

The Affordable Care Act and Health Care Options



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OSHIP
Answers to your
Medicare questions

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Today's Agenda

- I. 12:00 Welcome
- II. 12:10 Introduction of Speakers
- III. 12:15 **The Affordable Health Care Act**
- IV. 1:00 **Break**
- V. 1:10 **Medicare**
- VI. 1:55 **Break**
- VII. 2:05 **Medicaid**
- VIII. 2:50 Questions

New Coverage Options for Ohioans

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Disclaimer

- ▶ *Information provided represents current knowledge of implementation and is not considered legal advice.*
- ▶ *Implementation of the ACA, Marketplace, and Medicaid Expansion are ongoing and therefore is subject to change or further clarification.*

www.healthcare.gov

<http://benefits.ohio.gov>

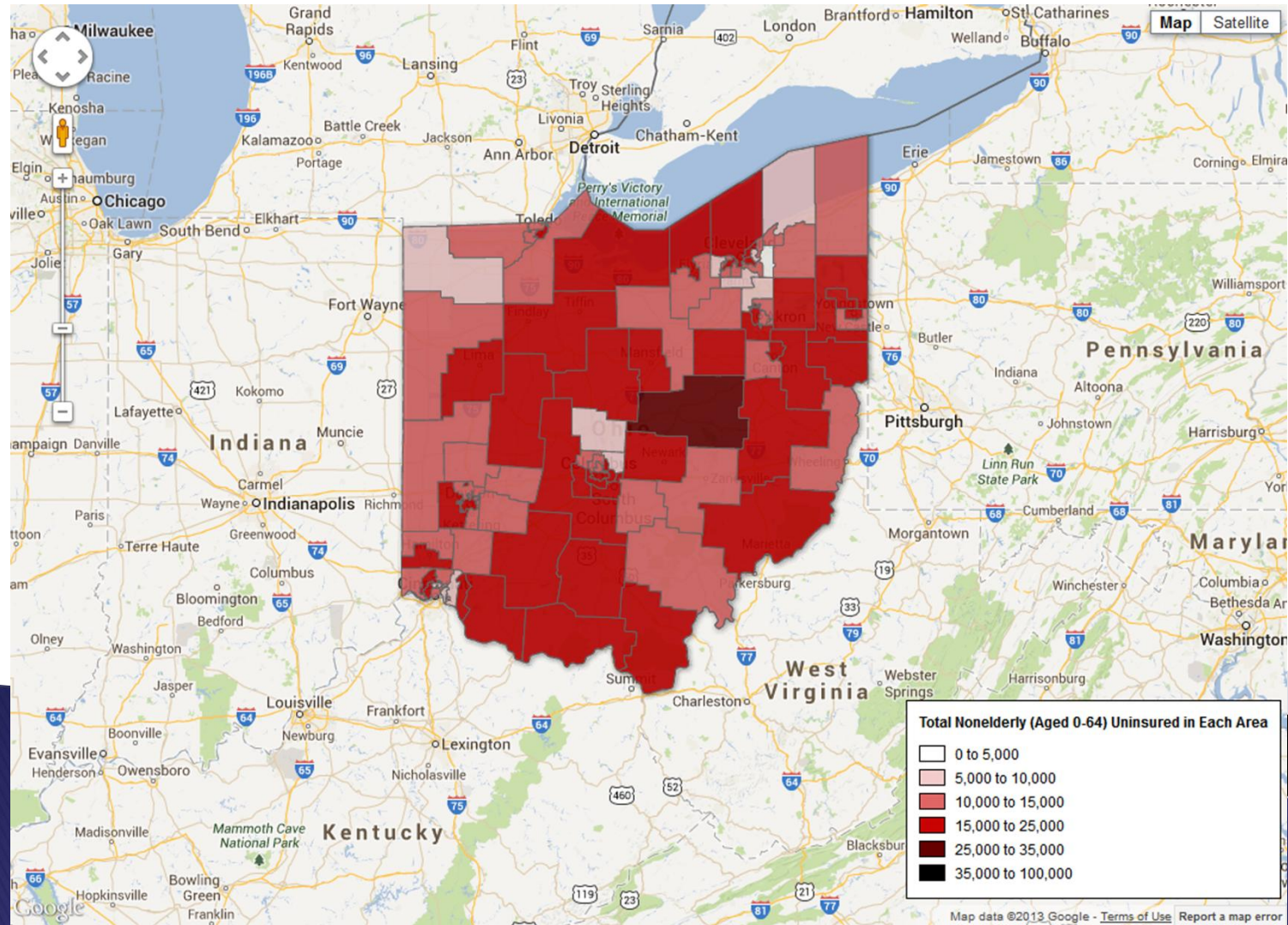
Why was ACA needed?

- ▶ **Individuals living without health insurance coverage** – which ultimately **raises costs for the insured**.
 - 50 million Americans and 1.5 million Ohioans
- ▶ **Tens of millions of Americans** were underinsured, and afraid of losing what limited coverage they had.
- ▶ **Insurance premiums more than doubled over the last decade**
 - Medical bills contributing to more than 60% of all bankruptcies
- ▶ **Health care costs skyrocketing** in the U.S. – at unsustainable rate

Why was ACA needed?

- ▶ System relies on **treatment** instead of **prevention**
- ▶ Health **outcomes** in U.S. **worse** than in other **industrialized countries** – 24th of 30 OECD countries
- ▶ People with **pre-existing conditions** were **denied coverage**
 - Insurance companies **turned away 129 million Americans** with pre-existing conditions

Ohio Uninsured Population



Source: Enroll America "Where are the uninsured?" <http://www.enrollamerica.org/maps>

What does ACA do?

- ▶ Expands opportunities for affordable coverage
- ▶ Coverage for those with pre-existing conditions
- ▶ Extends coverage to young adults on parent insurance
- ▶ Increases consumer protection
- ▶ Emphasizes prevention & wellness
- ▶ Focuses on quality & outcomes
- ▶ Seeks to reduce health care costs

More Coverage Options

Beginning in 2014, most individuals will need to purchase or obtain health insurance coverage. It's the law!

How Can You Obtain Coverage?

- Employer-sponsored insurance
- Individual private insurance
- Medicaid/CHIP
- Medicare
- TRICARE/Veterans Affairs
- **The Health Insurance Marketplace**
 - financial help through subsidies will be available

Who is exempt from the individual mandate?

- Individuals with financial hardship
- Individuals with religious objection
- Undocumented immigrants
- Individuals whose income is below the threshold required to file a tax return
- Individuals where the lowest cost health plan available exceeds 8% of their income

Who is left *uncovered*?

- ▶ Undocumented immigrants
 - Difficult to track, but estimated **100,000** in Ohio
- ▶ Individuals who either choose not to enroll or are exempt, or get caught in the “family glitch”

ACA defines "affordable" as 9.5% or less of an employee's household income, mostly to make sure people did not leave their workplace plans for subsidized coverage through the exchanges. But the "error" was that it only applies to the employee — and not his or her family. So, if an employer offers a woman affordable insurance, but doesn't provide it for her family, they cannot get subsidized help through the state health exchanges.

The Health Insurance Marketplace

How does ACA expand access?

Who will qualify?

Where does Ohio stand?

Introduction to the Marketplace

- ▶ A new way to buy health insurance
- ▶ To provide qualified individuals and employers:
 - Access to affordable coverage options
 - Ability to buy certain private health insurance
 - Access to health insurance information
- ▶ Allows for apples-to-apples comparison of Qualified Health Plans (QHPs)

What to Expect in Ohio

Ohio opted for a Federally-Facilitated Marketplace – but has said Ohio will retain control over some plan management functions.

www.healthcare.gov

Who is eligible?

Marketplace eligibility requires consumers to:

- Live in its service area, and
- Be a U.S. citizen or national, or
- Be a non-citizen who is lawfully present in the U.S. for the entire period for which enrollment is sought, and
- Not be incarcerated

Medicare & The Marketplace

Medicare is not part of the Marketplace.

- People on Medicare or eligible for Medicare are not affected by the marketplace.
 - If you have Medicare, you are covered.
 - The Marketplace won't affect your Medicare choices.
 - Medicare benefits won't be changing.

<https://www.healthcare.gov/if-i-have-medicare-do-i-need-to-do-anything/>

To learn more about Medicare eligibility, see:
www.Medicare.gov

Single, Streamlined Application

21 page application reduced to 3 pages

Step 1: Tell us about yourself

Step 2: Current job and income information

Step 3: Your health coverage

Step 4: Sign & submit



Qualified Health Plans (QHPs)

A Qualified Health Plan (QHP):

- Is offered by an issuer that is licensed by the state and is in good standing;
- *Covers Essential Health Benefits;*
- Is offered by an issuer that has at least one plan at the *Silver*-level cost and one at the *Gold*-level cost;
- Is offered by an issuer that agrees to charge the same premium rate whether offered directly through the Marketplace or outside the Marketplace
- Certified by the Ohio Department of Insurance and approved by HHS

All QHPs will cover these *Essential Health Benefits*

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity & newborn care
5. Mental health and substance abuse disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral* and vision care

Things to Think About When Choosing a Plan

- ▶ Provider Network
- ▶ Prescription Drug Formulary
- ▶ Visit Limits and Other Details of Specific Benefits
- ▶ Insurer Participation in both the Marketplace and Medicaid (for people with low incomes likely to move back and forth in their eligibility)

Understand what these terms mean by visiting the CMS Uniform Glossary of Terms: <https://www.healthcare.gov/glossary/>

Marketplace - Consumer Choice

Level of Coverage	Plan Pays On Average	Enrollee Pays On Average*
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

*In addition to monthly premium.

Ohio issuers Individual market

- ▶ Ambetter from Buckeye Community Health Plan
- ▶ Anthem Blue Cross and Blue Shield
- ▶ AultCare
- ▶ CareSource
- ▶ HealthAmericaOne
- ▶ Kaiser Foundation Health Plan of Ohio/HealthSpan
- ▶ Humana Health Plan of Ohio, Inc.
- ▶ MedMutual
- ▶ Molina Marketplace
- ▶ Paramount Insurance Company
- ▶ SummaCare

Ohio issuers SHOP

- ▶ Anthem Blue Cross and Blue Shield
- ▶ AultCare
- ▶ HealthSpan/Kaiser Foundation
Health Plan of Ohio
- ▶ MedMutual
- ▶ SummaCare

Marketplace Affordability

Financial help available for working families includes:

- Tax credits to lower the premiums qualified individuals pay
- Reduced cost-sharing to lower out-of-pocket spending for health care

Premium Credits

- ▶ The ACA establishes new Advance Premium Tax Credits (APTCs) that lower the cost of QHPs
- ▶ Eligibility is based on:
 - Household income and family size
 - Income between 100%-400% FPL
 - Obtaining QHP coverage through the Marketplace
 - Ineligibility for government-sponsored coverage programs, sponsored insurance, or certain other minimum essential coverage

How much is a Premium Tax Credit?

- ▶ The amount of the Premium Tax Credit depends on:
 - Household income as a percentage of the FPL
 - The premium for the **second lowest Silver level QHP**, referred to as the **benchmark plan**, adjusted for the age of the covered person.
 - A sliding scale that increases the taxpayer's own contribution towards the premium cost as a household income as a percentage of the FPL increases

What You Will Pay

Premium Credits:

Income		% of income to spend on premium
100% FPL:	\$11,670	2%
133% FPL:	\$16,105	3%
150% FPL:		4%
200% FPL:		6.3%
250% FPL:		8.05%
300% FPL:		9.5%
400% FPL:	\$46,680	9.5%

Do I have to wait until I file my taxes to get the tax credit?

- ▶ You can **reduce your premium amount up front**
 - You can choose an APTC
 - Advanced payments are paid directly to the insurer on your behalf
- ▶ The amount is based on **projected** household income
 - Reconciled at tax time against the actual Premium Tax Credit amount you are eligible for
 - Changes in circumstances, such as new family members or decrease income, should be reported to ensure the tax credit is still accurate and the recipient does not end up owing additional taxes when filing.

Who is eligible for cost-sharing reduction?

- ▶ Eligibility for reduced cost-sharing is based on:
 - Incomes at or below 250% FPL (\$58,875 annually for a family of four in 2013)
 - Receiving a new Premium Tax Credit
 - Must enroll in a Marketplace *Silver*-level QHP

Catastrophic Plans

▶ Who is eligible?

- Young adults under the age of 30
- Those who cannot afford coverage and obtain a hardship waiver from the Marketplace

▶ What is *catastrophic coverage*?

- Plans with high deductibles and lower premiums
- Includes coverage of three primary care visits and preventive services with no out-of-pocket costs
- Provides some protection to consumers, but high deductibles may still lead to high out-of-pocket costs

Marketplace Timeline

- **June 2013** – The *Marketplace Call Center* opened 1-800-318-2596 TTY: 1-855-889-4325
- **July 2013 – September 2013** - Account set-up available at www.HealthCare.gov
- **October 1, 2013** – Open Enrollment started
- **December 9, 2013** – Ohio Medicaid Enrollment for expanded population via <http://benefits.ohio.gov>.
- **December 23, 2014**—Deadline to select plan and pay first month's premium to be covered **January 1, 2014**
- **January 1, 2014** – new health coverage started
- **March 31, 2014** – Initial Open Enrollment ended

NEXT OPEN ENROLLMENT PERIOD
November 15, 2014 – February 15, 2015

Special Enrollment Periods – Qualifying Life Events

ENROLLMENT IS OVER FOR THE MARKETPLACE

Special Enrollment Periods:

- **Exceptional circumstance**
 - You faced a serious medical condition or natural disaster that kept you from enrolling.
For example:
 - An unexpected hospitalization or temporary cognitive disability
 - A natural disaster, such as an earthquake, massive flooding, or hurricane
 - A planned Marketplace system outage, such as Social Security Administration system outage
- Misinformation or misrepresentation
- Enrollment error (technical between Marketplace and Insurer)
- System errors related to immigration status
- Display errors on HealthCare.gov
- Medicaid/Marketplace transfers
- Error messages prevented application submission
- Unresolved casework
 - ▶ Victims of domestic abuse
 - ▶ Other system errors (determined

Special Enrollment Periods – Qualifying Life Events

OPEN ENROLLMENT FOR MARKETPLACE IS OVER

Qualifying life events:

- moving to a new state
- certain changes in your income
- changes in your family size (for example, if you marry, divorce, or have a baby)

Medicaid enrollment continues. No open enrollment period.

Renewal – Auto Enrollment

All 2014 Marketplace health plans will come up for renewal in 2015. [Open Enrollment for 2015 health coverage through the Marketplace begins November 15, 2014.](#)

Insurance companies will send you information this Fall about updated premiums and benefits.

Individuals should review plan's 2015 changes to see if it still meets your needs. Call or visit the plan's website to make sure doctor and other health care providers will be in the plan network next year. Also make sure any prescriptions will be covered.

Renewal – Auto Enrollment

If individual is happy with current plan and wants to keep it--and income or household size haven't changed – he/she doesn't need to do anything. The Marketplace will auto-enroll individual in the same plan for 2015.

If income or household size have changed, individual will need to report that to the Marketplace to get the right premium tax credit. If information is not updated, individual will get the same premium tax credit received in 2014. If income has gone up or household size changes and changes are not reported to the Marketplace, the individual may owe money at the end of 2015 when you file your tax return.

Renewal – Auto Enrollment

If individual wants to change plans, he/she can:

- Choose any other Marketplace health plan company offers in your service area if staying with current insurance company.
- Choose a new health plan from a different insurance company through the Marketplace.
- Buy a new private health plan outside of the Marketplace. If individual does this, he/she won't be eligible for premium tax credits and cost-sharing reductions offered through the Marketplace.

In some cases, an individual's current Marketplace plan won't be offered in 2015. If that's the case, the Marketplace will automatically enroll individual in a similar plan so you don't have a gap in health coverage, unless he/she chooses another plan and enroll. Because the plan is ending, the individual will qualify for a Special Enrollment Period that lets him/her enroll in an individual plan outside the Open Enrollment period.

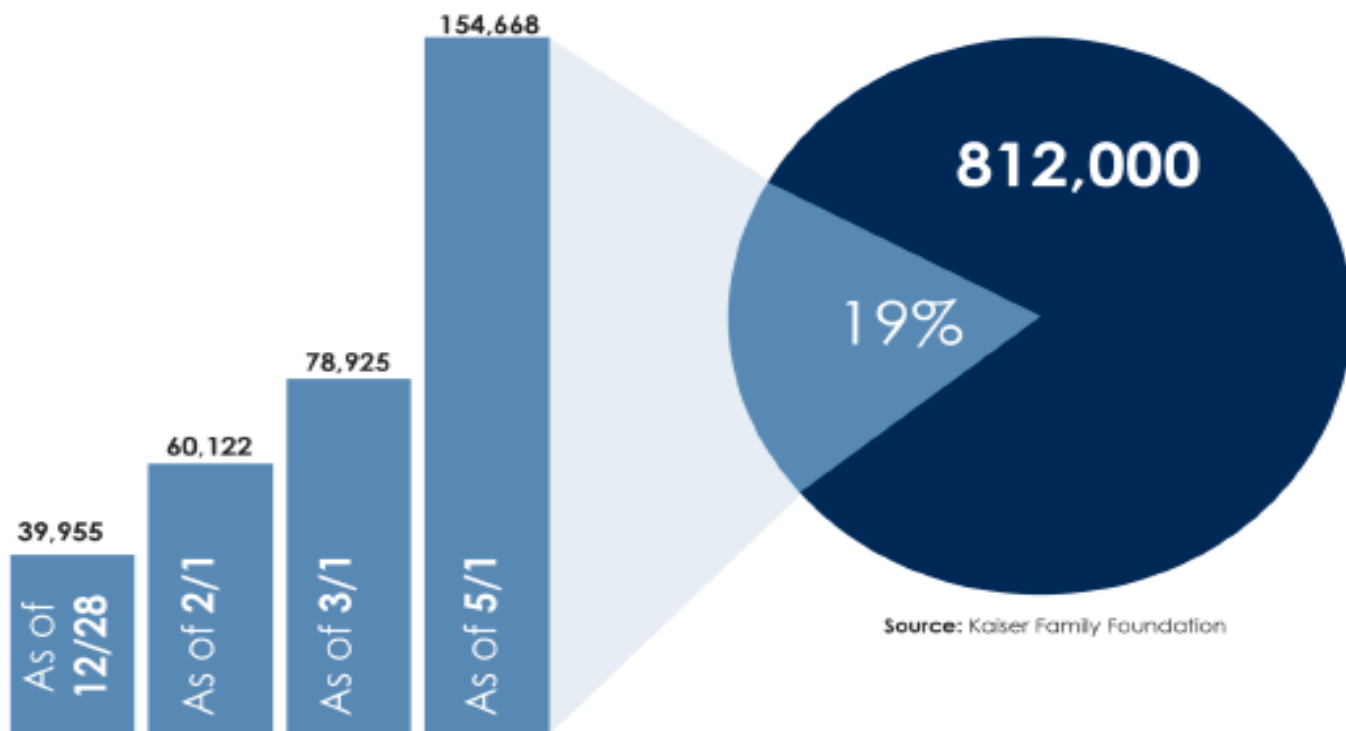
ACA By the Numbers

- ▶ **8 million people signed up for private insurance in the Health Insurance Marketplace**
 - 35 percent of enrollees in the health-care exchanges are younger than 35
- ▶ **3 million young adults gained coverage** by being able to stay on their parents plan.
- ▶ Up to **129 million** Americans with pre-existing conditions – including up to 17 million children – no longer have to worry about being denied health coverage or charged higher premiums because of their health status.
- ▶ **71 million** Americans with private insurance have gained coverage for at least one free preventive health care service in 2011 and 2012.
- ▶ In 2013, **37 million people** with Medicare received at least one preventive service at no out of pocket cost.
- ▶ Approximately **60 million** Americans have gained expanded mental health and substance use disorder benefits and/or federal parity protections.
- ▶ Since the health care law was enacted, **almost 8 million seniors have saved nearly \$10 billion** on prescription drugs as the health care law closes Medicare’s “donut hole.”
- ▶ **105 million** Americans no longer have to worry about having their health benefits cut off after they reach a lifetime limit.

Ohio marketplace enrollment

Individuals who have selected a marketplace plan

Estimated potential market size for marketplace coverage



Source: U.S. Department of Health and Human Services

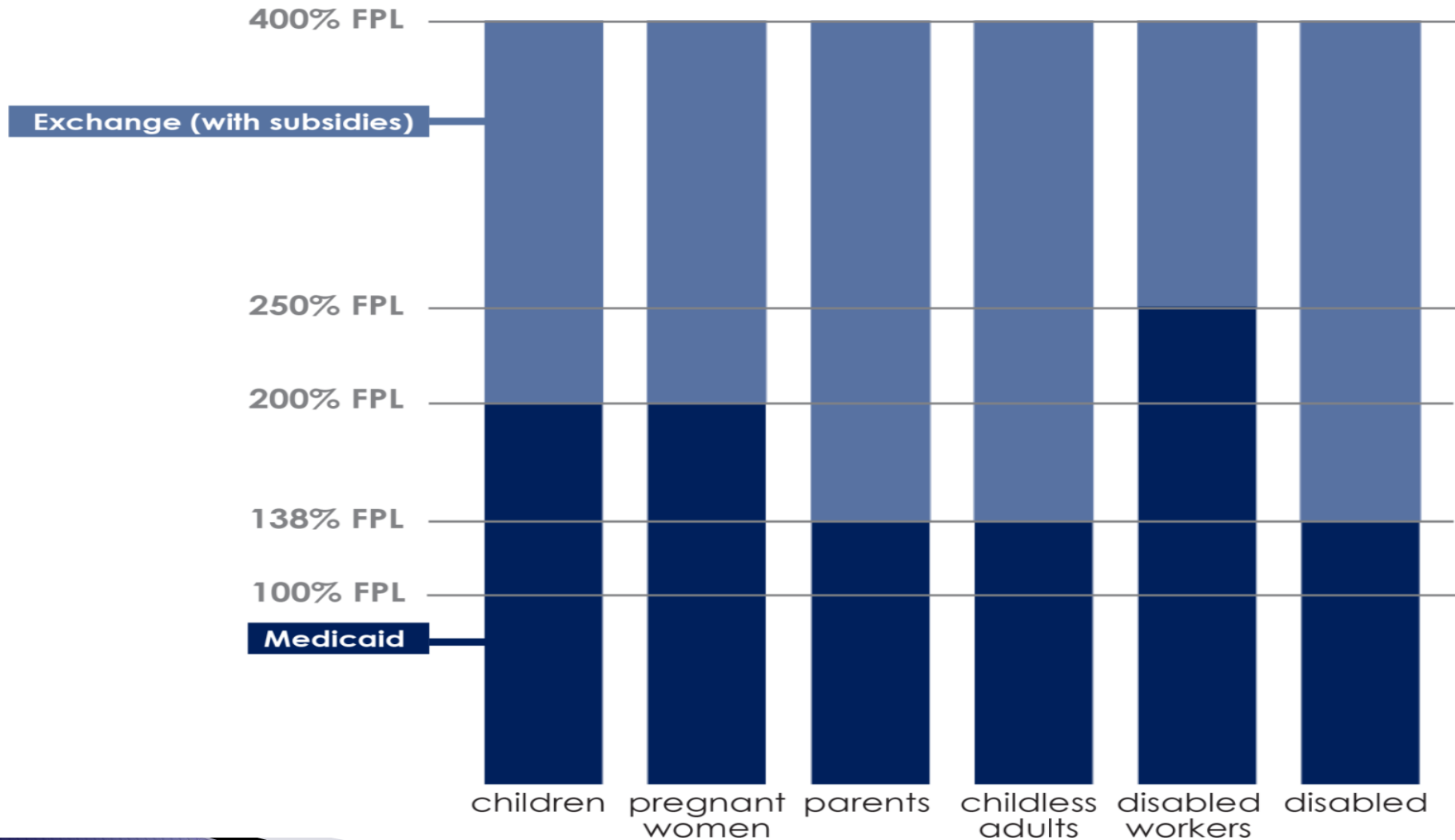
Source: Kaiser Family Foundation



<http://www.onceohio.org/>

Subsidized health coverage eligibility for Ohioans in 2014

with ACA Medicaid expansion



Help for Ohioans

Navigators

Ohio Network for
Health Coverage &
Enrollment (ONCE)

Agents &
Brokers

Enroll America

Certified
Application
Counselors

Federally Qualified
Health Centers
(FQHCs)

Enrollment Assistance

...But help will be available

- **The Marketplace 24/7 Toll-Free Call Center**
 - 1-800-318-2596 (TTY 1-855-889-4325)
- **HealthCare.gov** and Marketplace websites
- Certified Assisters
 - **Navigators**
 - **Certified Application Counselors**
 - **Agents and brokers**
- Trusted community messengers
- Federally-Qualified Health Centers

Navigators

- ▶ **Required** component of the Marketplace
- ▶ Federal grant program funded/administered by the Marketplace
- ▶ Navigators will:
 - Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities
 - Distribute fair, accurate, and impartial information about enrollment in QHPs and other health program such as Medicaid and CHIP
 - Facilitate selection of QHPs
 - Refer consumers to other programs
 - Provide information in a manner that is culturally and linguistically appropriate and accessible for people with disabilities

What's Happening in Ohio

The following successful navigator applicants were awarded funds by CMS on August 15, 2013, and will share over \$3 million in Federal funds to provide navigations services to Ohioans:



Ohio's **LARGEST**
charitable
response to
hunger!



Ohio Association of Foodbanks Navigator Consortium

- ▶ **Ohio Association of Foodbanks, All 88 Counties**
- ▶ **Access Health Mahoning Valley (AHMV), Mahoning and Trumbull Counties**
- ▶ **Asian Services in Action, Inc. (ASIA), Cuyahoga, Franklin, Hamilton, Lucas, Montgomery, and Summit Counties**
- ▶ **Carmella Rose Health Foundation (CRHF), Cuyahoga County**
- ▶ **Cuyahoga Health Access Partnership (CHAP), Cuyahoga County**
- ▶ **Community Action Committee of Pike County (CACPC), Jackson, Pike, and Scioto Counties**
- ▶ **Disability Rights Ohio (DRO), All 88 Counties**
- ▶ **Freestore Foodbank, Southwest Ohio**
- ▶ **Toledo/Lucas County CareNet Allen, Ashland, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Richland, Sandusky, Seneca, VanWert, Williams, Woods, and Wyandot Counties**
- ▶ **Ohio Association of Free Clinics (O AFC), 40 Counties Across Ohio**
- ▶ **Ohio Department of Health (ODH), All 88 Counties**
- ▶ **The Community Action Program Corporation of Washington Morgan Counties (WMCAP), Morgan and Washington Counties**

Ohio for Health - www.ohioforhealth.org

- ▶ Launched to provide information to Ohioans about accessing the federal health insurance marketplace

Consumers can:

- ▶ Be redirected to healthcare.gov to enroll themselves
- ▶ Get more information about health insurance and the marketplace
- ▶ Search for local resources to get assistance with the application process
- ▶ Find a calendar of community events
- ▶ Partners and consumers can also call **1-800-648-1176** for more information!

Certified Application Counselors (CACs)

- ▶ Additional program, *not* Federally-funded
- ▶ Allows community health centers, hospitals, community and social service agencies, and other organizations to also assist with outreach and enrollment into the Marketplace
- ▶ Training and skills required to provide reliable, secure assistance
- ▶ Critical to achieving a high rate of enrollment
- ▶ For more information and **to apply**: <http://marketplace.cms.gov/help-us/cac.html>
- ▶ Listing of CAC's and other assistance available - <https://localhelp.healthcare.gov/>

Agents & Brokers

- ▶ Agents and Brokers can:
 - Help enroll people and small employers into the Marketplace
 - Provided information on QHPs
- ▶ Agents and Brokers must follow Federal training and register to conduct business in the Marketplace
- ▶ Can receive compensation related to enrollment in QHPs and non-QHPs

Enroll America

Mission: To maximize the number of people who gain health insurance through ACA

- ▶ Research report: *Where are the uninsured?*
- ▶ *Get Covered America* campaign and Ohio staff
- ▶ Collecting experiences from individuals and small businesses regarding enrollment process

Ohio Network for Health Coverage & Enrollment (ONCE)

Bringing the strength of multi-stakeholder partnerships to help Ohioans understand and enroll in health care coverage

- ▶ Convened by the Health Policy Institute of Ohio (HPIO) and Philanthropy Ohio
- ▶ Includes more than 350 individuals and organizations working together locally, regionally, and statewide
- ▶ Purpose: To ensure that outreach, education, and enrollment efforts are coordinated and effective so that uninsured Ohioans understand and enroll in coverage

For more information, or to be added to the ONCE email list, contact Stephanie Gilligan, Health Policy Institute of Ohio, sgilligan@healthpolicyohio.org, 614.545.0762

Northeast Ohio Outreach and Enrollment Council

The Northeast Ohio Outreach and Enrollment Council



**UNINSURED? – GET COVERED – Call 2-1-1
to be connected to local enrollment
assistance**

Local enrollment assistance is available throughout Northeast Ohio (serving Cuyahoga, Ashland, Geauga, Lawrence, Medina, Portage, Wayne, Holmes, and Allen counties). Trained assistors can help you understand your health coverage options and help you enroll in a plan that fits your needs.

Asian Services in Action, Inc. (ASIA)
AcessPointe Community Health Center
Care Alliance Health Center
Carmella Rose Health Foundation
City of Cleveland
Cleveland Clinic
Cleveland Public Library
Cognosante
Cuyahoga County Job & Family Services
Cuyahoga Health Access Partnership (CHAP)
Enroll America
Linking Employment Abilities & Potential (LEAP)
Lorain County Health & Dentistry
Lutheran Metropolitan Ministry
MedWorks
The MetroHealth System
Mt. Sinai Health Care Foundation
Neighborhood Family Practice
North Coast Health Ministry
Northeast Ohio Neighborhood Health Services
Nueva Luz Urban Resource Center
Ohio Association of Community Health Centers
Oriana House
Parma Health Ministry
Sisters of Charity Health System
Southeast Seventh-Day Adventist Church
SRA International
St. Vincent Charity Medical Center
UHCAN Ohio
The Free Clinic of Greater Cleveland
United Way 2-1-1 First Call for Help
United Way of Greater Cleveland
Western Reserve Area Agency on Aging

7/1/14

Test Drive the Calculator

Kaiser Family
Foundation
website:

[www.kff.org/inter
active/subsidy-
calculator/](http://www.kff.org/interactive/subsidy-calculator/)

KFF offers many
interactive tools,
fact sheets,
graphs &
timelines

The screenshot shows a web browser window displaying the Kaiser Family Foundation's Subsidy Calculator. The browser's address bar shows the URL kff.org/interactive/subsidy-calculator/. The page features a navigation menu with 'TOPICS', 'OUR WORK', and 'PERSPECTIVES'. A search bar is located at the top right. The main content area is titled 'Health Reform' and 'Subsidy Calculator' with the subtitle 'Premium Assistance for Coverage in Exchanges'. Below this, there is a section titled 'ABOUT THIS TOOL' and a form titled 'Enter Information About Your Household'. The form contains five numbered input fields: 1. 'Enter income as' with a dropdown menu set to '2014 Dollars'; 2. 'Enter annual income (dollars)' with a text input field; 3. 'Is employer coverage available?' with a dropdown menu set to 'No'; 4. 'Number of Adults (21 and older)' with a dropdown menu; 5. 'Number of Children (20 and younger)' with a dropdown menu set to 'No Children'. At the bottom right of the form are 'Clear' and 'Submit' buttons.

Additional Resources

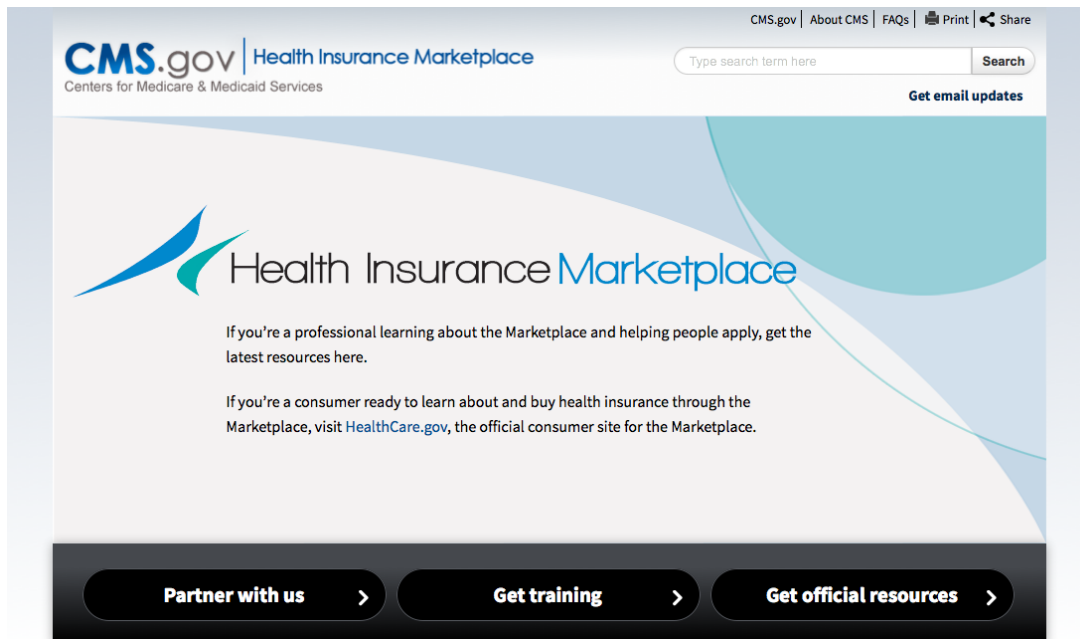
www.healthcare.gov

The screenshot shows the HealthCare.gov website interface. At the top left is the logo "HealthCare.gov". To its right are navigation tabs for "Learn", "Get Insurance", and "Log in", along with a language selector for "Español". Below this is a secondary navigation bar with "Individuals & Families", "Small Businesses", and "All Topics" (with a dropdown arrow), and a search bar with a "SEARCH" button. A dark blue banner below the navigation contains the text "Improving HealthCare.gov" and a notice: "The Health Insurance Marketplace online application isn't available from approximately 1 a.m. to 5 a.m. EST daily while we make improvements. Additional down times may be possible as we work to make things better. The rest of the site and the Marketplace call center remain available during these hours." The main content area features a large green and blue graphic with the text "Find health coverage that works for you" and "4 Ways to Marketplace Coverage". Below this are two green buttons: "APPLY ONLINE" and "APPLY BY PHONE". The graphic also includes four circular icons: a phone, a computer monitor, a group of people, and a document.

...for updates and current information for individuals.

Additional Resources

marketplace.cms.gov



...for official language, educational, outreach, info, marketing, and training tools and resources.

Contact Information

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Mt. Sinai Health Care Foundation

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216-421-5500

Medicare & You

Presented by



OSHIP

Answers to your
Medicare questions

Medicare 2014

- ▶ The Exchange **won't** have any effect on your Medicare coverage. Your Medicare benefits aren't changing.
- ▶ It's against the law for someone who knows that you have Medicare to sell you an Exchange plan.
- ▶ The Medicare open enrollment period is a time when there's a higher risk for fraudulent activities.
- ▶ **DO NOT** share your Medicare number or other personal information with anyone who knocks on your door or contacts you uninvited to sell you a health plan.



What is Medicare?

Federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for those who are:

1. 65 and older
2. any age and Disabled
3. diagnosed with End Stage Renal Disease (ESRD)

Option 1

Original Medicare
Part A and Part B

+

Secondary Insurance
GHI, MedSup, or Medicaid

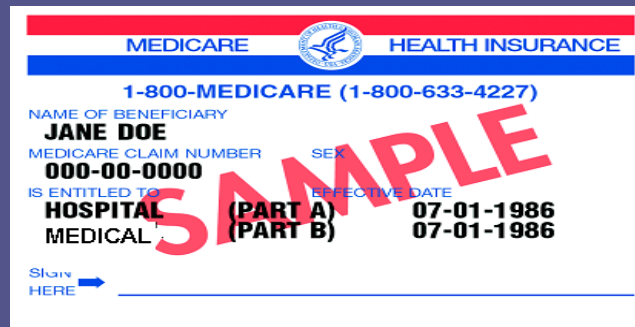
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Rx Coverage
Part D or GHI

OR

Option 2

Medicare Advantage
(Part C)
1. Hospitalization,
2. Medical
3. Rx (MA-PD)



Part A– Hospital

Inpatient Hospitalization
Skilled Nursing Facilities
Home Health Care
Hospice

Part B– Medical

Doctors /Providers
Preventive Benefits
Durable Medical Equip.
Outpatient services

- ❖ Medicare was never intended to pay 100% of health care costs
- ❖ Medicare does not cover non–medically necessary services or care outside the USA in most cases
- ❖ Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) must be obtained from a contracted supplier

Applying for Medicare

- ▶ Enrollment automatic if you get Social Security or Railroad Retirement benefits prior to Medicare eligibility
- ▶ All others must apply with Social Security (or Railroad Retirement) during their **7 month Initial Enrollment Period (IEP)**
 - 3 months before your 65th birthday
 - Month of your 65th birthday
 - 3 months after your 65th birthday
- ▶ If you are covered under your (or your spouse's) current employer group health plan, you may delay enrollment into Medicare Part B

2014 Medicare Amounts

Part A

- ▶ **Hospital Deductible**
\$1,216/benefit period
- ▶ **Hospital Copays**
\$304/day, days 61–90
\$608/Lifetime Reserve Day
- ▶ **Skilled Nursing Copay**
\$152/day, days 21–100
- ▶ **Monthly Premiums**
40 or more credits = \$0
30–39 credits = \$234
30 or less credits = \$426

Part B

- Monthly Premium \$104.90
- Late enrollees may incur a 10% penalty for each year of delay
- Those with higher incomes may pay a higher premium
- Annual Deductible \$147
- Copayments generally 20% of Medicare Approved Amount

Use MyMedicare.gov to see all your Medicare claims!

Medicare Preventive Benefits

- ▶ “Welcome To Medicare” physical exam
- ▶ Bone mass measurement
- ▶ Annual Wellness Exam
- ▶ Cardiovascular screening
- ▶ Colorectal cancer screening
- ▶ Diabetes screening, services and supplies
- ▶ Obesity Screening
- ▶ Depression Screening
- ▶ Vaccinations
 - Flu, Pneumococcal & Hepatitis B
- ▶ Glaucoma screening
- ▶ Pap test and pelvic exam with clinical breast exam
- ▶ Prostate cancer screening
- ▶ Screening mammogram
- ▶ Smoking cessation counseling
- ▶ Alcohol Misuse Screening

Secondary Insurance

Original Medicare

Part A and Part B

Secondary Insurance

GHI, MedSup, or Medicaid

- **Group Health Insurance (GHI)**
 - Insurance from a former employer or union that supplements Medicare
- **Medicaid**
 - State assistance for those with limited income and resources
 - Medicare Savings Programs
- **Medicare Supplemental Insurance**
 - Private insurance designed to coordinate with Original Medicare

Medicare Supplement Insurance

- Plans are standardized
 - All companies sell same plans
 - Premiums will vary from company to company
 - Plans A, B, C, D, F, G, K, L, M, N
- No Network
- Pay only after Original Medicare (Parts A & B)
- Guaranteed Issue
 - Open Enrollment– 6 months beginning with Part B effective date at age 65 or older
 - Special Circumstances– typically 63 days

Check out the Ohio Shopper's Guide To Medicare Supplement Insurance at www.insurance.ohio.gov

Medicare 101

Original Medicare

Part A and Part B

1. Primary Coverage

+

Secondary Insurance

GHI, MedSup, or Medicaid

2. Secondary Coverage

+

RX Coverage

Part D or GHI

3. Prescription Drug Coverage

Medicare Part D

- ▶ ALL people with Medicare can get Part D
 - May not need Part D if you have credible coverage
- ▶ Medicare's Prescription Drug Coverage
 - Offered by private companies that contract with Medicare
 - Available two ways
 - Stand Alone Prescription Drug Plans (PDPs)
 - Available through Medicare Advantage Plans (MAPDs)
 - Initial enrollment is the same as Part B
- ▶ Open Enrollment **October 15th– December 7th**
 - Coverage begins January 1
 - Other enrollment times based on circumstance
- ▶ All Medicare patients should review plan options each year at www.medicare.gov

Review Drug Plans Each Year!

(3 C's of PDPs)

▶ Convenience

- Network Pharmacies
- Mail Order Options

▶ Coverage

- Choose a plan that includes your meds on the formulary
- Take the formulary with you when seeing your physicians

▶ Cost

- Know all possible costs!

Compare plans at

www.medicare.gov!

Part D Costs in 2014

- **Average Monthly Premiums**– \$30
- **Annual Deductible**– \$0–\$310
- **Copays**– 25% or flat copay amounts based on formulary
- **Coverage Gap (doughnut hole)**– \$2,850–\$6,455 in total drug costs.
- **Coverage Gap discounts:** 52.5% discount on brand name medications and 28% discount on generic medications during the coverage gap
- **Discounts to increase each year until gap is closed in 2020**
- **Catastrophic Coverage**– Approx. 5% copay after coverage gap

Things to Consider

- ▶ All plans have a different cost structure!
- ▶ Late enrollees may incur a 1% penalty for each month of delay
- ▶ Those with limited incomes/resources may qualify for extra help (Limited Income Subsidy–LIS) through the Social Security Administration

2014 Low Income Subsidy (Extra Help)

Anyone with Medicare can join a Part D plan but some may qualify for Extra Help to pay the out of pocket costs

- Reduced or NO Premium
- Reduced or NO Deductible
- No more than 15% copays

NO DOUGHNUT

Income:
single- \$1,458
married \$1,966

Resources:
single-\$13,400
married-\$26,860

Medicare Options

Option 1

Original Medicare
Part A and Part B

+

Secondary Insurance
GHI, MedSup, or Medicaid

+

RX Coverage
Part D or GHI

OR

Option 2

**Medicare
Advantage
(Part C)**
1. Hospitalization,
2. Medical
3. Rx (MA-PD)

Medicare Advantage

▶ Available to those

- enrolled in Part A & B
- That live within the plan's service area (county)
- Do NOT have End Stage Renal Disease

▶ Alternative to Original Medicare

- Offered by private companies to replace Original Medicare and secondary insurance.
- Multiple options in each county
 - Health Maintenance Organizations (HMO)
 - Preferred Provider Organizations (PPO)
- Most plans include Part D benefit (MAPD)
- Enrollees pay Part B premium and any other applicable costs (Know all possible out of pocket costs)

Medicare Advantage

- ▶ **Open Enrollment October 15th– December 7th**
 - Coverage begins January 1
 - Other enrollment times based on circumstances
- ▶ **MA Annual Disenrollment Period**
 - January 1st – February 14th (first 45 calendar days of the year)
 - May disenroll from a MA plan and return to Original Medicare and enroll in a stand alone prescription drug plan
- ▶ **5 Star rated plans (MA, MAPD or PDP) may allow an enrollment at anytime during the year**

Know Your Options!

Option 1

Original Medicare
Part A and Part B

+

Secondary Insurance
GHI, MedSup, or
Medicaid

+

RX Coverage
Part D or GHI

OR

Option 2

Medicare Advantage
(Part C)
1. Hospitalization,
2. Medical
3. Rx (MA-PD)



OSHIIP

Answers to your
Medicare questions

1-800-686-1578

www.insurance.ohio.gov

Medicare.gov

The Official U.S. Government Site for Medicare

1-800-MEDICARE
www.medicare.gov
www.mymedicare.gov



1-800-772-1213
www.socialsecurity.gov

MAGI MEDICAID



Cuyahoga Job and Family Services

David Merriman, Interim Administrator

Office of Community Engagement
Aída C. Idiáquez, Manager

Board of Health In Service 7.8.14

Welcome to Your Neighborhood Family Service Center (NFSC)



What to expect when you apply for services and programs

The Service Delivery Process

- ▶ The process for applications, eligibility determination and case management are largely the same across centers although Centers may vary somewhat in size and case load composition.
- ▶ CJFS now offers on-line self-service benefit application processing at the Ohio Benefits site: www.benefits.ohio.gov.
- ▶ Applications for benefits are also available to download at the county CJFS website at www.cfjs.cuyahogacounty.us or Individuals may walk in and apply for benefits and programs at any of the NFSCs.
- ▶ Eligibility is determined according to the Medicaid regulations which state that the “administrative agency must determine or re-determine eligibility, including verifications when required, within:...Thirty calendar days from the date of application or scheduled redetermination...” O.A.C 5160:1-1-51(J)(2).
- ▶ Medicaid Expansion-Nursing Home: If you are eligible for expansion Medicaid, your healthcare will cover your nursing home stay.
- ▶ Medicaid Expansion-Waiver: You can receive expansion Medicaid if eligible, while you are waiting for your waiver Medicaid to be approved. Once you are approved for the waiver slot then you will have to verify our resources to make sure that you meet all of the criteria for Waiver.

Source: ODJFS Masters Integrated Eligibility System.
4.20.14

Neighborhood Family Service Centers

- ▶ Services at all (7) seven Neighborhood Family Service Centers
- ▶ Job Education Training Center – OWF cash assistance
- ▶ Specialized Medicaid Benefits Center–Aged, Blind, Disabled Medicaid
- ▶ Drop–In child care center (Virgil E. Brown only)
- ▶ Ohio Means Jobs centers at Westshore and Southgate
- ▶ OCSS– Office of Child Support Services is on site at each NFSC to assist in establishing paternity, support and collection of orders. If you have questions regarding child support please contact the Child Support Call Center at 216-443-5100.
- ▶ Individuals may also access Healthy Start and child care assistance through a central hotline operated by Metro health Medical Center at 216-987-7346.
- ▶ Co-located services available including other county agencies and community based organizations

Application Process

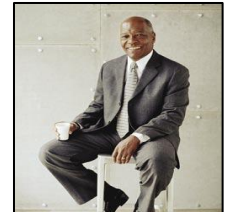
▶ Ways to apply

- ▶ Online Application (www.Benefits.Ohio.gov)



- ▶ Complete a paper application (JFS 7216 or JFS 7200)

- ▶ Mail the application
- ▶ Fax the application
- ▶ Drop off the application



▶ Date of application

- ▶ The date that the Agency receives the completed application

Neighborhood Family Service Center Case-Specific Concerns

- ▶ Caseworker
- ▶ Team Leader
- ▶ Team Coordinator
- ▶ Center Manager
- ▶ Customer Relations Specialist



Customer Relations Specialists

- ▶ Located in each NFSC
- ▶ Provide assistance to customers with case-specific concerns
- ▶ Provide information and referrals to community resources available to customers



****For direct follow up of online submitted applications and/or to submit hard copy applications go to any of are CJFS Neighborhood Family Service Center locations Information Lines listed below:**

- ▶ Benefit Center 1641 Payne Avenue (216) 987-7075
- ▶ Quincy Place 8111 Quincy Avenue (216) 391-5027
- ▶ Job Education Training Center 1641 Payne Avenue (216) 987-6782
- ▶ Old Brooklyn 4261 Fulton Parkway (216) 635-2918
- ▶ Southgate 5398 ½ Northfield Road (216) 518-4862
- ▶ Virgil Brown 1641 Payne Avenue (216) 987-6782
- ▶ Westshore 9830 Lorain Avenue (216) 939-2523
- ▶ Healthy Start /Child Care Hotline (216) 987-7346

Automated Information Line: 216-987-7000

CUSTOMER RELATIONS UNIT CONTACTS

SMB Center	(216) 987-8274
Quincy Place	(216) 391-4547
Old Brooklyn	(216) 635-2937
Southgate	(216) 518-4814
Virgil E. Brown	(216) 987-8274
Westshore	(216) 939-2482
Healthy Start	(216) 987-8659
Child care Programs	(216) 987-8659
Job Education Center	(216) 987-7294
Fairfax	(216) 391-4547

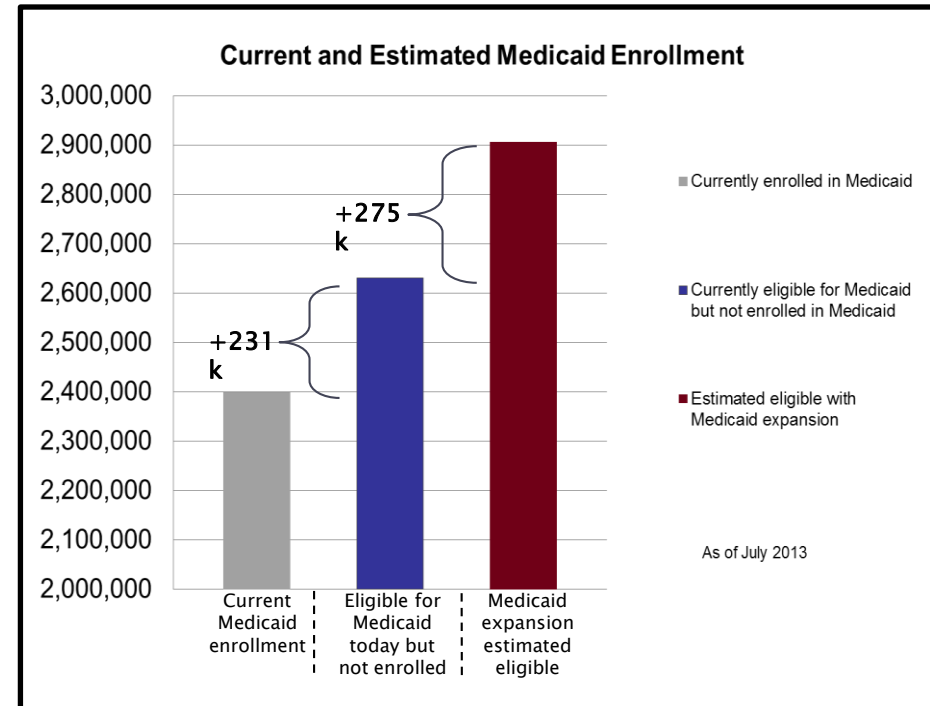
**Customer Relations Manager (216) 802-2817

How Medicaid is being Modernized in Ohio

How is Medicaid Eligibility Changing?

The Affordable Care Act (ACA) significantly changed state Medicaid program:

- Requires online, real-time, web-based application, verifications, and determinations
- Delinks Medicaid from other federal entitlement programs
- Changes : 'countable income', household composition, disregards
- Requires states to align systems and determinations with the new federal Health Insurance Marketplace
- Allows states to extend Medicaid coverage to additional adults

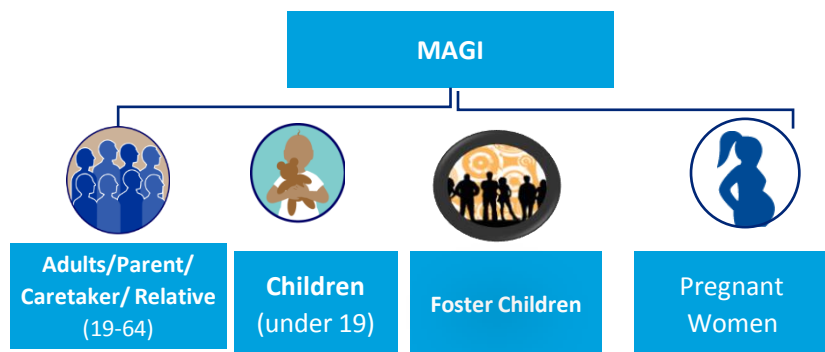


Mandated “go-live” dates:

- Process applications for health coverage began October 1, 2013
- Effective dates of coverage began January 1, 2014

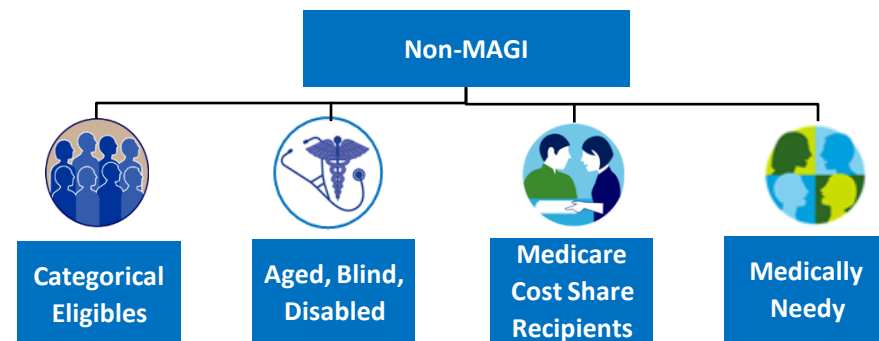
Affected Groups

We had more than 150 categories of potential eligibility for Medicaid, TODAY the two (2) main categories will be **Modified Adjusted Gross Income–MAGI** (think Covered families and children (CFC) with some exceptions) and Non MAGI (Aged, Blind, and Disabled (ABD) with some exceptions, or



MAGI budgeting applies to all cases deemed Covered Families and Children Medicaid

MAGI also applies to Ohio residents age 21–26 year of age who were in foster care in Ohio when they were 18



MAGI methodology does NOT apply to Aged, Blind and Disabled categories

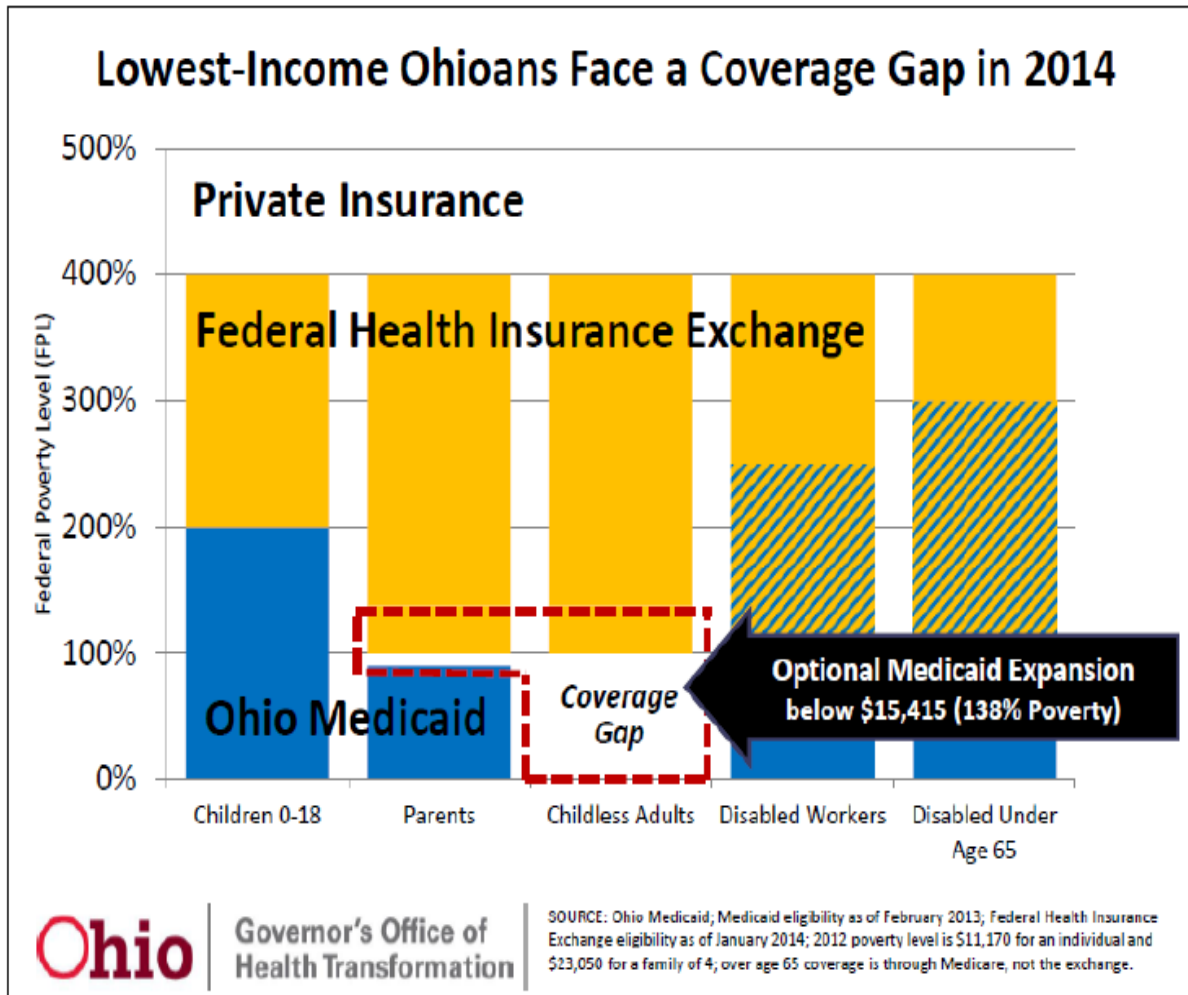
Health care coverage for residents who apply for Medicaid under the new MAGI rules have benefits starting no earlier than January 1, 2014. In January all MAGI applicants will apply through Ohio Benefits and be processed with the new Integrated Eligibility system.

MAGI Medicaid Extension

Newly Eligible:

- ▶ Income must be between 0 and 133% FPL after 5% MAGI disregard is applied
- ▶ Must be between the ages of 19 – 65
- ▶ Who has lived in the United States as a legal permanent resident for at least 5 years.
- ▶ Extension adults cannot be in receipt of Medicare
- ▶ Individual can be included if determined disabled by SSA but currently in 2-year waiting period for Medicare
- ▶ Parents residing with minor children cannot qualify for extension benefits **UNLESS** the child has creditable coverage (privately or through Medicaid)
- ▶ Individuals must not be eligible under any other **MAGI covered group**

Visual Medicaid Extension Population



- Gold: Marketplace Eligibility
- Blue: Current Ohio Medicaid Eligibility
- White: Coverage gap that will be covered by the extension of Medicaid

Diagonal lines: Eligible for Ohio Medicaid Spenddown

Source: ODJFS Masters Integrated Eligibility System
4.20.14

What income is counted for MAGI Medicaid?

- All taxable income is counted for MAGI Medicaid. If the income counts for Federal taxes, it counts for MAGI Medicaid
- All non-taxable income is exempt for MAGI Medicaid EXCEPT Social Security pension/disability
- Lump sums are only counted as income in the month received

Income NOT countable for MAGI Medicaid?

- If the income does **NOT** count for federal taxes, it probably does not count for Medicaid
- All income associated with student *loans* are considered exempt from the MAGI budget, including room and board, scholarships, awards, etc.
- American Indian/Alaska Native exceptions (distributions from corporation and Settlement Trusts, income from renting or leasing of reservation property for certain activities, etc.)
- Child Support payments
- Supplemental Security Income (SSI)

INCOME CHANGES AT A GLANCE

CFC Medicaid <i>then</i>	MAGI Medicaid <i>NOW</i>
Child lives with parent + stepparent. Stepparent's income did not count.	Child lives with parent + stepparent. Stepparent's income DOES count.
Mom's income is from her job + child support. Child support counts.	Mom's income is from her job + child support. Child support does NOT count.
Legal Permanent Residents (adults & children) are eligible if they have been in the US for 5 years PLUS have worked 40 quarters (or if children, their parents, have worked 40 work quarters).	Adults who are Legal Permanent Residents are eligible ONCE they have been in the US for 5 years. (the 40 quarter work requirement is gone)

Source: Helping Ohioans Enroll in Medicaid—Ohio Network for Health coverage and Enrollment (ONCE) Webinar—2/7/14





PRESUMPTIVE ELIGIBILITY

Groups Eligible for PE in 2014



Two New Groups

Ohio Administrative Code has expanded PE coverage to two new resident groups: Parents and Relative Caretakers and Extension Adults. However, some key differences exist:

	 Pregnant Women	 Children under 19	 Parents and Relative Caretakers	 Extension Adults
Federal Poverty Limit (FPL)	Under 200%	Under 200%	Under 90%	Under 138% for adults ages 19-64 and Parents 91-138%
Coverage Frequency	Once per pregnancy	Once per year	Once per year	Once per year
Coverage Details	Ambulatory prenatal care (doctor visits) covered, but not in-patient stays (hospitalization), labor & delivery		Immediate, time-limited, full access to Medicaid coverage	

12

Source: ODJFS–Presumptive Eligibility for State and County Workers –4/3/14

PE Effective March 31, 2014

- ▶ **Who determines PE?**
 - ▶ Qualified Entities
 - ▶ Eligibility Specialist
- ▶ **What is a qualified Entity?**
 - ▶ Qualified entities are health care providers
 - ▶ Ohio Department of Medicaid determines Qualified Entities
- ▶ An individual can have PE once in a 12 month period
- ▶ An individual with PE must still apply for full Medicaid benefits
- ▶ PE is effective from the date of approval to the end of the following month OR until the Medicaid application is processed, if one has been submitted

How to become a Qualified Entity?

Provider training is essential in determining eligibility for presumptively eligible individuals. Proper training will ensure the effective follow through of full Medicaid application processing and that all consumer information is successfully entered into the Medicaid Information Technology System (MITS) portal. Directions are provided below:

1. View the training presentation:
<http://ohiohospitals.org/presumptive-eligibility/>
2. Once you have viewed the training presentation, download the Acknowledgement Form found at the website above. Print, sign, and scan the document and email it back to pequestions@medicaid.ohio.gov.


Medicaid Spend Down

- Those who are aged, blind or have a disability, but who have income that exceeds the guidelines for eligibility may qualify for Medicaid after they have incurred or paid a specific amount of medical bills. This is called **Medicaid spend down**.
 - ▶ Spend down allows individuals to deduct medical expenses from their income so that income will fall within Medicaid income guidelines.
 - ▶ If eligible for spend down, the consumer is required to submit proof of medical expenses that meet or exceed the spend down amount, or the consumer can pay the spend down amount to the Cuyahoga Job and Family Services (CJFS.)
 - ▶ Once the spend down has been met, the consumer is eligible for Medicaid. Spend down eligibility is a monthly process. The date of Medicaid eligibility depends on the date the consumer reaches his or her spend down.

Attention All Medicaid Spend down Recipients!

Are you on Medicaid spend down?

Residents who are currently on Medicaid spend down, are under 65 years of age, and do not have Medicare coverage may be potentially eligible for **full Medicaid coverage** if your gross income is below 138% Federal Poverty Level (FPL).



FPL Above 138%?

- As a spend down recipient you may also visit the federal Health Insurance Marketplace to apply to receive a federal tax subsidy to help pay for private health insurance: <https://www.healthcare.gov/>.

What do I do next?

Medicaid spend down recipients are encouraged to re-apply for Medicaid benefits at: Benefits.Ohio.Gov.

If your yearly income is below the amount listed for your household size you are most likely eligible for Medicaid.

Household Size	Annual Household Income at 138% FPL
1	\$0 - 15,856
2	\$0 - 21,404
3	\$0 - 26,951
4	\$0 - 32,499
5	\$0 - 38,047
6	\$0 - 43,594
7	\$0 - 49,142
8	\$0 - 54,689

Long Term Care Options and MAGI Medicaid

- ▶ **Aged, Blind, and Disabled (ABD)**–ABD Medicaid provides long-term care services in nursing and intermediate care facilities. Home and community-based services waivers provide home health care to individuals who wish to stay in their home but otherwise need institutional care. The number of consumers that can be enrolled in a waiver program at any one time is limited.

- ▶ There are several types of waivers including but not limited to:
 - **Ohio Home Care Waivers:** Meet the home care needs of individuals, up to age 60, who's medical condition would otherwise require them to live in a nursing home or other institution
 - **PASSPORT:** Provides in-home services to individuals age 60 and older
 - **Assisted Living Waiver :**Offers more supervision and services than what may be available in a traditional home setting and allows consumers to have more independence and fewer restrictions than a nursing facility
 - **Medicaid Expansion Nursing Homes:** if you are eligible for expansion Medicaid, your healthcare will cover your nursing home stay.
 - **Medicaid Expansion Waiver:** You can receive expansion Medicaid, if eligible while you are waiting for your waiver Medicaid to be approved. Once you are approved for the waiver slot then you will have to verify our resources to make sure that you met all of the criteria for Waiver.

Attention Residents with a pending DDA Status!

Are you still waiting on your disability determination from the Social Security Administration?

Residents who are currently pending DDA approval may be potentially eligible for Medicaid coverage if your gross income is below 138% Federal Poverty Level (FPL).

Specifics:

- Adults between the ages of 19 to 64, who are between 0 – 138% FPL and are not eligible under another category of Medicaid.

What do I do next?

- While waiting for your SSA determination you may qualify for Medicaid coverage as a single adult.
- You are encouraged to apply for Medicaid benefits at: [Benefits.Ohio.Gov](https://www.benefits.ohio.gov).

If your yearly income is below the amount listed for your household size you are most likely eligible for Medicaid.

Household Size	Annual Household Income at 138% FPL
1	\$0 - 15,856
2	\$0 - 21,404
3	\$0 - 26,951
4	\$0 - 32,499
5	\$0 - 38,047
6	\$0 - 43,594
7	\$0 - 49,142
8	\$0 - 54,689

Source: ODJFS Masters Integrated Eligibility System
4.20.14

MyCareOhio

Connecting Medicare + Medicaid

- ▶ Ohio's Integrated Care Delivery System is a system of managed care plans selected to coordinate physical, behavioral and long-term care services for individuals over the age of 18 who are eligible for both Medicaid and Medicare. This includes people with disability, older adults, and individuals who receive behavioral health services.
- ▶ Individuals who receive Medicare Parts A,B & D and full Medicaid benefits who live within the seven county demonstration regions.
- ▶ The MyCare Ohio managed care plans will be a single point of contact for all individuals enrolled in both Medicare and Medicaid. This will help individuals to better understand their health care needs and to more easily navigate various services and health care settings.
- ▶ Individuals do have the option to have the managed care plan provide their Medicare benefits or to opt out of the Medicare portion of the program and stay with their current Medicare Advantage plan or traditional Medicare. However, the individuals selected MyCare Ohio managed care plan will provide and pay for all their Medicaid services.

Thank You for Attending this Presentation!

The Office of Community Engagement can be contacted at:

(216) 987-7010

or email questions to

community_outreach@jfs.ohio.gov

Aída C. Idiáquez, Manager

Crystal L. Bryant, Program Officer III

Cuyahoga Job and Family Services

Main Information Line: (216) 987-7000

Or visit our website at:

www.cjfs.cuyahogacounty.us