

What Consumers in Florida and Texas Need to Know about Open Enrollment

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Figure 5

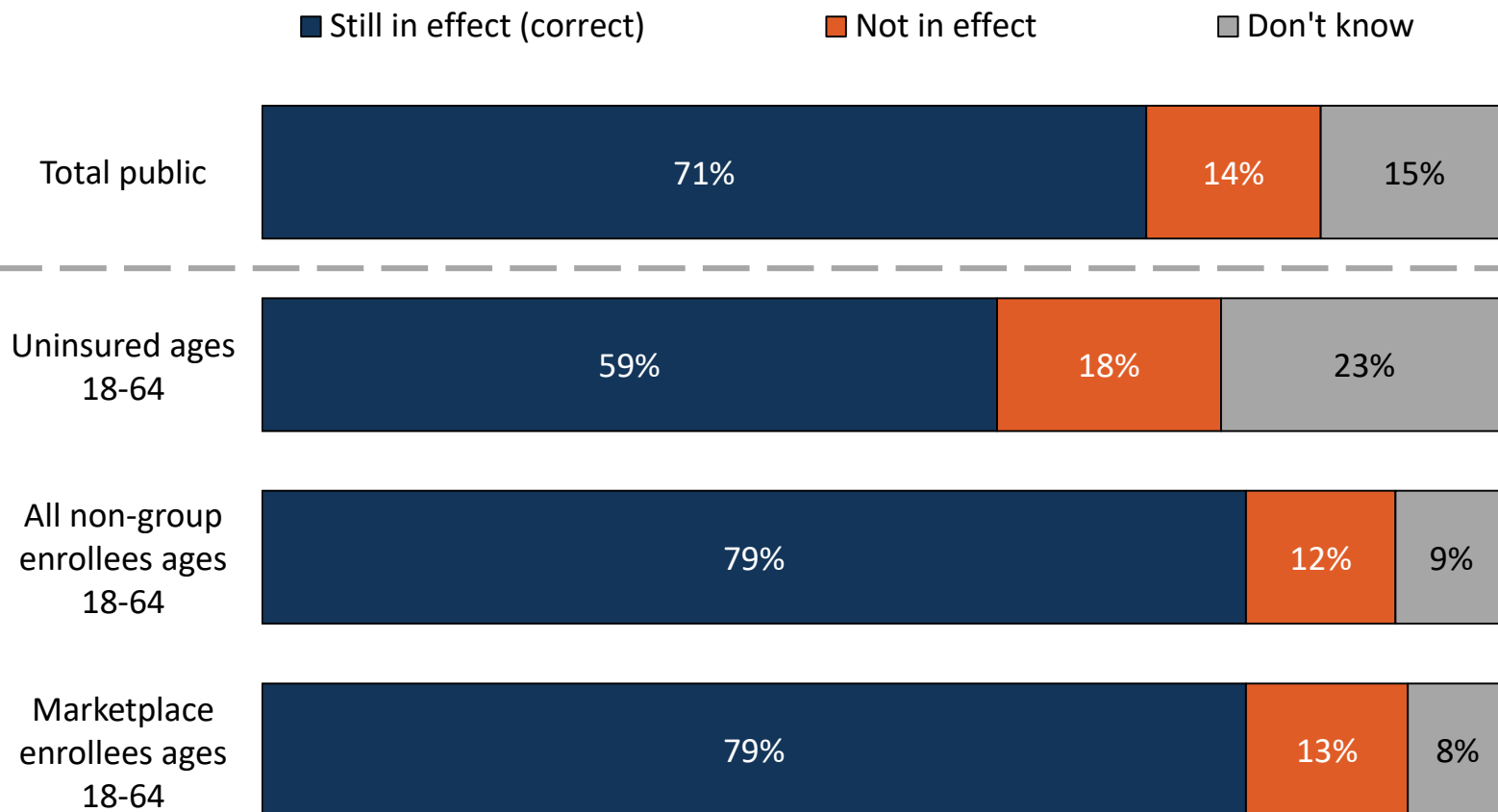
Events leading up to open enrollment added to uncertainty for insurers and confusion for consumers.

- Debate over Affordable Care Act repeal ended with no legislation enacted
- 2018 Open Enrollment shortened to 6 weeks
- Resources for outreach and consumer assistance have been reduced
 - 90% reduction in federal funding for advertising
 - 41% reduction in federal navigator grants; varying effects by states and programs
- Cost-sharing reduction (CSR) payments to insurers have been terminated
 - Bipartisan effort underway in Senate to restore CSR payments to insurers and federal funding for marketing and in-person assistance, though prospects are uncertain

Figure 6

Most are aware the individual mandate is still in effect, but four in ten uninsured are unaware or unsure.

As you may know, the health care law passed in 2010—known as the Affordable Care Act or Obamacare—required nearly all Americans to have health insurance, or else pay a fine. As far as you know, is this requirement still in effect, or not?



NOTE: Refused responses not shown.

SOURCE: Kaiser Family Foundation Health Tracking Polls (pooled interviews from September and October 2017)

Figure 7

The Affordable Care Act is still the law.

- The law has not been repealed or replaced
- Individuals must have health insurance in 2018 or risk paying a tax penalty
 - Penalty in 2018 is greater of:
 - \$695/adult (\$347.50/child), up to \$2,085/family; or
 - 2.5% of household income above the tax filing threshold, capped at the cost of national average bronze plan premium
 - Exemptions for affordability (if lowest cost marketplace premium is more than 8.05% of income in 2018), poor adults in states not expanding Medicaid, hardship, others
- To satisfy the individual mandate:
 - Sign up for health coverage offered at work
 - Apply for Medicaid/CHIP
 - Over 740,000 in FL and TX are eligible for Medicaid but not enrolled
 - Apply for private, non-group health insurance on or off Marketplace
 - Premium subsidies available in Marketplace for people with income 100%-400% FPL
- Private non-group health insurance can only be purchased during open enrollment or special enrollment periods (SEP) following life change events

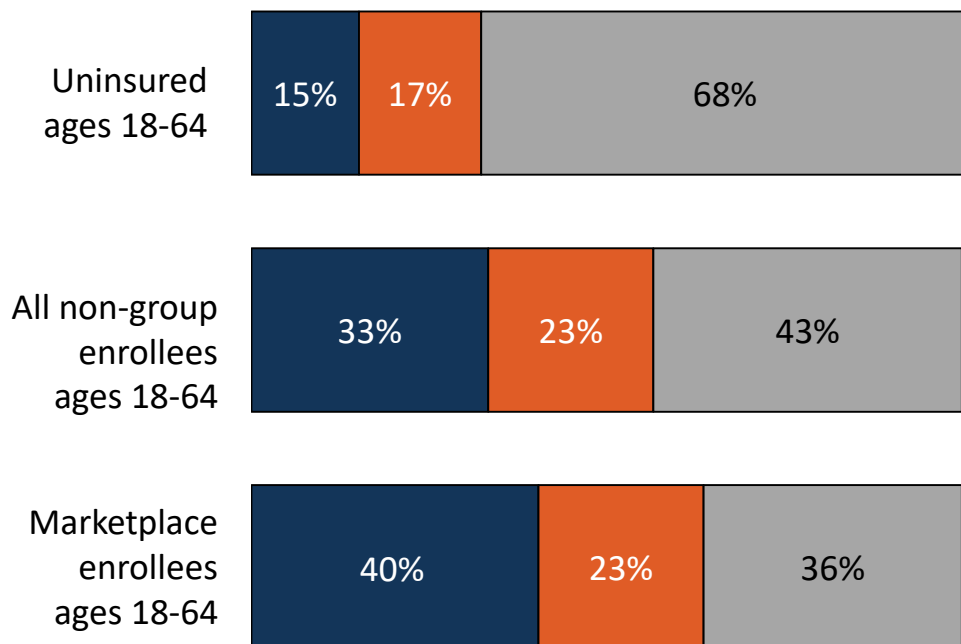
Figure 8

Most uninsured and large shares of non-group enrollees are unaware of the timing of open enrollment.

As you may know, under the health care law there are specific open enrollment periods each year when individuals can sign up for new insurance or change their current health insurance plans.

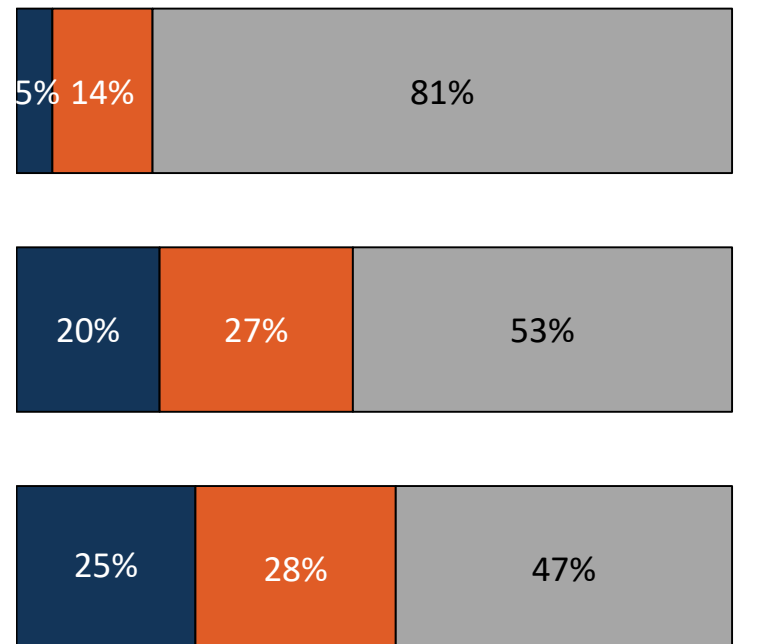
Do you happen to know when the next open enrollment period **begins**?

- November 1st (correct)
- Incorrect
- Don't know



Do you happen to know when the next open enrollment period **ends**?

- Dec. or January, depending on state (correct)
- Incorrect
- Don't know



NOTE: Refused responses not shown.

SOURCE: Kaiser Family Foundation Health Tracking Polls (pooled interviews from September and October 2017)

Figure 9

Open enrollment for 2018 will be shorter in most states.

- November 1 – December 15, 2017 in Healthcare.gov states
 - Open enrollment period will be 6 weeks, compared to 12 weeks in prior years
- OE Extended to December 31, 2017 in hurricane-impacted disaster areas
- State run marketplaces have option to extend dates, and many have

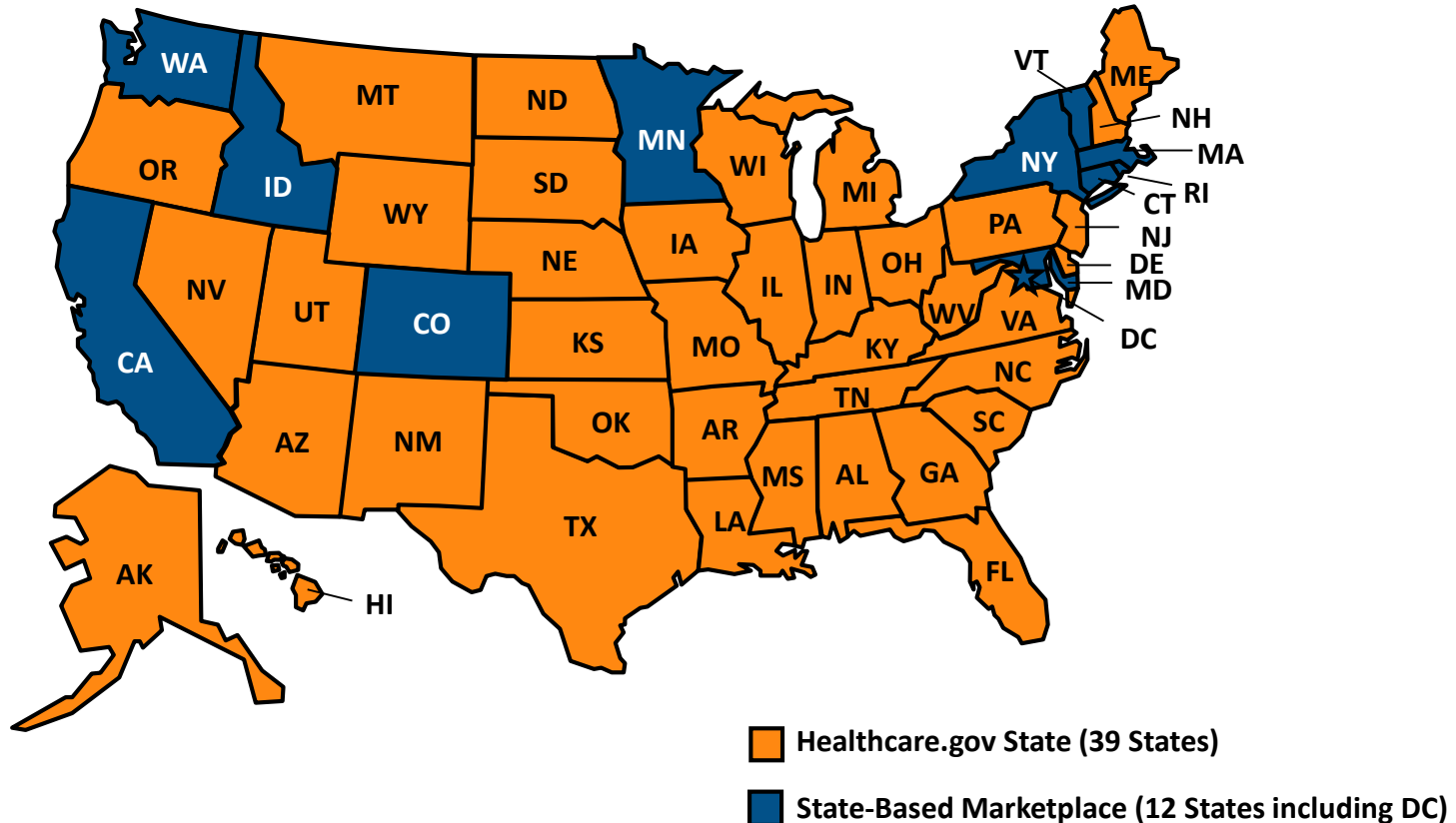
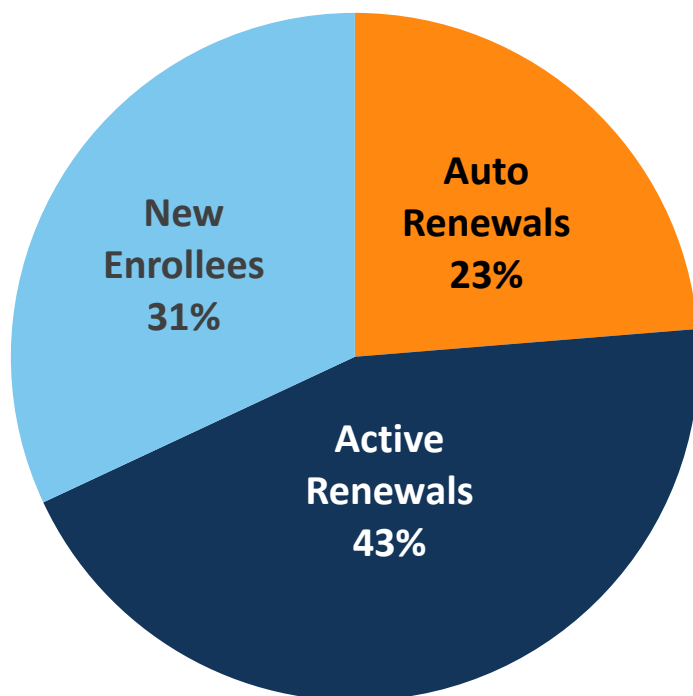


Figure 10

Nearly one-quarter of Marketplace enrollees auto-renewed in 2017.

2017 Marketplace Plan Selections
by Enrollment Type



- Auto-renewal will still be an option in 2018, but active shopping is strongly recommended
- Issuer exits means auto-renewal could assign consumers to new insurer with new provider network
- Unlike prior years, consumers will not have the opportunity to change plans in January if they do not like the auto-renewal results
 - If 2017 plan is discontinued, consumers will be eligible for loss-of-coverage SEP
- With 2018 premium changes, subsidy amounts could change substantially
- Renewal notices with 2018 premium amounts that typically arrive in October will be late for many consumers

Figure 11

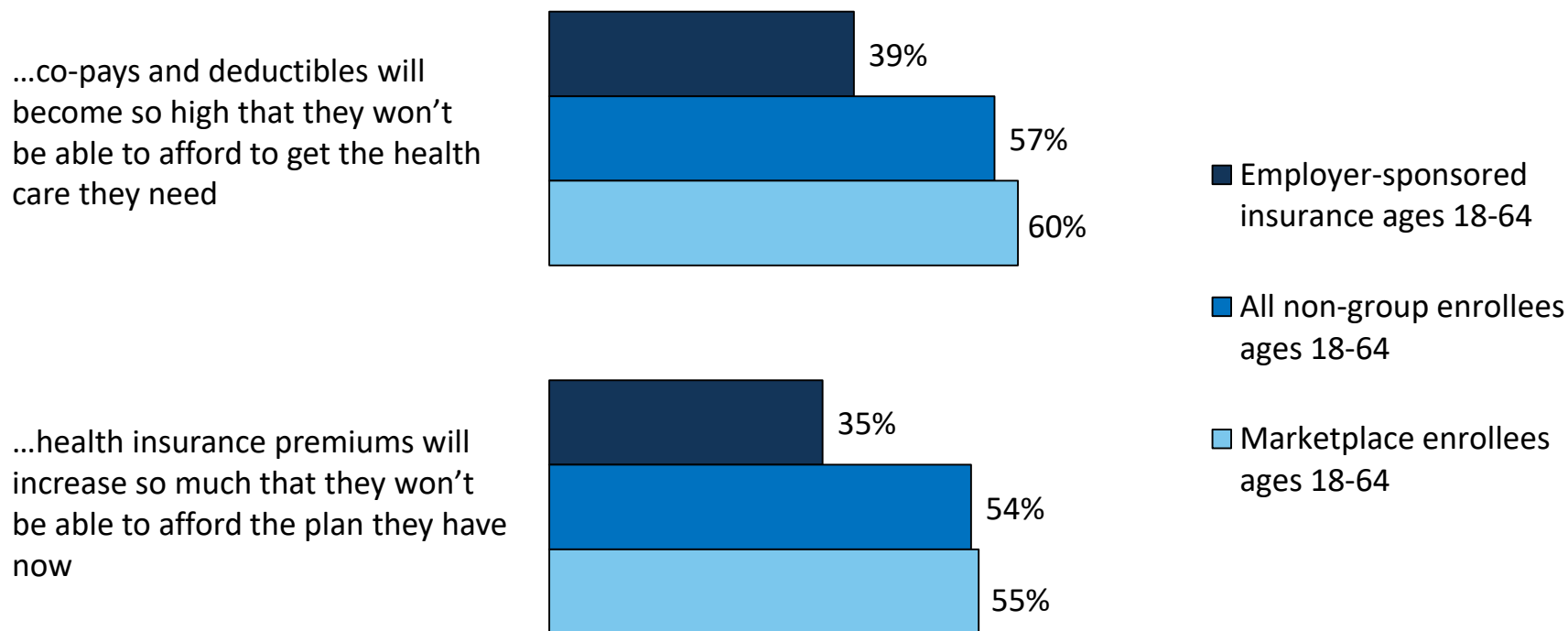
2018 Insurer participation changed in Florida and Texas.

State	Number of Marketplace Insurers		Detail
	2017	2018	
Florida	5	4	<ul style="list-style-type: none"> • Humana left Marketplace statewide • Centene expanded • BCBSFL is statewide, no change • Health First no change • Molina no change
Texas	10	8	<ul style="list-style-type: none"> • Humana left Marketplace statewide • Prominence Health First left Marketplace statewide • Centene expanded • OSCAR expanded • BCBSTX (HCSC) is statewide, no change • Christus, no change • Community Health: no change • FirstCare Group, no change • Molina, no change • Sendero, no change

Figure 12

Most Marketplace enrollees worry rising deductibles, premiums will make their coverage unaffordable.

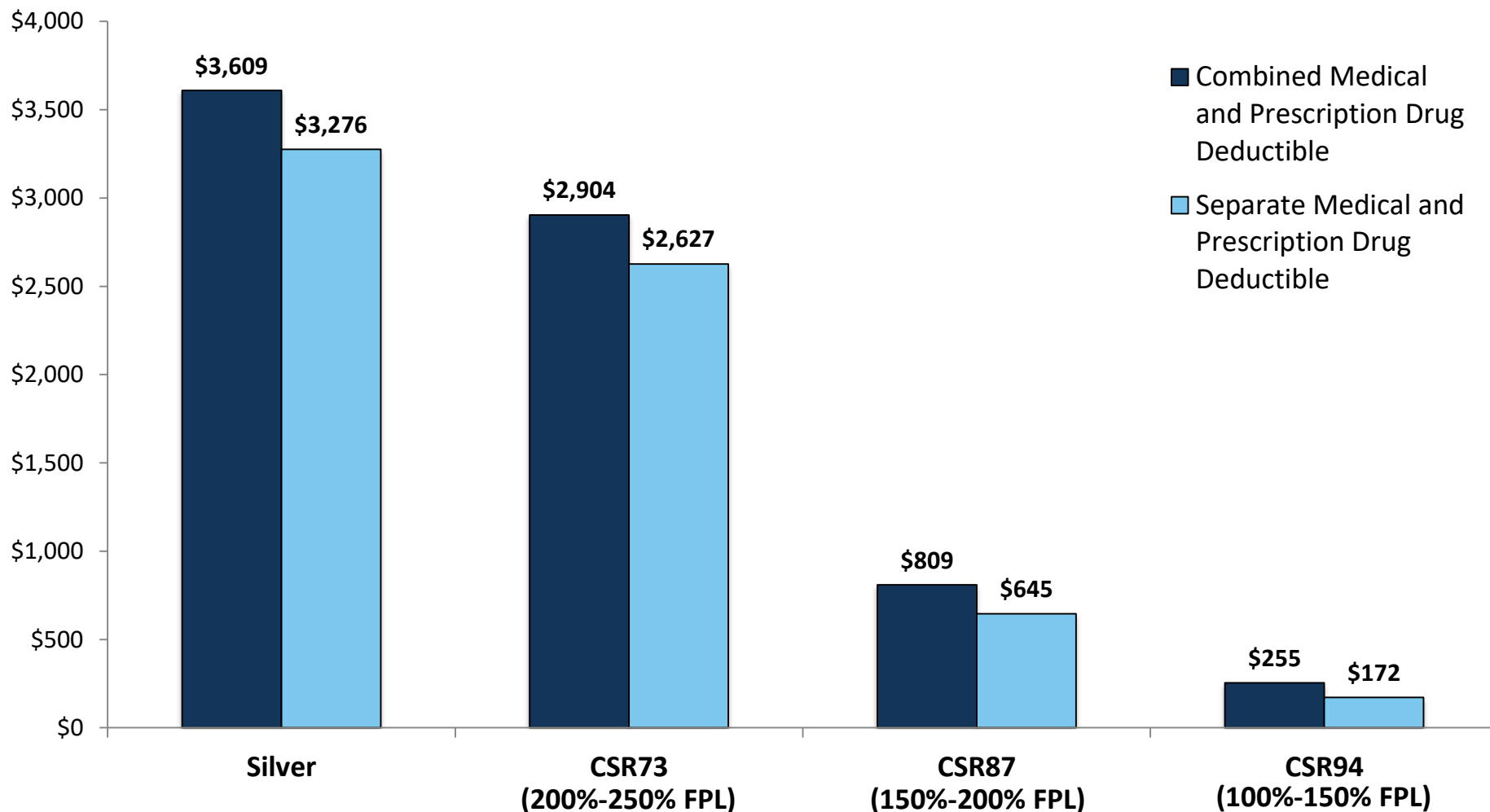
Percent who say they are “very” or “somewhat” worried that their...



SOURCE: Kaiser Family Foundation Health Tracking Polls (pooled interviews from September and October 2017)

Figure 13

Cost sharing reduction (CSR) subsidies are still available. Average medical deductibles in CSR plans are much lower than in traditional Silver plans.



Source: Kaiser Family Foundation analysis of Marketplace plans in the 39 states with Federally Facilitated or Partnership exchanges in 2017 (including Arkansas, Kentucky, New Mexico, Nevada, and Oregon). Data are from Healthcare.gov health plan information for individuals and families available here: <https://www.healthcare.gov/health-plan-information-2017/>

Figure 14

Though the President stopped reimbursement to insurers, insurers must still provide CSR to consumers.

- Cost sharing reductions (CSR) are available to eligible individuals in the Marketplace with income 100%-250% FPL
 - \$12,060-\$30,150 for individual in 2018
 - \$24,600 to \$61,500 for family of four in 2018
- Nationwide, 57% of marketplace enrollees were eligible for CSR in 2017
 - 75% in Florida; 63% in Texas
- CSR subsidies are delivered only through modified Silver plans.
 - Silver plan deductibles, co-pays, and other cost sharing amounts are reduced; federal government reimburses insurers monthly for the value of added coverage
- President Trump's recent announcement ended CSR reimbursement to health insurers, but insurers are still required to offer CSR to eligible individuals
 - Most important takeaway for consumers: Insurers are still required to provide reduced deductibles and copays for low-income marketplace enrollees
 - Second most important takeaway for consumers: While insurers are increasing premiums to offset the loss of payments from the federal government, consumers will mostly be held harmless

Figure 15

Most insurers raised premiums to address the termination of CSR payments

- Most insurers applied an extra 2018 premium increase just to silver plans to offset loss of CSR reimbursement from the federal government
 - CSR subsidies are available only in silver plans
- As a result, the premium for silver plans in most areas will increase much more than will premiums for bronze or gold plans
- That means the dollar value of premium tax credits will also increase substantially in 2018
 - Premium tax credit amount is tied to the cost of the benchmark silver plan
 - Premium tax credit can be applied to any metal-level Marketplace plan
- Some insurers applied the extra 2018 premium increase just to silver plans offered through the Marketplace

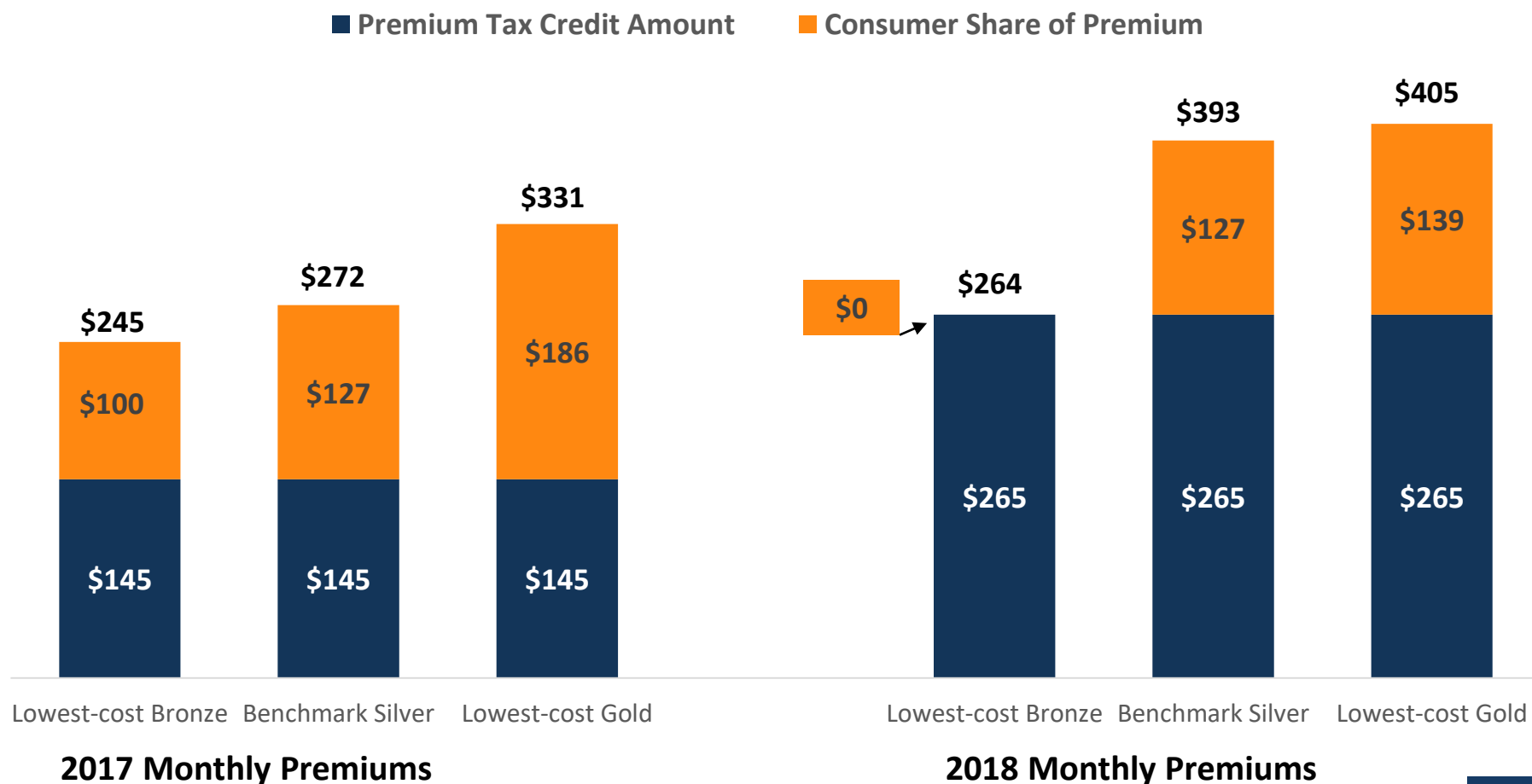
How will 2018 premium increases affect consumers?

- Premium tax credit will absorb the rate increase for subsidy-eligible individuals
- People who continue to buy the benchmark Silver plan – or a cheaper plan – will be able to pay about the same monthly premium in 2018 or less
- People may also find other deals. After taking into account the tax credit, consumers may find the net premium for bronze and gold plans in 2018 is more affordable than it was in 2017
- People who are not eligible for subsidies can avoid the CSR premium increase if they select other plans

Figure 17

2018 premiums in Florida are increasing, but subsidy-eligible consumers will pay the same or less.

Advance premium tax credit amounts and consumer share of premiums for 30-year old in Miami, FL with income at 200% FPL (\$24,120 in 2018)

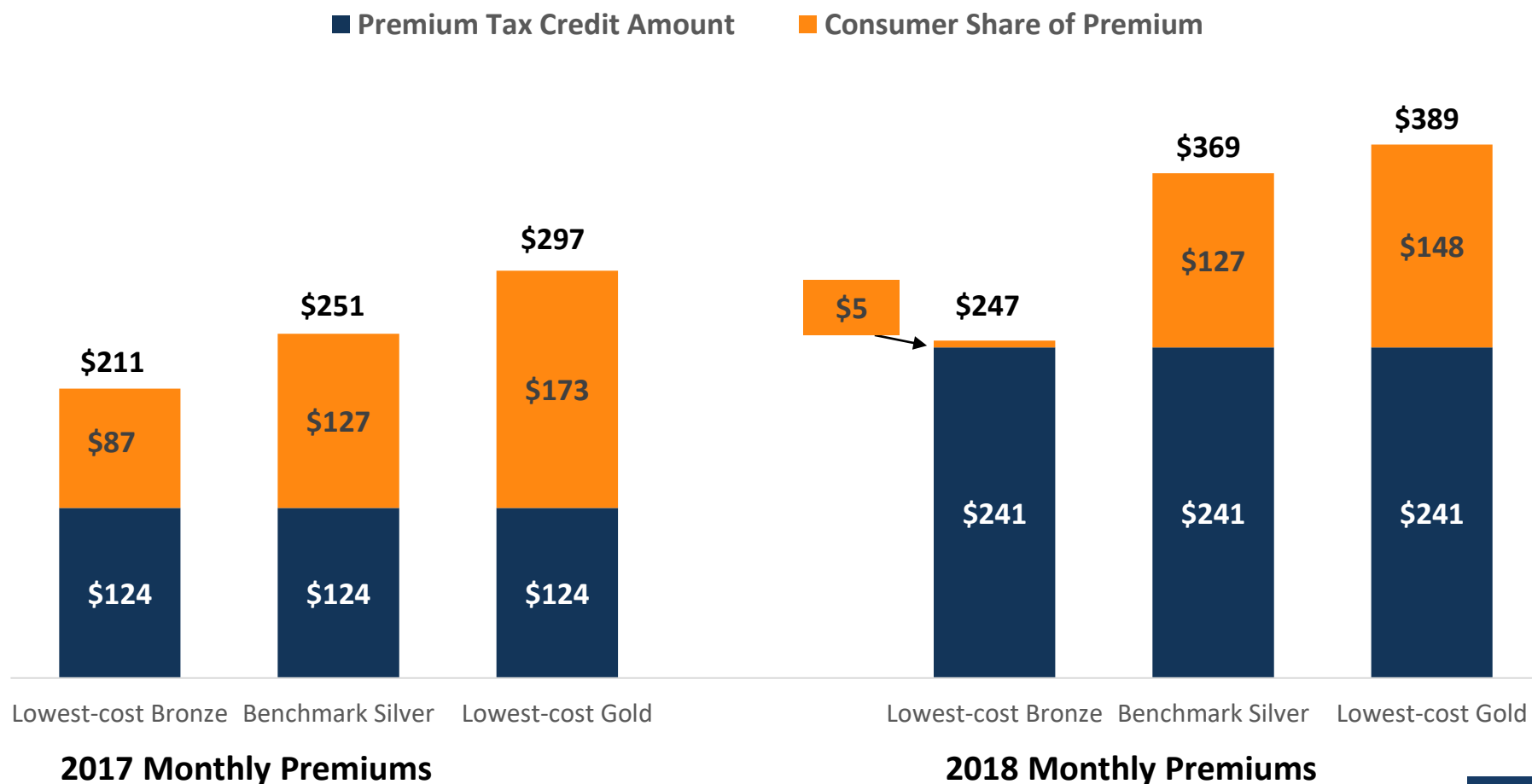


SOURCE: HealthCare.gov for 2017 and 2018 monthly premiums and premium tax credits.

Figure 18

2018 premiums in Texas are increasing, but subsidy-eligible consumers will pay the same or less.

Advance premium tax credit amounts and consumer share of premiums for 30-year old in Dallas, TX with income at 200% FPL (\$24,120 in 2018)



SOURCE: HealthCare.gov for 2017 and 2018 monthly premiums and premium tax credits.

Figure 19

New enrollment rules may add to confusion.

- Failure to reconcile
 - Consumers who received advanced premium tax credits (APTCs) in 2016 and who have not yet filed their 2016 federal income tax return with Form 8962 may be denied APTCs in 2018
 - Marketplace eligibility determination notice won't specify this reason
 - Consumers can regain eligibility for APTC by filing 2016 federal return with Form 8962
- Insurers can require repayment of 2017 unpaid premium debt
 - Insurers can require payment of back due premiums from prior 12 months before issuing new coverage for 2018
 - New rule, effective June 19, 2017, applies to premium debt after that date
 - Prior notice required in 2017
 - Appeals process not yet clearly defined
 - Contact marketplace, state insurance regulator, in-person assister for help

Figure 20

Start early. Waiting to the last minute risks delays.

- “Surge” signups as deadline approaches may increase with shorter Open Enrollment period
 - Healthcare.gov slowdowns, call center waits are possible
 - Unclear whether “in-line” enrollment will be permitted for those who are unable to complete their enrollment by Dec. 15 deadline
- Planned maintenance on HealthCare.gov during Open Enrollment
- Navigator funding reduced 41%, on average, in federal marketplace states
 - Reductions vary by state: 30% in FL, 34% in TX
 - Response to funding reductions will vary: Staff layoffs, reduced service areas, reduced service hours expected in some areas/programs*
- Demand for in-person help can exceed capacity in final weeks of Open Enrollment

* Kaiser Family Foundation, “Data Note: Changes in 2017 Federal Navigator Funding,” October 2017, <https://www.kff.org/health-reform/issue-brief/data-note-changes-in-2017-federal-navigator-funding/>

KFF Resources on Open Enrollment

- Health Reform Frequently Asked Questions <https://www.kff.org/health-reform/faq/health-reform-frequently-asked-questions/>
- Marketplace Subsidy Calculator (2018 updates pending) <https://www.kff.org/interactive/subsidy-calculator/>
- Penalty calculator (pending)
- ACA and You Explainers <https://www.kff.org/understanding-health-insurance/>
- State Health Facts <https://www.kff.org/statedata>

Web Briefing: What Should Consumers in Florida and Texas Know about ACA Open Enrollment?



florida
covering kids™
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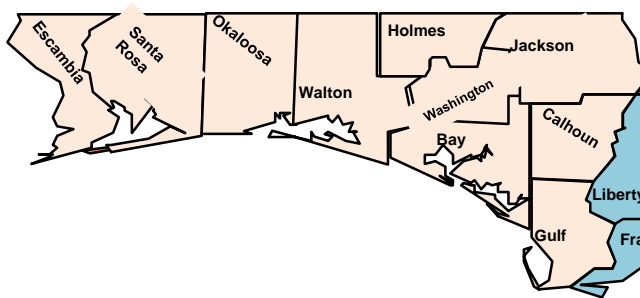
The project described was supported by Funding Opportunity Number CA-NAV-15-001 from the Center for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

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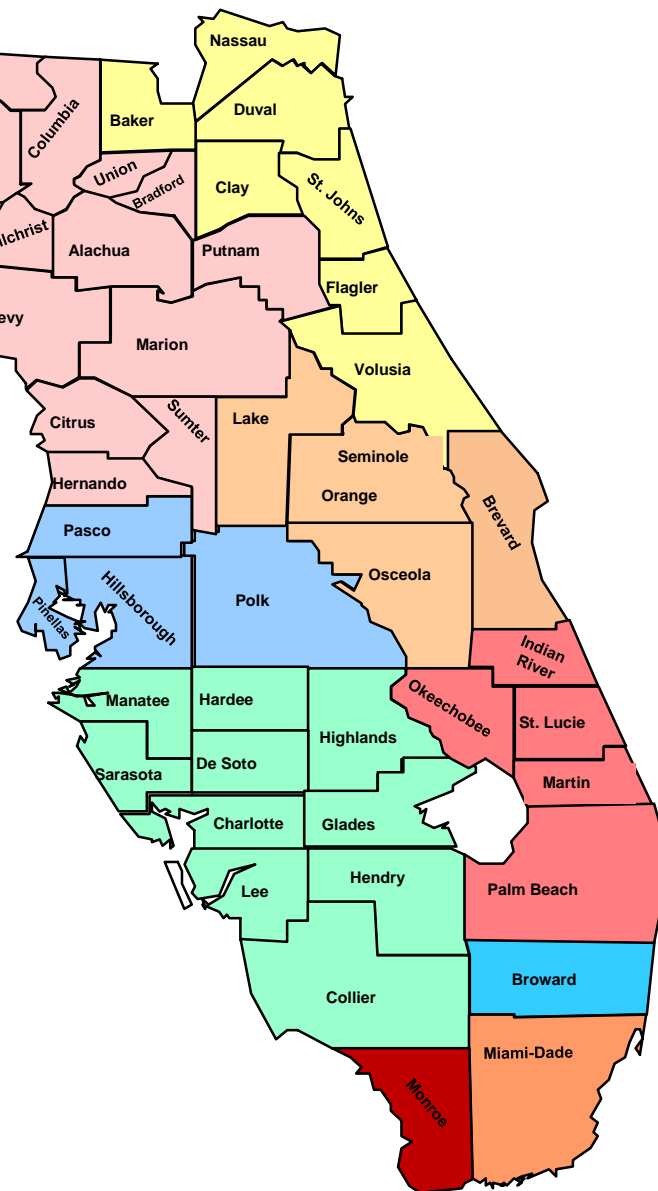
30
YEARS

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USF
HEALTH



1. Northwest Florida Comprehensive Services for Children (90Works)
2. USF Navigators
3. Suwannee River Area Health Education Center (SRAHEC)
4. The Health Planning Council of Northeast Florida
5. United Way of Brevard
6. Primary Care Access Network
7. The Family Healthcare Foundation
8. Health Planning Council of Southwest Florida, Inc.
9. Treasure Coast Health Council (Health Planning Council of Southeast Florida)
10. Broward Regional Health Planning Council, Inc.
11. Health Council of South Florida
12. Florida Keys AHEC



OE5

- ✓ # Navigators- 132
- ✓ # of events scheduled to-date- 106
- ✓ Target population:
 - Homeless; LGBTQ
 - HIV/AIDS
 - Minority Populations with low health literacy rates
 - LEP
 - Baby Boomers
 - Individuals with substance abuse history
 - Refugees
 - Young Invincibles
 - Women w/children
 - Re-entry
 - Rural areas
 - Medicaid Gap



Key Strategies

- ✓ Connector tool for consumers to schedule appointment
- ✓ Weekend and evening enrollment appointments
- ✓ Navigators are contacting previous year's consumers to offer application and enrollment assistance for OE5
- ✓ Navigators are positioned at high traffic social service centers where consumers are already seeking services
- ✓ Across the state, projects are working with statewide ADAP staff to enroll clients in to HIM
- ✓ Projects are hosting large scale NavLab events statewide
- ✓ Statewide outreach to LEP populations with rural Covering Florida partners
- ✓ Outreach to service industries such as: Food Service, Massage Therapists, Mechanics, day laborers, & Charter Schools



www.CoveringFlorida.org
877-813-9115



@CoveringFlorida

@CoveringFL

Through December 15, 2017, you can apply for a health plan, renew your current plan, or pick a new plan through the Federal Health Insurance Marketplace.

New to the Marketplace? You can preview 2018 health insurance plans and prices before you apply. You will see premiums based on your estimated income. Approximately 9 out of 10 Floridians qualify for financial help with their premium costs.

Already have a 2017 Marketplace plan? You can update your application with household or income changes and shop plans. New and more affordable coverage may be available in 2018, so don't miss out on savings!

It's time – November 1st is coming up soon!
Make an appointment to get 2018 health insurance coverage now!

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Questions



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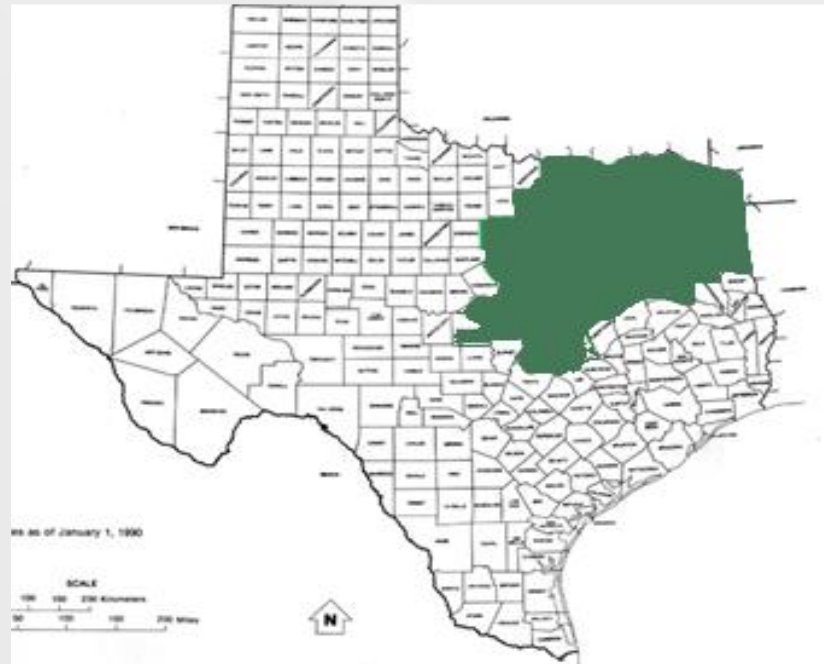
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Enroll North Texas Consortium



Covering 56 counties of the Northeast Central Region of the state of Texas which represents 16% of the land mass Texas and 36.9% of the population.



OE5 – Enroll North Texas Consortium



- 35 (19 bilingual -Spanish and Vietnamese) Navigators.
- Target Population :
 - Rural communities
 - Latino populations, African American populations and populations with limited English proficiency
 - Lesbian Gay Bisexual Transgendered Questioning (LGBTQ)
 - Young adults and post-secondary graduating students who do not have coverage
 - New mothers and women with children
 - Veterans and former military personnel and their families

Strategic Plan



- Call back process beginning early September – contacting previous year’s consumers to offer application and enrollment assistance for OE5, shorter enrollment period information, username and password update.
- Have a presence out in the community
- Partnerships and collaborations with local organizations
- Local and State Coalitions
- Outreach and Marketing
- Social Media Campaigns #GetCovered #GetTexasCovered #ACA #TengoCovertura #IGotCovered



Collective Work



Cover Texas Now is a coalition of consumer advocates focused on increasing access to health care in Texas. Working to amplify the ACA outreach message in Texas and to support local enrollment coalitions.

Melissa McChesney

Center for Public Policy Priorities



Collective Work



Local Enrollment Coalitions:

Enroll ATX

Enroll Gulf Coast

Enroll North Texas – (Dallas)

Enroll SA

Enroll El Paso

MHP Salud Navigator Program (RGV)

South Plains Community Action Association (Panhandle and West Texas)

Coastal Bend Center for Independent Living, (Corpus Christi, TX)



Help us make an impact!



National Level Support

Kaiser Family Foundation

Young Invincibles

Get America Covered

National Association of Health Access Assisters



Community Council

Advancing Solutions...Empowering Lives



Thank you!

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