



# NCIOM Task Force on Rural Health

## Overview of ACA Education, Outreach, and Enrollment Practices

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North Carolina Institute of Medicine

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# Agenda

- Overview of the Uninsured
  - Numbers of uninsured
  - Sources of coverage under ACA
- Outreach, Education, and In Person Assistance
  - North Carolina efforts
  - Lessons from CHIP and Massachusetts
  - Rural issues
- Introduction of panelists



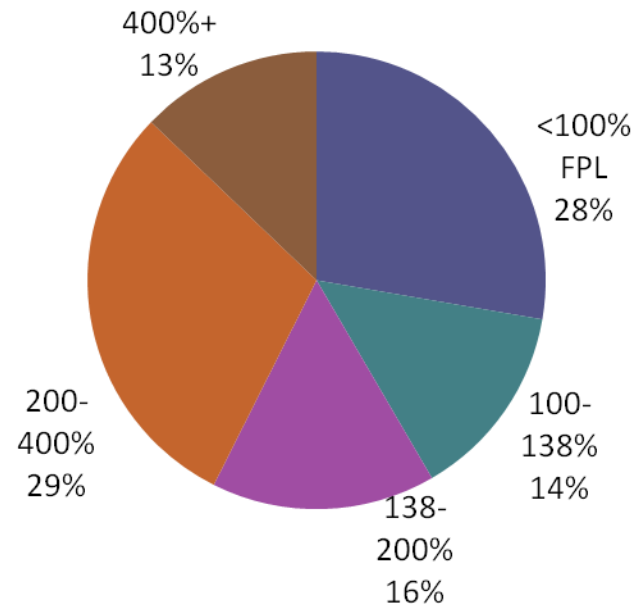
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# North Carolina Uninsured

- Approximately 1.5 million uninsured in North Carolina in 2012 (20% of the nonelderly population).
- Being uninsured has a profound impact on health and financial wellbeing.

Percent of Uninsured by Family Income (% FPL) (2010-2011)



US Census. Current Population Survey (CPS) Annual Social and Economic Supplement. Health Historical Tables. Table HIA-6. NCIOM: County level estimates of uninsured (2010-2011)

# More about Uninsured Adults

- More than three-quarters (77%) of the uninsured have been uninsured for more than one year
  - 19% were uninsured for 1-2 years
  - 17% were uninsured for 3-4 years
  - 41% were uninsured for 5 years or more or never had insurance
- Less than half (42%) of the uninsured have some college education:
  - 22% have less than a high school degree
  - 36% have a high school degree or GED
  - 25% have some college education
  - 17% are college graduates



# ACA Potential Sources of Coverage

- The ACA expands coverage to more uninsured.
  - *Employer based*: Requires employers with 50 or more employees to offer health insurance coverage to their employees (or pay penalty).
    - Employer mandate delayed until 2015.
  - *Public coverage*: Offers states the opportunity to expand Medicaid to cover low income adults up to 138% of the federal poverty guidelines.
    - North Carolina has chosen not to expand Medicaid at this time.
  - *Individual mandate*: Requires most individuals to purchase health insurance coverage in 2014 (or pay penalty).

# Subsidies to Individuals

- Subsidies available for some people to help pay for health insurance premiums through the Health Insurance Marketplace.
- Eligible individuals include those with incomes between 100-400% FPL on a sliding scale basis, if not eligible for government coverage or affordable employer-sponsored insurance. (Sec. 1401)
  - Family Size 1: \$11,490/yr. (100% FPL) - \$45,960/yr. (400% FPL)\*
  - Family Size 4: \$23,550 - \$94,200
- Most poor people (<100% FPL) not eligible for subsidies to purchase coverage in the Marketplace.

# County Estimates of Uninsured: Example Eastern NC

	<u>&lt;65 All income</u>	<u>Marketplace Eligible</u>		<u>Medicaid Eligible</u>	
	<u>Uninsured</u>	<u>Adults 18-64 Years 138%- 400% FPL</u>	<u>Children Under Age 19, 200- 400% FPL</u>	<u>Adults 18-64 Under 138%</u>	<u>Children Under 19, Under 200% FPL</u>
<b>North Carolina</b>	<b>1,549,918</b>	<b>613,143</b>	<b>49,766</b>	<b>630,654</b>	<b>133,194</b>
<b>Pitt</b>	<b>25,995</b>	<b>8,895</b>	<b>663</b>	<b>12,575</b>	<b>2,012</b>
<b>Beaufort</b>	<b>7,312</b>	<b>2,839</b>	<b>224</b>	<b>3,084</b>	<b>649</b>
<b>Craven</b>	<b>14,652</b>	<b>5,871</b>	<b>431</b>	<b>6,074</b>	<b>1,182</b>
<b>Edgecombe</b>	<b>8,898</b>	<b>3,290</b>	<b>215</b>	<b>4,235</b>	<b>759</b>
<b>Greene</b>	<b>3,930</b>	<b>1,511</b>	<b>113</b>	<b>1,676</b>	<b>405</b>
<b>Lenoir</b>	<b>9,992</b>	<b>3,750</b>	<b>270</b>	<b>4,674</b>	<b>715</b>
<b>Martin</b>	<b>3,812</b>	<b>1,478</b>	<b>94</b>	<b>1,748</b>	<b>268</b>

Source: <http://www.census.gov/did/www/sahie/data/interactive/>. Note: US Census did not provide information on adults with incomes between 100-138% FPL who might also be eligible for subsidies in the marketplace. Uninsured with incomes at that range approximately 1/3<sup>rd</sup> of all uninsured <138% FPL. 2010 data.





# Marketplace

- The federal government created a health insurance marketplace to help people shop for health insurance coverage.
  - Available at: [www.healthcare.gov](http://www.healthcare.gov)
- Marketplace:
  - Determines eligibility for the subsidy.
  - Provides standardized information (including quality and costs) to help consumers and small businesses choose between qualified health plans.
  - Links to provider directories.
  - Facilitates enrollment for subsidized insurance, Medicaid and NC Health Choice through use of insurance navigators or certified application counselors.

# Goal: Simplified Application and Enrollment Process

**Step 2:** Verify identify, income, citizenship, and immigration status through online data from federal databases

**Step 3:** Screen to determine if potentially eligible for Medicaid/CHIP



**Step 4a:** If yes, application sent to NC DHHS. Use federal and state administrative databases to determine eligibility. If eligible, enroll in Medicaid/ NC Health Choice

**Step 4 b:** If no, determine eligibility for subsidies, and pick an insurance plan

Federal Marketplace



**Step 1:** Person can apply by phone, online, or with personal help



Same process can work in reverse if person first applies at DSS. **Note—this is how the process should work when it is fully functional. Currently, federal and state not communicating electronically.**



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# Outreach, Education, Enrollment Assistance

- Recent polls showed that most uninsured people know little (33%) or nothing (38%) about the health insurance marketplaces (Kaiser Family Foundation health poll, Nov. 2013)
- Only 23.6% of the uninsured reported being very or somewhat confident in understanding all nine of the basic health insurance terms (Long et. al. The Health Reform Monitoring Survey: Addressing Data Gaps to Provide Timely Insights into the ACA. Health Affairs. Dec. 2013.)
  - Premium, deductible, copay, coinsurance, maximum annual out-of-pocket spending, provider network, covered services, annual limit on services, excluded services
- Points to the need for outreach, education, and enrollment assistance



## Education and Outreach

- Enroll America is a national nonprofit organization focused on outreach and education about the coverage options in the ACA.
- It's mission “is to maximize the number of uninsured Americans who enroll in health coverage made available by the Affordable Care Act.”
  - Enroll America is helping to identify and contact uninsured, and then link them to enrollment specialists to help them enroll.



# Enrollment Assisters

- Different types of people have been trained to help people enroll:
  - *Navigators.* Federal government contracted with different organizations across state to provide education, outreach, and enrollment facilitation.
  - *Certified application counselors.* Trained volunteers.
    - *Community health centers.* Community health centers received federal grants to hire people to help with enrollment.
  - *Agents/brokers.*
- All official enrollment assisters must be trained and certified by federal government.



# NC Federal Navigator Grants

- **NC Community Care Networks**

Consortium of different organizations across the state that will help with outreach, education, and enrollment. Includes 3 CCNC networks, Legal Services, Disability Rights NC, Benefits Bank, NC MedAssist, AgroMedicine Institute, Council on Aging Buncombe County

- **Alcohol/Drug Council of North Carolina**

Consortium to provide specialized navigation services to people in recovery from mental health or substance abuse.

- **Mountain Projects, Inc.**

Will provide navigator services in 7 western rural counties (Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain)

- **Randolph Hospital**

Will provide navigator services in three counties (Randolph, Moore, Montgomery)



# FQHCs as Certified Application Counselors

- Community and migrant health centers (FQHCs) also received funding to assist with outreach, education, and enrollment assistance
  - North Carolina FQHCs received funding to serve as certified application counselor entities to provide outreach and enrollment assistance.
  - FQHCs are doing in-reach (helping FQHC clients), and outreach (outreach to other community organizations/locations).
- To find the local community health center, check:  
[http://findahealthcenter.hrsa.gov/Search\\_HCC.aspx](http://findahealthcenter.hrsa.gov/Search_HCC.aspx).





# Other Trained Enrollment Specialists

- Other organizations can apply to serve as “*Certified Application Counselors*”
  - Certified Application Counselors are similar to navigators that receive the same training, but do not receive funding from the federal government
  - Certified Application Counselor organizations can use employees or volunteers who are trained and certified to provide enrollment facilitation
  - To find local help: [localhelp.healthcare.gov](http://localhelp.healthcare.gov)
- Agents and brokers are also helping people enroll into health plans in the marketplace



# Lessons from the Past

- Too soon to evaluate ACA outreach, education, and enrollment assistance efforts
- Some lessons from past efforts to expand coverage (CHIP, Massachusetts Health Reform):\*
  - Marketing materials:
    - Offer materials in multiple languages, including pictures of diverse populations
    - Emphasize the value of coverage
    - Include a phone toll-free number or website where people can get more information



# Lessons from the Past

- Some lessons from past efforts to expand coverage (CHIP, Massachusetts Health Reform):\*
  - Work with partner agencies: Partner with trusted community based organizations to help with outreach, education and as enrollment sites:
    - Examples: schools, faith-based organizations, child care centers, human services organization, Goodwill
  - Use data from existing records to target outreach efforts
    - Hospitals, FQHCs, or other health providers may be able to mine existing records to identify people who are potentially eligible (in-reach)



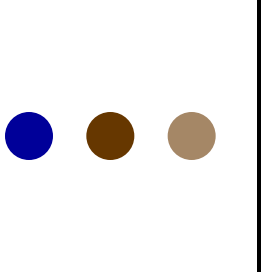
# Rural-Specific Issues

- Rural beneficiaries may experience additional barriers to coverage
  - Receipt of public coverage has stigma (not clear whether this would extend to subsidies)
  - Less access to the internet (broadband coverage more limited and more expensive in rural areas)
  - Greater transportation difficulties (more spread out, less public transportation)
  - Fewer *numbers* of uninsured so fewer resources targeted to rural areas



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# Outreach, Education, and Enrollment Assistance

## **Reuben C. Blackwell, IV**

President & CEO

Opportunities

Industrialization Center –  
Rocky Mount

## **John Eller**

Director

Catawba County Social  
Services

## **Adam Linker**

Policy Analyst, Health Access  
Coalition

North Carolina Justice Center

## **Sorien Schmidt**

State Director of North  
Carolina

Enroll America



# Questions





# 2013 Federal Poverty Levels/Year

Family Size	100%	138%	200 %	250%	400%
1	\$11,490	\$15,856	\$22,980	\$28,725	\$45,960
2	\$15,510	\$21,404	\$31,020	\$38,775	\$62,040
3	\$19,530	\$26,951	\$39,060	\$48,825	\$78,120
4	\$23,550	\$32,499	\$47,100	\$58,875	\$94,200
Each add'l person:	\$ 4,020	\$ 5,548	\$8,040	\$ 10,050	\$16,080

US Department of Health and Human Services. <http://aspe.hhs.gov/poverty/13poverty.cfm>.



# Sliding Scale Subsidies

Individual or family income	Maximum premiums (Percent of family income)	Out-of-pocket cost sharing:*	Out-of-pocket cost sharing limits (2014)**
100-133% FPL	2% of income	6%	\$2,250(ind)/\$4,500 (more than one person)
133-150% FPL	3-4%	6%	\$2,250 / \$4,500
150-200% FPL	4-6.3%	13%	\$2,250 / \$4,500
200-250% FPL	6.3-8.05%	27%	\$5,200 / \$10,400
250-300% FPL	8.05-9.5%	30%	\$6,350/ \$12,700
300-400% FPL	9.5%	30%	\$6,350/ \$12,700
400% + FPL	No limit	30%	\$6,350 / \$12,700



\*Out-of-pocket cost sharing includes deductibles, coinsurance, and copays, but does not include premiums, noncovered services, or services obtained out of network. \*\*Out-of-pocket costs limits in final rules: <http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf>.