Coverage to Care through the Health Insurance Marketplace



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HEALTH CENTERS IN THE DAKOTAS







10 HEALTH CENTERS

OVER 60 DELIVERY SITES

OVER 50 COMMUNITIES

















HEALTH CENTERS PROVIDE INTEGRATED CARE

Caring for the whole person (enabling services, dental, vision, and behavioral health integration)





















- Serve nearly 15,000 patients generating more than 52,000 visits annually
- Primary Medical Coverage of patients (approximate):
 - 25% Uninsured / 53% Medicaid / 6% Medicare / 16% Private Insurance
- Access Plan Allows access to affordable services through a sliding fee scale program in which patients pay for office visits and most services based upon their income level and family size

ND Navigator Program:

- Minot State University holds the Navigator grant
- Family HealthCare has contracted with Minot State University to provide additional Navigator services in the Cass County area of North Dakota

Certified Application Counselors & MNsure Navigators

- Unique blend of in-person assisters at Family HealthCare
- All can assist anyone with health insurance options

GET COVERED SD COLLABORATIVE











FUNDING ACKNOWLEDGEMENT

This webinar is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,100,000 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S Government.

OBJECTIVES

- Provide an overview of the Health Insurance Marketplace in ND/SD
- Define who might be eligible for Marketplace coverage and how consumers can apply
- Describe the enrollment process
- Health coverage options for consumers with HIV/AIDS
- Locate resources and assistance

THE AFFORDABLE CARE ACT



Affordable

• Make affordable health insurance available to more people.



Expandable

• Expand Medicaid program to cover all adults with income below 138% of the FPL.



Supportive

 Support innovative medical care delivery methods designed to lower the costs of health care generally.

2023 OPEN ENROLLMENT

- HealthCare.gov's open enrollment period: November 1, 2022 through January 15, 2023
- Enrollment between November 1 and December 15 has coverage effective January 1
- Automatic re-enrollment occurs December 16 for coverage effective January 1
- Enrollment after December 15 has coverage effective February 1

1	NOVEMBER 2022						
S	М	Т	W	Т	F	S	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				

DECEMBER 2022						
S	М	Т	W	Т	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

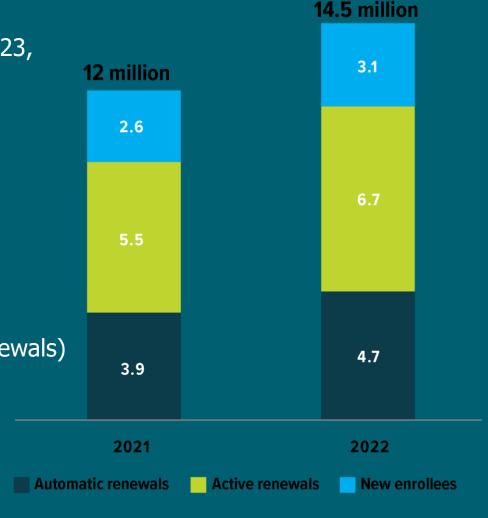
JANUARY 2023						
					F	
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					13	
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- Coverage effective date = January 1, 2023
- Coverage effective date = February 1, 2023

WHERE DID ENROLLEES LAND IN 2022

• The American Rescue Plan created big opportunities for higher APTC/lower premiums in 2021 and 2022 that will continue in 2023, with the enactment of the Inflation Reduction Act.

- Nationwide, **14.5 million** people enrolled in marketplace coverage for 2022
 - 3.1 million new enrollees (20% more than in 2021)
 - 11.4 million returning enrollees
 - 6.7 million enrollees actively renewed (59% of renewals)
 - 4.7 million enrollees automatically redetermined



CONSUMERS WITH MARKETPLACE PLAN: 29,873 ND | 41,339 SD

• NEW consumers: 22% (ND) | 23% (SD)

• Consumers AUTO enrolled: 23% (ND) | 19% (SD)

• RURAL: 62% (ND) | 65% (SD)

Enrollment by AGE

State Name	State Abbr.	Platform	Number of Consumers with a Marketplace Plan Selection	Age < 18	Age 18-25	Age 26-34	Age 35-44	Age 45-54	Age 55-64
North Dakota	ND	HC.gov	29,873	7,063	2,489	4,584	4,450	3,716	7,417
South Dakota	SD	HC.gov	41,339	6,554	3,591	6,973	6,933	5,879	11,247

THE BEST ADVICE: RETURN TO THE MARKETPLACE

Why Update

Get the most accurate eligibility determination for:

- Medicaid/CHIP
- Advance premium tax credit (APTC)
 - Higher APTCs continue through 2025
- Cost-sharing reductions (CSR)
 - Get the highest up-front financial assistance possible
- New insurance plans or companies
- Policy changes (family glitch)

What to Update

- Income
 - 2023 income projections might be significantly different than the 2021 tax return income in the data hub or your 2022 income projection
- Household size
- Offers of employer-sponsored coverage or changes to policy

Health Plans in 2023

North Dakota







South Dakota







* West River only

MARKETPLACE PLAN REQUIREMENT

Marketplace plans must:

- Provide qualifying health coverage, including a minimum set of comprehensive benefits called "Essential Health Benefits" (EHBs);
- Follow established limits on cost sharing, such as deductibles, copayments, and out-of-pocket maximum amounts; and
- Meet nondiscrimination requirements, network adequacy requirements, and applicable state-specific requirements.



ESSENTIAL HEALTH BENEFITS



Ambulatory Patient Services



Prescription Services



Emergency Services



Rehabilitation & Habilitative Services & Devices



Hospitalization



Laboratory Services



Maternity & Newborn Care



Preventive & Wellness Services & Chronic Disease Management



Mental Health &
Substance Use Disorder
Order Services



ACA EXPANDS HEALTH COVERAGE OPTIONS

- Ensuring coverage for pre-existing conditions
- Expanding Medicaid coverage
- Providing more affordable private health coverage
- Lowering prescription drug costs for Medicare recipients
- Ensuring coverage of preventive services
- Increasing coordinated care for people with chronic health conditions
- Future health care needs

PEOPLE WITH HIV/AIDS

Assisters can help by:

- Listening to consumers' needs and concerns;
- Encouraging continuity of care;
- Providing guidance on how insurance plans may support continuous medication coverage;
- Showing compassion and sensitivity
- Explaining insurance terms and benefits; and
- Providing guidance on their state's RWHAP or AIDS Drug Assistance Program

PLAN SELECTION CONSIDERATIONS

- Prescription drug coverage
- Provider network
- Future health care needs

COVERAGE AND PREVENTIVE CARE

- HIV screening for everyone ages 15 to 65 and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIVnegative adults at high risk for getting HIV through sex or injection drug use

Pay first monthly MEDICAID AND THE MARKETPLACE premium Premium tax credit Enroll in Cost sharing Marketplace Submit streamlined Verify and determine qualified health application to eligibility plan Marketplace YES For Medicaid/CHIP – Eligible for assess eligibility only qualified health plan Determined not eligible by SD DSS/ ND DHS. Consumer may return to Online at Marketplace to enroll in Healthcare.gov qualified health plan. Phone Assessed as Mail Supported by eligible for In person Medicaid/CHIP **Data Services** Send to Hub SD DSS/ND DHS Determined eligible for Enrolled in determination Medicaid/CHIP

OPEN ENROLLMENT MARKETING

GET COVERED WEBSITE

Get Coverage Your Plan Apply & Enroll

Home Health Care Basics Find Local Help Resources Partners FAQs



OE 10 Toolkit for Partners

- Social Media/Ads
- Flyer
- Testimonial Videos
- Q&A Videos
- General Awareness Videos

CHAD MARKETING FOR OPEN ENROLLMENT

- Social Media
- Flyer
- Testimonial Videos
- Q&A Videos
- General Awareness Videos
- Billboards
- Feather (digital ads)
- Bus Wraps
- SD Public Broadcasting Commercial/printed ad/digital ads on their website

SOCIAL MEDIA



Enroll in a health insurance plan from November 1 – January 15 to protect you from high, unexpected medical costs. Take the first step towards coverage you can count on, and make an appointment with a navigator today!

https://communityhealthcare.net/get-covered-sd/ #GetCoveredSD



Knowing which health insurance plan is right for you can be hard. Work with a navigator dedicated to finding you coverage you can count on! Take the first step and schedule an appointment today, so you're ready to enroll in November!

https://communityhealthcare.net/get-covered-sd/ #GetCoveredSD

TESTIMONIALS & VIDEOS



MEET YOUR NAVIGATOR



A navigator CAN HELP!





BILLBOARDS



BILLBOARDS



FIND LOCAL HELP

□ COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS

- Pierre
- Sioux Falls

COMMUNITY HEALTH CENTER OF THE BLACK HILLS

- □HELPLINE CENTER
- □HORIZON HEALTH CARE, INC.
 - Aberdeen
 - Lake Preston
 - Yankton

□SOUTH DAKOTA URBAN INDIAN HEALTH

- Pierre
- Sioux Falls

□WESTERN SOUTH DAKOTA **COMMUNITY ACTION**





CHAD COMMUNITY HEALTH CENTER LOCATIONS



OPEN ENROLLMENT

PREVIEW PLANS AND PRICES

https://www.healthcare.gov/see-plans/#/

Answer a few questions to see plans and prices available in your area. Or, skip the questions and see full priced plans.

1 Enter your ZIP code

✓ Completed Restart

You'll see plans available in the ZIP code you enter. If you change the ZIP code you'll restart your search.

2 Tell us about you & your household

Start

Answer questions about your current plan, household, and income to see more accurate prices and estimated savings.

- Your current plan
- · Your household
- Your household income
- · View estimated savings

% of Federal Poverty Level	People in Household	1	2	3	4	5	6
Under 138%	Medicaid & Medicaid Expansion	\$18,754	\$25,268	\$31,781	\$38,295	\$44,809	\$51,322
138%-250%	You qualify for <u>lower premiums</u> <i>AND</i> <u>lower out-of-pocket costs</u> on some Marketplace health insurance plans if your yearly income is between	\$18,754 to \$33,975	\$25,268 to \$45,775	\$31,781 to \$57,575	\$38,295 to \$69,375	\$44,809 to \$81,175	\$51,322 to \$92,975
138%-300%	If you are an enrolled member of a federally recognized Indian Tribe, you qualify for <u>ZERO out-of-pocket costs</u> on Marketplace health insurance plans if your household income is between	\$18,754 to \$40,770	\$25,268 to \$54,930	\$31,781 to \$69,090	\$38,295 to \$83,250	\$44,809 to \$97,410	\$51,332 to \$111,570
138%-400%	You may qualify for <u>lower premiums</u> on Marketplace health insurance plans if your yearly income is between	\$18,754 to \$54,360	\$25,268 to \$73,240	\$31,781 to \$92,120	\$38,295 to \$111,000	\$44,809 to \$129,880	\$51,322 to \$148,760

ND: CASE SCENARIO

Non-Tribal Member: Male, Age 25, non-smoker, \$18,800 annual income.

Sanford TRUE \$3,500 Silver \$337 Tax credit	Medica Individual Choice Silver Copay \$337 Tax credit
\$0 Premium before tax credit \$336.32	\$66.91 Premium before tax credit \$403.91
Deductible \$200	Deductible \$0
Out of Pocket Maximum \$1,250	Out of Pocket Maximum \$1,500
Primary care doctor visit \$5 Specialist \$20 Generic Drugs \$3	Primary care doctor visit \$0 Specialist \$30 Generic Drugs \$5

CASE SCENARIO

Tribal Member: Male, Age 25, non-smoker, \$18,800 annual income.

Sanford True \$3,500 Silver \$337 Tax credit	Medica Individual Choice Silver Copay \$337 Tax credit
\$0 Premium before tax credit \$336.32	\$66.91 Premium before tax credit \$403.91
Deductible \$0	Deductible \$0
Out of Pocket Maximum \$0	Out of Pocket Maximum \$0
Primary care doctor visit \$0 Specialist \$0 Generic Drugs \$0	Primary care doctor visit \$0 Specialist \$0 Generic Drugs \$0

% of Federal Poverty Level	People in Household	1	2	3	4	5	6
Under 100%	You do not qualify for lower costs if your annual income is below SD has not expanded Medicaid, resulting in a "coverage gap" for some consumers.	\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190
100%-250%	You qualify for <u>lower premiums</u> AND <u>lower</u> <u>out-of-pocket costs</u> on some Marketplace health insurance plans if your yearly income is between	\$13,590 to \$33,975	\$18,310 to \$45,775	\$23,030 to \$57,575	\$27,750 to \$69,375	\$32,470 to \$81,175	\$37,190 to \$92,975
100%-300%	If you are an enrolled member of a federally recognized Indian Tribe, you qualify for <u>ZERO</u> <u>out-of- pocket costs</u> on Marketplace health insurance plans if your household income is between	\$13,590 to \$40,770	\$18,310 to \$54,930	\$23,030 to \$69,090	\$27,750 to \$83,250	\$32,470 to \$97,410	\$37,190 to \$111,570
100% - 400%	You may qualify for <u>lower premiums</u> on Marketplace health insurance plans if your yearly income is between	\$13,590 to \$54,360	\$18,310 to \$73,240	\$23,030 to \$92,120	\$27,750 to \$111,000	\$32,470 to \$129,880	\$37,190 to \$148,760

SD: CASE SCENARIO

Non-Tribal Member: Male, Age 25, non-smoker, \$16,000 annual income.

Avera 300 Silver \$462 Tax credit	Sanford Simplicity \$462 Tax credit
\$0 Premium before tax credit \$461.43	\$0 Premium before tax credit \$454.59
Deductible \$300	Deductible \$250
Out of Pocket Maximum \$600	Out of Pocket Maximum \$1500
Primary care doctor visit \$5 Specialist \$10 Generic Drugs 30% coinsurance after deductible	Primary care doctor visit \$5 Specialist \$20 Generic Drugs \$3

SD: CASE SCENARIO

Tribal Member: Male, Age 25, non-smoker, \$16,000 annual income.

Avera 300 Silver	Sanford Simplicity
\$462 Tax credit	\$462 Tax credit
\$0	\$0
Premium before tax credit	Premium before tax credit
\$461.43	\$483.19
Deductible	Deductible
\$0	\$0
Out of Pocket Maximum \$0	Out of Pocket Maximum \$0
Primary care doctor visit \$0 Specialist \$0 Generic Drugs \$0	Primary care doctor visit \$0 Specialist \$0 Generic Drugs \$0

RESOURCES

HEALTH CARE BASICS



1. PUT YOUR HEALTH FIRST

- Staying healthy is important for you and your family.
- Maintain a healthy lifestyle at home, at work, and in the community.
- Get your recommended health screenings and manage chronic conditions.
- Keep all of your health information in one place.



2. UNDERSTANDING YOUR HEALTH COVERAGE

- Check with your insurance plan or state Medicaid or CHIP program to see what services are covered.
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- Know the difference between in-network and out-of-network.



3. KNOW WHERE TO GO FOR CARE

- Use the emergency department for a life threatening situation.
- Primary care is preferred when it's not an emergency.
- Know the difference between primary care and emergency care.



4. FIND A PROVIDER

- Ask people you trust and/or do research on the internet.
- · Check your plan's list of providers.
- If you're assigned a provider, contact your plan if you want to change.
- If you're enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP program for help.



5. MAKE AN APPOINTMENT

- Mention if you're a new patient or have been there before.
- Give the name of your insurance plan and ask if they take your insurance.
- Tell them the name of the provider you want to see and why
 you want an appointment.
- · Ask for days or times that work for you.



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6. BE PREPARED FOR YOUR VISIT

- · Have your insurance card with you.
- Know your family health history and make a list of any medicines you take.
- Bring a list of questions and things to discuss, and take notes during your visit.
- · Bring someone with you to help if you need it.



7. DECIDE IF THE PROVIDER IS RIGHT FOR YOU

- Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- Remember: it is okay to change to a different provider!



If you want to change your provider, return to Step 4. Otherwise, continue to Step 8.



8. NEXT STEPS AFTER YOUR APPOINTMENT

- Follow your provider's instructions.
- Fill any prescriptions you were given, and take them as directed.
- Schedule a follow-up visit if you need one.
- Review your explanation of benefits and pay your medical bills.
- Contact your provider, health plan, or the state Medicaid or CHIP agency with any questions.

QUESTIONS



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