

The Affordable Care Act: Implementation in Illinois

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How will health care reform in 2014 affect **uninsured** adults?



Illinois State

1,528,237 (20%) of adults in this area are uninsured. In 2014, most of them will have access to guaranteed private health insurance or Medicaid through a new health insurance marketplace. The bar graphs show the types of new coverage available. The pie charts show the demographics of the uninsured within each coverage type. Undocumented non-citizens do not have a new path to coverage.

618,923

Newly Eligible for Medicaid¹

717,622

Eligible for Tax Credit in Marketplace²

191,692

Marketplace, No Tax Credit³

280,858

Undocumented Non-Citizens⁴



■ Male
■ Female

Demographic Breakdown:

Gender

Ethnicity

Veteran

Disability

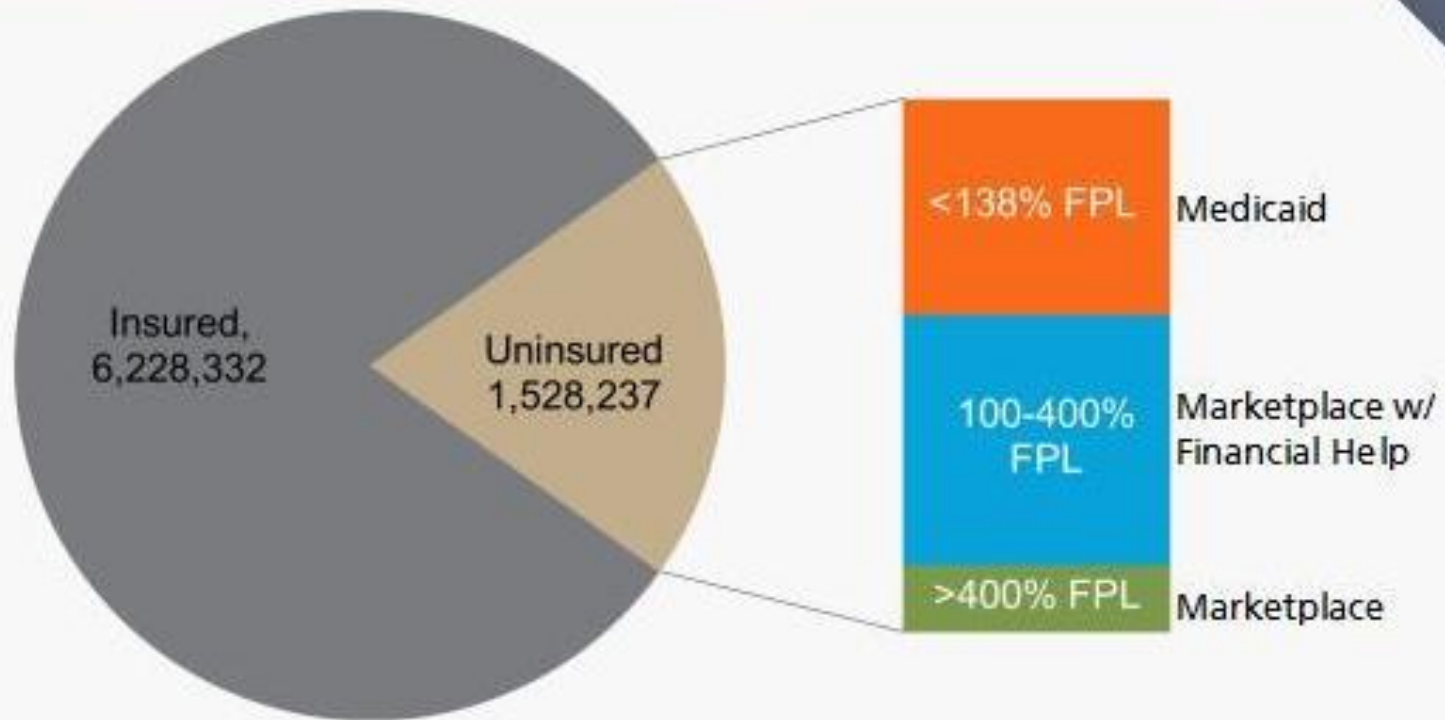
Age

¹ Incomes <= 138% FPL (\$27,000 for a family of 3) ² Incomes 139-400% FPL (\$27,000-\$78,000 for a family of 3)

³ Incomes > 400% FPL (\$78,000 for a family of 3) ⁴ May remain uninsured regardless of FPL

ACA 101: New Pathways to Coverage

New Pathways to Coverage for Uninsured Adults



Achieving success in enrolling the currently uninsured will rely heavily upon the good work of assisters!

For more information, go to: <http://www.illinoishealthmatters.org>

ACA 101: Key Components

Available Before 2014

- Extended dependent coverage to age 26
- No pre-existing condition exclusion for children
- Preventive services without cost sharing
- CountyCare-the early expansion of Medicaid in Cook County
- No lifetime limits on care
- Small business tax credits
- No insurance rescissions except in cases of fraud/intentional misrepresentation

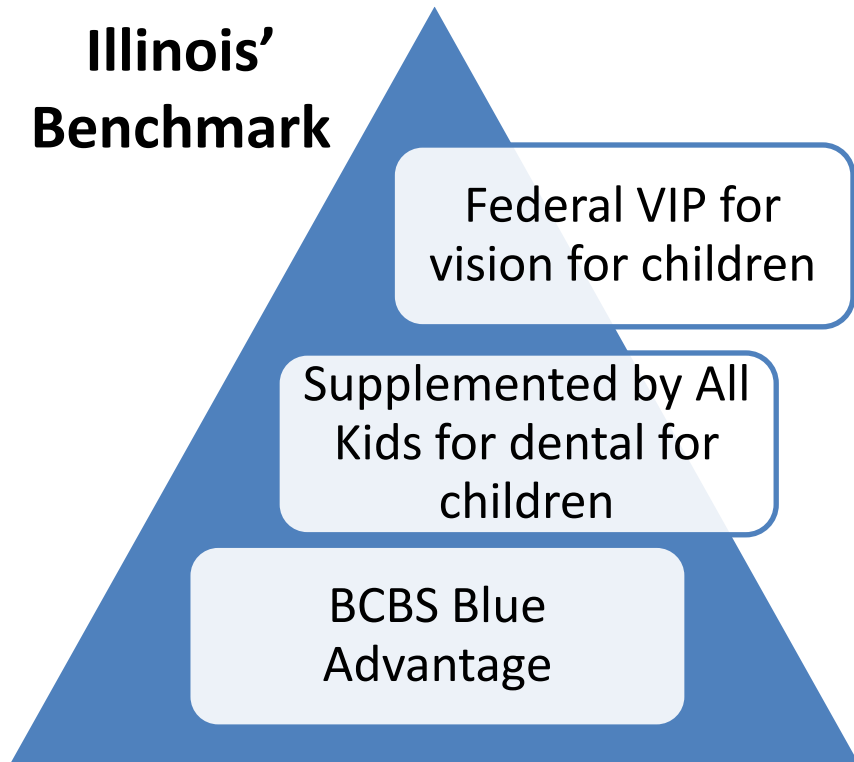
Started January 1, 2014

- **New Marketplace to buy insurance and receive financial help to pay for it**
- **New Medicaid Adult Group available to adults under 138% FPL**
- Medicaid available to former foster children up to age 26 at any income level
- No pre-existing condition exclusion for adults
- All plans must cover Essential Health Benefits (with start of new plan year)
- No annual limits on care
- No gender rating
- Closing Medicare Part D donut hole
- Individual and Employer Responsibility (but employer penalty delayed)

ACA 101: Essential Health Benefits

All health plans in the Marketplace, individual & small group, are qualified health plans (QHP).

Illinois' Benchmark



- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services including chronic disease management
- Pediatric services including oral and vision care

Get Covered Illinois

- www.getcoveredillinois.gov Single entry point for Insurance and Medicaid with a screening tool to direct consumers.
- Media and Marketing Campaign
- Administered by Governor's Office Marketplace Team in partnership with DOI, HFS, DPH and DHS as well as other state agencies.
- UIC Navigator Training Team
- Community enrollment assistance.

Important Dates for Enrollment

- **OCTOBER 1, 2013**
 - Open Enrollment in the Marketplace/New Medicaid Begins.
- **DECEMBER 23, 2013**
 - Must be enrolled by this date for Marketplace health coverage to begin by 1/1/14
- **JANUARY 1, 2014**
 - New Medicaid Adult Group Coverage begins. (No backdating before this date.)
- **MARCH 31, 2014**
 - Open Enrollment for Marketplace ends (Medicaid is always open).

Marketplace in Illinois

- Partnership which means that consumers go to healthcare.gov either directly or after being screened in GetCoveredIllinois.gov.
- Problems with healthcare.gov.
- Allows consumers to shop with financial assistance “baked into” their prices.
- Comparison tool for premiums, cost-sharing, and deductibles.
- Can see plan summary and link to Provider Network.
- Insurance Card will be branded.

Medicaid in Illinois

Pre-ACA

- FamilyCare for parents and other caretaker relatives of children under 19
- All Kids
- Moms and Babies
- Aid to the Aged Blind and Disabled (AABD)
- Health Benefits for Workers with Disabilities (HBWD)
- Health Benefits for Persons with Breast and Cervical Cancer (apply with Illinois Dept. of Public Health)

Post-ACA

- **ACA Adult**
- **Former Illinois Foster Child**
- FamilyCare for parents and other caretakers of children under 18
- All Kids
- Moms and Babies
- Aid to the Aged Blind and Disabled (AABD)
- Health Benefits for Workers with Disabilities (HBWD)
- Health Benefits for Persons with Breast and Cervical Cancer (apply with Illinois Dept. of Public Health)

Eligibility and Coverage in ACA Adult Group in Illinois

- 19-64 and not eligible for any other Medicaid category.
- No asset or disability test.
- Under 138% FPL which is about \$1400 monthly.
- State currently seeking input from stakeholders on coverage package called ABP.
- Waiver programs and LTSS plan to include.

Potentially eligible: for Premium Tax Credit/ Marketplace

Potentially eligible: AllKids

Marketplace

Potentially eligible: Moms and Babies (Pregnant or child under 1)

Marketplace

Potentially eligible: ACA Adult Medical or Family Care

Marketplace

Household Size

100%*

133%

138%

200%

250%

300%

400%

1

\$11,490

\$15,282

\$15,856

\$22,980

\$28,725

\$34,470

\$45,960

2

15,510

20,628

\$21,404

31,020

38,775

46,530

62,040

3

19,530

25,975

\$26,951

39,060

48,825

58,590

78,120

4

23,550

31,322

\$32,499

47,100

58,875

70,650

94,200

5

27,570

36,668

\$38,047

55,140

68,925

82,710

110,280

6

31,590

42,015

\$43,594

63,180

78,975

94,770

126,360

7

35,610

47,361

\$49,142

71,220

89,025

106,830

142,440

8

39,630

52,708

\$54,689

79,260

99,075

118,890

158,520

For each additional person, add

\$4,020

\$5,347

\$5,548

\$8,040

\$10,050

\$12,060

\$16,080

Overview of Non-Citizen Responsibility to Obtain Coverage and Eligibility for Coverage

- Lawfully present non-citizens are subject to the individual mandate and must obtain coverage.
- Depending upon their income, household composition and immigration status, they may be able to obtain coverage through:
 - Health insurance purchased privately or through the Marketplace.
 - Medicaid (ACA Adult, FamilyCare, All Kids, AABD Medicaid) and other federal health programs such as Medicare, Tricare, etc.
 - Employer Sponsored Coverage.

Lawfully Present Non-Citizens

U.S. citizens and non-citizens who are “lawfully present” in the U.S. can:

- Purchase health insurance in the Marketplace.
- Apply for tax credits for premiums and co-payments.
- Are subject to the individual mandate.
- May be* eligible for Medicaid in some cases such as children, pregnant women, refugees/asylees and emergency medical care.

Qualified Non-Citizens

- **Certain Lawfully Present Non-Citizens are also “qualified” under the law which means that all options are open to them for coverage.**
- **Qualified non-citizens are able to obtain health coverage through:**
 - Medicaid
 - Marketplace with Advance Premium Tax Credit
- **Qualified non-citizens generally are:**
 - Lawfully present non-citizens who have resided in the US for 5 years or more or
 - have resided in the US for less than 5 years and have been admitted for humanitarian reasons such as:
 - Refugee/asylee
 - Temporary protected status such as Haitian, Somali, etc.
 - Victims of human trafficking or other crimes
 - Battered spouse, children and parents
 - Lawfully present non-citizens who are active duty military or US veterans and their dependents and spouse regardless of length of time since entry

Who are “Lawfully Present” Non-Citizens?

The term “lawfully present” includes immigrants who have:

- “Qualified non-citizen” immigration status without a waiting period
- Humanitarian statuses or circumstances (including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking)
- Valid non-immigrant visas
- Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals)

*See NILC Chart in Resource for all categories.

What about Unauthorized Non-Citizens?

- Unauthorized non citizens are only able to obtain health coverage through:
 - Medicaid if pregnant and their income is under 200% FPL for pregnancy and up to 60 days post-partum.
 - Medicaid if a child age 18 or younger and their income is under 300% FPL.
 - Emergency Medicaid if the person meets income limits for Medicaid programs and was hospitalized for an emergency.
 - Federally Qualified Health Centers, Community Health Centers, Public Health Departments, private employer or non-Marketplace insurance coverage.

Unauthorized Non-citizens

Exclusions

- **Cannot buy health insurance in the individual market of the insurance exchange(s)**
- **Cannot apply for tax credits for premiums or co-payments**
 - Exception: Eligible family members of mixed-status family should be eligible for tax credits if a member of a tax filing unit
- May be eligible for **Medicaid** if a child 18 or younger or a woman who is pregnant
- Explicitly **excluded from individual mandate to have** insurance and related tax penalty.

Medicaid and the Delivery System

Illinois passed legislation requiring that 50% of all Medicaid enrollees receive health care through a risk based coordinated care entity by 2015.

As a result, Illinois is implementing a coordinated care rollout for different Medicaid target populations in different areas of the state throughout the next two years.

The state is phasing in each target population into coordinated care through a series of efforts including Requests for Proposals to create new coordinated care entities for adults with chronic illness, medically complex children, the new Affordable Care Act adult population, and families with children.

In addition, Illinois is submitting an 1115 Transformational Waiver to coordinate care throughout the Medicaid program including in the HCBS Waivers.

Healthcare and Family Services Plan for Managed Care Rollout

- <http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/default.aspx>
- Map of Managed Care Phased in Roll out in each area of the state for the targeted populations.
- Client Enrollment Brokers help recipients choose plans.
- If no plan is chosen, they are defaulted into a plan.
- Opportunities to change plans or appeal coverage or network issues.

HFS Plan for Care Coordination

“Care coordination” will be provided by four types of MCEs in Illinois: Managed Care Organizations (MCO), which are traditional insurance-based companies accepting full-risk capitated payments; Managed Care Community Networks (MCCN), which are provider-organized entities accepting full-risk capitated payments; Care Coordination Entities (CCE) which are provider-organized networks providing care coordination, for risk- and performance-based fees, but with medical and other services paid on a fee-for-service basis; and Accountable Care Entities (ACE), which are provider-organized entities on a 3-year path to full-risk capitated payments. See:

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/CareCoordPlan.pdf>

HFS Plan to Implement a 1115 Waiver

- The Illinois Medicaid Program is applying to the Centers for Medicare and Medicaid Services (CMS) for a comprehensive waiver granted under authority of Section 1115 of the Social Security Act. The Path to Transformation waiver will include all spending in the Illinois Medicaid Program and will cover all populations who are currently eligible for Medicaid and who may become eligible after ACA implementation.
- The Path to Transformation waiver will assist the State in developing and implementing, across disabilities and across agencies, a uniform assessment instrument and a consolidated waiver structure.

1115 Waiver Continued

In addition, the State recently received funding under the Balancing Incentive Program (BIP) and plans to use the enhanced matching funds through that program to achieve additional expansion of capacity in the community. The waiver will provide the flexibility needed to deliver appropriate and essential HCBS waiver services, also referred to as "long-term supports and services" (LTSS), in a coordinated fashion through managed care entities and their provider networks.

<http://www2.illinois.gov/gov/healthcarereform/Pages/1115Waiver.aspx>

Questions and Issues

- Managed Care Roll Out
- Reaching Hard to Reach Populations with Enrollment, Education and Coordinated Care Information
- Homeless Populations
- Justice Involved Populations
- Non-Citizen Populations

SSI and Medical Coverage

- Now that most of our clients can obtain medical coverage, don't forget how important income is to obtain housing.
- SSI/SSDI is critically important – please continue to encourage people to apply and refer clients to SOAR trained case managers.
- Continuity of care is very important for proving disability.

SSI Homeless Outreach Project Lives On

- Lisa Parsons, attorney and director of the SSI Homeless Outreach Project, is now at the AIDS Legal Council of Chicago. She can be reached at 312.427.8990. Her email is lisa@aidlegal.com.
- For SSI/SSDI cases at the hearing level, Tom Yates is also at ALCC – he can be reached at the same number and tom@aidlegal.com.
- Stephanie Becker is at Shriver Center – she can be reached at stephaniebecker@povertylaw.org.

How To Stay Informed in Illinois

- Bookmark www.illinoishealthmatters.org and ask for invite to HelpHub if enrolling people in ACA.
- To Enroll: www.getcoveredillinois.gov
- Sign up for IHM newsletter, Linkedin, Facebook page, Twitter (@ILHealthMatters), and Blog
- Questions? Contact:

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