

Health Care Reform in New York in 2014

Mark Hannay, Director
Metro New York Health Care for All Campaign
212-925-1829; metrohealth@igc.org
www.metrohealthcare.org

New York's new health benefits exchange: "New York State of Health" = organized public marketplace to obtain insurance coverage

- **CALL CENTER: 855-355-5777** (toll-free)
- **WEBSITE: www.nystateofhealth.ny.gov** (includes live chat assistance)
- Operated via the State Dept. of Health, with joint oversight by Dept. of Financial Services
- Who can use:
 - Uninsured individuals and families who don't have access to employer coverage
 - Workers whose employer-based coverage is "unaffordable" (premium share > 9.5% of income) or if employer coverage does not meet ACA benefit standards
 - Small employers (less than 50 employees) – use "SHOP" program
- Who can't use:
 - Workers whose employers offer coverage that meets ACA benefit standards and does not require > 9.5% income for premium share
 - People on Medicare
- Enrollment in standardized health plans via website (with live chat function), telephone call center, mail, and In-Person Assisters
- In-person assistance:
 - "Navigators" at community-based organizations
 - "Certified Application Counselors" at hospitals, community health centers
 - Traditional agents and brokers
- "Open Enrollment" (for 2014) ended March 31, 2014; next OE period (for 2015) is Nov. 15- Feb. 15
- 60-day "Special Enrollments Periods" anytime for "significant life events" (marriage/divorce, births of a child, loss of employer coverage, etc.)
- Can enroll in Medicaid and Child Health Plus anytime
- Small employers and their new employees can enroll at anytime

Coverage Offered:

- Coverage begins on 1st of following month, provided application is completed by 15th of current month; otherwise, wait until 1st of the next following month
- Medicaid for all individuals and families whose annual income is less than 138% Federal Poverty level (FPL): ~\$15,800 (individual), \$32,500 (family of 4)
- Child Health Plus for uninsured children – sliding-scale premiums (\$9-16/mo.) for families up to 400% FPL (\$94,200 for a family of 4)
- Qualified Health Plans (QHPs) – private non-profit or commercial plans
- Essential Benefits Package, per ACA statute
 - Ambulatory services
 - Hospitalization
 - Emergency care
 - Maternity and newborn care
 - Prescription drugs
 - Rehabilitative and habilitative services
 - Laboratory and diagnostic services
 - Pediatric services, including dental and vision care
 - Preventive services, including chronic disease management -- free at point of service
 - Mental health and substance use treatment – at full parity with other benefits

- Additional New York benefits required – per state’s chosen “benchmark plan”
 - Hospice
 - Home health
 - Chiropractic
 - Oral surgery
 - Durable medical equipment
 - Hearing aids
 - Prosthetic devices
 - Family planning, including contraception, infertility treatment (between ages 21-44), elective pregnancy termination, sterilization
 - Diabetic equipment and supplies
 - Gym memberships (up to a limited dollar amount)
- Some flexibility for plans re: “amount, duration, and scope” of services provided
- “Out-of-network” coverage option is no longer required, but up to discretion of plans whether to offer it – none currently do in individual market (except for western NY); some small group plans
- 4 “metal tiers” of plans offered (bronze, silver, gold, platinum):
 - vary by “actuarial value” (60%, 70%, 80%, 90% respectively) – how much “average” financial risk policyholder carries vs. the insurance company
 - in reality, differing “benefit structures” (premiums vs. deductibles vs. co-pays vs. co-insurance)
- Financial assistance:
 - Individuals and families with annual incomes under 400% federal poverty level (FPL) (~\$45K individuals; \$96K family of 4):
 - Sliding-scale subsidies for premiums (based on % of income: 2%-9.5%) – pegged to silver plan amount
 - Sliding-scale cap on annual out-of-pocket costs (deductibles, co-pays, co-insurance)
 - “Cost-sharing Reductions” – available up to 250% FPL for silver plan
- Small employers:
 - Can offer 1 or more QHPs, and make only one central payment for all choices
 - Can offer a given percentage of premium contribution or a set amount thereof
 - Tax credits up to 50% for groups up to 25 employees, must cover 50%+ of premium

Immigrants:

- Lawfully-present immigrants: can access Medicaid (right away in NY) and QHPs
- Undocumented immigrants:
 - Can enroll in Emergency Medicaid (for medical emergencies only) in advance
 - Other options include private insurance plans sold outside of the Exchange, and safety net providers (public hospitals, community health centers)

Results:

- NYers enrolled in coverage: 960,792; 70% previously uninsured; 53% Medicaid/CHP, 47% QHPs
- QHP premiums dropped 53% on average (vs. 2013 rates) – individual plans & tiers may vary

Next steps:

- Find and get the uninsured enrolled – focus on low-income, minority, and hard-to-reach
- Educate the public – clear up confusion, misinformation, and outright lies about new options
- Stress availability of financial assistance or no cost for those of low-moderate income
- Challenges to fix: narrow provider networks; improved affordability for modest-income

Web resources:

- Nationally: www.healthcare.gov; www.enrollamerica.org
- NY Health Benefits Exchange: www.nystateofhealth.ny.gov
- Community Health Advocates: www.communityhealthadvocates.org
- Health Care for All New York: www.hcfany.org