



Disclosures

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Acknowledgements

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- Area L AHEC for their support in providing continuing education credit for this webinar

Housekeeping

- Obtaining credits
 - Groups should email krashied-henry@marchofdimes.org
- Asking questions
- Accessing slides at a later date



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Objectives

- Define the basic goals and constructs of the Affordable Care Act
- Discuss how the decision not to expand Medicaid in North Carolina impacts insurance coverage in the state
- Understand how the Affordable Care Act supports good preconception health and opportunistic preconception health counseling for women of childbearing age
- Understand ways the Affordable Care Act may influence the daily practice of health care providers in North Carolina who treat women of childbearing age
- Understand the difference in covered services before and after implementation of the Affordable Care Act
- Learn the ACA's reach in NC (enrollment data & statistics)



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Overview of the Affordable Care Act (ACA)

- The Patient Protection and Affordable Care Act was signed into law March 23, 2010 and had 4 main goals:
 - Strengthen Health Care
 - Advance Scientific Knowledge and Innovation
 - Advance the Health, Safety, and Well-Being of the American People
 - Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs



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Major consumer provisions of the ACA

- Requirement for most individuals to have health insurance *
- Youth can stay on parent's plan until age 26
- No pre-existing condition exclusions for insurance plans or arbitrary cancellation of policies
- No copays for preventive care
- No annual or lifetime caps on health insurance coverage
- Essential health benefits must be covered
- As originally written, law would have **required** all states to make Medicaid coverage available to citizens/legal residents earning up to 138% of FPL (~\$15,856/year). The Supreme Court made this component **optional** for the states.



*Exempt from required coverage

- Not lawfully present in the U.S.
- Incarcerated
- Member of a federally recognized tribe or eligible for services through Indian Health Services
- Member of recognized religious sect that has religious objections to insurance, Medicaid or Social Security
- Member of a recognized health care sharing ministry
- Uninsured for less than 3 months out of the year
- Income is too low to file a tax return
- If the lowest-priced available coverage would cost more than 8% of household income
- Veterans (usually covered thru VA, USAA, etc.)

www.healthcare.gov

*Hardship exemptions

- Homeless, evicted in the past 6 months, facing eviction or foreclosure; received a utilities shut-off notice
- Recently experienced domestic violence
- Recently experienced death of a close family member
- Filed for bankruptcy in last 6 months
- Unable to pay medical expenses within last 24 months
- Experienced a fire, flood or other disaster which caused substantial damage to property
- Experiencing financial hardship due to caring for an ill, disabled, or aging family member
- Deemed ineligible for Medicaid because state did not expand Medicaid eligibility under the ACA (including NC)



What is “the Marketplace”?

- A.k.a. “the Exchange”
- The online health insurance “comparison shopping tool” where people go to apply for a health plan
- Through the Marketplace, consumers can:
 - Compare plans and costs
 - Learn if they are eligible for tax credits to reduce their premiums
 - Learn if they are eligible for subsidies that help pay their copays and deductibles
 - Enroll directly in plans
- In North Carolina, the Marketplace is run by the federal government (as opposed to the state)



Who should apply through the Marketplace?

- Individuals who currently have no insurance or want to consider alternatives to their current insurance plan
- Eligibility for the Marketplace:
 - Must be U.S. citizen or legal resident
 - Must not be incarcerated
- Individuals of any income level who meet these 2 basic criteria can apply; income is used to determine whether or not applicants can get assistance in paying premiums, co-pays and other costs



Who is eligible for tax credits?

- To reduce the cost of monthly premiums
- Only those eligible for Marketplace
- No offer from employer of affordable, adequate coverage
 - “Affordable” – costs less than 9.5% of income
 - “Adequate” – covers essential health benefits and complies with certain other rules
 - If you have such an offer, you can still purchase coverage from Marketplace but you can’t get the tax credits
- Can’t be eligible for Medicaid, Medicare, or CHIP
- Income must be less than 400% of poverty level
 - About \$46,000 for individual in 2013
 - About \$94,000 for family of 4 in 2013

www.healthcare.gov

Cost-sharing reductions

What is a cost-sharing reduction?

- A discount that lowers the amount an individual pays out-of-pocket for deductibles, coinsurance, and copayments.

Who is eligible?

- Only those eligible for Marketplace
- Income less than 250% of federal poverty level
 - About \$28,000 for a single adult in 2013
 - About \$58,000 for a family of 4 in 2013
- Must also select a Silver-level or above plan



Enrollment

- Open enrollment for 2015 (Year 2): Nov. 15, 2014 – Feb. 15, 2015
- Penalties start being applied to those without insurance and who are not exempt after 3 consecutive months of non-coverage.
- Individuals experiencing a qualifying life event may enroll or change coverage within 60 days (Special Enrollment)
- Insurers are offering enrollment assistance, but to get help with the cost of insurance (via tax credits and/or subsidies), individuals MUST enroll via the Marketplace:
 - Online at www.healthcare.gov
 - By phone: 1-800-318-2596 (federal #)
 - A paper application by mail
 - Through a trained navigator (1-855-733-3711) (NC #)



Healthcare.gov



Penalties for not having insurance

- Penalties are applied after 3 consecutive months of non-coverage unless individual qualifies for exemption
- Penalty fee in 2014 (Year 1) was 1% of annual income or \$95/per person for the year, whichever is higher
- Penalty for uninsured children in 2014 was \$47.50 per child, with a maximum penalty of \$285 per family
- Penalties are paid/due at the time of filing 2014 taxes, which are due in April 2015
- The fee increases every year...In 2015, it will be 2% of annual income or \$325/pp for the year, whichever is higher. \$162.50 per child w/ max of \$975 per family.

What is Medicaid expansion?

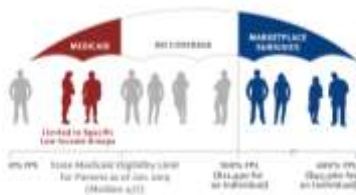
- Only one part of the ACA
- When law was written, it was assumed all states would expand Medicaid as part of healthcare reform

Current Status of State Medicaid Expansion Decisions



This leaves a coverage gap

Figure 4
In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.



Coverage gap in North Carolina

- Approximately 377,000 low-income North Carolina residents fall into this health insurance “coverage gap”
- Income is below the federal poverty level and would be eligible for Medicaid if NC chooses to expand
 - \$11,770 for a single person
 - \$24,250 for a family of four
- Allowed to buy insurance through the Marketplace, but income is too low to qualify for assistance so must pay full price (just like those who earn more than 400% of the poverty level)
- This group is exempt from penalty for not having insurance

Help for those in the Coverage gap

- Federally Qualified Community Health Centers (FQHCs) and safety-net providers are KEY in providing services to those who fall into the coverage gap!
- Refer patients with low or no income to:
 - www.hrsa.gov

Enter the patient’s zip code to find a **local health center** where they can receive primary care services on a sliding fee scale
- Under the ACA, in 2014 NC received \$179,288,547 to fund community health centers!
(More facilities, providers and services)

ACA Marketplace in NC

- 3 Marketplace insurance providers for 2015 in NC:
 - Blue Cross Blue Shield of the Carolinas
 - United Healthcare
 - Coventry
- 5 plan levels available through each provider:
 - Catastrophic (<30 years of age only)
 - Bronze: 60%/40% split (insurer/patient)
 - Silver: 70/30
 - Gold: 80/20
 - Platinum: 90/10



ACA Enrollment in NC: Year 1, 2014



- 357,584 enrollees in 2014 (5th highest in the US)
- 91% qualified for subsidies
- 48% paid < \$50/month
- Avg. premium=\$81/month
- 56% were female
- 35% are under age 35
- 28% are ages 18-34



ACA Enrollment in NC: Year 2, 2015



- As of 2/16/15 (end of OE2) – 559, 473 had selected a marketplace plan or were re-enrolled in coverage
- This represents a 56% increase in NC enrollment over 2014
- 92% of enrollees have qualified for subsidies
- 85% paying < \$100/month for coverage
- NC has the 3rd highest enrollment rate in the US (only Florida and Texas have higher rates)
- Current data shows there are still an estimated 1,296,000 uninsured people in NC
- Efforts being redoubled with: Latinos, young “invincibles”, and those living in rural areas

www.dhs.gov www.hhs.gov

What do Marketplace plans cover?



1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Laboratory Services
5. Maternity and newborn care
6. Mental health & substance use disorder services, including behavioral health treatment
7. Pediatric services, including oral and vision care
8. Prescription drugs
9. Preventative and wellness services and chronic disease management
10. Rehabilitative and habilitative services and devices

**10 categories
of essential
health benefits**

www.healthcare.gov

What do Marketplace plans cover?

Plans **must** cover

Some preventive services with NO out-of-pocket costs for enrollees

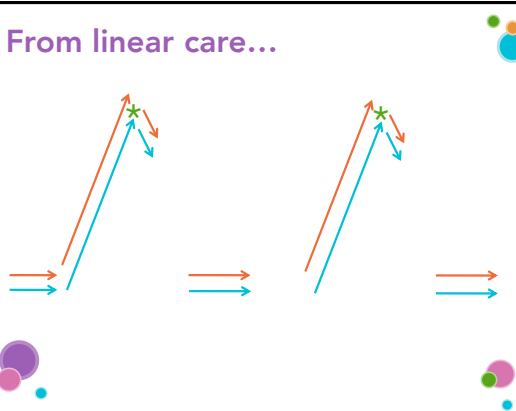
- Well-woman visits
- Birth control
- Mammograms
- Cervical cancer screenings/pap smears
- Screening for diabetes, hypertension and depression
- Colonoscopy (colon cancer screening)
- Prenatal care visits

The ACA supports women's health

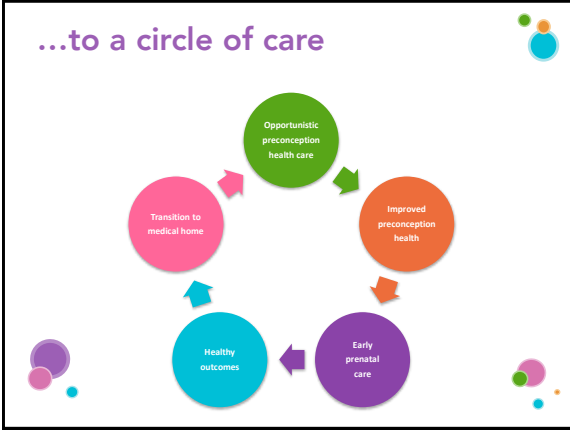


- Moves us away from "sick care" to wellness and prevention
- Supports a "Circle of Care" rather than episodic care
- Pays for preconception health visits, a.k.a. well-woman exams

From linear care...



Source: MCH. Connecting the Dots: Health Status Before Pregnancy and Pregnancy Outcomes 2011



The ACA supports preconception health

- Good preconception care often mirrors “preventive or wellness” care, which is now required to be covered under ACA Marketplace plans
- Well-woman exams can be used to address important preconception health issues, such as:
 - Tobacco use
 - Healthy weight
 - Reproductive life planning
 - Folic acid consumption
- ACA provides new “free” opportunity for patients to receive preconception health counseling from their providers

Other preventive services under the ACA

- Breastfeeding support, supplies and counseling
- Screening and counseling for interpersonal and domestic violence
- Screening for gestational diabetes
- DNA testing for high-risk strains of HPV
- Counseling regarding sexually transmitted infections including HIV
- Screening for HIV
- All FDA approved contraceptive methods, sterilization procedures, and counseling

A more detailed list

- **Anemia screening** on a routine basis for pregnant women
- **Breast Cancer Genetic Test Counseling (BRCA)** for women at higher risk for breast cancer
- **Breast Cancer Mammography screenings** every 1 to 2 years for women over 40
- **Breast Cancer Chemoprevention counseling** for women at higher risk
- **Breastfeeding comprehensive support and counseling** from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- **Cervical Cancer screening** for sexually active women
- **Chlamydia Infection screening** for younger women and other women at higher risk
- **Contraception:** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- **Domestic and Interpersonal Violence screening and counseling** for all women
- **Folic Acid supplements** for women who may become pregnant
- **Gestational diabetes screening** for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- **Gonorrhea screening** for all women at higher risk
- **Healthy B screening** for pregnant women at their first prenatal visit
- **HIV screening and counseling** for sexually active women
- **Human Papillomavirus (HPV) DNA Test** every 3 years for women with normal cytology results who are 30 or older
- **Opticobots screening** for women over age 60 depending on risk factors
- **Rh Incompatibility screening** for all pregnant women and follow-up testing for women at higher risk
- **Sexually Transmitted Infections counseling** for sexually active women
- **Syphilis screening** for all pregnant women or other women at increased risk
- **Tobacco Use screening and interventions** for all women, and expanded counseling for pregnant tobacco users
- **Urinary tract or other infection screening** for pregnant women
- **Well-woman visits** to get recommended services for women under 65

Birth control benefits

Marketplace plans are required to cover:

- Patient education and counseling
- Covered contraceptive methods:
 - Barrier methods, like diaphragms and sponges
 - Hormonal methods, like birth control pills & vaginal rings
 - Implanted devices, like intrauterine devices (IUDs)
 - Emergency contraception, like Plan B® & Ella®
 - Sterilization procedures
- Plans are not required to cover:
 - Drugs to induce abortions
 - Services related to men's reproductive capacity, like vasectomies



Birth control for the uninsured

NC Family Planning Program

- Uninsured patients should be referred to the NC Medicaid Be Smart Family Planning Program!
- Implementation began on October 1, 2014
- Program provides FREE family planning and birth control services to eligible women and men

www.ncdhhs.gov/dma/medicaid/familyplanning



Benefits for breastfeeding moms

- Comprehensive support and counseling from trained providers
- Access to breastfeeding supplies for pregnant and nursing women
- Insurers can use “reasonable medical management techniques” to decide “frequency, method, treatment and setting” for covered services that are required
- Breastfeeding women must be allowed reasonable break time at their place of work for pumping/nursing for at least 1 year after giving birth & must have appropriate accommodations for breastfeeding OTHER THAN a bathroom

Impact on daily practice

- Opportunity to see women on regular basis, not just when they are sick or pregnant, supporting the Circle of Care model
- Potential to address long-term health goals
- Financial incentives for keeping patients healthy
- A challenge: Providers are now expected to promote health in addition to treating disease
- What supports do you need to take full advantage of this new paradigm? Where can you find them?
- What conversations does your practice/program need to have to consider how best to adopt this new paradigm?

A before & since example:

- BEFORE THE ACA..... The average out-of-pocket cost was \$39 for a mammogram and \$78-\$185 per year for birth control
- SINCE THE ACA.....Millions of women can now access these services without cost sharing like copayments, co-insurance, and deductibles.
- Also, since the ACA.....women can't be excluded or charged more for pre-existing health conditions, and can stay on a parent's plan until age 26.





North Carolina resources

For provider and consumer use:

- www.healthcare.gov
- **1-800-318-2596** (toll-free federal number)
Customer service available 24/7 in 150 languages
- **1-855-733-3711 or 1-800-672-5834**
North Carolina-specific toll-free numbers to NC Legal Aid that will connect consumers to certified health navigators in their local area who can meet with them in person to help them apply online, by phone or by mail.

More North Carolina resources

- To find free services, including health care, enrollment help or tax preparation services
OR
- To download important forms (Healthcare Exemption Form, Applied Premium Tax Credit Form, 1095-A Health Insurance Marketplace Form):

www.ncgetcovered.org
www.nc211.org

MarchofDimes.com/healthinsurance

Health Insurance and the Affordable Care Act

Starting October 1, 2013, Americans can sign up for health insurance under the Affordable Care Act (also called the ACA or Obamacare). Health insurance (also called health coverage or health care) helps you pay for medical care.

The new rules provide new choices for health insurance. It also gives many people help to pay for insurance. The law also sets new rules for how insurance companies offer coverage and how much they can charge you for it. Many of these new rules affect health care costs for women and families. Learn how the ACA is changing health insurance coverage and what these changes may mean to you.

Find out when to use the new health insurance plan. You may get your health insurance from your employer (before you work for your partner's employer). Or you may get it from the government or buy it on your own. Be certain when you get a health insurance is important to help you pay for medical care for you and your family.

For more information about the Affordable Care Act:

- Visit www.marchofdimes.org
- Chat online at www.marchofdimes.gov/chat-center
- Follow us Twitter at @marchofdimes
- Watch a video at www.marchofdimes.com/video/032012a.html
- Call toll free: 1-800-526-2596
- Request toll: 202-462-5000

Other resources

- The ACA and Women
<http://www.hhs.gov/healthcare/facts/factsheets/2012/03/women03202012a.html>
- Centers for Medicare and Medicaid Services (training, publications, multimedia)
• <http://marketplace.cms.gov/getofficialresources/get-official-resources.html>
- Enroll America (materials on promoting enrollment)
• <http://www.enrollamerica.org/>
- National Partnership for Women & Families (ACA benefits for women)
• <http://www.nationalpartnership.org/research-library/health-care/lower-and-moderate-income-pregnant-women.pdf>

More resources

HHS.gov/HealthCare

Women and the Affordable Care Act

www.HHS.gov/HealthCare

More resources



www.nwlc.org



Challenges and Opportunities Going Forward

- Ensuring that the many newly insured women in NC know how to UTILIZE their new coverage
- Ensuring that those in the coverage gap are referred to and still access healthcare through the federally qualified community health centers (www.hrsa.gov)
- Ensuring that those still uninsured are encouraged to go through Special Enrollment if they have a qualifying life event AND to go through Open Enrollment for 2016:

OE3 is October 1 – December 15, 2015

www.healthcare.gov

March of Dimes North Carolina Preconception Health Campaign Contacts



Questions? Comments?

Thank you!

- For more information about the Campaign and other preconception health topics visit, EveryWomanNC.com
- Find us on Facebook: <http://www.facebook.com/everywomannc>
- Follow us Twitter: [@everywomannc](https://twitter.com/everywomannc)



March of Dimes North Carolina Preconception Health Campaign

- A statewide initiative aimed at improving birth outcomes in NC by reaching out to women with important health messages before they become pregnant
- Formerly functioned as the NC Folic Acid Campaign
- Goals of the Campaign are to reduce infant mortality, birth defects, premature birth, and chronic health conditions in women, while also aiming to increase intended pregnancies in NC
- Seeks to raise awareness and inspire positive action among the general public, health care professionals, and community agencies

