Covered Clips

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

Weeks of September 7th and 14th

**2014 Census Figures Released for Population without Health Insurance**

Population without Health Insurance Coverage

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2013 | 2014 | Difference in Uninsured |
| Arizona | **17.1** | **13.6** | **-3.5** |
| United States | **14.5** | **11.7** | **-2.8** |

http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf

**Health Insurance Signups Near 10 Million in Midyear Report**

New York Times

About 9.9 million people have signed up and paid for health insurance under President Barack Obama's [health care law](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health_insurance_and_managed_care/health_care_reform/index.html?inline=nyt-classifier), the administration said Tuesday, a slight dip from a previous count but on track toward the administration's year-end goal of 9.1 million.

The U.S. Department of Health and Human Services said that 84 percent of those, or more than 8.3 million, were receiving tax subsidies to help with the cost. A Supreme Court decision earlier this summer upheld insurance subsidies in all 50 states, a major victory for the White House.

The report was the first update since June on how the health care law's insurance markets are performing across the nation. Enrollment shifts are to be expected as people cancel coverage or newly enroll as their circumstances change. A previous report had put the number at 10.2 million as of the end of March.

In 2014, the enrollment number peaked at around 8 million in the spring and dropped to 6.3 million by the end of the year. Hanging on to customers is a major priority for HealthCare.gov as well as state-run exchanges, amid a growing sense that it may take three to five years for the taxpayer-subsidized markets to approach their full potential.

"They still have a tough hill to climb over the next couple of years to increase enrollment and get more people covered," said Larry Levitt of the nonpartisan Kaiser Family Foundation.

People unable to verify U.S. citizenship or immigration status appeared to be a big reason for the drop-off in enrollment seen in Tuesday's report, with approximately 423,000 consumers losing 2015 coverage when they didn't produce required paperwork; nearly three-quarters of those were dropped from coverage since April 1.

"That's more people than I would have expected who initially got coverage and weren't able to document their immigration status," Levitt said, adding it shows the verification system works better than it did last year when eligibility determinations lingered until late in the year.

Florida's enrollment number dropped by more than 100,000, the biggest decline among the states. Georgia, Pennsylvania, North Carolina and Texas also saw declines.

Obama's law offers subsidized private insurance through online markets called exchanges, plus an expanded version of [Medicaid](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/medicaid/index.html?inline=nyt-classifier) in states that adopt it. Independent surveys and government reports have documented steady gains in coverage since the 2014 launch of the insurance exchanges and the health law's Medicaid expansion. The nation's overall uninsured rate now stands at about 9 percent, a historic low.

Consumers from coast to coast are continuing to show how important health coverage is to their families," Health and Human Services Secretary Sylvia Burwell said in a statement. The figures released Tuesday cover the period through June 30.

<http://www.nytimes.com/aponline/2015/09/08/us/ap-us-health-overhaul-signups.html?utm_campaign=KHN:+First+Edition&utm_source=hs_email&utm_medium=email&utm_content=21896019&_hsenc=p2ANqtz-8Q60Xn0K9M7A-MBnr7SP6Hqc8Pu_XL2lMUzL0lqhqewQ4kh-7fpWOCSKFaBPpY&tr=y&auid=15972775&_r=0>

**Number of Arizonans on Federal Marketplace Insurance Drops**

KJZZ

The number of Arizonans who have health insurance plans purchased on the federal marketplace dropped by about 11,000 between March and June.

The enrollment figures released Tuesday by the U.S. Health & Human Services Department show just over 154,000 people paid for individual policies bought on the federal marketplace as of June 30. Three months previously that number topped 165,000.

The enrollment is still 64 percent above enrollment on Dec. 31.

Federal statistics show that 76 percent of the insured received tax subsidies to help pay their premiums. The average subsidy in Arizona was $159 per month.

Nationally, 9.9 million consumers were paying for policies and 84 percent were receiving subsidies.

[**http://kjzz.org/content/188940/number-arizonans-federal-marketplace-insurance-drops**](http://kjzz.org/content/188940/number-arizonans-federal-marketplace-insurance-drops)

**SPECIAL WEDNESDAY ASSISTER WEBINAR: LGBT Cultural Competency Training**

Please join us on Wednesday, September 16 from 2:00 pm to 3:30 pm ET for a special assister webinar in partnership with [Out2Enroll](http://out2enroll.org/) on reaching and assisting lesbian, gay, bisexual, and transgender (LGBT) communities. [Click here](https://goto.webcasts.com/starthere.jsp?ei=1073831) to register. [Research](https://cdn.americanprogress.org/wp-content/uploads/2014/11/LGBTandACA-report.pdf) from the Center for American Progress shows that one in four LGBT people who could receive financial help to get health insurance coverage were still uninsured in 2014, and 80 percent want help from assisters with training in specific questions that may arise for LGBT people around health insurance enrollment and coverage.

Our September 16 webinar will include an introduction to key LGBT terms and concepts; answers to common LGBT-specific enrollment questions; an overview of strategies for promoting LGBT outreach and enrollment; and example scenarios based on the enrollment experiences of same-sex couples, people with HIV, and transgender people. At the end of this training, assisters will be able to:

* Define terms, identities, and concepts associated with LGBT communities,
* Describe systemic health care access barriers that LGBT populations have historically faced, and how the Affordable Care Act can help address them,
* Explain best practices and practical tips for addressing LGBT-specific enrollment questions, and
* Demonstrate skills for enrolling LGBT individuals and families effectively.

**Note:**Assister organizations that take the training webinar can get listed in Out2Enroll’s [web tool](http://out2enroll.org/find-local-help/) that allows LGBT consumers to search for LGBT-friendly assisters in their area. You can contact Out2Enroll at info@out2enroll.org to learn more about the tool. Out2Enroll is a nonprofit initiative that works to connect LGBT people and their families with their new coverage options by providing LGBT cultural competency training for assisters and conducting LGBT community outreach and education about the Affordable Care Act.

**Here’s the Potential Fallout If This New Obamacare Lawsuit Succeeds**

The Huffington Post

Another far-fetched lawsuit against the Affordable Care Act won a victory in the lower courts on Wednesday. And while few members of the legal establishment have taken this lawsuit seriously, few members of the legal establishment took the last one seriously. That case, King v. Burwell, made it all the way to the Supreme Court before failing. So what happens if this latest legal assault does that -- and more? What if it actually prevails? At the moment, it's really hard to tell. A ruling for the plaintiffs could have little or no effect. Or it could mean higher prices and deductibles for several million people now buying insurance on their own, and maybe even a less stable market. Ultimately, the answer would depend on reactions -- by insurers, the courts and Congress -- that are simply impossible to predict right now.  At stake in this latest case, House v. Burwell, is the special financial assistance that President Barack Obama’s signature health care law provides to some people buying coverage through the Obamacare marketplaces, in order to reduce their out-of-pocket expenses. Few people know the law even provides such assistance, even though it makes a big difference for those who benefit from it. Here’s why: The insurance plans available through the law’s marketplaces, like most private insurance plans, come with deductibles and co-payments. If you pick up a prescription, for example, you probably have to pay some money out of your own pocket before your insurance coverage kicks in. It could be just $5 or $10 -- or much higher, like $50 or $100, for some specialty medications. You might even have to pay the full cost, which could be hundreds of dollars, if you haven’t met your overall deductible for the year. You’ll also have to pay out of pocket when you visit the doctor, go to the emergency room, or get tests and procedures. These, too, can get expensive. The health care law puts a maximum on those out-of-pocket expenses -- something that didn’t exist before. But those limits are $6,600 for individuals and $13,200 for families this year -- expenses that could cripple consumers without wages or savings to cover such bills. That’s why the law requires that insurers offer more generous 'silver level' policies, with no additional costs, to consumers with incomes below two and a half times the poverty line -- which, for a family of three, is about $50,000 a year. The difference is substantial. According to an analysis from the Henry J. Kaiser Family Foundation, a family with the most protection available would owe, on average, just $168 in out-of-pocket expenses for an emergency room visit -- roughly half what that family would owe with a standard silver-level policy. The details can vary, from household to household and from plan to plan. But, overall, the extra financial protection can translate to savings of thousands of dollars a year.

<http://www.huffingtonpost.com/entry/obamacare-lawsuit-potential-fallout_55f1bd13e4b03784e27859f3?tr=y&auid=15984997>

**GAO Finds Increased Plan Choice in Individual Markets On and Off Marketplaces**

Manatt

According to a new Government Accountability Office (GAO) [report](http://www.gao.gov/assets/680/671916.pdf), consumers purchasing individual market plans on and off the ACA’s Marketplaces had access to more health plans in 2015 compared to 2014. The report found that the increase in plan choice was most pronounced on the Marketplaces. In 2015, 94% of counties had six or more silver Marketplace plans and 88% of counties had six or more bronze Marketplace plans, compared to 80% for both categories in 2014. Plan choice remains even more robust off the Marketplace, where the percentage of counties reporting six or more silver and bronze plans increased from 97% to 100% between 2014 and 2015. In reviewing premiums, GAO found that the lowest-cost plans in the individual markets tended to be sold on Marketplaces. Specifically, the lowest-cost silver plan in the individual market was available through the Marketplace in 81% of counties analyzed, an increase of 18 percentage points from 2014. The premiums for lowest-cost plans in each state varied widely, though the study revealed that the cost for the minimum and median premiums for silver plans increased from 2014 to 2015 in most states.

<https://www.manatt.com/health-reform-weekly-highlights-9-15-15.aspx#Article1>

**Agent and Broker Hotline to Launch for 2016 Open Enrollment**

Agents and brokers will have a dedicated call center for questions pertaining to clients utilizing HealthCare.gov, according to [*Politico*](http://www.politico.com/tipsheets/politico-pulse/2015/09/pulse-scoop-e-c-dems-find-no-evidence-of-wrongdoing-at-planned-parenthood-210120). The call center hotline is expected to be operational by November 1 for the start of the 2016 open enrollment period.

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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.