

Maintaining Coverage Throughout the Year: Tips and Strategies to Navigate Health Insurance Challenges

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Learn about recent federal and state policy developments that impact availability and affordability of ACA-compliant health coverage, including considerations for how these changes will impact RWHAP clients.
2. Support RWHAP staff to help clients maintain their health insurance coverage and learn how to use their coverage;
3. Demonstrate how program staff can use ACE TA Center tools to improve health insurance literacy among clients.

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

OE6: Trends and Take-Aways

Premiums stabilized in most jurisdictions

- Individuals purchasing off-Marketplace and those with higher incomes may be most impacted by premium increases

RWHAP grantees filled gaps in consumer assistance resources

Consumer confusion increased as non-ACA compliant options emerged

Federal Regulations Expand the Non-ACA Compliant Market

Association Health Plans (AHPs)	Short-Term Limited Duration (STLDs) Plans	Transitional “Grandmothered” Plans
AHPs recently expanded to more people (e.g., self-employed or individuals connected only by geography)	STLDs recently expanded to include plans that last for up to 364 days; makes it easier to renew these plans	Individual and small group plans issued between March 2010 and December 2013 and can be renewed through 2019
AHPs do not have to comply with most ACA rules	STLD plans do not have to comply with most ACA rules	Transitional plans do not have to comply with most ACA rules
Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive	Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive	Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive

Short-Term Plan Fine Print

Short-term plans historically have:

- Excluded coverage for pre-existing conditions, specified services and conditions (e.g., HIV, cancer, substance use)

“Within the last 5 years has any applicant been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)”

Source: Kaiser Family Foundation

- Imposed high out-of-pocket costs on consumers, including annual and lifetime limits on coverage
- Not covered prescription drugs
- Utilized post-claims underwriting

Short-Term Plan Options Are Expanding in Many States

The marketing for short-term plans can be confusing and is geared toward individuals:

- With short coverage gaps
- Looking for an “Obamacare alternative”
- Who are unemployed
- Who are independent contractors

Deceptive marketing practices should be reported to your state department of insurance

New Short-Term Products Marketed to Individuals with Pre-Existing Conditions

At least one carrier is marketing a specific pre-existing condition short-term plan,

BUT

- Caps coverage at \$25,000
- Only covers “eligible” pre-existing conditions and individuals are still subject to underwriting questions
- Exempts a number of services, including substance use services
- Uses high deductible and co-insurance

Monitor How Your State Regulates Non-ACA Compliant Plans

Limit or prohibit availability of short-term plans and AHPs

Ban transitional plans

Enact state individual mandates

Use 1332 waiver authority to implement reinsurance programs to combat premium increases

Checkout NASTAD's Private
Insurance State Policy Tracker:
www.nastad.org

Consumer Assistance Changes

Changes to the Patient Navigator Program:

- Navigators no longer have to have a physical presence in the state in which they are working
- States are no longer required to have at least one consumer-focused non-profit organization as a Navigator and could choose just one Navigator to serve the entire state
- Federal funding drastically reduced for Navigators this year

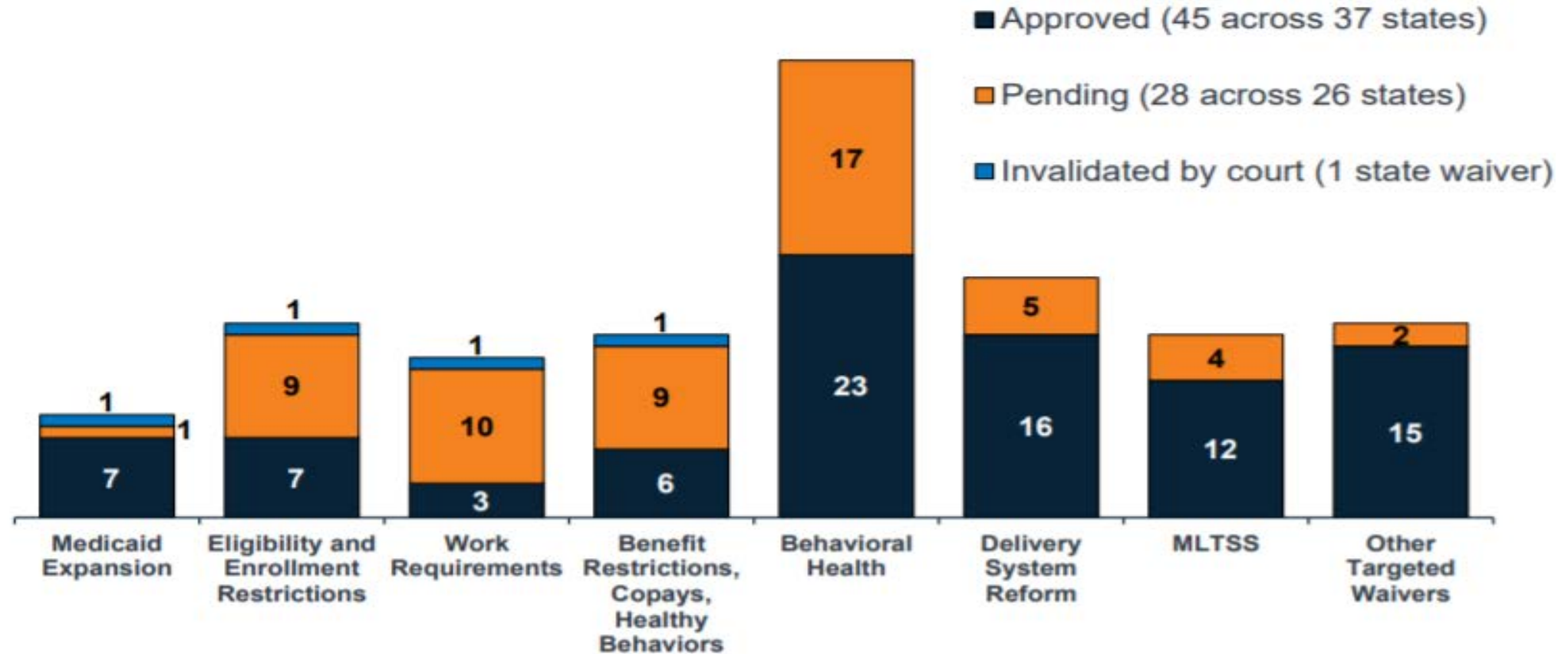
Greater role for brokers

- Web brokers can do direct enrollments into subsidized plans
- Brokers will also play a bigger role throughout the year to ensure consumers stay covered

Several States Have Expanded Open Enrollment

California*	October 15 – January 15
Colorado*	November 1 – January 15
Connecticut*	November 1 – December 15
District of Columbia*	November 1 – January 31
Idaho	November 1 – December 15
Massachusetts*	November 1 – January 23
<i>Maryland</i>	<i>Not yet announced</i>
Minnesota*	November 1 – January 13
New York*	November 1 – January 31
Rhode Island	November 1 – December 31
Vermont	November 1 – December 15
Washington*	November 1 – December 15

Medicaid Waiver Watch



Source: Kaiser Family Foundation (as of September 28, 2018)

Medicaid Work Requirements

State	Medicaid Work Requirement	State	Medicaid Work Requirement
AL	Pending	MI	Pending
AR	Approved	MS	Pending
AZ	Pending	NH	Approved
IN	Approved	OH	Pending
KS	Pending	SD	Pending
KY	*Invalidated by court, appeal pending	UT	Pending
ME	Pending	WI	Pending

Considerations for RWHAP Grantees and Clients

There are exemptions from work requirements:

- All states must exempt “medically frail” (some states specifically include an HIV diagnosis in this definition)
- The application process for the exemption varies, but can include: self-attestation via application to the managed care organization, application via provider, claims review by Medicaid program, or automatic exemption based on a data match
- Whether an exemption is the best option depends on the state

It is important for case managers to ensure that clients know the new requirements and what they need to do to stay covered, including documentation rules

The RWHAP is an important safety net to ensure uninterrupted access to care and treatment

Looking Ahead

“Public charge” proposed rule

- Expands the current public charge policy to make it harder to obtain lawful immigration status
- Comments were due December 10, 2018

Notice of Benefit and Payment Parameters for 2020

- States could weaken their Essential Health Benefits standards

Texas vs. Azar

- Court case challenging key provisions of the ACA