

UNDER THE MICROSCOPE

OCTOBER 2013



ACA MARKETPLACES: OPEN FOR BUSINESS

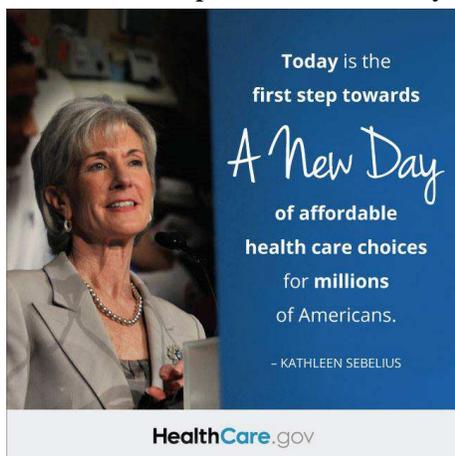
ISSUE.

Change is hard, apparently, for a small group of Representatives and a single noisy Senator who oppose the Affordable Care Act—and other programs that help the most fragile among us. In an effort to do away with one of the signature health laws in the Nation's history before it even begins, a small group in the US House of Representatives successfully has brought the federal government to a standstill. Offices are shuttered; grant decisions and funding are being delayed; state and community programs that rely on federal funding are in financial limbo; and thousands of federal workers, contractors, and personnel who depend on federal support are on furlough.

Yet, despite the hue and cry, despite the shut-down, and despite the ongoing battle of words,

barbs and misinformation, implementation of the ACA is moving forward. While Republicans look for a way out, since they failed to devise an end-game plan, the ACA's Health Insurance Marketplaces opened for the business of enrollment on October 1.

Interest in the content and promise of the ACA for people of all ages who lack health coverage has been massive. This issue of *Under the Microscope* provides an overview of what you need to share with consumers and family members about how they can begin to take advantage of health coverage under the ACA by getting informed and getting enrolled. And we provide some insights into how the registration is going both through the federal Marketplace and through state Marketplaces around the country.



ANALYSIS.

The Background.

As we know, but many of the people we serve may not, the ACA requires each state to have a Health Insurance Marketplace that serves as the service center for making health insurance coverage available to an estimated 20 million Americans who now lack health coverage, among them, about 5 million with behavioral conditions. The Marketplaces have several core functions:

- Operating a health insurance bazaar for prospective insurance enrollees and helping these individuals clarify eligibility for and secure their choice of insurance coverage (and any relevant subsidies) through the Marketplaces, or, if relevant, through standard or expanded Medicaid;
- Organizing and monitoring the qualified health plans offered through the bazaar;
- Engaging in consumer outreach so that potentially eligible individuals are aware of the opportunity to get health care coverage that is being provided.

Whether the state or HHS runs the Marketplace is based on individual state decision-making. Each state has chosen to create one of three types of Marketplace: (1) a state operated Marketplace, (2) a state partnership Marketplace operated jointly with HHS, or (3) a federally facilitated Marketplace operated entirely by HHS. If a state did not choose any one of these specific options, it was defaulted to a federally facilitated Marketplace.

As a result, substantial variation exists when it comes to how consumers can connect with their state Marketplaces and how they can get state-specific information about their insurance choices. A total of 17 states—such as Massachusetts, California, Colorado, and Oregon – and the District of Columbia have their own state Marketplaces. Seven will operate Marketplaces in collaboration with the federal government. And 27 other states have opted out of creating a Marketplace—among them Arkansas, South Dakota, Texas, and Florida. Those Marketplaces will be operated fully by the federal government. The role remains the same: to help individuals and small businesses select the most suitable health insurance plan from an extensive menu of options.

Fortunately, a federal site is available to keep all of us, our colleagues, and both consumers and families informed about these Marketplaces: www.marketplace.cms.gov.

It's October; Now What? The ACA enrollment process through state health insurance Marketplaces is underway. In preparation, over the past few months leading up to the October 1 “go” date, varying levels of promotion and advertising by states and the HHS have been undertaken through print and electronic media. And on the very day that politics closed the US government to business, the President and HHS Secretary declared Marketplaces “Open” for the business of ACA enrollment.

The task is more complicated than it sounds. Many of the shoppers at the Marketplaces will be eligible for federal tax credits—subsidies—based on their income. Many others will be newly eligible for expanded Medicaid benefits in the 22 states and the District of Columbia that elected to broaden Medicaid eligibility to 138% of the federal poverty level. Another concern—and one that has come to fruition—has been that a crush of demand at the very start could overwhelm exchange call-in centers, websites and personnel.

And, on October 1, that concern came to fruition despite a spate of anti-ACA advertisements and protestations from some quarters that the people “don’t want Obamacare.” The sheer volume of calls and visits to the ACA website in Washington tell a different story: people most certainly *do* want the Affordable Care Act. Waiting times on ACA phone lines in Washington have been unprecedented, literally from the moment the phones became operational. In the first full 24-hour cycle since going live, HHS logged almost 300,000 calls to enrollment hotlines and 167, 000 requests for live Web chats.

The website was even busier. According to the White House, more than 1 million people visited the HHS Marketplace site before 7 a.m. EDT — exceeding expectations and contributing to delays. In fact, the sheer volume of users attempting to get information on-line slowed or crashed a number of state Marketplace websites, as well as the HHS’s healthcare.gov site, at least temporarily. Remember, the HHS healthcare.gov site is the portal through which individuals can compare coverage options in the 34 states in which the federal government is operating the new insurance Marketplaces. Most of these states, in fact, are the same ones that had sought to overturn the ACA through the courts. According to the White House, a total of 7 million unique visits were paid to the healthcare.gov site in its first 24 hours of operation! The website remains exceptionally busy. While users face some waiting time to access the enrollment process, the delays have already been cut by half.

In states running their own Marketplaces, the environment is energized; the traffic is heavy. For example:

- *Covered California* (<https://www.coveredca.com>) web traffic Tuesday was 16,000 hits per

minute. People who want to enroll can visit the website and click on a yellow box titled “Start Here.” If the volume of traffic precludes logging onto the site, those in California can call 1-800-300-1506 to get information and enroll. Be forewarned, there are waiting times. And, in communities around the State, nonprofit groups, labor unions, social services centers and other organizations are working on a one-on-one basis to inform uninsured residents about coverage available through the ACA. These efforts, that include outreach at over 7,000 events through the end of the year, focus on locations where non-English speakers and underemployed individuals could congregate, such as homes, churches and clinics.

- *Cover Oregon*, the State’s Marketplace, was swamped on October 1, in part thanks to an ongoing multi-million dollar advertising campaign featured local Portland musicians and a training program that has certified over 2,800 navigators to help people enroll. Further, grants made to 30 local community-based organizations around the state are bringing outreach, education and enrollment to the neighborhood level. Those groups include Native American, Asian and Latino organizations, youth-serving groups, community health and mental health organizations who will serve diverse populations, remote communities, people living with mental illness and a wide range of social service agencies. Thanks to all the outreach, on Tuesday alone, *Cover Oregon’s* website (<http://www.coveroregon.com>) got 110,000 hits. The operation also received 2,400 emails and 3,400 telephone calls on its call-in line (1-855-268-3767), as the new health exchange opened its online doors for consumers to comparison shop among insurance plans.
- And, based on a roundup of news reports, apparently, online resources in other states that are operating their own Marketplaces experienced overloads and crashes of their own. While, the Rhode Island on-line Marketplace opened on time, it was almost immediately overwhelmed by users and went down for a time. New York’s site experienced some 2 million visits in its first 90 minutes of operation. Washington State took its exchange down for 6 hours because of problems and resorted to its Twitter account to ask people for patience. Some states, including Oregon, have opted to provide information now and delay the availability online enrollment for a few weeks.

The situation is quite a bit different in the states that either have opted out of running their own state health insurance Marketplaces or agreed only to partner with HHS to create the insurance bazaars. While states with their own exchanges are spending a great deal of time, energy and money to publicize the ACA’s requirements and to get people in the coverage door, little or no outreach is being undertaken in the majority of states with federal or state-federal collaborative exchanges. The result could well be that residents of those states will remain uninformed and do nothing. Perhaps not surprisingly, the majority of the “opt out” states are the same states that sought to overturn the ACA on constitutional grounds over 2 years ago, states such as Texas, Arizona, Idaho and Louisiana, among others. For example

- In Iowa, the Department of Human Services has established a Marketplace in partnership with the federal government. However, its *Health Benefit Exchange/Marketplace* website (<http://www.idph.state.ia.us/HBE/>) is a relatively brief site, with links to a video and a host of federal publications and links explaining how the Marketplace works and what consumers should know and do. However, the site is not reached readily from either the State or Health Department home pages. It is buried below several layers below the home page. Neither the rotating notices nor anywhere else on the State of Iowa home page can one find even a reference to the ACA and the October 1 start-up date for enrollment.
- In Virginia, a state that specifically opted out of establishing its own health insurance marketplace (and similarly has rejected Medicaid expansion), little State effort has been made to undertake outreach and education about enrollment. Community organizers have engineered

a grassroots effort to bring people the information they need about ACA enrollment, phone numbers, web links, and the availability of subsidies for those of limited incomes. With no State funds supporting outreach, organizers rely on churches, community centers and local radio stations to help get the word out about small-scale education sessions that reach from handfuls to several hundred people at a time.

- And in Florida, which, like Virginia, has opted out of creating a state Marketplace and out of Medicaid expansion, the Governor and Health Department specifically barred ACA coverage navigators from using State offices as places where they could provide information and counseling about enrolling in the ACA to as many as 2.7 million in the state who today lack health insurance. The Department of Health restricted county health departments to passing out materials and directing people to where state health insurance Marketplace navigators could be found. Perhaps given the boon to the health insurance industry presented by the ACA, private health insurance-related resources have stepped up to the outreach plate. Blue Cross-Blue Shield of Florida has created over a dozen ‘pop up’ education centers to help bridge the ACA information gap.

But these first days are just that, the first days. The first open enrollment period continues until March 31, 2014. People do have a bit of time to check through the Marketplace to determine their eligibility for expanded Medicaid or Marketplace-based coverage (and for potential subsidies), to determine which plan is best for them, and to enroll. If they qualify for expanded Medicaid, coverage begins immediately. If eligible through the Marketplace, their coverage will begin January 1, 2014, if they enroll by December 15.

The time between now and the end of this first open enrollment period also means that our work has just begun.

NEXT STEPS.

Our role at this point is to advance the ACA, working to ensure that its aim – health care access and coverage for people at greatest risk, such as those we serve – is achieved. Together, we can help the people we serve learn about and sign up for the health insurance available to them under the ACA. And we need to begin now, so they can be eligible as early as January 1, 2014. So, join Lady Gaga and Walgreens, Magic Johnson and the Baltimore Ravens, and many others and get the word out. Here’s how.

What can we do to help?

- We can *educate ourselves and others* about the advantages now available from enrolling in a health care reform insurance plan. A good place to start is the federal government ACA website, <https://www.healthcare.gov>, which details what individual states have to offer but also the different types of available health care insurance coverage. It also covers the enrollment options, costs, and benefits associated with each plan.
- We can let consumers and families know that for an *overview of online information* (available in both English and Spanish), they should consider getting online through HHS’s ACA portal at: <http://www.HealthCare.gov> (English) or <http://www.cuidadodesalud.gov> (Spanish). If a computer isn’t available at home, people can usually get online at a local library or community center. Another source of information—an on-line FAQ—has been prepared by the Alliance for Health Reform. It’s something you can read and share. Not only does it answer common questions, but it also provides live links to key resources. Find it at: http://www.allhealth.org/publications/ABCs-of-the-ACA-Resource-Guide_155.pdf

- We can help connect the people we serve *directly with their state's relevant Marketplace*, whether it is run by the state, by the state in collaboration with the federal government, or by the federal government alone. To find both Internet and phone links to the right marketplace for each state and the District of Columbia, go to: <https://www.healthcare.gov/what-is-the-marketplace-in-my-state/>
- We can help consumers and family members find out *if they're eligible* to buy coverage through the Marketplaces or are Medicaid-eligible using the site: <https://www.healthcare.gov/am-i-eligible-for-coverage-in-the-marketplace/>
- We can help the people we serve learn more about *how a Marketplace works, key deadlines, and what they need to do* to use a Marketplace by connecting to: <https://www.healthcare.gov/using-the-marketplace/>
- We can let them know that they can call for information *24 hours a day, seven days a week by toll-free telephone at: 1-800-318-2596 ; or 1-855-889-4325 (TTY).*
- We can let them know that *accommodations* are available for persons with disabilities and that 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).
- We can let them know that *now is the time to get enrolled*. 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.
- Given some of the delays being encountered due to heavy volume, we can remind consumers and their families that there is still plenty of time to apply for coverage and get enrolled. Everyone has until December 15 to choose and enroll in a specific plan and still enjoy January 1, 2014 start up.
- We can remind the people we serve that they may well qualify for expanded Medicaid coverage instead of ACA Marketplace plan coverage. If so, their health coverage will be effective immediately, not on January 1, 2014.



Given the considerable unevenness in how states are implementing the ACA Marketplace roll-out, including foot dragging and refusing to permit Navigators to do their jobs, we must be particularly vigilant and persistent in our efforts.

Our role at this point is to ensure that as many of our low-income consumers as possible who now lack health coverage gain access to it through the ACA's Medicaid expansion and health insurance Marketplaces, no matter how they are structured, no matter by whom they are managed. And our role at this time is to work together to ensure that the mission of the ACA is achieved. After all, as Emerson said, "health is our first wealth." Let's all work together—and encourage others to do as well—to grasp the opportunity to enrich our Nation with health as envisioned in the ACA. It's the chance of a lifetime for social change, for behavioral health, and for the millions of people we serve.

