



## Texas CHIP Coalition Meeting Minutes

October 25, 2013

*Present:*

Anne Dunkelberg, Center for Public Policy Priorities  
Megan Randall, Center for Public Policy Priorities  
Clayton Travis, Texans Care for Children  
Lauren Dimitry, Texans Care for Children  
Tierra Thomas, Sendero Health Plans  
Becky Huerta, Central Health  
Maureen Milligan, Teaching Hospitals of Texas  
Chris Yanas, Teaching Hospitals of Texas  
RexAnn Shotwell, TACHC  
Shelby Massey, TACHC  
Stacy Wilson, THA  
Kathy Eckstein, CHAT  
Maria Serafine, Lone Star Circle of Care  
Kit Abney Spelce, insure-a-kid  
Laura Blanke, TPS  
Greg Hansch, NAMI  
Kathleen Davis, TX IAF Network  
Helen Kent Davis, TMA  
Stacey Pogue, CPPP  
Lynn

*Conference Line:*

Bee Moorehead, Texas Impact  
Laura Guerra-Cardus, Children's Defense Fund  
Amanda Arizola, United Way of Tarrant County  
Leticia Strick, Texas children's health plan  
Rose Marie Linan, HHSC  
John Berta, THA  
Gracie Escobar, Parkland Health Plan  
Beth Keating  
Bob Reid  
Betsy Coats, Maximus  
Elizabeth Endres, TACHC  
Miryam Bujanda, MHM

*Chair:*

Helen Kent Davis, Director of Governmental Affairs, TMA

*Minutes Scribe:*

Megan Randall, Health Care Policy Intern, CPPP

*Next meeting:*

November 15, 2013

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### **I. Discussion of Marketplace/Medicaid/CHIP Enrollment Issues**

ADunkelberg

- News updates: No penalty if a person enrolls during open enrollment period (whereas before, due to mismatched timelines for open enrollment and penalties, a person could be penalized if didn't enroll by February 15).

- Also, recent HHS blog post outlining different problems with healthcare.gov that they are attending to.
- Several tools available to help people look at what plans might be available to them. EX: Enroll America has new tool which ties into local premiums and which gives you a range of premiums in your zip code, based on family size, income, etc. But can't see comprehensive plan choices, etc.
- Enroll America in TX is also doing biweekly conference calls (every other week) with people doing outreach and application assistance.

LGuerra-Cardus

- Talked to Tiffany at TOP and they are encouraging people to enroll by telephone and said that this seems to be working. Can go all the way through in about 30 minutes for an individual and about an hour for a family.

KAbney

- When they got on the phone and went through application process, does this include the operators being able to tell the family what the premium assistance amount would be? Are they getting to that piece?

LGuerra-Cardus

- Would have to ask Tiffany, and can ask her to send a summary of their experience to the group. Made it sound like they got everything that they needed.

ADunkelberg

- Mimi at Enroll America is having calls, and we have shared several of our e-mail lists with a group that is forming a broader listserv for people doing enrollment, and which is an opportunity to share information, best practices, etc. Closed to press and elected officials. Everyone on CTN, etc. should receive an invitation to join this list. We just should keep sharing information as we can, and through these channels.

CTravis

- Was on a Foundation Communities technical assistance call/webinar with CBPP. One of the stop-gap solutions was to go to healthcare.gov, select "see plans now" option, which will give you the title, plans, and prices, before subsidies. Then copy and paste those plans into Google or ehealthinsurance.com to see summary of coverage and benefits. Not a perfect solution, but might be a temporary fix.

KAbney

- Recently heard that before Supreme Court there is some loophole in the law that if you are part of a federal exchange you can't get a subsidy? That only state-based exchanges can get subsidies?

SPogue:

- There is a legal challenge saying that the actual language of the ACA says that subsidies are only available in state exchanges. There are lots of administration folks who say that this does not preclude in any way subsidies going out through the federal exchange. Federal court in New York refused to grant an injunction (or something along these lines). Certainly not at Supreme Court level, but apparently the court wanted to consider it. Working its way through.

ADunkelberg:

- Pretty clear that this was a potential drafting kind of error. House wanted single national exchange and senate wanted 50 state exchanges. Probably an example of something that didn't get corrected in conference committee.

SPogue:

- Until/if the Supreme Court says they can't issue these subsidies, nothing is changing.

## II. Navigator Rules Update: Stacey Pogue, Senior Policy Analyst, Center for Public Policy Priorities

SPogue

- Governor's Office sent letter to TDI directing them to write onerous rules for Navigators operating in TX. TDI is looking at what federal standards apply to Navigators and trying to determine if there are deficiencies in federal training/standards and whether additional regulation can add appropriate consumer protections. SB 1795 says that the state must first make findings that the federal system isn't good enough, and then have to work with feds to improve. They are still in this fact-finding stage.
- First thing they did was have a stakeholder meeting. No one providing oral testimony raised any concerns about privacy, etc. and all testified in support of Navigators. However, Insurance Commissioner received letters from both Republican and Democratic lawmakers saying what you think they would, respectively. Spoke with representatives at insurance agent licensing division (the department writing the rules) and the commissioner came to CTN meeting on Tuesday
- Biggest thing is that TDI is not approaching their rules for Navigators by looking at Navigators as a distinct entity under the ACA. They are looking at people who perform *duties* of Navigators, including many more entities (such as CACs, or possibly even HICAP or CPP).
- Everyone should be on notice. If you do certain duties (such as collect or use PHI) or if you help someone understand differences between health plans, they you may fall into their regulatory bucket.

KEckstein

- Are they saying Watson's bill gave them authority to do this?

SPogue

- The way Navigator is defined in the bill is by their duties. There are five duties that Navigators perform. I don't know what ultimate standards they will put in, but I feel confident that there will be additional standards for Navigators and enrollers.
- TDI is looking for a way to define Navigators that carves out groups that shouldn't fall under TDI oversight. Might want to avoid CPP, but will have a hard time doing it the way they are setting this up. They don't want to use the ACA as the defining factor.
- Right now, they are trying to create map of enrollment assisters. Catalogue of who they are, how they are trained, who they are responsible to, etc. They want to be very intentional about who they carve in and who they carve out.
- Should probably find a way to distinguish people under HHSC oversight. They are asking for a way to put that distinction in words that is based on duties. TDI doesn't have it perfectly defined. They want some help. Want to capture more than ACA navigators, but realize there is some line they have to draw.
- I suspect we will see registration requirements, background checks, and HIPAA training.

RShotwell

- Any educational background stipulations being discussed?

SPogue

- This is one piece of information they have asked for from Navigators: what's on your job application? No clue if this could make it into a rule.
- We will try to pull together a work group of folks who can propose a consumer and provider endorsed definition saying, "We want to help out, and here is how you distinguish these groups." Need to do this in the next two weeks.

MMilligan

- TDI in some of their insurance stuff excludes Medicaid, so I wonder if this is something you could apply to this.

Coalition member:

- Hard part is with no wrong door. Counselors will be collecting information to see *which* program you are eligible for. No one is just Medicaid eligibility worker any more.

SPogue

- Commissioner said it would be an accomplishment if they could have a draft rule by Thanksgiving. Maybe will release an outline prior.

SMassey

- Has anyone talked to Watson's office?

SPogue

- I will do that. Will be a surprise to Senator Watson, who has been very clear that his bill just touched ACA Navigators. I still hope there is a way we can keep CAC's out of this bucket, but I am not hopeful right now.

SMassey

- I think there is an argument to be made about authority. Definition in bill doesn't give them statutory authority.

LGuerra-Cardus

- How does a lawyer start looking at this stuff?

SWilson

- Look at the language of the statute, and if it is clear and unambiguous, you go with what it says. If it is unclear, then you look at "legislative intent." A court goes behind it only if it is ambiguous. Agencies are given a great deal of deference in implementing statutes. Have to be far outside authority and meaning of bill to overturn that.

SPogue

- One of biggest victories that could happen is to get rule pushed back to March 31<sup>st</sup> before it takes effect.

HKentDavis

- What about the federal government authority? Can they tell Texas, "No we can't accept these rules?"

SPogue

- Yes, they can. But they haven't and they probably won't. Many states are ahead of Texas in terms of regulating what Navigators will do. And the feds have not sent one letter. There is one legal challenge in TN where Navigators are prevailing, but there are states that say Navigators can't talk about differences between health plans. Feds have an opportunity to declare preemption and haven't done it yet.

KAbney

- Has any other state broadened reach of regulation to other entities?

SPogue

- I don't know. Can try to find it out.

### **III. CAC Enrollment Update: Maria Serafine, Senior Director of Member Services, Lone Star Circle of Care**

*Please see presentation slides at the end of this document for more detailed information.*

MSerafine

- Have experienced a lot of issues with healthcare.gov. First week we couldn't even get in.

- Using Network Sciences system to see if they qualify. If they qualify, we are helping them set up an account and go through the application. We have screened many, but have not submitted many application. Taking between 1.5 hours – 2 hours to submit an application.
- We have had one person able to pick a plan. For rest of individuals, it is either stuck in progress, or some people have received emails saying plans are available for review, but that when they login it is blank. Technical difficulties and glitches.
- We have a lot of interest, and when people call our member navigation center, we have a line just for the Marketplace.
- We have 25 CACs. Have people in clinics and doing over-the-phone screenings.
- Legal team put together a list of consents needed for collecting PII, etc. Going through script to obtain legal consent.
- There are many QHPs to choose from. It is overwhelming for many patients. We have to educate many people about basic vocabulary. Insurance 101. Many people haven't had insurance before.
- We are also expanding non-traditional access for enrollment assistance. We have a 1-877 number and have also created a Marketplace enrollment form on our website. People can go on the site, fill out form, and enrollment counselors will give them a call. We also have a smart phone app.
- We also pulled a list of people over 100% FPL and are cold-calling them.

HKentDavis

- Sense of people interested? Sick/healthy?

MSerafine

- At first adults, then 20 – 30 year olds. Really good mix. People who want to enroll who are healthy, and who are sick. Most difficult population is below 100% poverty. Coverage gap. Don't understand why if they are that poor they don't qualify for tax credits.
- We also have community coordinated efforts where we are trying to maximize use of efforts, and not duplicate efforts.

MMilligan

- What do you tell gap coverage population?

MSerafine

- We explain to them about how subsidies work in the ACA and that Texas is not doing Medicaid expansion. Then we let them know we have a sliding scale fee schedule.

BHuerta

- If anyone is out there doing outreach programs, etc. we should be able to cover everyone in Travis County. MAP program.

MSerafine

- We help people get on MAP as well.

ADunkelberg

- CTN has developed a flyer to give to people who are in the coverage gap, and it will take them to a website [www.texasleftmeout.org](http://www.texasleftmeout.org). There, you can share your story, sign a petition etc. Has a link to another flyer that has general instructions about where you can get healthcare if you are in the coverage gap. Not doing big publicity about [www.texasleftmeout.org](http://www.texasleftmeout.org) until after the 1<sup>st</sup> of the year.

HKentDavis

- Also, we need to tell people to call local lawmakers and say that they are their constituents, if they are in the gap or are having trouble accessing care.

ADunkelberg

- Flyer directs people to call their lawmakers.

#### **IV. Navigator Enrollment Update: Amanda Arizola, CHIMES program manager, United Way of Tarrant County**

*Please see CHIMES FAQ at the end of this document for more detailed information.*

AArizola

- We compiled this FAQ list of the most common questions we've been getting from individuals. Most common question is, "What do plans look like?" This is how we answer those questions.
- A little background on United Way of Tarrant County. We were given the largest federal grant for ACA Navigators. Have to-date 14 consortium members across Texas that includes 196 counties. Have done 130 events with enrollment, outreach, media coverage, etc. trying to take time to talk to individuals.
- Does take time to get through application and creation of an account. Talking to many people about setting up gmail accounts first. Going through just the application process itself takes from 1.5 – 2 hours which is without even seeing plans. Many times get stuck at the eligibility or identity verification stage.
- Our Navigators have been doing a really good job keeping in contact with individuals, after they've signed consent forms. Clients have been really persistent in calling us back, seeing if system works, etc. Have been having great dialogue with our consumers. That FAQ listing is one of the top tools we've been using so far.

HKentDavis

- Are you all keeping track of people who have tried to log in and had trouble, and so have a way to go back to those people and tell them it is fixed. Some concern is that people will just give up.

AArizola

- Not really a tracking mechanism on our end for that. At the time, if the client is not able to go all the way through, we are setting up that secondary appointment to touch base with them and make sure they are getting through. Target population is those individuals who don't have transportation or internet.
- If not able to create an account, will do a paper application. Scheduling appointments now so that we can keep in touch with them.

HKentDavis

- Recently saw graph about what happened in MA. Negligible enrollment in first few months. Huge spike three or so months before enrollment end date. Point of article was that people shouldn't be panicking.

RShotwell

- Are you having any problems figuring out income in households when doing application process? Complicated households, and what they do for 2014 income?

MSerafine

- We attended the TACHC training, and so have been in contact with Shelby and have e-mailed them if we have any questions. For the most part, if we can get tax returns, we are using that and if not doing best to estimate income with the information they have. Also went through extra training after TACHC training. Hasn't been too difficult because we went through an advanced training.

KEckstein

- From FAQ answer about how to contact a CAC. At the federal website, if you plug in your zip code, you don't get a CAC?

ADunkelberg

- Can you check on that for TACHC, RexAnn? Are your CACs included?

RexAnn

- Some might be still waiting to receive CAC ID's.

MSerafine

- But we weren't listed yet on the website, and we have our ID.

SMassey

- We will be reaching out to our members to make sure we have all their names, hours, etc.

AArizola

- We are working with program managers to make sure all consortium members are on there. Not all resources in local communities are up on local resources page. Haven't seen a statewide list.

ADunkelberg

- Saw a statewide list somewhere. Will try to locate it.

AArizola

- Consortium trying very hard to get website listed with all of our partners. Have a list that we can share with this group that has all of our partners.

EEndres

- My Texas My Health will list all CACs associated with all our FQHCs across the state. Another resource. Not live yet.

## **V. HHSC App and Rule Comments: Anne Dunkelberg, Associate Director, Center for Public Policy Priorities**

ADunkelberg

- Proposed rules from HHSC.
- Want to remind folks that a sign-on letter was sent out Tuesday morning. Clayton also has sign-on letter for another issue that went out on the same day.
- Will be holding on to this until Monday since some of you will need more time. Will still be looking for stuff until Monday afternoon. If you want me to hold on to something, let me know.
- Will add THA and CHAT.

HKentDavis

- I don't think it will be problem to get us on, either.

## **VI. HHSC ACA Update: Stephanie Stephens, Director, Policy Strategy, Analysis, and Development, Office of Social Services, Texas Health and Human Services Commission**

*Please see presentation slides at the end of this document for more detailed information.*

SStephens

- CMS delayed account transfer from Marketplace to us. Processing under current rules. Could be additional delays, but don't have anything official about what that date might be.

- Preliminary testing with Marketplace last week. Folks do have concerns about the short timeline for testing. Doesn't provide us with a lot of time to make sure data is good, and that systems are functioning correctly.
- We do get some data from CMS about Marketplace applicants who are Medicaid eligible (8,900, with over 5,000 unique addresses). Can't run it against anything because so little data in file.
- Trying to get done in testing to make sure that we are getting people we really should be getting.
- Proposed rules and application: application does have addition of assets question in response to direction we received from the governor.

SWilson

- What is the status of the question about whether an applicant will be remaining in Texas? My understanding is that one of the things that is different on the TX application from the Marketplace application was the question of whether person intended to remain as resident of TX.

KAbney

- If Marketplace application doesn't have that, does every Marketplace application get pended if this is the case?

SStephens

- That question is on our TX applications.
- Don't have answer today. Looking at additional data sources that we could verify residency from to get that.

SStephens

- We currently do have sources to verify the residency part, but can't verify intent to stay. We currently ask and take it as self-attested.
- To clarify: we haven't proposed a policy change at this point, question will remain on TX application. The question is what we do when we are not going to receive this information from the Marketplace.
- If transfer begins from Marketplace November 1<sup>st</sup>, it will not be bidirectional. Will begin transferring to Marketplace on Jan 1. This is the plan.

MSerafine

- Is it safe to continue submitting applications through both doors?

KAbney

- What we have talked about in earlier discussion is that we don't want two applications going in through two doors. Apply only through one portal.

LGuerra-Cardus:

- For kids on CHIP and Medicaid now, you are going to wait for renewal time to switch from CHIP to Medicaid?

SStephens

- Yes

KAbney

- Are you logging people who come in through HHSC who are eligible for the Marketplace?

SStephens

- Our interaction with the Marketplace at this point is to have the Marketplace website on our computers in our offices. We will assist them in applying online through the Marketplace. Of course, the call center also has information. On Jan 1 will electronically transfer them to Marketplace.

KAbney



- What if someone leaves asset information blank?

SStephens

- We are waiting for CMS response. Questions on the application are the same questions we would ask on the integrated application, and so they are on the streamlined application. Just waiting to see what response we get.

ADunkelberg

- One of the things we've pointed out is that not only are the asset questions there, but they are not labeled as optional.

HKentDavis

- When do you anticipate CMS responding?

SStephens

- Said they would get back to us really quickly, and we thought we would already have a response by now.

MSerafine

- We are having difficult verifying CHIP eligibility with the transition. Will CHIP eligibility be on TMHP just like Medicaid? Through tmhp.com it is really easy to verify eligibility.
- As a provider, we can verify Medicaid eligibility in one place, but for CHIP have to verify for every unique website. Can it all go into TMHP now?

SStephens

- I can follow up

ADunkelberg

- As an additional topic to watch, there has been media around providers' concerns about verifying valid coverage under the ACA for QHPs.
- Issue is the 90 grace period that people who are getting subsidies have. During first 30 days there is guarantee of payment, but after 30 days, Marketplace can suspend coverage. BCBS is working to let providers know that they will be able to tell providers when a clients' coverage is suspended.
- This is a big deal because so many people from high risk pool are transferring to the Marketplace, and a large oncology center has already indicated that they won't be accepting QHP plans.

KEckstein

- One other topic, I recently looked at the CMS listing of what income standards are (MAGI conversion categories), and it is not consistent across eligibility categories. Some explanation for that?

ADunkelberg

- They did weighted average out of the population, how many folks had income disregards and how many didn't. For group at 133% FPL, day-care and earned income disregards, etc.
- One piece of the ACA that is kind of undermining another piece. We were hoping to get to one consistent income level, and now in many states you end up with this slight difference.

KAbney

- Knew we were going to have infants at a different level because HHSC was going to keep higher income thresholds for 0 – 1 years. But do I understand correctly that a family with kids age 1 – 18 might still have one kid in CHIP and one in Medicaid?

ADunkelberg

- Yes. Because supposed to hold harmless so that you wouldn't be having a net loss in eligibility for big income disregards. So, we potentially could have even fewer parents on Medicaid than we do now because of MAGI conversion rules.

SStephens

- Income limits haven't really changed. The converted limits have the potential to confuse some people, but it is because we got rid of disregards.

KAbney

- Before, if you have a family with two kids, because of stair-step, they'd have one in Medicaid and one in CHIP and it was my assumption that this leveled things out so that this would not happen anymore.

ADunkelberg

- MAGI conversion. Some families will still have stair-step.

# CAC Marketplace Update



**October 25, 2013**

**Maria Serafine, MHA**

**Senior Director of Member Services**

# Lone Star Circle of Care







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## Welcome to the Marketplace

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# **Great News in Central Texas – Tons of Choice**

## **Qualified Health Plans**

- **7 Issuers: Humana, BCBS, SWHP, Cigna, Sendero, Ambetter, Aetna**
- **80 QHPs to chose between**



# LSCC Activities



- ▶ Enrollment assistance
- ▶ Night and weekend access at non-traditional locations coming soon
- ▶ In-reach to current patients
  - ▶ Point of Service Signage/Videos
  - ▶ Education included in already scheduled contacts
- ▶ Outreach to the community
  - ▶ Events
  - ▶ Appointment setting/contact gathering

# Accessing LSCC Services



- Call 1-877-800-5722 to set up an enrollment appointment at a convenient location.
- Visit our website to sign up to receive a phone call to set up a Marketplace enrollment appointment at [www.lscctx.org](http://www.lscctx.org).
- Or sign up to receive information through our Lone Star Circle of Care smart phone application.



# Community Coordinated Efforts

- Coordinated, systematic approach
- Prevent confusion and avoid duplication efforts
- Maximize use of existing resources

## Local Marketplace Resources:

- Central Health has committed to fund additional outreach and education efforts
  - United Way 2-1-1 Center
- Enroll America promoting Marketplace awareness
- Organizations committed to providing:
  - In person application assistance
  - Application assistance for existing client base
  - Education & referrals from numerous organizations

# TRAVIS COUNTY RESOURCES

**Need health insurance that fits your budget?**  **CENTRAL HEALTH**

**Call 2-1-1 (press Option #1) for a list of local resources**

New affordable health insurance options are now available through the Health Insurance Marketplace. The map below identifies locations where you can call to get assistance applying for coverage through the Marketplace.




 **CommUnityCare** Call 512-978-9015  
Federally Qualified Health Centers

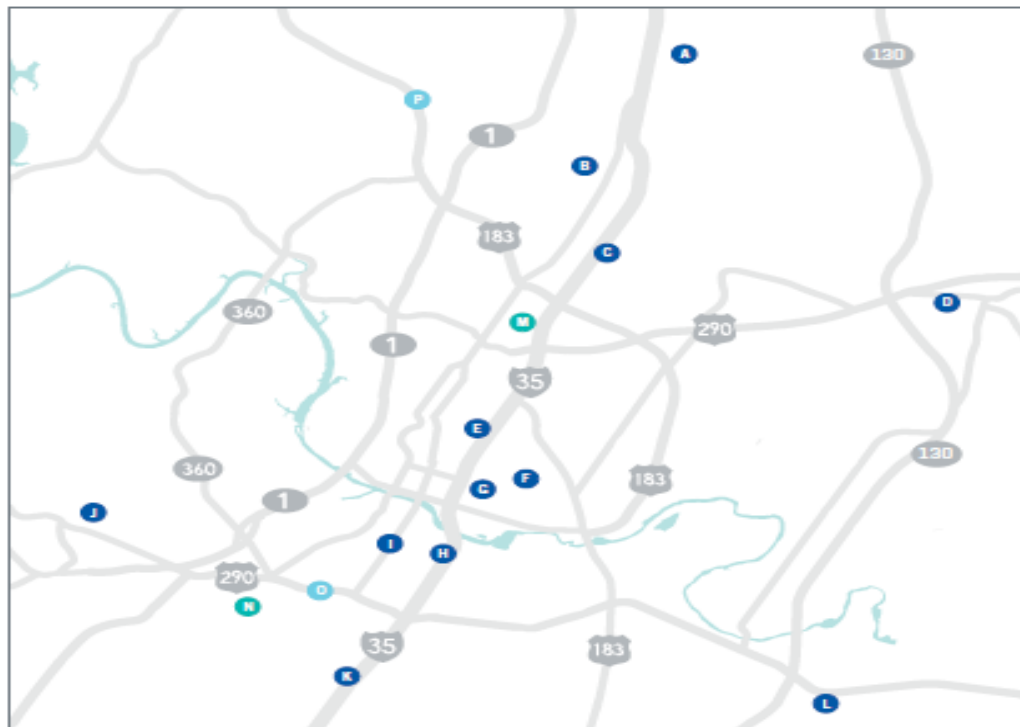
- A. 15822 Foothill Farms Loop, Pflugerville, TX 78660
- B. 1210 West Braker Lane, Austin, TX 78758
- C. 825 East Rundberg Lane, Austin, Texas 78753
- D. 600 West Carrie-Manor, Manor, TX 78653
- E. 1000 East 41st Street, Suite 925, Austin, TX 78751
- F. 2802 Webberville Road, Austin, TX 78702
- G. 211 Comal Street, Austin, TX 78702
- H. 2901 North IH-35, Suite 101, Austin, TX 78722
- I. 2529 South First Street, Austin, TX 78704
- J. 8656-A Hwy 71 West, Suite C, Austin TX 78735
- K. 6801 IH35 South, Austin, TX 78744
- L. 5301 Ross Road, #H, Del Valle, TX 78617

 Visit [InsureCentralTX.org](http://InsureCentralTX.org) or  
call 2-1-1 and choose Option 1

- M. 6001 Airport Boulevard, Austin, TX 78752
- N. 2600 W. Stassney Lane, Austin, TX 78745

 Call 877-800-LSCC (5722)

- O. 1221 W Ben White Blvd. Suite B200, Austin, TX 78704
- P. 11111 Research Blvd., Suite 230, Austin, TX 78759



For information about employer sponsored coverage call TexHealth Central Texas at **512-524-2618**.  
Want to apply online? Visit [www.healthcare.gov](http://www.healthcare.gov)



# WILLIAMSON COUNTY RESOURCES

***Need health insurance that fits your budget?***

**Call 2-1-1 (press Option #1) for a list of local resources**

New affordable health insurance options are now available through the Health Insurance Marketplace. The map below identifies locations where you can call to get assistance applying for coverage through the Marketplace.

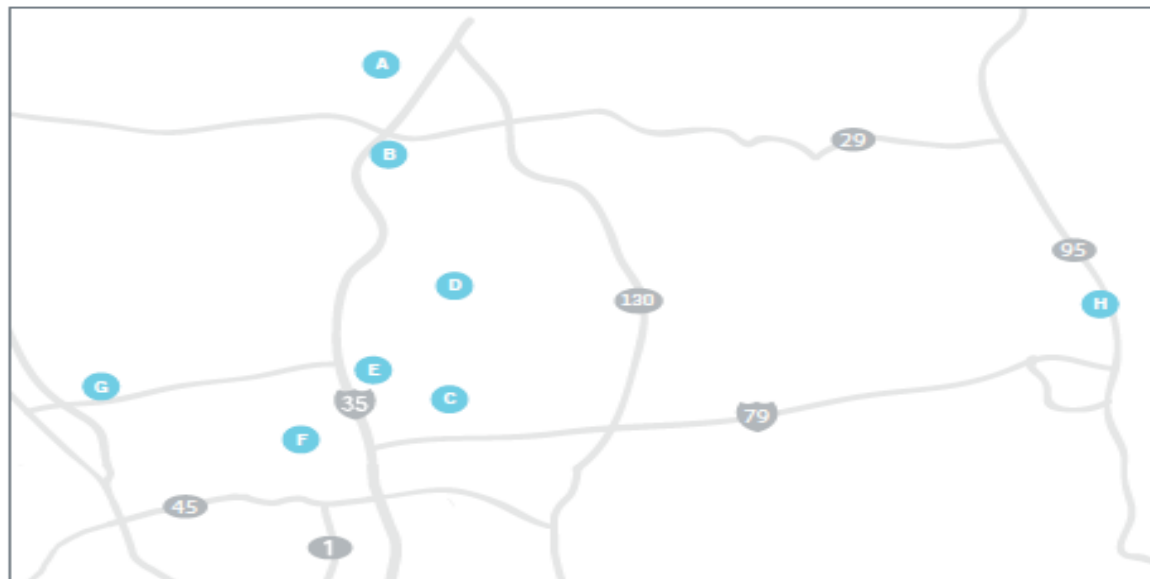


## Williamson County



Call 877-800-LSCC (5722)

- A. 2423 Williams Dr., Georgetown, TX 78628
- B. 1900 Scenic Drive, Ste. 3326, Georgetown 78626
- C. 2051 Gattis School Road, Ste. 250, Round Rock 78664
- D. 3950 North A.W. Grimes Blvd., Ste. N201, Round Rock 78665
- E. 2120 North Mays, Ste. 430, Round Rock 78664
- F. 2300 Round Rock Ave., Ste. 208 Round Rock 78681
- G. 1730 East Whitestone Blvd., Ste. 101, Cedar Park 78613
- H. 305a Mallard Lane, Taylor 76574



## Additional Resources



Call 512-978-9444



Visit [InsureCentralTX.org](http://InsureCentralTX.org) or call 2-1-1 and choose Option 1

For information about employer sponsored coverage call TexHealth Central Texas at **512-524-2618**.

Want to apply online? Visit [www.healthcare.gov](http://www.healthcare.gov)



# ADDITIONAL RESOURCES



**[www.healthcare.gov](http://www.healthcare.gov)**

**[www.cuidadodesalud.gov](http://www.cuidadodesalud.gov)**

**1·800·318·2596**

# QUESTIONS?



## **CHIMES - Frequently Asked Questions**

1. What happens to people with Medicare (Medicaid) or who are eligible for Medicare (Medicare) that enrolls in the Marketplace?
  - If a consumer is already getting Medicare or Medicaid, they do nothing. They are not required to obtain health insurance coverage through the Marketplace. In addition, they are exempt from paying any fee.
  - If a consumer does not have health insurance, they may go through the Marketplace. Once a consumer provides personal information, including income and family size, to the Marketplace, a determination will be made about their eligibility for tax credits, cost-sharing, Medicaid, Medicare or CHIP. If the person or family is eligible for Medicaid, Medicare or CHIP, the application will then be transferred to the state's Medicaid, Medicare or CHIP office. The appropriate state agency will then contact the consumer to complete the enrollment.
2. What happens if someone doesn't have a bank account or can't pay their premium?
  - If a consumer does not have a bank account, then they will work with the insurance company on how to make the payment. Once the payment is made for the premium, depending on when the payment is received, then the insurance coverage will begin either the beginning of following month or at the beginning of the second month. If a consumer has a life changing event and can no longer make the monthly premium that will need to be worked out directly with the insurance company.
3. Where can you get a list of all Navigators and CAC's to contact in your area?
  - United Way is checking to see when the Navigator and CAC's contacts list will be available. Organization names that have Navigators will be available on [LocalHelp.HealthCare.gov](http://LocalHelp.HealthCare.gov)
4. What is the amount of the individual penalty for not having health coverage? For a family?
  - Starting January 1, 2014, if someone does not have a health plan that qualifies as minimum essential coverage, he or she may have to pay a fee ("individual responsibility payment") that increases every year, from 1% of income (or \$95 per adult, whichever is higher) in 2014 to 2.5% of income (or \$695 per adult) in 2016. The fee for children is half the adult amount. The fee is paid on the 2014 federal income tax form, which is completed in 2015. People with very low incomes and others may be eligible for waivers.
  - Each person in a household, if uninsured, will be assessed the penalty.
  - This fee will be enforced by the IRS.

## **CHIMES - Frequently Asked Questions**

5. How can you be eligible for a hardship waiver or exemption from paying the fee?
- You will qualify for an exemption of the individual responsibility payment if you meet one of the following criteria:
    - You're uninsured for less than 3 months of the year
    - The lowest-priced coverage available to you would cost more than 8% of your household income
    - You don't have to file a tax return because your income is too low
    - You're a member of a federally recognized tribe
    - You're a member of a recognized health care sharing ministry
    - You're a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare
    - You're incarcerated, and not awaiting the disposition of charges against you
    - You're not lawfully present in the U.S.
    - Hardship Exemption for one of the following:
      - You were homeless.
      - You were evicted in the past 6 months or were facing eviction or foreclosure.
      - You received a shut-off notice from a utility company.
      - You recently experienced domestic violence.
      - You recently experienced the death of a close family member.
      - You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.
      - You filed for bankruptcy in the last 6 months.
      - You had medical expenses you couldn't pay in the last 24 months.
      - You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.
      - You expect to claim a child as a tax dependent who's been denied coverage in Medicaid and CHIP, and another person is required by court order to give medical support to the child. In this case, you do not have to pay the penalty for the child.
      - As a result of an eligibility appeals decision, you're eligible for enrollment in a qualified health plan (QHP) through the Marketplace, lower costs on your monthly premiums, or cost-sharing reductions for a time period when you weren't enrolled in a QHP through the Marketplace.
      - You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act.
6. Can people who are above the 400% eligibility level still apply for a QHP (Qualified Health Plan) in the marketplace?

## **CHIMES - Frequently Asked Questions**

- Yes, everyone may be eligible to get quality health insurance through the Health Insurance Marketplace. But based on the information, you may not qualify to save money on your monthly premiums, tax credits, or out-of-pocket costs. You'll find out for sure when you apply for coverage starting October 1, 2013.
7. I already have health insurance through my employer, what do I need to do?
- If you have job-based health insurance you like, you can keep it. You're considered covered. You may be able to change to Marketplace coverage if you want to. You don't need to change to a Marketplace plan in order to avoid the fee that uninsured people may have to pay for 2014. If you'd like to explore Marketplace coverage options you can, but if your job-based coverage is considered affordable (less than 9.5% of household income) and meets minimum value you won't be able to get lower costs on premiums or out-of-pocket costs in the Marketplace. This is true no matter what your income and family size are.
8. What do small businesses need to know?
- Small businesses (fewer than 50 employees) may get health coverage in the Small Business Health Options Program (SHOP) Marketplace; this applies to Non-Profits as well. No employers are required to offer health coverage. You will be able to control the coverage you offer and how much you pay toward premium costs.
  - If you insure your employees now, you can keep the coverage you have. If you have 50 or fewer full-time employees, you may offer a plan via SHOP instead. Under the law, your employees may buy health coverage through the Marketplace instead of using the coverage you offer.
  - As long as the coverage you offer is considered affordable and meets minimum value, employees offered coverage will not be eligible for savings on their monthly premiums if they buy through the Marketplace. All the plans that are offered will not turn away employees or their dependents for pre-existing conditions. And your group premiums will not increase for employees with high medical costs.
  - If you have fewer than 25 full-time equivalent employees making an average of about \$50,000 a year or less, you may qualify for a small business health care tax credit.
9. If I choose a plan in the Marketplace when will my coverage start?
- If you enroll in a private health insurance plan any time between October 1, 2013 and December 15, 2013 and make your first premium payment, your new health coverage starts January 1, 2014.
  - During the rest of open enrollment, if you enroll between the 1st and 15th day of the month and pay your premium, your coverage begins the first day of the next month. If you enroll between the 16th and the last day of the month and pay your premium, your

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## **CHIMES - Frequently Asked Questions**

effective date of coverage will be the first day of the second following month. So if you enroll on February 16, 2014, your coverage starts on April 1, 2014.

### **10. How long does the enrollment process take?**

- There are four steps to complete the enrollment process and the time it takes everyone may vary. The first step is to set up an account. Second step is to complete the application. Third step is to compare the plans you qualify for. And the final step is to enroll.

### **11. What are the insurance companies in the DFW area that are part of the Marketplace exchange?**

- From what we know some of the insurance companies that are participating in the exchange in Texas include:
  - Aetna
  - Blue Cross Blue Shield of Texas
  - Cigna Health and Life Insurance Company
  - Community Health Choice
  - CommunityFirst
  - Firstcare Health Plans
  - Humana Health Plan of Texas
  - Molina Healthcare of Texas
  - Sendero Health Plan
  - Scott & White Health Plan.

### **12. What is the average cost of the plans that are offered?**

- Statewide, the lowest-cost bronze plan for all Texas markets averages \$211 per month for an individual, the Department of Health and Human Services said. The lowest-cost silver plan averages \$287 a month. These estimates do not include tax credits. Tax credits are based on a sliding scale based on income, and can reduce those costs considerably. The credits can be paid directly to the insurer, reducing the consumer's immediate out-of-pocket cost.
- Kaiser Family Foundation, a non-partisan health policy researcher, has an online calculator that can estimate tax credits and premiums. It is at <http://kff.org/interactive/subsidy-calculator/>

### **13. How do the tax credits work?**

- Premium tax credits (lower the premium) can be used in advance when the Marketplace determines consumer is eligible but will be reconciled when tax return is filed (in case income goes up or down). You can use your premium tax credit right away to be able to

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## **CHIMES - Frequently Asked Questions**

lower your monthly premiums, or you can choose to use just a portion of it or you can get it as a refund credit when you file your income tax.

- Cost sharing reductions (deductible, coinsurance or copayment) determined by Marketplace cannot be adjusted and consumer is enrolled in Silver plan.

14. How can we help children who don't have insurance that are US citizens but their parents are not legally in the country?

- Children who are US citizens are eligible to enroll in health insurance through the Marketplace, even if their parents are not legally in the country. Parents will not be asked for citizenship documentation nor will they be reported to immigrations services.

15. Will there be Navigators set up and accessible at JPS?

- United Way of Tarrant County is working on a plan to ensure this population of consumers is assisted and encourage people to call us when a navigator is needed. At this time there is no official plan to station a Navigator permanently at JPS.

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# **Status of Federally-Required Medicaid and CHIP Eligibility Changes**

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**October 25, 2013**

- The Centers for Medicare & Medicaid Services (CMS) previously delayed sending account transfers from the Marketplace to HHSC from October 1, 2013 to November 1, 2013.
- CMS has informally indicated that there may be additional delays in receiving account transfers from the Marketplace.
- Preliminary testing of account transfers from the Marketplace to HHSC began on October 23, 2013.
  - There is limited time and a significant amount of testing still required prior to November 1, 2013 to verify and validate that systems are functioning correctly.
- CMS has provided HHSC with an estimate of the expected number of account transfers.
  - October 1, 2013 – October 20, 2013
    - Unique Applicants - 8,905
    - Unique Residence Addresses - 5,945

## Rules

- Proposed rules relating to federally-required Medicaid and CHIP eligibility changes were published in the October 18, 2013 issue of the *Texas Register*.
- A public hearing is scheduled for November 1, 2013.
- Written comments on the proposed rules may be submitted to Amanda Austin at **Amanda.Austin@hhsc.state.tx.us** by November 18, 2013.

## Application

- On October 15, 2013, HHSC submitted streamlined and integrated applications to CMS for informal review.
- HHSC is waiting to receive written comments on the applications from CMS.
- Applications will be submitted formally through the state plan amendment process.