadership has publicly hailed the fix, which was tucked, at Republicans’ request, into legislation preventing a cut in payments to doctors who treat Medicare patients.

It is unclear how many members of the House rank and file knew of it because the legislation was passed by a highly unusual voice vote without debate.

Several lobbyists and Republican aides who monitored the issue said the provision reflects a calculation that no matter how hard the party tries, the earliest the law can be repealed is after Obama leaves office in 2017. In the meantime, according to this line of thinking, small-business owners need all the flexibility that can get to comply with it.

One repeal-favoring Republican lawmaker took a similar view. “I was brought up in a family of 12. My mother taught me to be patient,” said Rep. Tom Reed of New York, who backed a stand-alone bill to make the same change.

The provision itself was relatively minor. It eliminated a cap on deductibles for small group policies offered inside the law’s health care exchanges as well as outside; the cap was set at $2,000 for individuals and $4,000 for families.

Republicans said they sought it so small businesses can offer high-deductible plans that could be purchased by individuals who also have health savings accounts. These tax-preferred accounts are a long-time favorite of many Republicans, who say they give consumers greater control over their own health care.

The health law contains no deductible caps for individual plans or those offered by large employers, and the Department of Health and Human Services already had waived them for small businesses through 2015. The legislation means they will never go into effect.

<http://www.pbs.org/newshour/rundown/gop-quietly-secures-change-health-care-law/>

**Webinar: Measuring State Health Coverage System Performance**

Wednesday, April 23, 2-3:30pm EDT[**Register Here**](http://email.membersuite.com/wf/click?upn=Gufbho7huqqY21qhnz0ZeoA2jvUcwJGRXAdLcAX96OK57okrZp0YWb7W8pSsRfvrq85-2FXw2vw5lcT7PZ-2BOTVSw0Bh4WRCpwAh66hUXqdbm4-3D_1sEP9KeRovIViHMK9FWKBrdNHazRhLnPkAWJ46KtLRc9If-2Bcgjze67DPLs-2BqHq-2BghQzg1PvZxHjvlv95OB7DgsExJzyhZcNAv79F63aqNRVnN6Gzh1WrKuM8uvtxEP26rxkX9OXv18EMuO3MbziRf6dhjXBLJeX1WQOf1nJsKO5Fwh1yJwqOHvvsJ2-2F68zFBtjQ-2BjA-2B-2BzePHEwAfWhJUlTWin0sMENf524sqitLMzuyTcLebu9zA-2FCLIYTd5I1WYdQb0UPW0Ul3zwTMaDvEafbiEggWEURb87D0wWCXRstDcPNvk33x2R-2FZpvc8O-2BMv7wKmGFKS8o5dq5OwIb3Uy52Nr2XuPgmb5TPgZ4RRsd-2B-2B6WXUZVhaOBfsPs4hjtc6BEKNpc65tqAhskSH2hp2GQIi3c-2FALT5Z69rpCzXNVhePiivX8tZB0M31rRTQHhdpI)
This National Academy of State Health Policy (NASHP) webinar will explore how states are using data to measure performance in their coverage programs and opportunities for leveraging data to support broader health reform goals. California and Connecticut Medicaid and exchange officials will discuss their states’ structures for measuring enrollment and system performance, including at the local level.  A State Health Access Data Assistance Center (SHADAC) expert will provide an overview of federal requirements and state considerations for performance measures. Genevieve Kenney of the Urban Institute will moderate.

**Ten Recommendations for Future Enrollment Periods**

Families USA has published a new report, highlighting recommendations for future enrollment periods. Recommendations include:

1. Increase the number of, and resources for, enrollment navigators and assisters.
2. Build a substantial, sustained public education campaign coordinated between the public and private sectors about the tax credit subsidies that are available to make insurance premiums affordable.
3. Coordinate enrollment opportunities with tax filings.
4. Continue streamlined Medicaid enrollment for people already enrolled in other public programs.
5. Provide applications that can be completed in multiple languages, not just English and Spanish.
6. Strengthen coordination among the marketplaces and Medicaid to prevent applications for being lost or unduly delayed.
7. Fix the roadblocks that prevent people from completing their applications.
	1. The Administration should establish alternative avenues for verifying identity when a consumer creates and account on healthcare.gov.
	2. The Department of Labor should require employers to automatically provide a completed Employer Coverage Tool to all employees who have an offer to health insurance so that more people come into the application process with the information they need to apply.
	3. Provide clear mechanisms for resolving problems with applications.
8. Ban health plans for continuing to impose premium surcharges that make insurance unaffordable for people who use tobacco.
9. Ensure that markeplaces offer low-deductible silver plans.
10. Exclude health plans that set unacceptably high premiums.

You can read the whole report at: <http://familiesusa.org/sites/default/files/product_documents/ENR_Enrollment_report_FINAL_032814_web.pdf>

**More information for Assisters on “In-Line” SEPs**

From CMS:

As CMS has stated in previous [guidance (http://marketplace.cms.gov/help-us/assisting-consumers-march-31.pdf)](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNDA0LjMwOTYzODcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDQwNC4zMDk2Mzg3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTYyODc1JmVtYWlsaWQ9a2ltLmV2YW5zQGNtcy5oaHMuZ292JnVzZXJpZD1raW0uZXZhbnNAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&100&&&https://admin-dc2.govdelivery.com/abe/bulletins/259289/guidance%20(http:/marketplace.cms.gov/help-us/assisting-consumers-march-31.pdf)) , consumers who attest that they tried to apply for or enroll in coverage through either the Federally-facilitated Marketplace or a state Medicaid or CHIP agency (online, with an assister, or by phone) by 11:59 p.m. EDT on March 31, 2014, and weren’t able to complete their application or enrollment are considered to be “in-line” and are able to complete enrollment through an “in-line” special enrollment period.

* Consumers who already submitted an application online or through the Marketplace Call Center must select a plan by 11:59 p.m. EDT, on April 15.
* Consumers who submitted a paper application that is received by the Federally-facilitated Marketplace by April 7 must select a plan by 11:59 p.m. EDT, April 30.

Consumers who qualify as being “in-line” do not need to have an account previously created or have started the application by March 31 if they were hindered from doing so due to experiencing any of the issues described below.

Consumers who experienced system problems

Consumers who made a good faith effort to begin the application process or complete their enrollment **before March 31** are considered by CMS to be “in-line.” For example, consumers who experienced a “system problem” would qualify as “in-line,” including:

* The HealthCare.gov website being down due to planned or unplanned maintenance periods or other reasons;
* Heavy traffic to HealthCare.gov or the Marketplace Call Center (including hold times at the Marketplace Call Center or experiencing a dropped call);
* Receiving a “data sources down” message on the online application or when applying  through the Marketplace Call Center;
* Not successfully passing identity proofing; or
* Another system issue that prevented them from finishing the enrollment process.

Consumers awaiting a Medicaid eligibility determination

Also, a consumer is considered "in line" if they submitted a Medicaid application on or before March 31st but did not receive an eligibility determination until after March 31.  In addition, individuals who applied for and received an eligibility determination that they were NOT eligible for Medicaid before March 31st but did not receive information from the Marketplace about how to proceed with applying for a Marketplace plan before the close of open enrollment will qualify for the “limited circumstances” SEP —see [http://marketplace.cms.gov/help-us/complex-cases-sep.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNDA0LjMwOTYzODcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDQwNC4zMDk2Mzg3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTYyODc1JmVtYWlsaWQ9a2ltLmV2YW5zQGNtcy5oaHMuZ292JnVzZXJpZD1raW0uZXZhbnNAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&101&&&http://marketplace.cms.gov/help-us/complex-cases-sep.pdf).

Consumers who experienced peak demand for application or enrollment assistance

In addition, consumers who, by the March 31 deadline, attended an enrollment event sponsored by an assister organization but were turned away because of high demand, called or left a message seeking help from an assister, or started an appointment with an assister but could not complete the application or enrollment are also considered “in line.”

Activating the SEP

Consumers can attest online or through the Marketplace Call Center to activate this “in-line” SEP. To help consumers and assisters, a new button appears on the HealthCare.gov home page reading, “In line by the deadline? Finish Now.”  Through that link, consumers are provided helpful information, as well as a green button to “continue enrolling.” Consumers should then log into their account (or create a new one) and proceed to enrollment. Finally, consumers can access the “in-line” attestation screen on their Enroll To-Do List. By continuing past this screen, they are attesting that they were “in-line” by March 31 and can continue to enrollment.

**This** [***information***](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNDA0LjMwOTYzODcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDQwNC4zMDk2Mzg3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTYyODc1JmVtYWlsaWQ9a2ltLmV2YW5zQGNtcy5oaHMuZ292JnVzZXJpZD1raW0uZXZhbnNAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&103&&&http://marketplace.cms.gov/help-us/in-line-sep.pdf) **can be found on the** [***Resources for Assisters***](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNDA0LjMwOTYzODcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDQwNC4zMDk2Mzg3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTYyODc1JmVtYWlsaWQ9a2ltLmV2YW5zQGNtcy5oaHMuZ292JnVzZXJpZD1raW0uZXZhbnNAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&104&&&http://marketplace.cms.gov/help-us/2-partner-with-us.html) **page on Marketplace.CMS.gov.**

Also, some of you have asked about an appeals update. An update should be coming soon on one of the weekly webinars. In the meantime, some consumers have been getting follow up calls for a while on pending appeals. If a consumer asks you about getting call backs and is concerned about authenticity of the call, the number calls comes from is usually 570-299-6000. Consumers will be able to reach a representative if they call that number back; otherwise the preferred toll-free number is: 855-231-1751. The best general resource page on appeals remains: <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/>.

If you miss a weekly webinar, remember that you can view the available slide decks from prior webinars at <http://marketplace.cms.gov/help-us/2-partner-with-us.html>.

**Helping Consumers Complete Enrollment**

From Families USA:

 The healthcare.gov website now indicates that open enrollment is closed. The site landing page directs consumers to “see if they can still get coverage,” report changes, learn how to use their new coverage, or file an appeal. Today, a new button was added to the homepage to direct consumers to finish the application if they were “in line” on March 31.

Consumers who were “in line” on March 31 should complete their applications as soon as possible. This includes consumers who were not able to complete their applications because they could not set up an account when healthcare.gov was down, were not able to get through to the marketplace call center, or were not able to see an in-person assister.

* Consumers who have created an account can go to healthcare.gov and sign in to their account to complete their application and select a plan. In the “Enrollment To-Do” list at the end of the application, consumers will be asked to attest that they tried to enroll before March 31 but were not able to complete their application.
* Consumers who were not able to set up an account can:
	+ Go to healthcare.gov, click on “[In line on 3/31? Finish now](http://cts.vresp.com/c/?FamiliesUSA/3e7c5de796/e86d70ebff/305117bf60)” and click the “Continue Enrolling” button to complete an application. In the “Enrollment To-Do” list at the end of the application, consumers will be asked to attest that they tried to enroll before March 31 but were not able to complete their application.
	+ Contact the marketplace call center and attest to a customer service representative that they tried to enroll before March 31 and explain why they were unable to complete an application. The customer service representative will be able to complete an application by phone.
* Consumers who tried to access healthcare.gov and were directed to provide their email address for follow-up will receive an email from the marketplace with a link to complete the application. This link may work only for a limited time and should be used as soon as possible. If consumers have not yet received a link, they can try again to apply online or contact the marketplace call center to apply by phone.
* Consumers who tried to contact the marketplace call center and were directed to provide their telephone number for follow-up will receive a call from the marketplace call center to complete an application by phone. If consumers have not yet received a call, they can try to apply online or contact the marketplace call center again to apply by phone.
* Consumers who could not complete enrollment because of [complicated application problems](http://cts.vresp.com/c/?FamiliesUSA/3e7c5de796/e86d70ebff/f78fa8612c) will need to contact the marketplace call center to gain eligibility for a special enrollment period.
* Consumers who may be eligible for Medicaid or CHIP, or who may be eligible to apply because of a life change can:
	+ Go to healthcare.gov, click on “[See if you can still get coverage](http://cts.vresp.com/c/?FamiliesUSA/3e7c5de796/e86d70ebff/2aa1854084)” and click the “Apply Now” button to complete an application.
	+ Contact the marketplace call center and complete an application by phone.

If a consumer is denied a special enrollment period, he or she has [90 days to appeal](http://cts.vresp.com/c/?FamiliesUSA/3e7c5de796/e86d70ebff/6a89347c05) this decision. Consumers should submit appeal applications and any supporting documentation that is requested by the marketplace as soon as possible to expedite processing.

**Premium Payment and Coverage Start Dates**

**From Families USA**

Consumers who were unable to enroll online or by phone before March 31 should complete their applications and select a health plan as soon as possible. To guarantee coverage starting on May 1, consumers should select a plan by April 15. Consumers who submitted a paper application that is received by April 7th will be able to select a plan until April 30. Consumers who mailed paper applications should contact the marketplace call center to get their application identification number and eligibility determination.

Consumers who gain coverage by May 1 or who are eligible for a special enrollment period because of a complicated case issue will not face a penalty for the time they do not have health insurance before they are able to complete their application.

Health plans must allow consumers to make premium payments until April 30 for coverage that starts on May 1, and plans may allow consumers to make premium payments past this date. Consumers should contact their health plan to find out when their first premium payment is due.

**Role of Assisters after Open Enrollment**

Adapted from info from CMS:

Following the end of open enrollment, in-person assisters, including Navigators and Certified Application Counselors (CACs), will continue many of their existing functions.

Three key roles for assisters will be:

* Enrollment Assistance: continuing to assist eligible consumers in enrolling in coverage.
* Post- Enrollment Assistance: helping consumers with questions related to the utilization of their coverage.
* Outreach and Education: providing consumers with educational information about the Affordable Care Act (ACA) and health insurance.

Enrollment assisters should expect to assist 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
* Consumers transitioning from PCIP
* Small businesses wanting to enroll employees in SHOP (Navigators)

Assisters should expect to continue and enhance 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 of consumers will continue. Expect to continue to educate consumers about the benefits of the ACA in preparation for the 2015 Enrollment Cycle. This includes:

* Building trust in your communities
* Building and strengthening community partnerships and local coalitions
* Reflecting on what worked and what didn’t work in 2014.

Resources

* Appeals
	+ Marketplace- <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/>
		- Appeal request form for AZ- <https://www.healthcare.gov/downloads/marketplace-appeal-request-form-a.pdf>
	+ Insurance claims/health plan decision- <https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=1>
* Exemptions
	+ Different exemption forms found here- <https://www.healthcare.gov/exemptions/>

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Have something you want us to possibly add to next week’s newsletter? Email Kim VanPelt at kim.vanpelt@slhi.org. As always, special thanks to Meryl Deles for much of the content.