



Texas CHIP Coalition Meeting Minutes

August 23, 2013

Present:

Betsy Coats, Maximus/THS/STAR
Greg Hansch, NAMI Texas
Samantha White, TAFP
Stacey Wilson, THA
Claudia Lindenberg, Central Health
Michelle Tijerina, Central Health
Becky Huerta, Central Health
RexAnn Shotwell, TACHC
Elizabeth Endres, TACHC
Sonia Lara, TACHC
Sr. JT Dwyer, Seton
Kit Abney Spelce, Seton
Clayton Travis, TCFC
Monica Crowley, LSCC
Jeane Stamp, THEO-UT
David Gonzales, TAHP
Valerie Eubert, HHSC
Stephanie Stephens, HHSC
Erika Ramirez, HHSC
Christina Hoppe, HHSC
Carolyn Schwarz, HAAM
Lauren Dimitry, TCFC
Alice Bufkin, TCFC
Anne Dunkelberg, CPPP
Megan Randall, CPPP
Robert Morrow, BCBS
Stephanie Kilty, CHC

Conference Line: Skipped over roll call due to time constraints; conference line attendees were not recorded.

Chair: Anne Dunkelberg, CPPP

Minutes Scribe: Megan Randall, CPPP

Next meeting: September 20, 2013

I. Stephanie Kilty, Community Health Choice

Please see attached presentation slides for more detailed information.

ADunkelberg:

- Have friends from BCBS and CHC here today.
- Community Health Choice is affiliated with the Harris Health System (formerly known as Harris County Hospital District)
- CHC is going to go a bit deeper into details of how we get subsidies in the Exchange.

Stephanie Kilty from CHC Houston:

- We are a local CHIP/Medicaid provider, and we will be offering products in the Health Insurance Marketplace (HIM). We have been attempting to get the word out with community partners and provide education to them on a bit of a deeper level b/c there are many benefits that people aren't aware of yet.
- There is also a lot of fear about the enrollment process and products
- We are trying to educate people about what the Marketplace is, and how it affects people
- Penalties
 - o The fear is that individuals won't enroll b/c they are not afraid to pay penalty, b/c the penalty is not a lot.
 - o However, the reality is that we are all currently paying for the benefits of individuals who are uninsured. It really does make sense for individuals who can't afford insurance to at least attempt to enroll in these benefits. Many will actually qualify for subsidies.
 - o Also, the penalties grow in subsequent years.
- Plan Levels of Coverage – Metal Programs – bronze, silver, gold, platinum
 - o All Essential Health Benefits (EHB) will be covered under all Qualified Health Plans (QHP) that participate
 - o In the chart, “Plan pays on average” refers to what the plan pays toward benefits.
 - o Benefits increase from an insurance perspective at different metal tiers
 - o The more benefits you have, the more it will cost the consumer
 - o Silver plans offer cost-sharing reduction mechanisms
 - o Every plan has an out-of-pocket maximum associated with it
- Cost-sharing reductions and premium tax credits
 - o Only for US citizens and legal immigrants
 - o Premium tax credits will be for 100% – 400% FPL
 - Approximately \$11,000 – \$45,000 in individual income a year and between \$24,000 and \$94,000 for a family
 - Premium tax credit is paid in advance – the federal gov't sends credit to the insurance carrier which buys down the cost for the individual, and individual is billed for the balance.
 - o Cost-sharing reductions work as a buy-down mechanism for copayment.
 - What is cost-sharing? Refers to co-payment.
 - Encourage clients that fall into lower levels of FPL to look at silver level first, b/c they will get higher premium tax credits and cost sharing reduction plans; much more manageable with a higher level of benefit than with bronze.
- Rating
 - o For family policies, you will have a family premium, but every individual will be rated. So, if you have a family of 2 adults and 5 children, the three eldest children under age 19 will be rated by age and every additional child will be free, and the family would apply based on income for the tax credit.
 - Child premium is fairly minimal
 - o Smoker vs. non-smoker rating? Won't be across the board – but option was made available. Cap set at smoker rate was 30% increase over nonsmoker rate. Insurance carriers were able to determine if they wanted to do that at all.

KAbney: If you have a family, and you decide you can't afford it, can you drop one person's coverage in mid-year?

SKilty: No, you would need to wait until the next open enrollment period to drop one family member. Essentially you are locked in: either continue the coverage and pay, or drop the whole family and deal with the penalties. (but if your income actually drops, who can report that can get increase in premium help)

MTijerina: If I was an individual and I got the lowest premium, and it was \$19 a month, they wouldn't multiply \$19 x4 for the family policy premium?

SKilty/ADunkelberg: No. Your household's maximum premium is capped as a % of your income, on a sliding scale based on your income as a % of the FPL, which is based on both income and number of household members.

SKilty

- Premium Tax Credits: Applied in advance. The carrier will receive those credits direct from federal gov't. Member pays balance due.

CHIPCoalitionMember: Concerned that people come in at 125% FPL, and then when year is done come in at below 100%, then owe everything back.

ADunkelberg/CTravis: No. This won't be the way it works. Federal guidance clarifies those left without options due to state decision not to expand Medicaid to adults will not pay individual mandate penalties, and will not be subject to reconciliation repayment if income drops to Medicaid levels during the year (e-mail in to CBPP to triple check).

SKilty:

- Employer Group Eligibility: Group plans will remain in effect, have to meet EHB or be grandfathered
 - o Individuals who want to enroll through HI Marketplace, but who have a family member who has been offered group plans, have some a big question marks as to whether they qualify for premium tax credits and cost-sharing reductions
 - o Individuals offered plans that do not meet EHB requirements – “mini-med” plans – would be allowed to enroll and receive a premium tax credit and cost-sharing reductions in Marketplace
 - o Also can do it if insurance is “unaffordable.”
 - i. Insurance affordable if the worker in your family has an employer-sponsored plan, and the workers share of covering his OWN premium (not the family's) does not exceed 9.5% of family income.

ADunkelberg: Watch out for “family glitch” or “kid glitch.” “Affordability” calculated using price of the worker's individual policy against the whole family's income, and may mean that a family policy is still quite unaffordable but that family dependents don't get subsidies in Marketplace because technically have “offer” of ESI (an offer of ESI does not mean the employer contributes financially at all). Also, employers don't get dinged for not offering spouse coverage (but they must offer child coverage-with or without contributing to its cost), so some will just choose to not offer the spousal coverage, which would then potentially allow that spouse to get Marketplace subsidies, etc.

SKilty:

- Open Enrollment: Rules around when coverage becomes effective
 - o Qualifying Events
 - ii. Loss of minimal essential coverage – note: not “decision” to drop coverage.

ADunkelberg: Getting pregnant is not a qualifying event. We need to train consumers to think based on their personal circumstances. If you are thinking about having a baby, you want good coverage and you shouldn't wait to enroll because pregnancy will not be considered a qualifying event.

HHSC: Account transfers to Marketplace will happen year-round, in case of qualifying event, loss of CHIP/Medicaid

SKilty:

- Enrollment Overview
 - o Entering all basic information
 - o Have prior year income tax return available, if possible
 - o Can compare selected plans

ADunkelberg: If there is more interest in these topics, should we have a separate meeting to discuss? Also, just want to let you all know that Foundation Communities is looking for volunteers to go through four-hour CAC training – good to do to become more educated about how this works.

RShotwell: What type of screening tool will be available ahead of time to help someone apply? Will the Marketplace be set up with tools similar to the Kaiser Family Foundation calculator?

SKilty: Didn't see a cost-estimator when we went through HIM platform, but most QHPs will have calculators on their websites that will assist with that.

SPogue: The Texas Marketplace (federally run) will provide a calculator, and compare prices from different plans with cost-sharing built in, etc.

KAbney: Will there be a lot of additional paperwork to complete, even after eligibility is determined and after selecting plan?

SKilty: CMS will direct enrollment information directly to the QHP. There will be some QHPs that do the reversal, so that you can enroll directly at their website. But information should be entered up-front.

II. Dr. Robert Morrow, Be Covered Texas, Blue Cross Blue Shield

Please see attached presentation slides for more detailed information.

Dr. Robert Morrow

- Be Covered Texas is a grass roots campaign, non-branded – funded by BCBS, but not branded as BCBS. Transparent about funding, but at the community partners and grassroots level it is unbranded.
- BCBS is participating in the Marketplace in all counties in the state
- Blue Cross started as a way for the teachers in the Dallas school district to afford having children. Came up with idea to have all teachers pay monthly into a pool so that when

one had a baby, they could handle the financial strain. That's how all of Blue Cross got started.

- Be Covered Texas is a community service endeavor and fulfills the BCBS mission
- Like to reach Texans where they live, learn, etc.
- Provide information to people who need it and all education is in English and Spanish
- Community partners – 140 to date
- Some are in Central Texas – and we are getting a lot of traction
- Windsor Village Baptist Church in Houston, Kirbyjon Caldwell really emphasized educating his congregation
- Online engagement
- Campaign elements – grassroots based, people who are trained, events, and getting into the communities
- Awareness and Education – still a lot of unbelievable misinformation out there
 - o 1 in 4 people don't think the law is still in effect – think it was thrown out by Supreme Court or Congress.
 - o First phase is awareness
 - o But second phase is in the weeds, what you need to know to get yourself covered under the Affordable Care Act.
 - o We need trustworthy community organizations that work in and with the community every day
 - o This legislation is a really big deal. Need to use this to help continue to educate folks even after they have the insurance – i.e. how you use it, etc. Health and wellness programs. Emphasis on prevention, wellness, etc.
- Go to Be Covered website, click link to partners, and will get a response back
- As a partner, you work within your community and provide opportunities for further education through the Be Covered program
 - o Be Covered campaign has educators and people who can go out and do the education
 - o The community partners are more for awareness and directing them to resources provided by the campaign

CTravis: Be Covered campaigns in all states?

RMorrow: Don't know. Believe so,

RShotwell: Are you providing a list of resources where people can go to apply?

RMorrow: Once you get to one of the consumer education centers, they should be able to help with that.

RShotwell: And what is the relationship with Community Healthy Centers, specifically?

RMorrow: Folks who are trained should be able, in the context of what is currently known, to get the person directed to where they need to go to get their questions answered.

KAbney: Do you have to sign up to be a partner to access the materials?

RMorrow: Send me an e-mail and I can answer more questions about this.

ADunkelberg: Are there one or two key concerns that you have in terms of the things that we need to achieve in TX to get an open door for people?

RMorrow: Most of my concerns have to do with education. Getting people signed up for insurance is great, but how to effectively understand what EHB are, why important, etc. is important. My biggest fear is signing up for insurance and seeing that it didn't get them anything, not staying signed up, etc.

ADunkelberg: Some of us are concerned about our ability to direct people to the plan that is best for them. What you should look for? Also concerns about affordability issues.

RMorrow: There are a few instances where plans are going to delay when they are subject to a hard cap on maximum out of pocket costs. Does not include premium payments.

SKilty: Enroll America recently mentioned that elderly individuals have reported some scamming. If anyone is asking for money up front, then it is not legitimate.

ADunkelberg: May want to follow up with TDI about this. Politics are dicey when you have state leadership not invested in implementation.

III. Stephanie Stephens and Valerie Eubert, HHSC

Please see attached presentation slides for more detailed information.

SStephens:

Streamlined and Integrated App

- Effective Jan 1, we will have a streamlined application available for Medicaid, CHIP, and the Marketplace.
- Once we have new streamlined app, we will phase out current streamlined children's application. 1014 will be phased out.
 - o Caveat – we will be required to submit our new/revised applications to CMS for approval
- We don't see the need for the current streamlined application, given that the new streamlined app would be for the same group, and would enable us to do the transfer to the Marketplace.
- CMS can do conditional approval of our documents prior to Jan 1. Our changes to the streamlined app are not huge. I would expect that what we have today will be what we have Jan 1.
- For the existing integrated app, given the time we had to make the changes, we really focused on what was required to do MAGI determination, etc.
- We have just amended it to meet requirements, and we expect to have a robust discussion with stakeholders about how we further streamline the integrated application for the future, b/c it will be even longer than it is today, and this has been a concern of people.
- Our goal for integrated 1010 was to be able to have a person apply for all the programs going forward.

VEubert: Key question for stakeholders is that it has gone from 26 pages to 33 pages. As Stephanie noted, there may be some future work on this. 33 pages for the integrated app. The streamlined app will be 12.

SStephens:

- A couple of additional things: Effective October 1, the federal Marketplace will have the federal streamlined application and so we will, if we receive a paper federal application, get it to the Marketplace. And if someone comes into our door, we will help get them to the online platform.
- There is a TX version of the streamlined application that TX will use, and then there is a version that you will get at the Marketplace which will not have these changes.
- TX will accept applications from Marketplace and vice versa, will not ask someone to complete full application again. But, they may get a missing information letter to answer certain questions
 - o EX: Intent to stay in Texas. We won't get that from the Marketplace transfer.
 - o Ex: May have to ask additional questions to see about CHIP waiting periods, etc.
- If it is a mixed family case, and we receive the application, we will send adult stuff over to Marketplace. As soon as we know they are ineligible for Medicaid, we will send that information over to the Marketplace, even if we are still processing children. If parent is an obvious denial, we would want to make that Marketplace transfer very quickly.

ADunkelberg: If they get a missing information letter, will your electronic communication with families be there, or will you be relying on snail mail?

SStephens: Mostly snail-mail. So, what is the process when we don't get some of these data elements? We will be verifying things that the Marketplace won't be verifying. It will all be done through one process and communication to the client. Might be able to use electronic sources.

ADunkelberg: How can you characterize significance of choice we made in terms of MAGI?

SStephens:

- Three options; 1)federal option with federal data; 2)federal option with state data; 3) state and state
- TX did federal methods and federal data.

CHIPCoalitionMember: HHSC Commissioner Dr. Janek talked last week and presented about presumptive eligibility. Where in process are you with guidelines?

ADunkelberg: (Note: Under ACA, Hospitals can do presumptive eligibility, but state has to promulgate the guidelines for doing it.)

SStephens: We are working on those new guidelines. Focused on getting this MAGI piece in place, but in the beginning phases. We are not alone compared to other states. Maybe more information next month. We always have the question of when we can get things programmed into the TIERS system, and there ARE system changes. Right now, we need to figure out what systems those presumptive eligibility changes could be in and are there process changes that could be in place prior to system changes.

ADunkelberg: And what about former foster kids?

SStephens: Yes. Will be bringing Medicaid/CHIP updates next month.

ADunkelberg: What about kids from other states?

SStephens: Planning to cover kids from the TX foster care system only at this point.

ADunkelberg: Issues around "open enrollment" potentially ending before the actual end of open enrollment. We need to clarify that this is federal policy: that if a marketplace coverage application is made before 3/31 but actual plan enrollment is not done before that date, a person or family could be left out until the next year's open enrollment. (NOTE, THIS WAS SUBSEQUENTLY CONFIRMED TO BE THE ACTUAL CURRENT FEDERAL POLICY) Will be a critical outreach message if true!!

CommunityFirstHealthPlansCaller: Question about how the Navigators will work and whether someone helping with CHIP applications can also be a Navigator.

TACHC: CAC and community partners program. Also, Alamo Area Council of Governments is part of a bigger Navigator grant project headed up by Tarrant County United Way.

SStephens: Will consider it an action item to figure out how quickly we can process cases that are obvious Medicaid denials.

The Affordable Care Act — You Know Someone Who Needs to Get Covered

Stephanie Kilty

Sales Manager – Marketing & Outreach

Community Health Choice, Inc.

August 23, 2013

Agenda

- Affordable Care Act Recap
- How does it effect me
- Penalties
- Essential Health Benefits
- Sample Product Offerings
- Financial Assistance
- Enrollment
- Q&A

Affordable Act Recap

Law

- The Affordable Care Act (ObamaCare)
- Created by The Obama Administration, originally passed in March 2010 full implementation in January 2014

Exchange

- Centralized Interface for Qualified Health Plans
- Administered by CMS

Market

- Centralized Marketplace for individuals to shop and compare affordable quality insurance

How does it effect me?

- Will everyone be required to purchase Health Insurance?
- **January 1, 2014** most individuals will be required to purchase insurance or pay penalties.
- Exceptions:
 - Individuals covered under an ER sponsored plan
 - Individuals already enrolled in an individual insurance plan meeting all ACA requirements
 - Individuals who are eligible for Medicaid or CHIP
 - Individuals who would have to pay more than **8%** of their income for health insurance
 - Individuals below the threshold required to file an income tax return (2012 = **\$9,750** single/**\$26,000** for married with 2 kids)
 - Undocumented Immigrants
 - Individuals who are incarcerated
 - Members of Native American Indian Tribes

Penalties

What are the penalties?

- **2014**: The greater of **1%** of total family income or **\$95** adult and **\$47.50** per child up to **\$285** for family
- **2015**: The greater of **2%** of total family income or **\$325** per adult and **\$162.50** per child up to **\$975** for family
- **2016**: The greater of **2.5%** of total family income or **\$695** per adult and **\$347.50** per child up to **\$2,085** for family

Plan Levels of Coverage

Levels of Coverage	Plan Pays on Average	Enrollees Pay on Average (In addition to the monthly plan premium)
Bronze	60 percent	40 percent
Silver	70 percent	30 percent
Gold	80 percent	20 percent
Platinum	90 percent	10 percent

Sample Product Design

	Illustrative Silver Benefit Plan 70% Actuarial Value 250-400% FPL	Illustrative Silver Benefit Plan with Cost Sharing Reductions 94% Actuarial Value 100-150% FPL
Deductible	\$0	\$0
Coinsurance	0%	0%
Out of Pocket Maximum (in network)	\$6,350	\$1,000
Office Visits	\$40/75 copays	\$10/\$20 copays
Inpatient Hospitalization	\$400 per day for first five days	\$200 per day for first five days
Prescription Drugs	\$25/\$75/\$100/35% coinsurance	\$5/\$20/\$40/20% coinsurance
Emergency Care	\$250	\$100
X-ray/Laboratory Services	\$40 copay	\$10
Preventive and Wellness Services	Covered at 100%	Covered at 100%

Financial Assistance

What are the cost-share reductions and premium tax credits (subsidies) and how do consumers qualify?

- Cost share reductions and premium tax credits will be available for U.S. citizens and legal immigrants purchasing coverage through the Health Insurance Marketplace.

	Eligibility	2013 Individual FPL And Income Estimate	2013 Family of 4 FPL and Income Estimate
Premium Tax Credit	Between 100% and 400% FPL	From \$11,490 to \$45,960	Between \$23,550 and \$94,200
Cost Share Reduction	At or Below 250% FPL	\$28,725 or less	\$58,875 or less

Premium Tax Credits and Cost –Sharing Subsidies

Premium and Cost- Sharing Subsidies				
Income			Required Premium Contribution	Actuarial value of Coverage
Percentage of Poverty Line	Annual Household Income	Percentage of Income	Enrollee monthly premium for Exchange Plan	% of benefit covered by Exchange Plan
Anyone under 100% FPL is not eligible for the Cost-Sharing subsidies or premium tax credits.				
Individual				
100 - 133%	\$11,490 - \$15,282	2%	\$19 - \$25	94%
133 - 150%	\$15,282 - \$17,235	3-4%	\$38 - \$57	94%
150 - 200%	\$17,325 - \$22,980	4-6.3%	\$57 - \$121	87%
200 - 250%	\$22,980 - \$28,725	6.3-8.1%	\$121 - \$193	73%
250 - 300%	\$28,725 - \$34,470	8.1-9.5%	\$193 - \$272	70%
300 - 350%	\$34,470 - \$40,215	9.5%	\$272 - \$318	70%
350 - 400%	\$40,215 - \$45,960	9.5%	\$318 - \$364	70%

Data derived from Center on Budget and Policy Priorities: <http://111.cbpp.org>

Premium Tax Credit Reconciliation

- Premium tax credits are applied to the monthly premium in advance
- Reconciliation of tax credits done on tax returns
- If advance payments exceed the amount of credit individuals are eligible, repayment is required
- Advance credits provided in 2014, will be reconciled on tax returns due on April 2015

Repayment

Income as a percentage of Federal Poverty Level	Annual Income for Individual	Single Taxpayer Repayment	Annual Income for Family of four	Married Taxpayers filing jointly Repayment
Less than 200%	Under \$22,980	\$300	Less than \$47,100	\$600
At least 200% but less than 300%	\$22,980 - \$34,470	\$750	\$47,100 - \$70,650	\$1,500
At least 300% but less than 400%	\$34,470 - \$45,960	\$1,250	\$70,650 - \$94,200	\$2,500
400% and above	\$45,960 and above	Full amount of advance payment	\$94,200 and above	Full amount of advance payment

Information derived from Center on Budget and Policy Priorities: cbpp.org

Employer Group Eligibility

Can someone eligible for group health insurance through an employer apply for individual plans on the Health Insurance Exchange?

- Yes, if group coverage does not meet the minimum essential coverage requirements
- Yes, if the group coverage is unaffordable
 - Cost for single coverage after the ER contribution exceeds **9.5%** of household income

Initial Open Enrollment Period

- **October 1, 2013 – March 31, 2014**

Enroll during the Initial Open Enrollment Period	Your coverage is effective
On or before December 15, 2013	January 1, 2014
Between the 1 st and 15 th day of January – March	First day of the following month
Between the 16 th and the last day of December – March	First day of the second following month

Qualifying Events

- Loss of minimal essential coverage
- Loss of Medicaid or CHIP
- Marriage/birth/adoption
- Gain citizenship or qualifying immigration status
- Enrollment errors by HHS or the Marketplace
- QHP violates its contract
- Change in eligibility for tax credits or cost share reductions
- Gain access to new plans as a result of a move
- Native American Indians may enroll or change QHPs online one time per month
- Enrolled in non-qualifying employer coverage
- Exceptional circumstances

Enrollment Overview

Consumer Submits application to the Marketplace

- Online
- Phone
- Mail
- In Person

The Marketplace verifies and determines (or assesses eligibility)

- Determine eligibility for:
 - Enrollment in a qualified health plan
 - Tax credits and cost-sharing reductions
 - Medicaid or CHIP

Eligible Consumer enrolls in a qualified health plan or Medicaid/CHIP

- Online plan comparison tool available to inform health plan choice
- Premium tax credit and cost-sharing reductions are sent to insurer (if eligible)
- Enrollment in a qualified health plan or Medicaid/CHIP

Enrollment Overview

Website

Home Page



Get Insurance tab



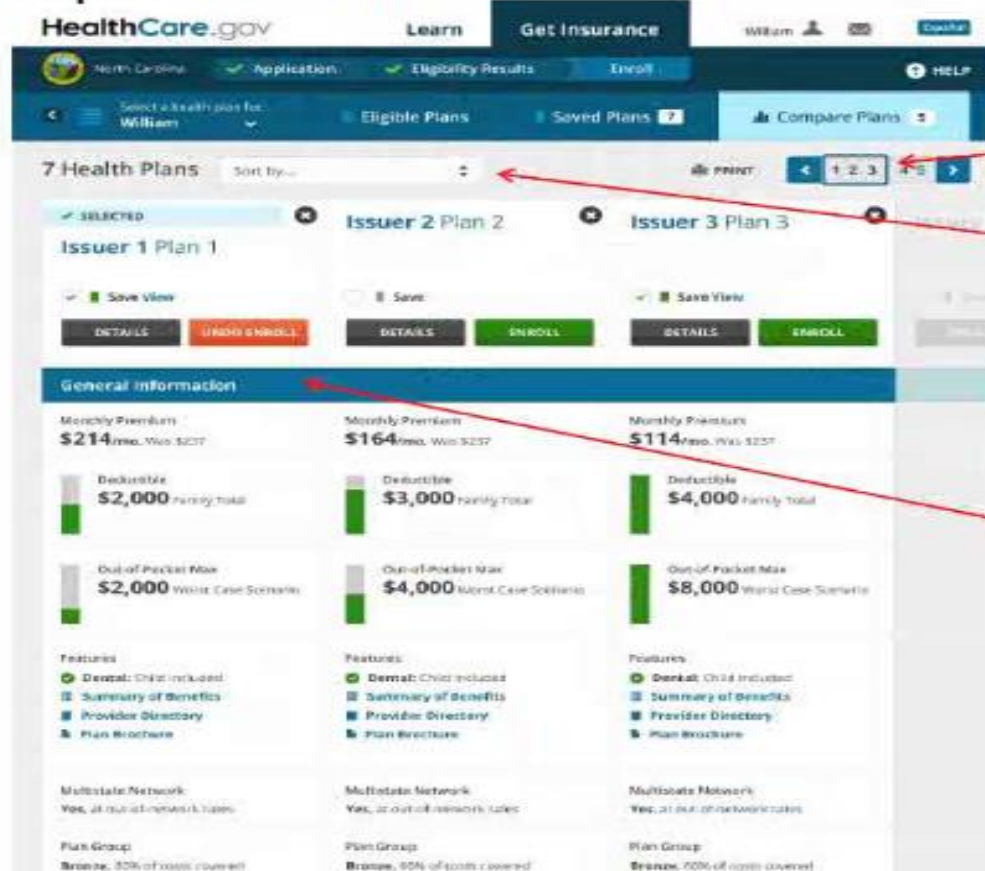
Toggle between Individuals & Families & Small Businesses

Calls to action, hero image and content change to be audience specific

Visual help and overview for Individuals & families or small business for generally how the Marketplace works and what they'll need to do

Enrollment Overview

Compare Selected Plans



HealthCare.gov | Learn | Get Insurance | William | Enroll

7 Health Plans | Sort by: [dropdown] | 1 2 3

Selected: Issuer 1 Plan 1, Issuer 2 Plan 2, Issuer 3 Plan 3

General information

Plan 1	Plan 2	Plan 3
Monthly Premium: \$214 (Inc. W/ \$237)	Monthly Premium: \$164 (Inc. W/ \$237)	Monthly Premium: \$114 (Inc. W/ \$237)
Deductible: \$2,000 (Family Total)	Deductible: \$3,000 (Family Total)	Deductible: \$4,000 (Family Total)
Out-of-Pocket Max: \$2,000 (Worst Case Scenario)	Out-of-Pocket Max: \$4,000 (Worst Case Scenario)	Out-of-Pocket Max: \$8,000 (Worst Case Scenario)
Features: <ul style="list-style-type: none"> Dental: Child included Summary of Benefits Provider Directory Plan Brochure 	Features: <ul style="list-style-type: none"> Dental: Child included Summary of Benefits Provider Directory Plan Brochure 	Features: <ul style="list-style-type: none"> Dental: Child included Summary of Benefits Provider Directory Plan Brochure
Multi-state Network: Yes, at out-of-network rates	Multi-state Network: Yes, at out-of-network rates	Multi-state Network: Yes, at out-of-network rates
Plan Group: Bronze, 80% of costs covered	Plan Group: Bronze, 80% of costs covered	Plan Group: Bronze, 80% of costs covered

Consumers can view 3 plans on screen at a time; up to 12 can be compared in this view

“Sort by” feature allows user to sort plans by;

- Premium High–Low (default)
- Max out of Pocket High–Low
- Deductible High–Low
- Deductible Low–High

Blue header bars indicate major data sections and sections can be collapsed or expanded for optimal viewing

- General (always expanded)
- Costs for Medical Care
- Prescription Drug Coverage
- Health Plan Quality
- Child Dental
- Other Services

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to person not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Same Application – Different Results



Ben applied and bought insurance from the Marketplace.



Carmen applied and got Medicaid coverage for herself and her daughter.



Jose applied and bought insurance from the Marketplace and qualified for the new tax credit that lowers his monthly premium right away.

Key Points to Remember

- ✓ **You have choices**
- ✓ **Employer-based coverage will continue**
- ✓ **Insurance will continue to be sold outside of the Marketplace**
 - Purchase from the Marketplace is not required
- ✓ **The Marketplace is the only place to get**
 - New premium tax credits
 - Cost-sharing reductions
- ✓ **Open Enrollment**
 - Begins October 1, 2013 runs through March 31, 2014

Need more information about the Health Insurance Marketplace?

- Sign up to get email and text alerts at signup.healthcare.gov
- Updates and resources for partner organizations are available at Marketplace.cms.gov/

Q & A

HEALTH INSURANCE MARKETPLACE FAQs

What is the new health care law?

Passed in 2010, The Affordable Care Act is a new health care law designed to provide Americans **more health insurance options, with more benefits, at lower costs.** This allows Americans who have previously been uninsured, or who were uninsurable, access to low-cost, quality health care coverage.



How much will it cost me to get coverage in the Health Insurance Marketplace?

Look at this chart below to see what it may cost you depending on your age and income.

	Annual Income		
	\$15,000	\$25,000	\$40,000
You Pay Monthly*	\$36.62	\$144.16	\$237.48
Monthly Subsidy	\$200.86	\$93.32	\$0

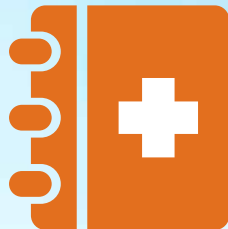
*These estimates are based on a 30 year old non-smoker enrolling in a Bronze Level Plan. Prices may vary by plan and age of participant.

Most adults below 100% of the Federal Poverty Level (less than \$11,490 annually) are NOT eligible for cost-sharing subsidies or premium tax credits.

Do I have to buy health insurance?

You may be required to purchase health insurance if you are not already covered by another plan either through your employer or another individual insurance program.

If you elect not to enroll, you may be taxed a penalty. For example, if you make \$25,000 a year, your tax penalty will be \$250 in 2014.



When does the new health care law go into effect?

The new law goes into effect on **January 1, 2014.** However, the Health Insurance Marketplace's open enrollment period will begin **October 1, 2013** on the Health Insurance Marketplace Web site.

What does the new health care law mean for me?

You and your family will be able to **one-stop shop for coverage** on the Health Insurance Marketplace Web site. There you will be able to compare plans, benefits, quality, and price to assure you get health care coverage to meet your needs at a price you can afford.



What kind of health care coverage will be available?

All plans will offer benefits considered essential to positive health outcomes, which include, but are not limited to:

- Preventive/Wellness Services Covered at 100% at no cost to you!
- Emergency Services
- Hospitalization
- Maternity and Newborn Care
- Mental Health and Substance Abuse
- Prescription Drugs
- Lab Services

There will be no dollar amount limitations or lifetime maximum limitations on your covered benefits.

What are some of the benefits of the new law?

The benefits include the following:

- Individuals cannot be denied or rated up for coverage even if they have pre-existing medical conditions.
- Children can be covered under their parents plan until the age of 26.
- Preventive care is covered at 100%.
- The annual maximum out-of-pocket is limited to \$6,350 for an individual or \$12,700 for family and is often less depending on the plan you select.

What do I do next?

In October, compare plans online at **www.marketplace.cms.gov**, and choose the one that has the benefits that are right for you and your family.

Contact us today for more information at **713.295.6704** or toll-free at **1.855.315.5386** or visit us online at **www.CHCAffordableHealthcare.com**

COMMUNITY HEALTH CHOICE
COMMUNITY CARES.



PREGUNTAS FRECUENTES SOBRE EL MERCADO DE SEGUROS DE SALUD

¿En qué consiste la nueva ley sobre la atención de la salud?

La Ley de Atención Médica Accesible se promulgó en el 2010. Esta ley de atención de la salud ha sido diseñada para proporcionar a los estadounidenses **más opciones en los seguros de salud, con más beneficios, a costos más bajos**. Esto le permite a los estadounidenses que no contaban con seguro anteriormente o que no podían acceder a un seguro, contar con una cobertura de atención de la salud de calidad a bajo costo.



¿Cuánto me costará obtener cobertura en el Mercado de Seguros de Salud?

Revise la tabla que aparece a continuación para que vea cuánto le costaría según su edad e ingresos.

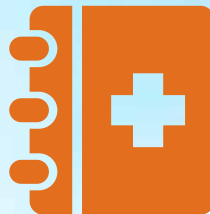
	Ingreso Anual		
	\$15,000	\$25,000	\$40,000
Usted paga mensualmente*	\$36.62	\$144.16	\$237.48
Subsidio mensual	\$200.86	\$93.32	\$0

*Estos estimados se basan en una persona de 30 años de edad que no fuma y que se inscribe en un Bronze Level Plan (Plan de Nivel Bronce). Es posible que los precios varíen según el plan y la edad del participante.

La mayoría de los adultos que se encuentran por debajo del 100% del nivel federal de pobreza (con un ingreso menor de \$11,490 al año) NO son elegibles para obtener subsidios de costo compartido ni créditos sobre el impuesto a la prima.

¿Estoy obligado a comprar un seguro de salud?

Es posible que se le pida que compre un seguro de salud si no se encuentra cubierto por otro plan ya sea a través de su empleador o del programa de seguro de otra persona.



Si elige no inscribirse, es posible que se le imponga una penalidad. Por ejemplo, si usted gana \$25,000 al año, su penalidad será de \$250 en el 2014.

¿En qué momento entra en vigencia la ley de atención de la salud?

La nueva ley entra en vigencia el 1ro de **enero de 2014**. Sin embargo, el período de inscripción del Mercado de Seguros

de Salud se inicia el 1ro de **octubre de 2013** en el sitio web de Mercado de Seguros de Salud.

¿Qué significa para mí la nueva ley de atención de la salud?

Usted y su familia podrán **adquirir cobertura en un mismo lugar** a través del sitio web del Mercado de Seguros de Salud. Allí podrá comparar planes, beneficios, calidad y precios, de forma que se asegure que está obteniendo cobertura de atención de la salud que satisfaga sus necesidades a un precio razonable.



¿Qué tipo de cobertura de la atención de la salud estará disponible?

Todos los planes ofrecen beneficios que se consideran esenciales para obtener resultados positivos de salud, los cuales incluyen sin limitación:

- ¡Servicios preventivos y de bienestar cubiertos al 100% sin costo para usted!
- Servicios de emergencia
- Hospitalización
- Atención de maternidad y del recién nacido
- Salud mental y de abuso de sustancias
- Medicamentos con receta
- Servicios de laboratorio

No existen límites en cuanto al pago de dinero en efectivo ni una cantidad máxima de la póliza de por vida en los beneficios cubiertos.

¿Qué beneficios brinda la nueva ley?

Los beneficios incluyen:

- No se puede negar cobertura a ninguna persona ni incrementar el costo por cobertura, incluso si tienen afecciones médicas preexistentes.
- Los niños pueden estar cubiertos bajo el plan de sus padres hasta los 26 años de edad.
- La atención preventiva está cubierta al 100%.
- El límite del pago máximo en efectivo anual es de \$6,350 para una persona o \$12,700 por familia y frecuentemente es menor dependiendo del plan que elija.

¿Qué hago luego?

En octubre, compare los planes en línea en **www.marketplace.cms.gov** y elija el plan que tenga los beneficios que usted y su familia necesiten.

Comuníquese con nosotros hoy para obtener mayor información al **713.295.6704** o gratis al **1.855.315.5386** o ingrese en línea a **www.CHCAffordableHealthcare.com**

COMMUNITY HEALTH CHOICE
CUIDANDO NUESTRA COMUNIDAD.



8 reasons Texans are **UNINSURED**

Statistics prove the majority of the uninsured in Texas are U.S. citizens living above the federal poverty level and holding down at least one job. So why aren't our fellow Texans insured? Here are 8 basic reasons people don't have health coverage.



1 **Part-time, seasonal or contract**

workers (1099) not eligible for Employer Sponsored Insurance (ESI)



2 **Eligible for government programs but not enrolled due to process confusion & difficulty**



3 **Unemployed/very low-income** not eligible for Medicaid



4 **Work for small employers** who do not offer group coverage and cannot afford an individual policy



5 **Can't afford cost-sharing of employer-sponsored insurance (ESI),** despite it being offered.



6 **Recent immigrants** not eligible for ESI or government sponsored plans



7 **Denied individual coverage** due to pre-existing conditions

* The Patient Protection and Affordable Care Act legislation will prohibit insurers from denying coverage to adults based on pre-existing coverage in 2014; children are guaranteed coverage under the PPACA now.



8 **The willfully uninsured**

- Young invincibles
- Pay as you go



Robert Morrow, MD, MBA

Texas CHIP Coalition

August 23, 2013

Compliments of Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

There's a

NEED

for Texans to

Be Covered
TEXAS

1

A **grass roots education** and outreach campaign to help uninsured Texans understand the health reform provisions and benefits

2 A **non-branded** endeavor –
offered as a community service

3 Supported by **community-based** organizations – campaign partners who help reach Texans where they live, learn, work, worship, text and tweet

4 Providing user-friendly **information** and on-the-ground **guidance** to help families understand the new health care law

More than 140 Partners to Date



140+ Community Partnerships



THE WINDSOR VILLAGE
CHURCH FAMILY



BUILDERS OF HOPE

ASIAN AMERICAN
FAMILY SERVICES



Urban League of
Greater Dallas & North Central Texas



marathonKIDS



COMMUNITY
DENTAL CARE



GHBC
Greater Houston Black Chamber

El Centro de Corazón
Quality Health Care



What Our *Be Covered* Partners Are Saying



- “The Texas NAACP is excited to be part of the *Be Covered Texas* campaign. With the new marketplace opening in 2014, Texans have many options now available to them. With *Be Covered Texas* we can help educate our members about the various choices.”

– **Carol Moore, Health Chair, Texas NAACP**

- “We are committed to advancing the economic condition, educational attainment, political influence, health and civil rights of Hispanic Americans through community-based programs. Through our partnership with *Be Covered Texas*, we hope to educate our Texas members about their opportunity to obtain individual health coverage this fall.”

– **Elia Mendoza, State President**



Partner Example



Windsor Village Church Family

- Email to 18,000 members
- ACA presentation during service

"We believe that the Be Covered Texas campaign will provide our church family members and the Houston Community with the necessary information to help them make informed decisions about their new health insurance options."

- Kirbyjon Caldwell, Senior Pastor



Dear Camille,

Want to know more about the new healthcare law? We have information!

As a part of our ongoing commitment to community wellness, The Windsor Village Church Family is excited to partner with Be Covered Texas to educate the Greater Houston Area about the new health insurance options available to all Texans under the new healthcare law.

Starting October 1st, new options for health insurance will become available and you may qualify for subsidies to help make healthcare more affordable for you and your family. Be Covered Texas is a campaign focused on helping uninsured Texans understand how the new healthcare law impacts them and how to prepare for the upcoming changes.

To find out how the new healthcare law affects you, visit the Be Covered website: www.becoveredtxas.org.

"Like" them on Facebook: www.facebook.com/becovered.org

Follow them on Twitter: www.twitter.com/becovered

To receive alerts from the Be Covered Texas campaign text 33633 with the word JOINTX for English updates or UNIRTX for Spanish updates.

Your Pastor,

Pastor Kirbyjon Caldwell

Reaching Out with Information and Guidance

Education in both Spanish and English

- Print materials
 - Brochures
 - Fact Sheets
 - Newspaper Supplement
- Social media tactics
- *BeCoveredTexas.org*



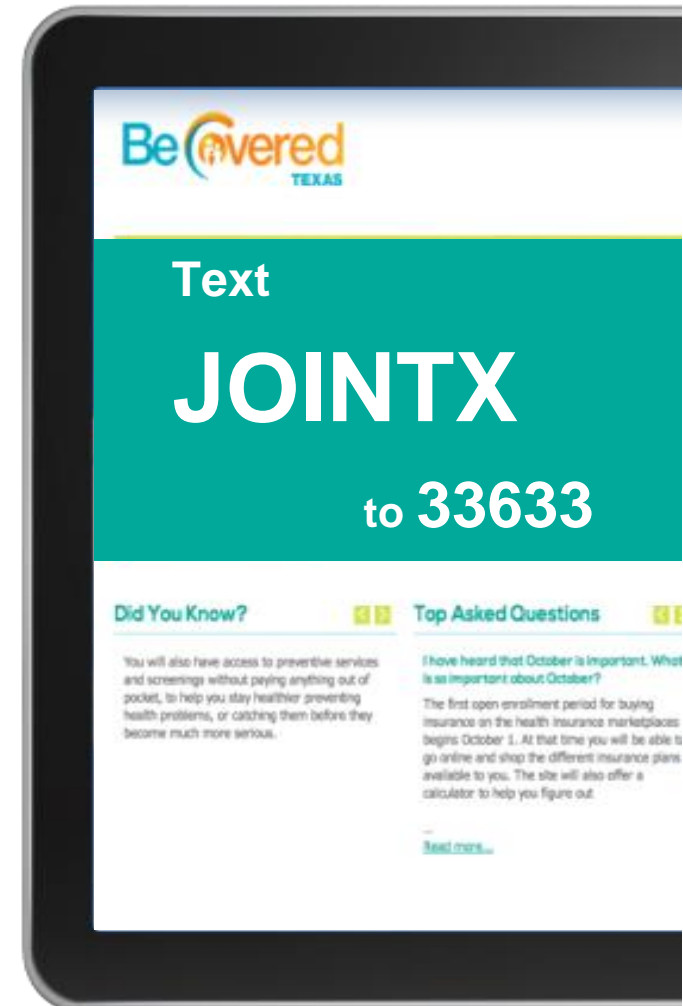
Text updates

➤ English

- Text “JOINTX” to 33633

➤ Spanish

- Text “UNIRTX” to 33633



Total Reach: 2+ million Texans

Online engagement

- **18,000** visits to website
- **10,000** likes on Facebook
- **450** Twitter followers
- **600** text subscribers



High Touch Campaign Elements

- Health reform education programs
- Community events
- Consumer education center, staffed with trained representatives
- Toll Free: 866-427-7492



Upcoming events



Organization	Event	Date	Location
Bishop TD Jakes	MegaFest	Aug. 29-31	Dallas
American Heart Association	Dallas Heart Walk	Sept. 7	Dallas
FC Dallas	Soccer/Diabetes Initiative	Sept. 7	Dallas
Houston Dynamo	Soccer/Diabetes Initiative	Sept. 8	Houston
Susan G. Komen	2013 Komen Central Texas Race for the Cure	Sept. 21	Austin

- Multi-year effort
- Continued education
- Insurance utilization
- Health and wellness



Questions? We're here to help. 866-427-7492 (M-F 8 am to 5 pm CT)

[Home](#) | [The New Health Care Law](#) | [Helpful Materials](#)
[Partners](#) | [About Be Covered Texas](#)

Partners

Join Us to Bring Important Information on the New Health Care Law to Your Community

There is a lot of talk about the new health care law, but what does it mean? And, how will those you serve or employ be impacted?

The Affordable Care Act is perhaps the most sweeping reform in the history of our nation's health care system. We want to make sure people understand the new law so that they can make the best decisions for themselves and their families — and we need your help!

Be Covered Texas works with community-based organizations and partners large and small to reach people where they live, work, learn, worship, text and tweet. The campaign will join these partners to educate their constituents, to hold neighborhood events linking families to services, and to help Texans Be Covered.

As a valued partner, we will make it as easy as possible to educate your communities by creating information and content you can access online 24/7.

[Click here to Find out](#)

Get Information about Becoming a Partner

First Name*

Last Name*

Organization*

City*

State*

Phone Number*

Email Address*

**THE MARKETPLACE
OPENS ON OCTOBER 1
CLOSES ON MARCH 31, 2014**
Applicants must enroll by
December 15 for coverage
effective **January 1, 2014**

Questions & Discussion





CHIP Coalition Meeting

August 23, 2013

- Effective January 1, 2014, HHSC will implement:
 - Streamlined application for Medicaid, CHIP, and the Marketplace
 - Changes to the existing integrated application (1010) for Medicaid, CHIP, TANF, and SNAP
- The existing streamlined application for children’s Medicaid and CHIP will no longer be used once the new streamlined application is implemented.
- HHSC must submit the streamlined and integrated applications to the Centers for Medicare and Medicaid Services (CMS) for approval.

- Based on the federal streamlined application and includes three federal appendices.
 - Health Coverage from Jobs and Employer Coverage Tool
 - American Indian or Alaska Native Family Member
 - Assistance with Completing this Application
- Includes changes for Texas eligibility policies and processes.
 - Former foster care children and unaccompanied refugee minors
 - Intent to stay in Texas
 - Pregnancy due date
 - CHIP waiting period exceptions
 - Current health care coverage
 - Children’s programs receiving added benefits and special outreach efforts
- Includes questions that are required for the Marketplace, but not HHSC, to make eligibility determinations.

- Due to the short timeline, includes changes required for federal and state eligibility rules.
 - Former foster care children and unaccompanied refugee minors
 - Intent to stay in Texas
- Includes three appendices and an addendum for new federal Modified Adjusted Gross Income (MAGI) eligibility rules.
- Additional changes expected in the future to streamline the integrated application.

Implementation Plan

- On July 31, 2013, CMS approved the HHSC implementation plan for federally-required Medicaid and CHIP eligibility changes that are effective October 1, 2013 and January 1, 2014.

Marketplace Open Enrollment

- To receive coverage, CMS has indicated verbally that individuals must select a health plan, and in some cases pay premiums, before the end of open enrollment for the Marketplace.
- Federal regulations specify when individuals may qualify for “special enrollment” in a health plan through the Marketplace.