

# UNDER THE MICROSCOPE

SEPTEMBER 2013



## TEMPUS FUGIT: COUNTDOWN TO FIRST ACA HEALTH INSURANCE SIGN-UP DATE: OCTOBER 1, 2013

### ISSUE

October 1 is nearly upon us. That's the date on which enrollment into Affordable Care Act (ACA) health insurance opens to people who, today, lack health care coverage, whether because they can't afford it, don't have a job, can't get coverage due to a pre-existing condition, lost coverage when a place of work closed or downsized, or countless other reasons. **The first "open enrollment" period runs from October 1, 2013 through March 31, 2014.**

Unfortunately, too many people don't know how or where to enroll. They don't know that they *can* sign up to get health insurance, that they *need* to sign up for coverage if they lack it (or face potential penalties), or that there are on-line, in-person, and by-phone resources to *help them* sign up for insurance coverage.

Consumer confusion is being amplified daily by the growing number of cable TV advertisements selling private health insurance—particularly for those who have been denied insurance or who have pre-existing conditions—using language similar to that used by HHS to advance enrollment in plans available through the ACA's State Marketplaces. For people with behavioral disorders or ID/DDs – individuals who may benefit the most from both the Medicaid Expansion and creation of the State Marketplaces to help people with pre-existing conditions—the challenges can be even greater than for the average person. And that's where our work and our help are critical.

What consumers and providers alike *do* know is that without health insurance, people with behavioral disorders simply don't get the care needed for their chronic, remitting, but still treatable illnesses. They don't get the services and supports that can spell the difference between wellness and illness, that can help prevent or delay the onset of disorders, and that can help secure and safeguard hard-earned recovery.

This issue of *Under the Microscope* provides an overview of the now-available, new resources to help consumers better understand what they need to know about signing up for health insurance under the ACA. It identifies specific information sources to enable behavioral health and other providers to better educate consumers and families about how the Marketplace can be of help in securing health care coverage. And it lists a number of tools for you to use to reach out across your county to advance the ACA's gift of better wellness and health care opportunities for all.

### ANALYSIS

Health Insurance Marketplaces (originally called Health Insurance Exchanges) were created under the ACA. They are state-based competitive marketplaces where people and small businesses with fewer than 50 employees can shop for and purchase private health insurance. As CMS notes, the marketplaces provide:

- **More choice**, giving consumers a choice of health plans to fit their needs.
- **More competition**, making it easier for consumers to compare plans on the basis of price, quality and benefits. This gives insurance companies incentives to offer better products at lower prices than their competitors.
- **More clout**, giving 25 million individuals and small businesses the same purchasing power as big businesses by bringing people and businesses together, lowering costs by spreading the cost of insurance across a larger group of people, and allowing insurance companies to reduce prices.

Marketplaces are not private insurance companies or government-run health plans. Rather they are a state-specific resource consumers can use to find out if they qualify for private health insurance plans and other health insurance programs like Medicaid and the Children's Health Insurance Program (CHIP). In the Marketplace, many consumers will receive tax credits, and cost-sharing reductions. And Marketplaces will help consumers choose the best coverage for their individual needs and budgets. With one application, they can learn about all their options and enroll on the spot.

### CONSUMER RESOURCES

*How It Works.* **Starting October 1, 2013, consumers will be able to file a Marketplace application. But everyone is encouraged to create his or her Marketplace account now, to be ready to enroll on October 1.** Remember, consumer health insurance coverage begins as early as January 1, 2014.

**Getting health care coverage is relatively quick, 4-step process:**

1. **Create an account**
2. **Apply**
3. **Pick a Plan**
4. **Enroll**

Each State Marketplace will tell consumers automatically if they qualify for discounts or qualify to participate in other state programs, like Medicaid, based on their income. Once a consumer is approved, he or she can choose the best health plan through the online plan comparison tool, or based on information provided on-site by navigators, or through mailed information following a phone call to the Marketplace.

Once a consumer enrolls in a plan, he or she will receive an insurance card. If enrolled by the 15<sup>th</sup> of a month, insurance will become effective the first day of the subsequent month. When the consumer enrolls in a plan, any tax credit for which the person is eligible will be sent directly to the health plan, thus reducing the cost of the insurance. If a consumer appears to be eligible for Medicaid/CHIP, the information will be sent to the Medicaid/CHIP state agency for action and coverage under that program. While coverage under the Marketplace-offered options begins January 1, 2014, coverage under Medicaid/CHIP begins immediately for eligible individuals, including those eligible through Medicaid expansion in states that offer this option.

*How Consumers Can Connect.* Consumers and family members can get information online, by phone through a toll-free call center, by mail, or in person. Accommodations will be available for persons with disabilities, such as telephone TTY and 508-compliant computer-based resources. Materials are adapted for non-English speakers in over 150 different languages; many Marketplace personnel, including navigators and other trained assisters, are multilingual (including ASL).

**Consumers can:**

- **Find out if they are eligible to buy health insurance through the Marketplace at:**

<https://www.healthcare.gov/am-i-eligible-for-coverage-in-the-marketplace/>

- **If they are eligible, they can learn more about how a Marketplace works, key deadlines, and what they need to do how to use a marketplace by going online to:** <https://www.healthcare.gov/using-the-marketplace/>

For an overview of online information for consumers and families, the ACA portal is a particularly good resource at: <http://www.HealthCare.gov> (English) or <http://www.cuidadodesalud.gov> (Spanish). Remember, most local libraries have computers available for library patrons, in case a computer isn't available at home for a consumer to use.

**Alternatively, information is available 24 hours a day, seven days a week by toll-free telephone at:**

- [1-800-318-2596](tel:1-800-318-2596) ; or
- [1-855-889-4325](tel:1-855-889-4325) (TTY)

*Consumers Can Get Ready Now.* Even though there is still almost a month before enrollment opens, there are a number of things that consumers can do to get prepared (and you can encourage them to do so!) For example, they can:

- Sign up for e-mail or text messages about the Marketplace by going to the website <https://www.healthcare.gov/subscribe/>. They also can visit Facebook or Twitter, respectively, at <http://facebook.com/healthcare.gov> or follow @healthcare.gov on Twitter.
- Learn about the different types of health insurance coverage by using the Marketplace. They can be better prepared to choose a plan if they understand the kinds of coverage from which they can choose.
- Make a list of questions about their coverage needs before it's time to choose a plan, including questions about how the coverage works regarding such topics as deductibles, out-of-pocket costs, co-payments, and coinsurance.
- Set a budget for health care insurance based on their needs and income.
- Know about other health care options, such as coverage through an employer, Medicaid, CHIP and Medicare.
- Perhaps most important, find out which Marketplace will serve them. States that have chosen to run their own Marketplaces will have their own state websites. The federal government will manage the Marketplace for any state that has opted not to run its own. (Consumers can use the <http://www.HealthCare.gov> website as a first stop for information about their state Marketplace.)

## PROVIDER RESOURCES

As community behavioral health leaders, our job is to help educate providers, too, about the benefits of the ACA. They need to know how it benefits the people they serve on a daily basis, the people whose illnesses can be prevented or identified early, and the people who have not had the benefit of health coverage until now. To that end, it's our job to help them get up to speed on getting people enrolled through the ACA.

For people with behavioral disorders, that means that knowledge must extend beyond those of us working in the specialty mental health and substance use services fields. The knowledge must extend to people working in emergency departments and correctional facilities, in schools and in workplaces, and in social services and social support programs. And for those who are at risk for behavioral disorders, providers need to know and share with their patients that preventive care is a key part of the ACA's basic service packages, an important benefit that has rarely been a part of standard health care coverage in the past.

Providers need to know that a single HHS website is the portal to help them get up to speed on the ACA and how they step up to promote enrollment: <http://marketplace.cms.gov>

SAMHSA, too, has been putting important materials together for the behavioral health provider community. Through its Enrollment Coalition Initiative, of which NACBHDD has been an active part, SAMHSA is about to release a series of specialized toolkits, titled *Getting Ready for the Health Insurance Marketplace*. They include focused materials on what can be done, respectively, by behavioral health providers, those involved at the intersection of behavioral health and criminal justice issues, in prevention, and both by and for consumers. The full compendium of toolkits will soon be available online for you to access at your convenience. In the meantime, you can check out the PowerPoint slideshow of the provider toolkit by being in touch with the NACBHDD Office.

Another excellent resource from SAMHSA contains state-by-state estimates of the number of uninsured individuals with behavioral health problems who will become eligible for coverage through either the State Marketplace or the Medicaid Expansion. The data show the prevalence and characteristics of individual by mental and substance use disorder in each state compared to the nation as a whole. To download, go to <http://www.samhsa.gov/healthReform/enrollment.aspx>. You can access all 50 reports (one per state) using this URL.

A number of other tools have been created by HHS to help make sure all Americans get the care they need, when they need it, at a price they can afford. HHS is encouraging organizations, in both the public and private sectors, to take action by letting people know about the consumer resources available to advance ACA enrollment.

**They suggest such activities as:**

- **Sending an email to your network about the Marketplace.**
- **Posting the HealthCare.gov and/or CuidadoDeSalud.gov widget on your website.**
- **Hanging posters and/or giving out fact sheets and about the Marketplace.**
- **Hosting a conference call, webinar, or another educational event about the Marketplace.**
- **Including a story about the Marketplace in your organization's newsletter or other publication.**
- **Recording and sending out a public service announcement about the Marketplace.**
- **Having community leaders, advocates, families and consumers learn about the Marketplace in educational sessions.**

More information about all of activities is available through the official HHS ACA site <http://marketplace.cms.gov/getofficialresources/get-official-resources.html> . Other information about the enrollment process is available from <http://www.enrollamerica.org>. Plan to visit both regularly.

One unique activity in which county behavioral health agencies—and analog health and social service organizations in the community—may wish to participate in is the role as a Certified Application Counselor Organization. This function is open to community health centers or other health care providers, hospitals, or local government or non-profit organizations with experience providing social services to your community. The aim is to train and deploy staff or volunteers to assist people applying for coverage through the Marketplace. For more information, or to apply for this status, go to: <http://marketplace.cms.gov/help-us/cac-apply.html> .

## **ACTION**

The time is short, but the benefits are great. Much as the battles to create Medicare and Medicaid were won, in large measure, through education of the population about the benefits of the programs, so, too, can we win the battle for the ACA and its promise of improved behavioral health of the Nation. Let's roll up our sleeves and get to work.

The first open enrollment period is October 1, 2013 through March 31, 2014. So, let's help the

Administration reach its enrollment goal for that period of 7 million individuals, including 2.7 million, ages 18-35 and 4.3 million of other ages. After all, many of them will be the people we serve.

*Researched and written by Teddi Fine*