

Health Reform 201

The Road Ahead for Healthcare Reform in Utah



October 25, 2016



Who is UHPP?

Utah Health Policy Project is a **non-profit, non-partisan** organization advancing sustainable health care solutions for underserved Utahns, through better access, education, and public policy



www.healthpolicyproject.org



@UHPP



www.facebook.com/uthpp

Private insurance is sold in three markets

Individual



An individual or family policy purchases a policy directly from a private insurance company



6%

Employer: Small group

Employer-based insurance often subsidized by the company for employees and their dependents



50%-60%

Employer: Self-insured

A group health plan in which the employer assumes risk for providing health care benefits to employees

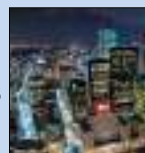


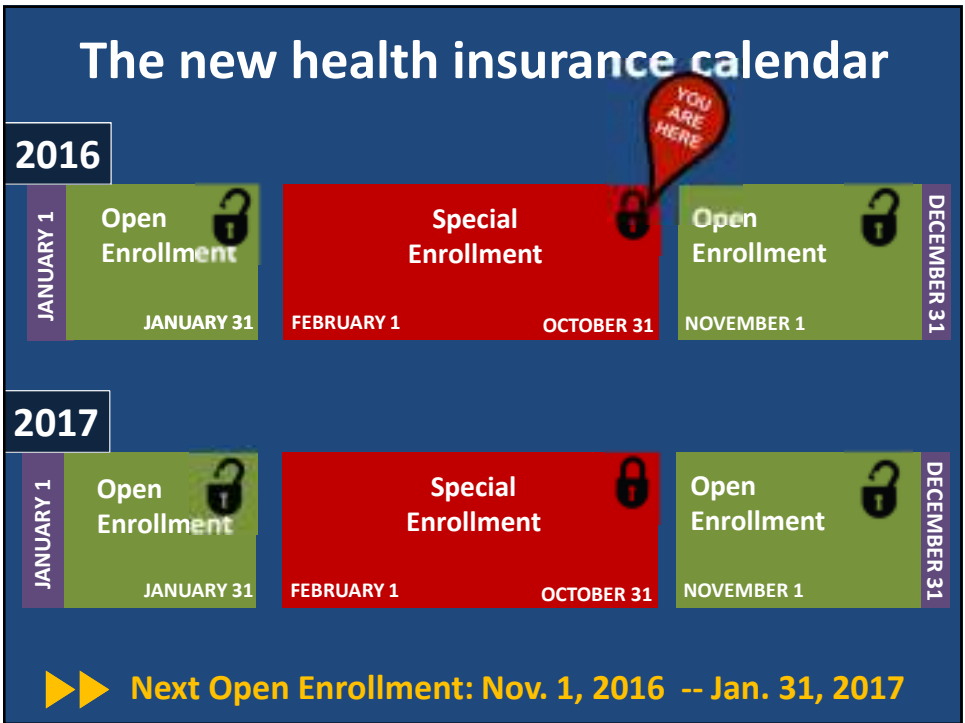
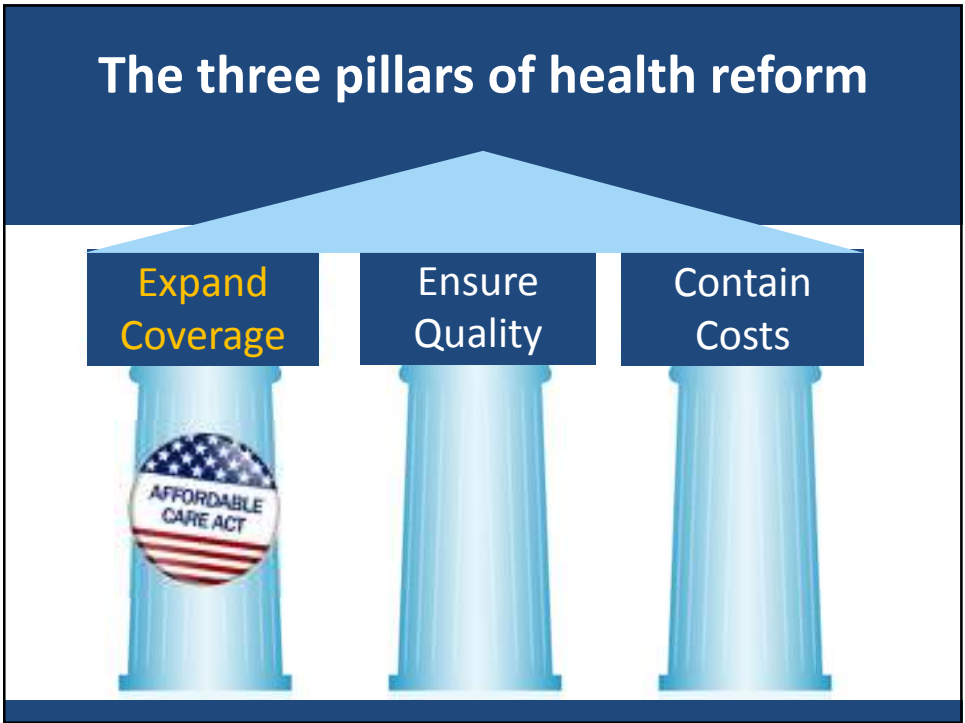
Photo Source: Princeton Public Library; MatthewRoth; VictorPorof

Key Terms

ACA or
Obamacare
Insurance

Private insurance plans
sold on *healthcare.gov*
with monthly premiums
subsidized for some people





What is a Qualifying Life Event?

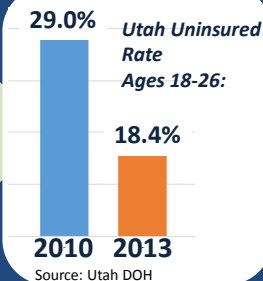
...that triggers a Special Enrollment Period



EACH OF THESE EVENTS TRIGGERS A 60-DAY WINDOW TO ENROLL ON HEALTHCARE.GOV

How the ACA changed healthcare (as we know it)

Adults under age 26 can stay on their parents insurance plan



No lifetime caps on insurance payments

Insurance offers free preventative care like blood pressure checks, flu shots, and health screenings

No one can be denied or priced out of coverage for a pre-existing condition

Men and women pay the same for coverage

All plans will have **10** essential benefits

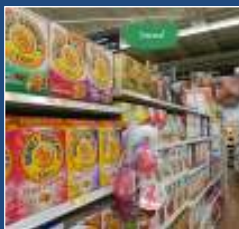
1. Ambulatory (ie. out-patient) services
2. **Emergency services**
3. Hospitalization
4. **Maternity and newborn care**
5. Mental health and substance use disorder services, including behavioral health treatment
- ★ 6. **Prescription drugs**
7. Rehabilitative and habilitative services and devices
8. **Laboratory services**
- ★ 9. Preventive and wellness services and chronic disease management
10. **Pediatric services, including dental and vision care**



Adult dental and vision can be purchased as extras

Source: <http://cciio.cms.gov/resources/factsheets/ehb-2-20-2013.html>

What is the ACA marketplace like?



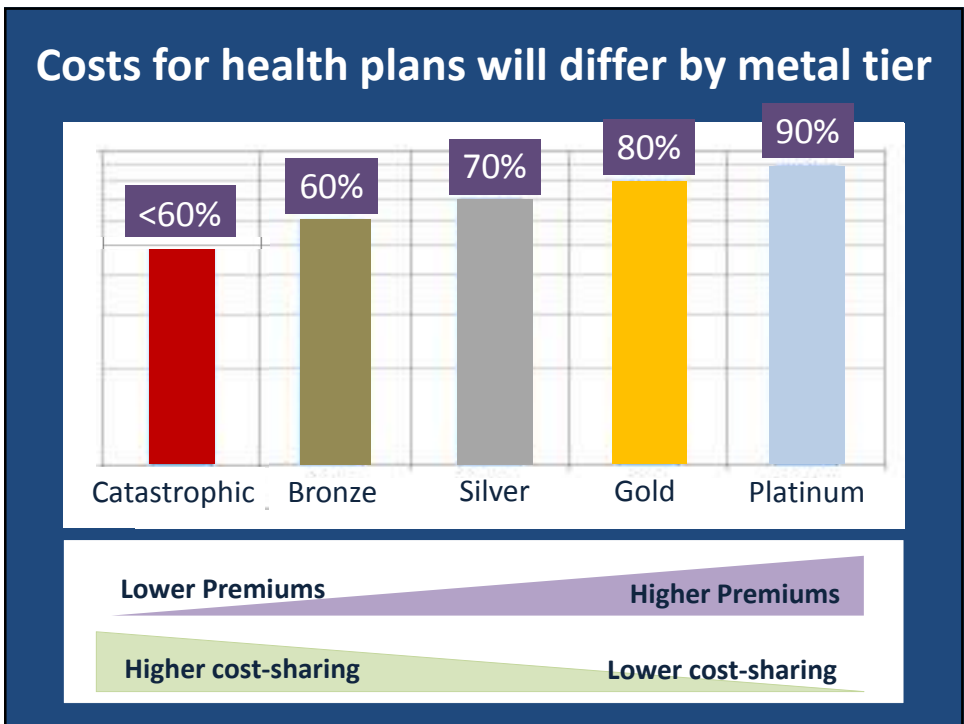
Nutrition Facts	
Serving Size 172 g	
Amount Per Serving	
Calories 200	Calories from Fat 8
% Daily Value*	
Total Fat 1g	1%
Saturated Fat 0g	1%
Trans Fat	
Cholesterol 0mg	0%
Sodium 7mg	0%
Total Carbohydrate 36g	12%
Dietary Fiber 11g	45%
Sugars 6g	
Protein 13g	




You qualify for EXTRA SAVINGS – only if you pick a Silver plan


ACA 2010 (Section 1254) requires that individuals who are not eligible for an employer-sponsored plan and who are not eligible for Medicaid or CHIP must purchase a plan through the ACA marketplace. This requirement applies to individuals who are not eligible for an employer-sponsored plan and who are not eligible for Medicaid or CHIP.


Silver	Bronze	Gold
<p>Monthly Premium</p> <p>\$75</p> <p>Out-of-Pocket Maximum</p> <p>\$6,000</p> <p>Not Available</p> <p><small>Not available for individuals who are not eligible for an employer-sponsored plan and who are not eligible for Medicaid or CHIP.</small></p>	<p>Monthly Premium</p> <p>\$100</p> <p>Out-of-Pocket Maximum</p> <p>\$7,000</p> <p>Not Available</p> <p><small>Not available for individuals who are not eligible for an employer-sponsored plan and who are not eligible for Medicaid or CHIP.</small></p>	<p>Monthly Premium</p> <p>\$150</p> <p>Out-of-Pocket Maximum</p> <p>\$8,000</p> <p>Not Available</p> <p><small>Not available for individuals who are not eligible for an employer-sponsored plan and who are not eligible for Medicaid or CHIP.</small></p>



What are the **penalties** for remaining uninsured in 2017?

 **\$695 per adult**

 **\$347.50 per child**

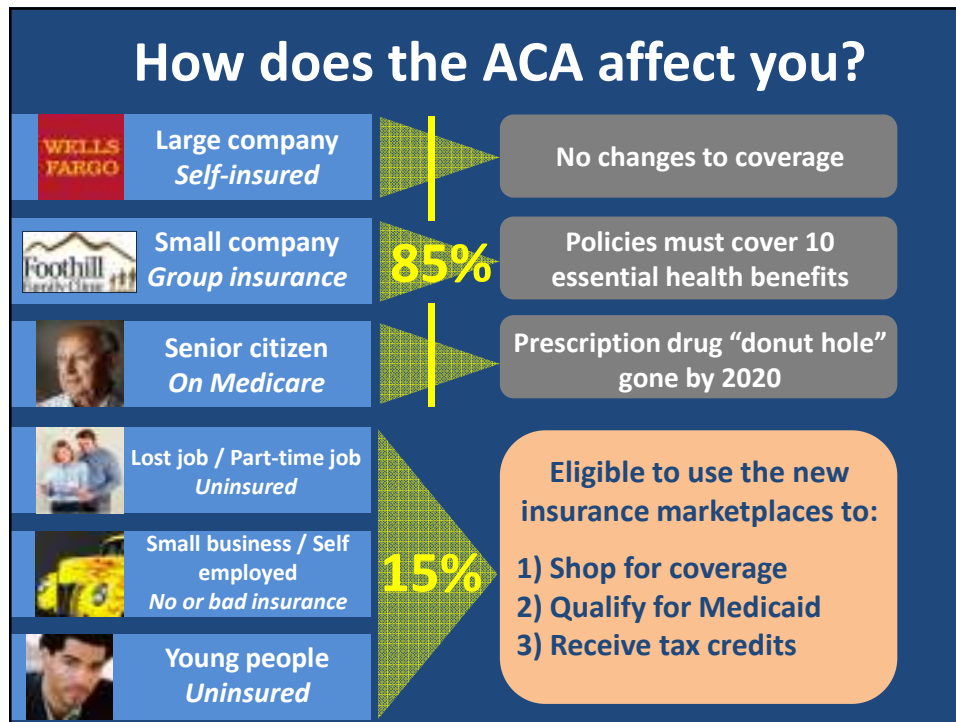
 **Up to \$2,085 per household***

%

...or 2.5% of adjusted gross income**

(*) Flat fee is adjusted for inflation after 2016

(**) Gross income minus the filing threshold



What is a “Marketplace”?

A new, transparent, and competitive insurance shopping experience

- Consumers can buy **affordable and qualified** health plans
- New choices that **meet minimum benefits**



What is the marketplace like?

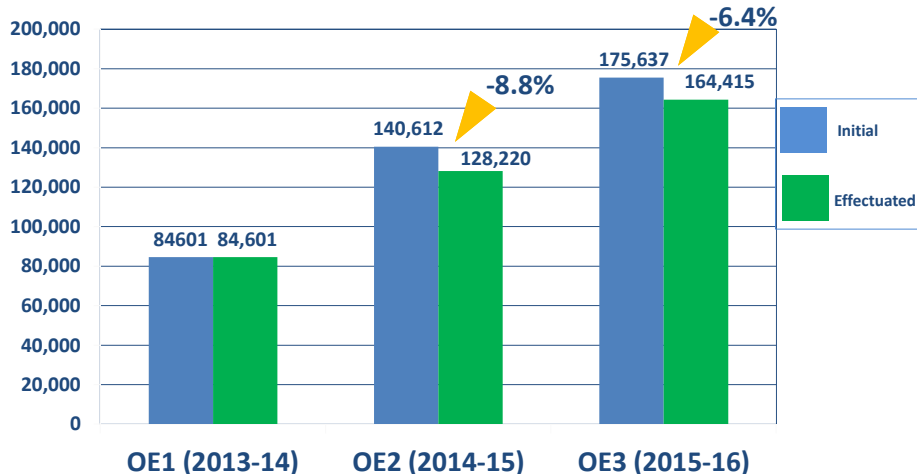


Nutrition Facts	
Serving Size 172 g	
Amount Per Serving	
Calories 200	Calories from Fat 8
% Daily Value*	
Total Fat 1g	1%
Saturated Fat 0g	1%
Trans Fat	
Cholesterol 0mg	0%
Sodium 7mg	0%
Total Carbohydrate 35g	12%
Dietary Fiber 11g	45%
Sugars 6g	
Protein 13g	



Shopping for breakfast cereal...

The drop of "effectuated" enrollment in 2016 was smaller than in previous years



(REGULAR) [OE1] Health Insurance Marketplace: February Enrollment Report (Oct. 1, 2013-March 1, 2014), <http://aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm>;
 [OE2] Marketplace Plan Selection by Age in States Using the HealthCare.gov Platform, By State (1): 11-15-14 to 2-15-15 (including SEP activity through 2-22-15), (Released: March 10, 2015), http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015/02_2015mar_enrollment.pdf; [OE3] Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, For the period: November 1, 2015 – February 1, 2016, (Released: March 11, 2016), <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>
 (EFFECTUATED) [OE1] Health Insurance Marketplace: February Enrollment Report (Oct. 1, 2013-March 1, 2014), <http://aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm>;
 [OE2] March 31, 2015 Effectuated Enrollment Snapshot (Released June 2, 2015), <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>; [OE3] March 31, 2016 Effectuated Enrollment Snapshot (Released: June 30, 2016), <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html>

Why are people dropping their coverage mid-year?

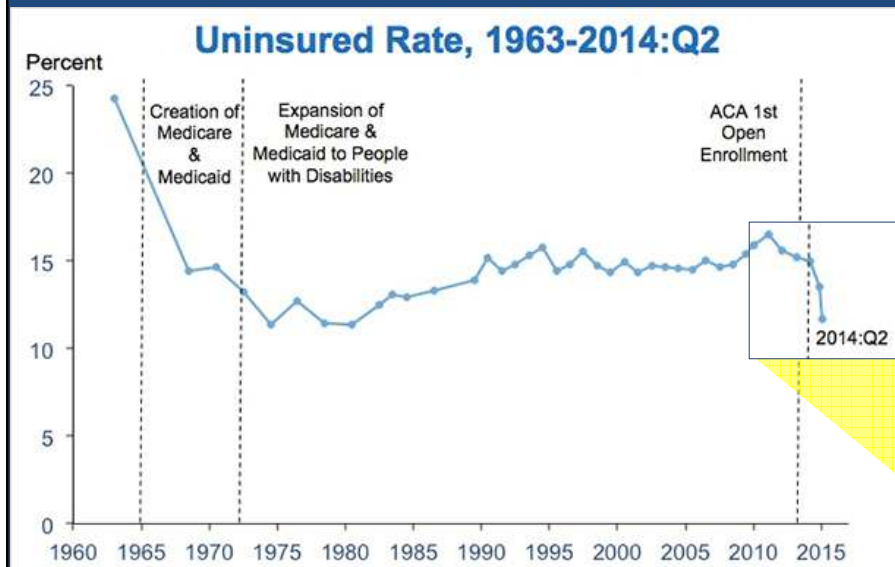
- 1) Premium cost
- 2) Under utilization
- 3) Paperwork errors



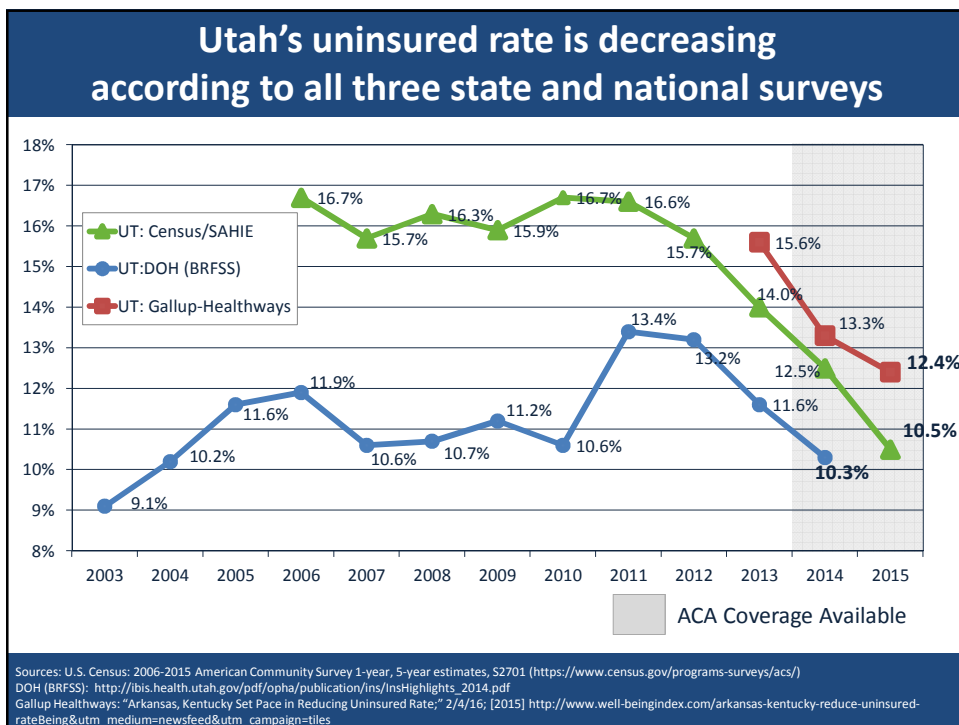
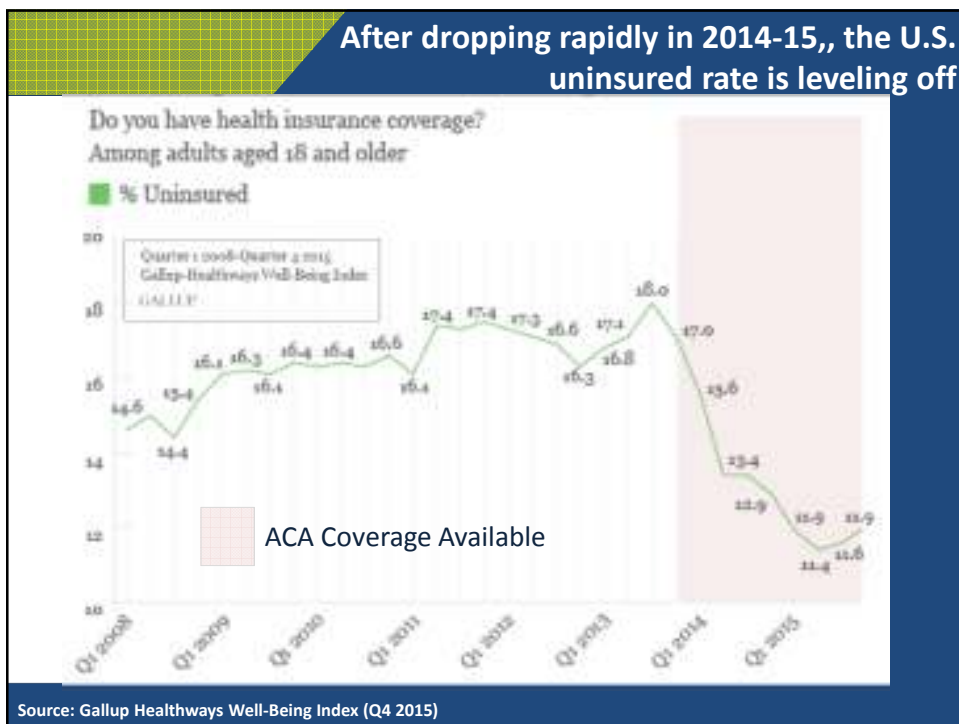
Insurance Dropouts Present a Challenge for Health Law
 New York Times
 By Abby Goodnough
 October 11, 2015

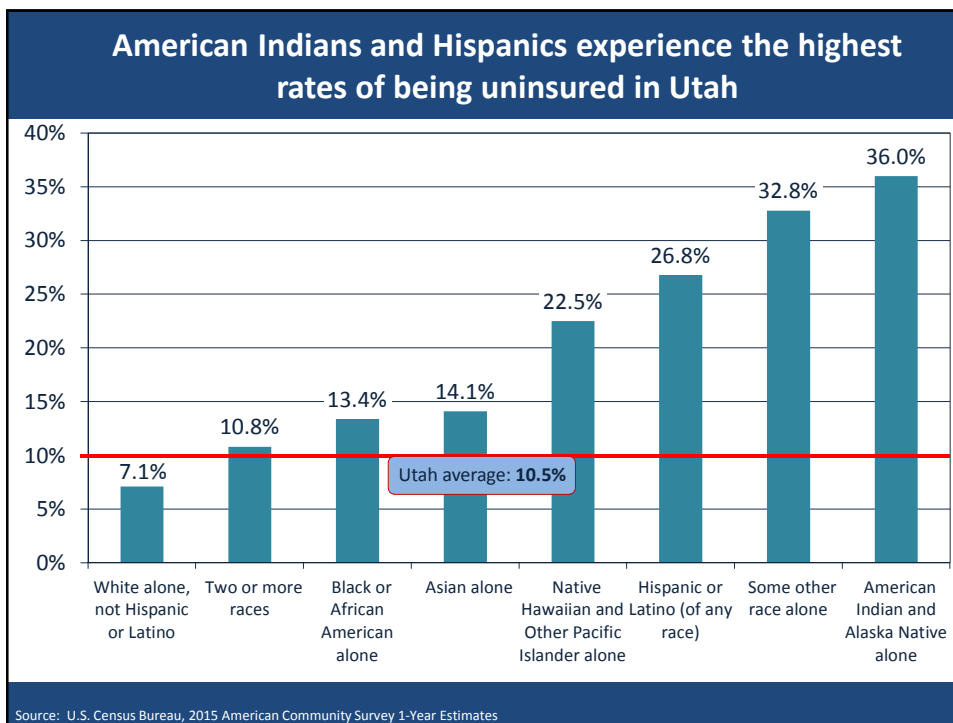
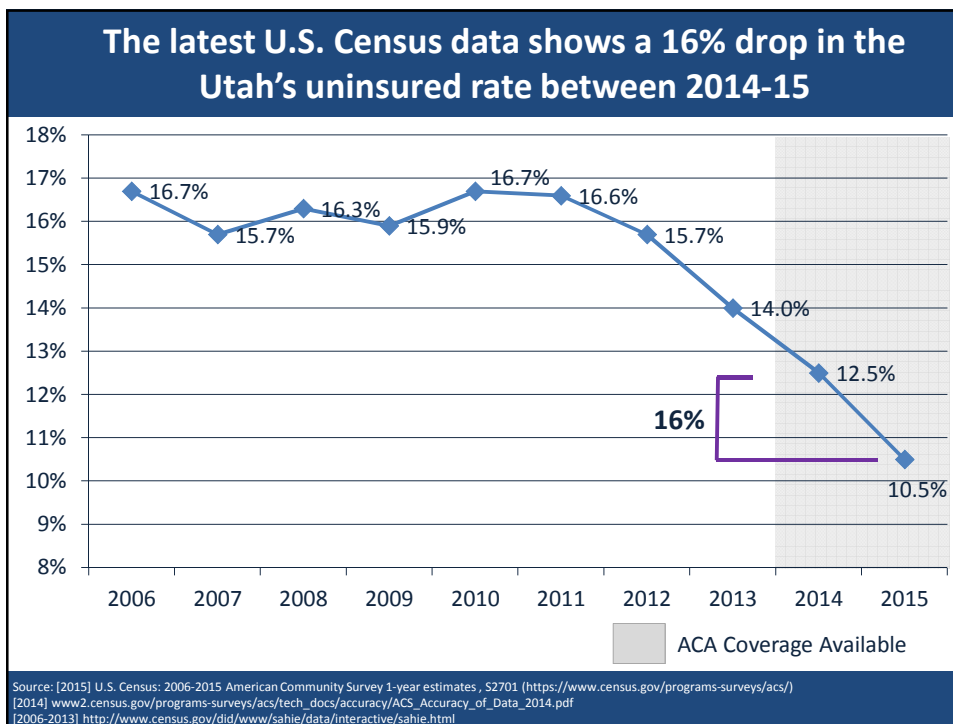
Link: <http://www.nytimes.com/2015/10/12/us/insurance-dropouts-present-a-challenge-for-health-law.html>

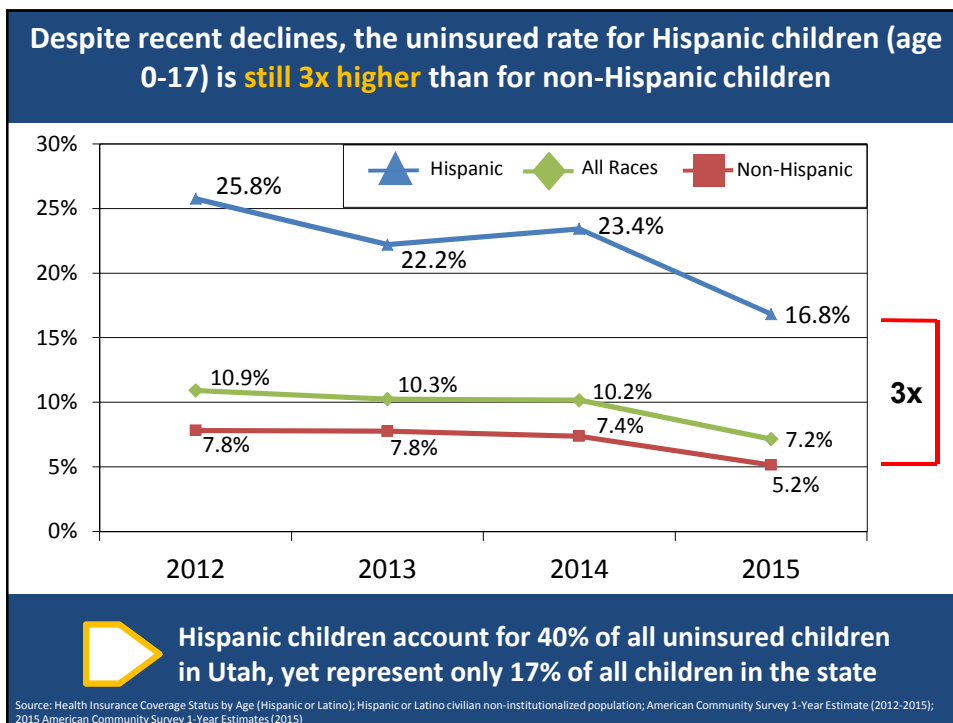
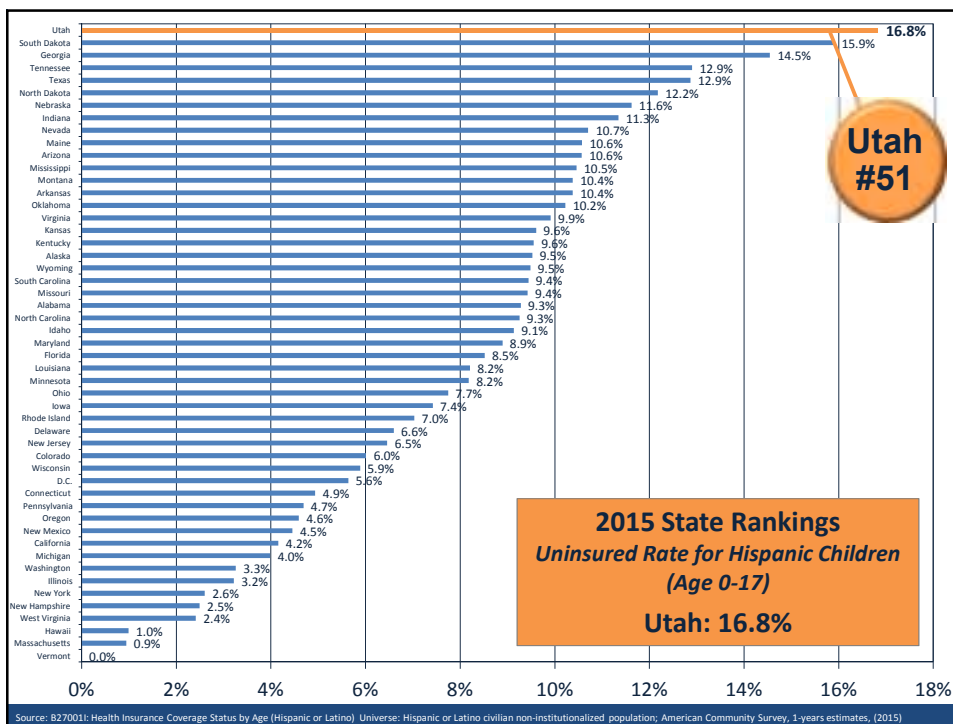
Starting in 2014, the ACA initiated a generational decline in the U.S. uninsured rate



Source: NHIS; Cohen et al. (2009); Klemm (2000); CMS (2009); CEA calculations (see appendix).
 Note: Data for 2014 are quarterly. Data for earlier years are generally either annual or bi-annual.







Six Key Enrollment Barriers

1. The application is too complicated
2. Language and cultural barriers
3. Distrust for DWS
4. Education: Not knowing they qualify
5. Policy issues that serve as barriers
6. Need for a system change

Connecting Kids to Coverage (CK2C) Grant



- July 2016 – July 2018
- \$840,000 (2 years)
- 3 Team Leads
- 15 AmeriCorps enrollment specialists
- Active in 10 counties

What Makes the CK2C Grant Unique

- UHCs recruited from the communities we serve
- Regional approach
- Focused on children
- One-on-one assistance
- Community partnerships
- Language translation



CK2C Grant Goals

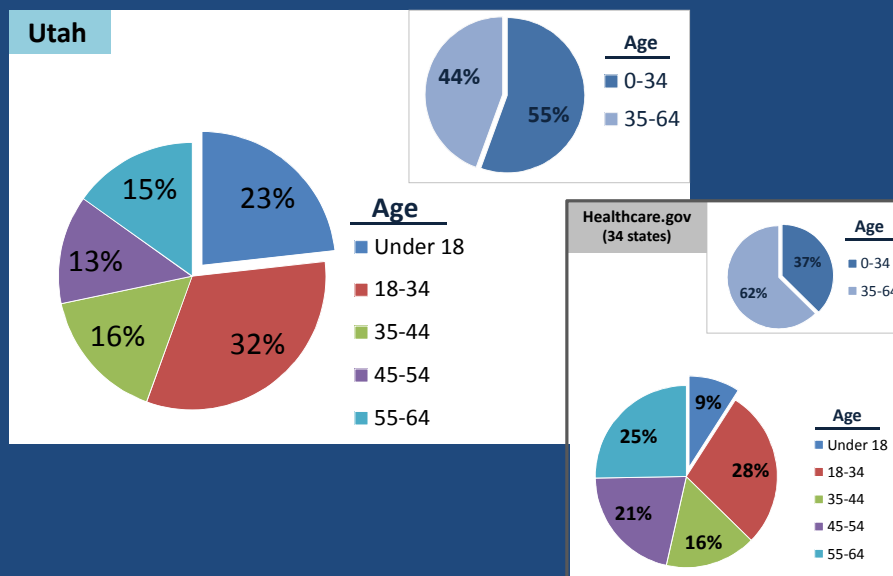
1. Enroll 18,000 children/parents into Medicaid or CHIP
2. Provide renewal assistance to 5,400 children/parents into Medicaid or CHIP
3. Ensure Medicaid or CHIP coverage is retained for 13,500 children/parents
4. Educate 25,000 individuals about Medicaid, CHIP and affordable health care options
5. Provide translation services to 7,000

Who is signing up for the ACA in Utah?



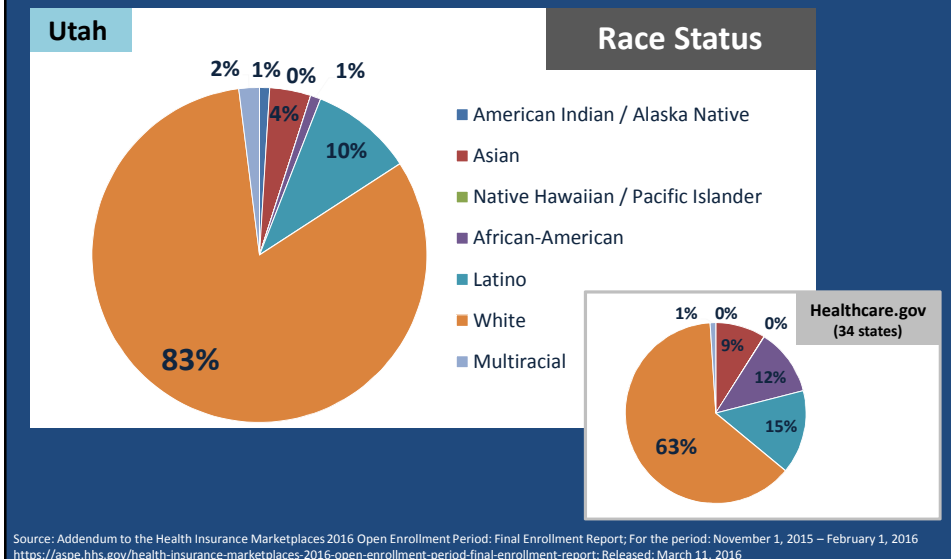
Image source: WarrenFree

Over half of Utah's ACA enrollment is **under age 34**

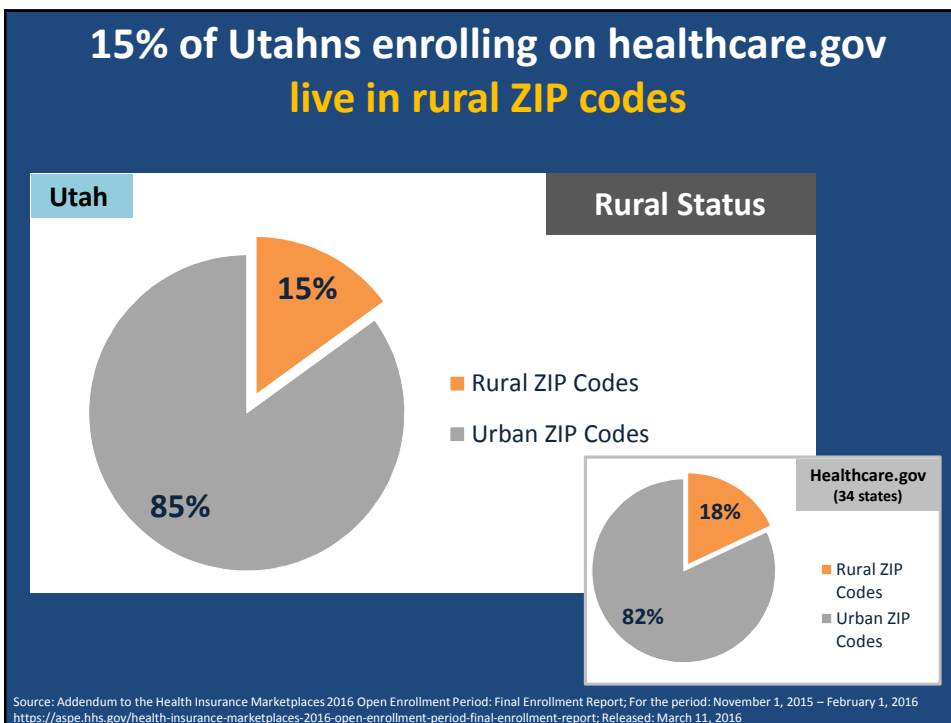


Source: Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report; For the period: November 1, 2015 – February 1, 2016
<https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>; Released: March 11, 2016

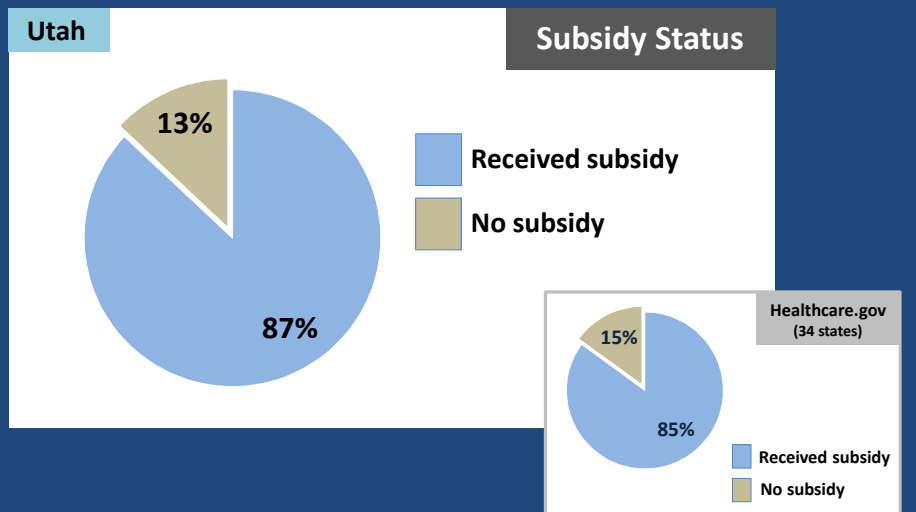
17% of Utahns enrolling on healthcare.gov describe themselves as racial minorities



15% of Utahns enrolling on healthcare.gov live in rural ZIP codes

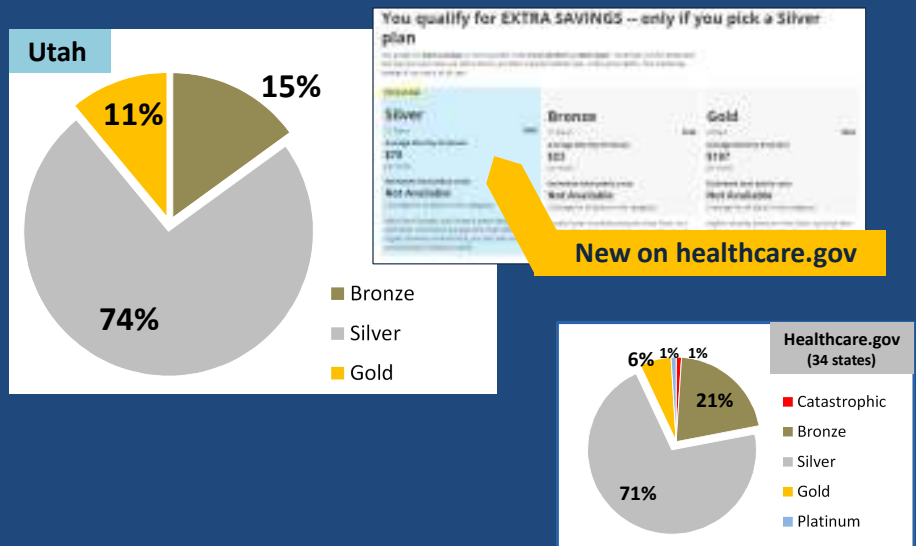


85% of Utahns enrolling on healthcare.gov received a premium subsidy



Source: Health Insurance Marketplaces 2016; Average Premiums After Advanced Premium Tax Credits in the 38 States Using the Healthcare.gov Eligibility and Enrollment Platform; Nov. 1-Dec. 26, 2015; Released 1/21/16

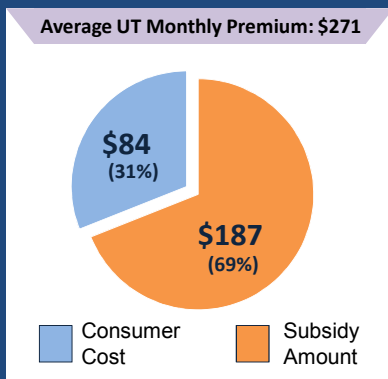
Most Utahns choose Silver-level plans that offer a balance between premiums and cost-sharing



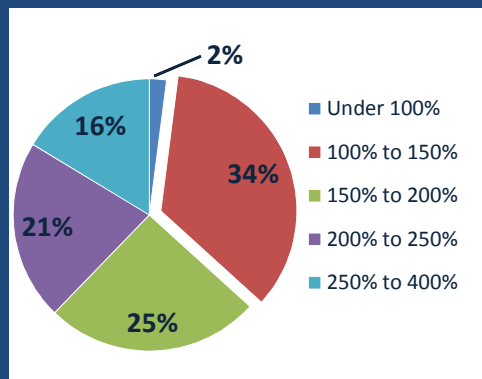
Source: Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report; For the period: November 1, 2015 – February 1, 2016
<https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>; Released: March 11, 2016

Premium subsidies make health insurance more affordable in Utah

Impact of subsidies on Utah consumer costs



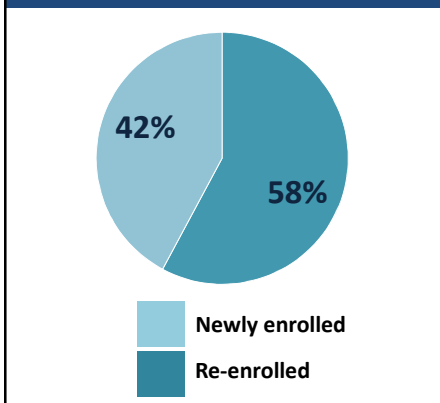
ACA enrollment in Utah by % poverty level



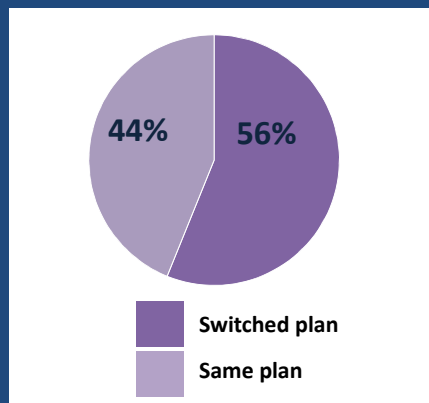
Source: Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report; For the period: November 1, 2015 – February 1, 2016 <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>; Released: March 11, 2016

Over half of re-enrolling ACA consumers in Utah switched health plans in 2016

Origin of all Utah consumers



Plan selection by all Utah re-enrolled consumers



Source: Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report; For the period: November 1, 2015 – February 1, 2016 <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>; Released: March 11, 2016