



North Dakota Medicaid Expansion Workshop
2013



Agenda

- Introduction and Objectives
- Affordable Care Act (ACA) Overview
- Medicaid Expansion in North Dakota
 - Eligibility
 - Benefits
 - Application Process
- Health Insurance Marketplace
- Conclusion



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A few notes before we begin

- Please make sure you add your contact information to the sign-up sheet
- Please turn mobile devices off – or to silent mode
- Restrooms are located ...
- Questions are welcomed ...
- If we don't have answers, we will park them – and then follow-up

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Introduction and Objectives



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Intro	ACA	Medicaid Expansion	Marketplace	Resources
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About the presenters

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Objectives

- Understand how ACA will impact health care coverage options beginning in 2014
- Understand the changes coming to North Dakota Medicaid beginning in 2014, including:
 - Who will be eligible
 - How to apply
 - Where to find more information

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Intro ACA Medicaid Expansion Marketplace Conclusion

Accessing healthcare can seem a little complicated

We will try to only cover the key points that are important to you

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Affordable Care Act (ACA) Overview

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What is the Affordable Care Act?

- The health care law that passed in 2010 also referred to as:
 - Health Care Reform
 - Patient Protection & Affordable Care Act – PPACA
- Intended to provide new affordable health insurance choices and more benefits and protections
- Some provisions implemented between 2010 and 2013 are already effective
- Remaining provisions come into effect in 2014 and in future years

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The ACA includes provisions that are intended to create a culture of coverage

- The goal is to get people enrolled in coverage
- Uniform Medicaid eligibility rules
- No wrong door for eligibility and enrollment
- Mandate and subsidies to help people access health care coverage



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What is already effective?

Some important changes to health insurance rules went into effect in 2010. Some examples include:

- Covered certain preventive services without deductibles or cost-sharing (e.g. blood pressure & cholesterol screening, certain immunizations, etc.)
- Allowed parents to keep adult children up to age 26 on their insurance

* <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>

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What is still coming?

The most changes that will directly impact consumers' health coverage begin January 1, 2014.



- Guaranteed Issue
- Individual Mandate
- Medicaid Expansion
- Health Insurance Marketplace

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ACA guaranteed issue

Health insurance plans can no longer refuse coverage or increase premiums based on a pre-existing health condition.

This is true even if you have been turned down or refused coverage due to a pre-existing condition in the past.

One exception:

Grandfathered individual health insurance plans (not purchased through an employer) do not require guaranteed issue.

A grandfathered plan means a group or individual health plan that was purchased on or before March 23, 2010.

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Individual mandate

Beginning in 2014, a tax penalty will apply to certain individuals who do not have health insurance.

To enable affordable options, the ACA establishes three coverage options:

- Medicaid Expansion
- Private insurance through the Federal Health Insurance Marketplace
- Small Business Health Options Program (“SHOP Exchange”)

The annual penalty for no coverage will be the *greater of a:*

1. **Flat dollar amount per adult; or**
2. **Percentage of the adult's taxable income.**

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Exceptions to individual mandate

The following groups of people are **exempt** from the individual mandate requirements:

- American Indians
- Those with financial hardships
- Those with religious exemptions
- Non-lawfully residing individuals
- Incarcerated individuals
- Those with income below the Federal Poverty Level

These individuals will not have to pay penalties if they do not have coverage.

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People can get health insurance coverage in many ways

<p>Current Ways to Get Coverage</p> <ul style="list-style-type: none"> • Medicaid - those who meet current state Medicaid requirements • Commercial coverage – through employer or directly purchased • Medicare – those over 65 or disabled • Veteran’s Administration (VA) health care – those who have served in the US military 	<p>New Ways to Get Coverage through the ACA</p> <ul style="list-style-type: none"> • Health Insurance Marketplace • Medicaid Expansion • Small Business Health Options Program (SHOP Exchange) <div style="text-align: center; margin-top: 10px;">  <p style="background-color: #0070C0; color: white; padding: 5px; display: inline-block;">We’ll describe these new options today</p> </div>
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Intro ACA **Medicaid Expansion** Marketplace Resources

What does it mean to be uninsured?

Total Uninsured North Dakotans	74,700 (11%)
Total Uninsured Native Americans in North Dakota	13,446 (18% of total uninsured)

If you are not covered by health insurance, you could be asked to pay full price for services.

Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2011 and 2012 Current Population Survey (CPS: Annual Social and Economic Supplements).
US Census Bureau, 2010, American Community Survey, "Barriers to Obtaining Health Insurance Among Native Americans in New Mexico," January 2006. Commissioned by: New Mexico Human Services Department; and interviews with state departments.



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Medicaid Expansion in North Dakota



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Medicaid Expansion

- Medicaid Expansion was one of the ACA provisions that was considered by the United States Supreme Court.
- The provision was upheld but limited the Federal government's ability to penalize states that do not comply, making Medicaid Expansion optional to states.
- North Dakota opted to expand its Medicaid program authorizing new coverage options available January 2014.

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Impacts of Medicaid Expansion

Three main areas of impact in our state:

- Application process
- Eligibility determinations
- Access to health care coverage

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Medicaid Expansion in North Dakota Eligibility

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Many North Dakotans may be eligible for Medicaid under expansion

- A number of U.S. citizens under 65 with household incomes up to 138% of FPL will now qualify for Medicaid
- Medicaid Expansion will open the program to adults without dependent children and low-income parents who, in general, were not previously eligible for Medicaid

Even if you have been turned down for Medicaid in the past, you may **NOW** be eligible

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Medicaid Expansion differs from Traditional Medicaid

<h3>Traditional Medicaid</h3> <ul style="list-style-type: none"> • Coverage provided by State • Must meet asset and income criteria • Must qualify for coverage groups (children, older/blind, etc.) • Applicants with significant assets may not qualify despite having low incomes, or may need to pay a cost share (recipient liability) to qualify for coverage. 	<h3>Medicaid Expansion</h3> <ul style="list-style-type: none"> • Coverage provided by managed care organizations • Eligibility based on household's Modified Adjusted Gross Income (up to 138% FPL) • No asset criteria • Benefit plan differs from Traditional Medicaid
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More on income requirements

<p>If you aren't on Medicare AND your household income is < 138% FPL*</p> <p>You are likely eligible for Medicaid</p>	<p>If your household income is between 138% and 400% FPL*</p> <ul style="list-style-type: none"> • Some individuals in particular situations will be eligible for Medicaid • All others will be eligible for subsidies on the Federal Health Insurance Marketplace 	<p>If your household income is above 400% FPL*</p> <p>You can buy insurance on the Federal Health Insurance Marketplace but aren't eligible for assistance on the cost</p>
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*Federal Poverty Level

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How is eligibility determined under Medicaid Expansion?

- Medicaid Expansion eligibility is based on Modified Adjusted Gross Income (MAGI), which is defined by the IRS
- Income is measured by the household's taxable income
- Assets and other resources will not be considered for Medicaid Expansion eligibility

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Income exemptions for eligibility determinations

Native Americans

States are barred from counting certain types of income earned by Native Americans as part of their income eligibility determination

Spousal Impoverishment Protections

- For a five-year period beginning January 1, 2014, states are required to provide spousal impoverishment protections for spouses of Medicaid beneficiaries living in the community receiving care through home and community-based services (HCBS)
- These protections would enable community spouses to keep a minimum share of the couple's combined income and assets

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How is “Household” defined under MAGI?

“Household” is defined by the following factors:

- Whether applicants are individuals, married couples, families with children under the age of 19, or blind/disabled individuals
- Household members’ tax filing statuses

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What is the qualifying Federal Poverty Level (FPL) for the Medicaid expansion in 2013?

Household Size	138% Monthly Income	138% Annual Income
1	\$1,322	\$15,856
2	\$1,784	\$21,404
3	\$2,246	\$26,951
4	\$2,709	\$32,499
5	\$3,171	\$38,047
6	\$3,633	\$43,594
7	\$4,096	\$49,142
8	\$4,558	\$54,689
9	\$5,020	\$60,237
10	\$5,483	\$65,785
Plus - 1	\$463	\$5,548

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Understanding how income is calculated

Counted

In general, North Dakota counts all taxable income such as:

- Social Security payments, both taxable and non-taxable
- Self-employment and farm income after depreciation and deduction of capital losses is counted
- Other sources of income

A few exceptions may apply (e.g. *non-taxable Social Security Income*)

Not Counted

- Assets
- Child support income received
- Scholarships, fellowship grants and awards used for educational purposes
- American Indian income derived from distributions, payments, ownership interests, and real property usage rights

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Medicaid Expansion in North Dakota Benefits

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Benefits

People who qualify for the Medicaid Expansion will have different benefits than other Medicaid recipients:

- Other groups will retain the same benefits as in the past
- New group will be covered through managed care organizations
- Plans will cover Essential Health Benefits, but may have other requirements such as:
 - Copayments
 - Primary Care Providers (PCPs)
 - Prior Authorizations

Benefits are the services, tests, visits, or procedures that are covered by health care plans

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Medicaid Expansion in North Dakota Application Process

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Application process under Medicaid Expansion

A single application form will be used to apply to *any* insurance affordability program (IAP)

- Includes Medicaid, CHIP, and Qualified Health Plans (QHPs) through the Marketplace

“No Wrong Door”

- Consumers can submit an application online, by mail, by phone, or in person.

The ACA calls for a **new streamlined application approach** to ease the burden on consumers

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Preview of North Dakota Medicaid portal

The screenshot shows the North Dakota Medicaid portal with the following sections:

- I Need Healthcare Coverage Today:** Apply through the link below to get help with healthcare coverage today. If you are:
 - Applying for a child
 - 65 or Older
 - Disabled
 - Pregnant
 - A parent that is unemployed or underemployed (working less than 100 hours per month)
- I want Medicaid Expansion Coverage starting in January:** Apply for healthcare coverage using the Federal market places. For Medicaid Expansion individuals, coverage can begin as soon as January 1, 2014. Federal Healthcare Market Place.
- Review / Monthly Report:** Start here to begin a review or monthly report for:
 - Medicaid
 - Children's Health Insurance Plan
 - Food Supplemental Nutrition Assistance Program (SNAP)
 - Cash Assistance
 - Temporary Assistance for Needy Families Program (TANF)
 - Room and board assistance at a licensed basic care facility
 - Basic Care Assistance
- Apply for Other Assistance:** Start here to apply for the following assistance:
 - Food Supplemental Nutrition Assistance Program (SNAP)
 - Cash Assistance
 - Temporary Assistance for Needy Families Program (TANF)
 - Child Care Expenses
 - Child Care Assistance program (CCAP)
 - Room and board assistance at a licensed basic care facility
 - Basic Care Assistance

Apply for Medicaid Expansion today by Downloading the PDF Application
For Medicaid Expansion individuals, coverage can begin as soon as January 1, 2014

Step 1: Download the application
The application below may not be viewed or completed on mobile devices and cannot be submitted using a tablet or phone. Please use a desktop/laptop computer to download, save and complete the application.
streamlined-application (PDF)

Step 2: Fill out the application
Open and complete the PDF application downloaded in step 1.

Step 3: Submit the application
Attach Submit

Please note this site remains under development

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What to expect in the application

If applying online, you will first need to set up an account.

- Applicant's Information →
- Others in the household
- Any of the household Native American?
- Read and sign the application

- Name
- Address
- Social Security No.
- Job/Income Info.
- Other misc.

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What to expect in the application

- Applicant's Information
- Others in the household →
- Any of the household Native American?
- Read and sign the application

- Name
- Address
- Social Security No.
- Job/Income Info.
- Relationship to applicant
- Misc. other

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What to expect in the application

Applicant's Information

Others in the household

Any of the household Native American? →

Read and sign the application

If so:

- Name(s)
- Tribe
- Past IHS/other services
- Additional income items

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What to expect in the application

Applicant's Information

Others in the household

Any of the household Native American?

Read and sign the application →

Sign the application
For most, that's it!

- If the system can't verify information, additional steps may be required

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When can I apply?

- Enrollment for both Medicaid Expansion and the Health Insurance Marketplace began in October 2013.
- If you are eligible and apply, your health coverage can become effective as early as January 1, 2014.

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What do I need to sign up?

- Social Security numbers (or document numbers for legal immigrants)
- Birth dates
- Pay stubs, W-2 forms, or “Wage and Tax Statements”
- Most recent tax return
- Policy numbers for any current health insurance
- Information about any health insurance you or your family could get from your jobs

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Where do I submit my application?

Updated 12-9-13

- North Dakota will accept applications for the Medicaid Expansion program at:
<https://apply.dhs.nd.gov>
- In addition to online applications, individuals will be able to submit paper applications by mail, by phone at 1-855-794-7308 (TTY users 1-800-366-6888), or in-person at a county social service office
- For more information visit:
www.nd.gov/dhs/medicaidexpansion

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What else should I know?

To be fully prepared, it is suggested that consumers:

- Collect required information
- Understand insurance terms

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What happens after I apply?

- After completing and submitting the application, your information is reviewed to determine if you qualify for Medicaid, the Medicaid Expansion, or another insurance affordability program
- You will be notified

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You were DENIED Medicaid eligibility, now what? *(Updated 12/10/2013)*

- Continue onto the Federal Health Insurance Marketplace portal: www.healthcare.gov
- Federally-approved Navigators and Certified Application Counselors are available to help people apply.
 - See contact information at <https://localhelp.healthcare.gov>

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Health Insurance Marketplace

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What is the Health Insurance Marketplace?

- The Federal Health Insurance Marketplace is an online portal where North Dakotans can buy various private qualified health plans
- Consumers and small businesses can compare plans, view prices, determine if they qualify for federal subsidies, and enroll in private coverage.

Qualified Health Plans (QHPs) offered through the Marketplace are the only plans where people can use Federal subsidies.

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What coverage can you buy?

Qualified Health Plans (QHPs) are the only type of health products offered through the Federal Health Insurance Marketplace (www.HealthCare.gov)

The site is designed for comparison shopping by consumers and has different coverage and cost levels described as bronze, silver, gold, and platinum.

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Essential Health Benefit (EHB) categories

The ACA requires Qualified Health Plans to include a minimum set of 10 core benefit categories:

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

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What subsidies are available through the Federal Health Insurance Marketplace?

To offset the costs of coverage, the Federal government is offering subsidies through the Health Insurance Marketplace.

A qualified individual must have income between 138% and 400% FPL.

To learn more, go to www.HealthCare.gov

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Health Insurance Marketplaces: *Unique Requirements for Native Americans*

Native Americans can switch Qualified Health Plans (QHP) more frequently than the general public (once a month)

Indian tribes, tribal organizations and urban Indian organizations may pay QHP premiums on behalf of qualified Native Americans

Native Americans with household income at or below 300% FPL who are enrolled in a QHP are exempt from cost sharing

Native Americans who are enrolled in a QHP and receiving care from an IHS provider are exempt from cost sharing

The ACA establishes exemptions for Native Americans who purchase coverage through the Federal Health Insurance Marketplace

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How do I enroll with insurance companies offering coverage in the Marketplace?

To shop for a private Qualified Health Plan, to determine if you qualify for a federal subsidy, and to enroll through the Federal Health Insurance Marketplace:

- Go directly to the federal Health Insurance Marketplace at www.Healthcare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325)
- Go directly to a participating health plan
- Use a licensed insurance agent or broker

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Where do I learn more about the Federal Marketplace?

- 🏠 Visit www.HealthCare.gov to learn about key dates, news, and updates; or chat online with a Marketplace Call Center representative
- ☎️ Call the Marketplace Call Center at 1-800-318-2596 (TTY users should call 1-855-889-4325)
- 📘 Like Facebook.com/HealthCareGov
- 🐦 Follow @HealthCareGov on Twitter
- 🌐 Seek out advice from the North Dakota's designated navigators

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Who are the Navigators?

- **Minot State University - North Dakota Center for Persons with Disabilities**

500 University Ave. West
Minot, ND 58707
Neil.Scharpe@minotstateu.edu
701-858-3596 / Toll Free 800-233-1737

- **Great Plains Tribal Chairmen's Health Board**

CMS Health Insurance Exchange Navigator Project
1770 Rand Road
Rapid City, SD 57702
navigator@gptchb.org
Toll Free 877-209-1215
On the Web at: <http://navigator.gptchb.org>

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Conclusion



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Conclusion: *Key points to take Away*

- North Dakotans have many options for how to obtain health care coverage
- More people will be eligible for Medicaid than were eligible in the past
- Enrollment will be streamlined
- For more information on the Medicaid expansion, go to www.nd.gov/dhs/medicaidexpansion
- To apply for Medicaid, go to <https://apply.dhs.nd.gov> or call toll free 1-855-794-7308 (TTY: 1-800-366-6888), or visit a county social service office

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Appendix

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Medicaid Expansion Publications and Fact Sheets are Located at www.nd.gov/dhs/medicaidexpansion

- Brochure
- Fact Sheets
- Public Service Announcements
- PowerPoint Presentations
- Other Documents

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Health Insurance 101

When you have insurance, you pay some costs and your insurance plan pays some:

- **Premium:** The fixed amount you pay to your insurance plan, usually every month. You pay this even if you don't use medical care that month.
- **Deductible:** The amount you pay for care before the insurance company starts to pay its share. Once you meet your deductible, your insurance company begins to cover some costs of your care. Many plans provide preventive services, and sometimes other care, before you've met your deductible.

<https://www.healthcare.gov/why-should-i-have-health-coverage/>

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Health Insurance 101 (continued)

- **Copayment:** A fixed amount you'll pay for a medical service. For example, after meeting your deductible you may pay \$25 for a visit to the doctor's office that would cost \$150 if you didn't have coverage. The health plan pays the rest.
- **Coinsurance:** Similar to copayment, except it's a percentage of costs you pay. For instance, you may pay 20% of the cost of a \$100 medical bill. So you would pay \$20 and the health plan would pay the rest.

<https://www.healthcare.gov/why-should-i-have-health-coverage/>

Example

Let's say that you are in a serious accident. You've accumulated \$50,000 in covered medical expenses.

Your health insurance plan offers:

- Deductible: \$1,000
- Coinsurance: 20 percent
- Out-of-pocket maximum: \$3,000

You would be responsible for the first \$1,000 (your deductible)

- After you pay your deductible of \$1,000, you would be responsible for 20% coinsurance until you reach your out-of-pocket maximum of \$3,000 (in this case, you would be responsible for another \$2,000)
- Your health insurance plan would pay the rest of the covered medical expenses (in this case, 80 percent) after the \$1000 deductible.
- After you reach your out-of-pocket maximum, you would pay nothing for any additional covered medical expenses for the rest of the plan year

<http://www.bcbsla.com/FINDAPLAN/GETTINGSTARTED/Pages/UnderstandInsurance.aspx>