Supporting Assisters in Uncertain Times

April 4, 2017
I. Introduction
Progress, by any measure
And yet, uncertainty ahead

What’s next with efforts to repeal and replace?

What will federal Navigator allotments look like for next year?

What will happen with CHIP?

Will my state expand Medicaid (if it hasn’t already) or attempt to make changes to its current program?

How can I/my assister team reassure consumers, when I don’t know what’s next, either?

What changes are coming to the marketplace for next year? Will issuers participate in my area, and will premiums be affordable?
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<th>Jenny Sullivan, Enroll America</th>
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<td>Mara Youdelman, National Health Law Program</td>
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<td>Rachelle Brill, Community Catalyst</td>
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II. What Might Happen
(What’s next after the AHCA)

Mara Youdelman, Managing Attorney (DC Office)
National Health Law Program
Laws are like sausages, it is better not to see them being made.

Otto von Bismarck
American Health Care Act (AHCA)

- Congress was using FY2017 Budget Reconciliation process
- 3/6 – AHCA introduced in the House
- 3/20 – Budget Committee reported out the bill
- 3/23 – Rules Committee reported out the bill
- 3/24 – House leadership & POTUS pulled the bill before a vote
AHCA’s Impact on Marketplace Enrollees

• Less $ for tax credits – max of $4,000
• Tax credits based on age rather than income
• No geographic variations for tax credits
• Allows age rating of at least 5:1 rather than 3:1 (and lets states determine), significantly increasing costs for older individuals
• Can use tax credits for non-marketplace plans
• Repeals CSR in 2020
• **NO** changes to assister programs
AHCA’s Impact on Marketplace Enrollees (contd.)

- 30% penalty (for 1 year) if individual enrolls with > 63 day coverage gap
- Removes AV requirements so most plans could impose greater cost-sharing and deductibles (tho OOP and EHB remain)
- Repeals virtually all taxes that funded ACA
- Repeals individual (and employer) mandates
- Repeals EHBs
AHCA’s Potential Impact on Medicaid Enrollees

- Imposes draconian funding cuts on all of Medicaid via per capita cap or block grant
- States will likely cease Medicaid Expansion because they will have to pay more of the costs (43% average instead of 10%)
- States may cut optional Medicaid services to meet the caps
- States may cut provider rates, making it harder to find a participating provider
## Current Medicaid financing v. block grants & per capita caps (in theory) *

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<th>If a state wants to...</th>
<th>Does it get more federal $?</th>
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<td>Current Structure</td>
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<tr>
<td>add more enrollees</td>
<td>✓</td>
</tr>
<tr>
<td>add more services</td>
<td>✓</td>
</tr>
<tr>
<td>cover new Rx</td>
<td>✓</td>
</tr>
<tr>
<td>increase provider reimbursement</td>
<td>✓</td>
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*This is theoretical since any proposal can alter a state’s ability to add more enrollees or other features of the Medicaid program.
CBO/JCT “Score”

• Estimate on AHCA released 3/13/17 (updated 3/23)
  • 24 million would lose coverage overall
  • Cuts $880 billion from Medicaid over 10 years
  • In 2018 & 2019, average premiums in individual market would increase 15-20% because w/out individual mandate, healthy wouldn’t sign up

What’s Next?
What Can Happen Legislatively?

• House could
  • bring the same bill back – unlikely
  • make changes to the bill – seems more likely but unclear on timing
  • “Discharge” petition to force a vote on AHCA – needs 216 supporters

• House could let Senate start the process by sending over a “shell” bill – but Senate is more moderate than House

• House could restart process with FY 2018 reconciliation process or move a new bill through “regular” legislative order (not the budget process)

• Bills don’t die until the end of Congress’ 2 year term
What’s Next re: ACA administratively?

• Cost-sharing reductions – lawsuit by House Republicans challenging CSRs
  • Will current Administration defend lawsuit?
  • Will Congress fund CSRs?
  • If no CSRs, how quickly will QHPs leave marketplaces?

• Administrative activities could undermine ACA
  • Will Administration take steps to stabilize marketplaces?
  • Will Administration change regulations or policies?

• QHP Accreditation – submissions due in early June
  • Will QHPs participate if law/funding in flux?
What’s Next re: Assister Funding?

- **NO** information on any potential changes disclosed yet
- Until we hear otherwise, we have to operate assuming the status quo and assume the same processes for continuation of funding as last year
- Marketplace stabilization proposed regulation would shorten open enrollment
  - Would this lead to less funding because shorter OE?
  - Would this lead to more funding because more intensive OE?
  - Would funding stay the same because enrollment is still a year-round activity?
Educate, Educate, Educate!

- Attacks on ACA & Medicaid will continue
- Goal is to repeal all of the ACA tax cuts, cut federal spending, and not to improve the ACA
- Congress may try bring back a new ACA repeal bill
- Administration can also significantly change the course of ACA implementation through changing regulations, policy & funding
- Need to monitor, be vigilant, & keep up-to-speed on changing developments
III. What Is Very Likely to Happen (Changes to federal regulations)

Rachelle Brill, Senior Policy Analyst
Community Catalyst
HHS Proposed Market Stabilization Rule

- Announced on February 15th, 2017
  - Comments due March 7th, 2017

- Intended to “provide more flexibility to states and insurers, and give patients access to more coverage options.”

- Final regulations due soon
Proposed Changes to Open Enrollment Period

2018 Open enrollment period

• November 1-December 15\(^{th}\), 2017

• **Benefits**
  • All enrollees will have full-year coverage
  • Aligns with employer-sponsored and Medicare open enrollment periods

• **Concerns**
  • Shorter time frame
  • Need for messaging/outreach
Proposed Changes to Guaranteed Availability

ACA rule: Insurers required to offer coverage to any eligible individual

- Interpretation: Insurers cannot deny coverage for failure to pay

Proposed rule: Insurers could attribute premium payments for new enrollment to outstanding debts, and can refuse to effectuate coverage until past premium amounts are paid.
The Role of Assisters

• Continue to educate consumers on the current law and processes

• Communicate changes effectively when implemented

• Come to us with any questions!
IV. What You Can Do About It

A. Helping Consumers Enroll and Stay Enrolled
B. Engaging to Support Consumers and Assister Programs
A. Helping Consumers Enroll and Stay Enrolled

Halley Cloud, Health Outreach Manager
Shelby Gonzales, Senior Policy Analyst
Center on Budget and Policy Priorities
Stay Enrolled in Marketplace Coverage

• Pay premiums!

As needed:

• Submit proof of citizenship or immigration status

• Submit proof of projected annual income
  → Documents must prove income as projected in the application
  → If income projection has changed, update application
A Climate of Fear for Immigrant Families

Questions or to share stories, contact:

→ publiccharge@nilc.org
→ gonzales@cbpp.org
→ youdelman@healthlaw.org

Resources (National Immigration Law Center):

• Things to Keep in Mind When Talking to Immigrants
• Unpacking the References to Public Benefits in Executive Order
Special Enrollment Periods

6 general categories of events that trigger an SEP

1. Loss of other qualifying coverage
2. Changes in household size
3. Permanent move
4. Changes in eligibility for financial help
5. Enrollment or plan error
6. Other less common circumstances

Currently:

• Healthcare.gov asks for documentation of certain SEP qualifying events through an “SEP confirmation process”
  → Everyone experiencing certain SEPs are asked to submit documents, but they can still enroll in coverage
  → SEP confirmation process is distinct from documentation required to verify eligibility for coverage or subsidies through the data-matching process

For more info on current SEP rules, see CBPP’s Beyond the Basics: [www.healthreformbeyondthebasics.org/cbpp-oe4-webinar-special-enrollment-periods](http://www.healthreformbeyondthebasics.org/cbpp-oe4-webinar-special-enrollment-periods)
Open and Special Enrollment Periods

Expected changes are coming:

• Possible shorter open enrollment: **November 1 – December 15, 2017**

• Eligibility for and use of SEPs will be tightened
  → Requirement of prior coverage added for most SEPs
  → Restriction of SEPs based on exceptional circumstances
  → Limits on ability to change plans if already enrolled in Marketplace coverage

• Pre-enrollment SEP verification will begin in June
  → Will require documentation of SEP qualifying event *before* enrollment in a plan begins
  → *Very short window:* Will only have 30 days to provide documents
  → Will eventually apply to all applicants newly enrolling in Marketplace coverage
  → As of now, limited to states using Healthcare.gov

Check [healthreformbeyondthebasics.org](http://healthreformbeyondthebasics.org) for updated resources on the changes to SEPs once rule is finalized
Medicaid and CHIP Enrollment

• People can enroll in Medicaid or CHIP throughout the year!

• Even if you think a family may not be eligible for financial help or won’t be able to access an SEP, they should still apply
  → Members of the family could be eligible for Medicaid or CHIP
B. Engaging to Support Consumers and Assister Programs

Liz Hagan, Associate Director of Coverage Initiatives
Families USA
Your Unique Perspective

- Public Officials
- Assisters
- Consumers

Direct Service

Policy Advocacy
Can Assisters Advocate?
A Few Considerations

- Funding
- Other Organizational Considerations
- Comfort Level
### What is Permitted?

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<th>Nonprofits</th>
<th>Grant Rules</th>
<th>State Rules</th>
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<tr>
<td>• Cannot endorse a specific candidate</td>
<td>• Federal or grant restrictions</td>
<td>• Some states have restrictions on activities</td>
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<tr>
<td>• Limited in ability to promote specific legislation</td>
<td>• Some public education may fall within scope of grant duties</td>
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<tr>
<td>• Focus on the issue</td>
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What Balance Makes Sense for You?

Public Education

Direct Assistance
How Can You Engage?

- Federal
- State
- Local
What Can You Do?

- Storybanking
- Working with the Media
- Working with Advocacy Partners
- Meeting with Elected Officials
- Tracking Consumer Experiences
- Social Media
- Writing Comments
- Working with State Agencies
- Voter Registration
everyone has a STORY
In Major Defeat for Trump, Push to Repeal Health Law Fails

By ROBERT PEAR, THOMAS KAPLAN and MAGGIE HABERMAN  MARCH 24, 2017

House Republicans pull health care bill

By Stephen Collinson, Dana Bash, Phil Mattingly, Deirdre Walsh, Lauren Fox and MJ Lee, CNN

Updated 6:08 PM ET, Sat March 25, 2017
V. Resources from National Groups
Closing this year. Policy support phasing out in April. State programs on own timelines, all wrapping by August.

Get Covered Connector
Continuing under leadership of Young Invincibles

Get Covered Calculator
Discontinued; try Kaiser Family Foundation’s tool, http://kff.org/interactive/subsidy-calculator/

Get Covered Plan Explorer
Discontinued; try Clear Health Analytics’ tool (FFM states only), http://www.clearhealthmarket.com/ or HealthCare.gov

Publications, Maps, Data
Living on at http://familiesusa.org/enroll-america-materials
http://www.healthreformbeyondthebasics.org/
beyondthebasics@cbpp.org

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VI. Questions

A recording of this webinar will be shared via email.
Thank you!