The Affordable Care Act

Where We're at Today, Decisions Ahead Tomorrow

Utah Legislature Bagels and Briefing Office of Legislative Research and General Counsel February 11, 2014

What's happened already?

COVERAGE OPTIONS

Insurance Plans	Online Marketplaces	Medicaid Eligibility		
Guaranteed issue in individual market • No more high risk pools	 New Federal exchange (non-group policies) Federal premium subsidies Federal cost sharing subsidies 	Mandatory expansion 2020: 51,000 people 2020: \$25.7 million (GF) 		
 Community rating Premiums are not based on health condition 	Consumer shopping tools Continuation of Utah's Avenue H exchange	Optional expansion Utah considering No deadline "Reversible" 		
 Other rating changes Premiums can't vary by gender Premium variation for age is limited 	 (small group policies) Now offers ACA compliant plans Qualifies employers for federal tax credits 	 Cost depends on option H.B. 153 (2013) 2021: 160,100 people 2021: \$60 million (GF) 		
No pre-existing condition exclusions No annual or lifetime limits	 Subsidies Premiums (100%-400% FPL) Cost sharing (up to 250% FPL) Out of pocket caps 	 Enhanced federal funding 100% 2014–16 Phases-down to 90% by 2020 		
10 Essential Health Benefits No copays/deductible for	 Deductible caps (small group) Consumerism Choice 	 Federal requirements <100% FPL would require special permission to receive enhanced match 		
preventive care	Information			

What's happened already?

STAKEHOLDERS

In dividual man data		Primary care
 Individual mandate Purchase insurance or pay tax (penalty) Federal subsidies Available in federal exchange if employer does not offer qualified coverage New taxes, revenue Uninsured rates Employer Ma Offer insur make fair s payment (p implement postponed New Taxes, revenue Branded da Employer de eliminated 	 Rate review Rate review Medical Loss Ratio New ACA taxes Health Insurers High-cost plans 	 Short-term enhanced Medicaid reimburse- ment Hospitals Reduction in payments for low income and uninsured Reductions in Medicare rates



- 1. Consider optional implementation decisions
- 2. Watch for impacts
- 3. Influence federal rulemaking
- 4. Continue Utah reform

1. Consider optional implementation decisions

- Medicaid expansion
 - No deadline
 - Cost depends on design
 - Enhanced funding depends on timing and may depend on design
- State-run risk adjustment program
- SHOP (Avenue H) employer size
 - 2014: mandatory: 1 50
 - 2015: optional: 51 100
 - 2016: mandatory: 1 100
 - 2017: optional: 100+
- ACA super waiver
 - May implement in 2017 or later
 - State permitted to use alternate approaches to accomplish ACA objectives
- Basic Health Program
 - May implement in 2015 or later
 - State-developed option for 139% 200% FPL, using federal subsidy monies
 - Could be designed to reduce "churning" between Medicaid and private coverage



2. Watch for impacts

IMPACTS

Consumers	Employers	Insurers	Providers
 Premiums Subsidized plans Unsubsidized plans Unsubsidized plans Affordability Pay vs. play Employer offers Distinguishing real differences in value 	 Insurance offering rates Exchange crowd-out Medicaid crowd-out ESI crowd-in Affordability ACA avoidance behavior Use of stop-loss arrangements Use of non-QHPs FTEs and hours Taxes, revenue Competiveness and profitability 	 Rates Taxes, fees Benefit changes HIPUtah and Federal HIPUtah risk Adverse selection Plan design EHB designs Network adequacy Viability Adequacy of ACA risk mechanisms Participation and Competition Broker participation	 Primary care Availability Expiration of 2013 – 14 enhanced Medicaid reimbursement Hospital payments Reduction in payments for low income and uninsured Reduction in Medicare reimbursement

3. Influence federal regulations

- Preserve no-data-reporting requirement for SHOP (Avenue H)
- Preserve state flexibility in new essential health benefits definition for 2016
- Influence other rulemaking

*Recodify Utah Insurance Code when appropriate to reflect federal regulations.

4. Continue Utah reform

- Payment and delivery reform (value vs. volume)
- All-payers health insurance claims database
 - Risk adjustment
 - Cost and quality reports
 - Pay-for-value systems
- Integration of physical and behavioral health services in Medicaid
- Charity care system
- PEHP, Medicaid as vehicles for pilot programs and other new developments
- Enhance consumerism
- Other value and cost containment strategies

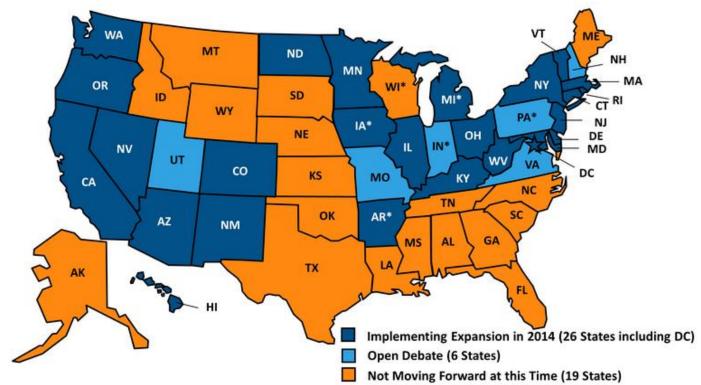


Related Information



Medicaid Expansion

Current Status of State Medicaid Expansion Decisions, 2014

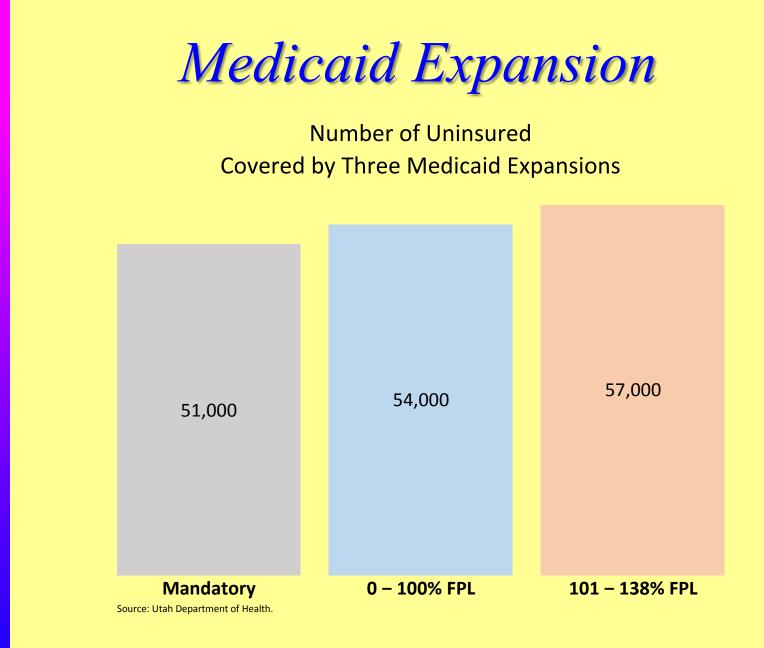


NOTES: Data are as of January 28, 2014. *AR and IA have approved waivers for Medicaid expansion; MI has an approved waiver for expansion and plans to implement in Apr. 2014; IN and PA have pending waivers for alternative Medicaid expansions; WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion.

SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS here States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.



Source: http://kaiserfamilyfoundation.files.wordpress.com/2014/01/current-status-of-the-medicaid-expansion-decisions-healthreform.png, 2/8/14.





2014 Federal Poverty Guidelines							
Size of	Percentage of Federal Poverty Level						
Household	100%	100% 138%		250%	300%	400%	
1	\$11,670	\$16,105	\$23,340	\$29,175	\$35,010	\$46,680	
2	\$15,730	\$21,707	\$31,460	\$39,325	\$47,190	\$62,920	
3	\$19,790	\$27,310	\$39,580	\$49,475	\$59,370	\$79,160	
4	\$23,850	\$32,913	\$47,700	\$59,625	\$71,550	\$95,400	
5	\$27,910	\$38,516	\$55,820	\$69,775	\$83,730	\$111,640	
6	\$31,970	\$44,119	\$63,940	\$79,925	\$95,910	\$127,880	
7	\$36,030	\$49,721	\$72,060	\$90,075	\$108,090	\$144,120	
8	\$40,090	\$55,324	\$80,180	\$100,225	\$120,270	\$160,360	
9	\$44,150	\$60,927	\$88,300	\$110,375	\$132,450	\$176,600	
10	\$48,210	\$66,530	\$96,420	\$120,525	\$144,630	\$192,840	
11	\$52,270	\$72,133	\$104,540	\$130,675	\$156,810	\$209,080	
12	\$56,330	\$77,735	\$112,660	\$140,825	\$168,990	\$225,320	

Source: Based on 2014 Federal Poverty Guidelines, U.S. Department of Health and Human Services, http://aspe.hhs.gov/poverty/14poverty.cfm, 2/10/14.

Poverty Guidelines

	Number of people in your household							
		1	2	3	4	5	6	
Private Marketplace health plans	You may qualify for lower premiums on a Marketplace insurance plan if your yearly income is between See next row if your income is at the lower end of this range.	\$11,670 - \$45,960	\$15,730 - \$62,040	\$19,790 - \$78,120	\$23,850 - \$94,200	\$27,910 - \$110,280	\$31,970 - \$126,360	
	You may qualify for lower premiums AND lower out-of-pocket costs for Marketplace insurance if your yearly income is between	\$11,670 - \$28,725	\$15,730 - \$38,775	\$19,790 - \$48,825	\$23,850 - \$58,875	\$27,910 - \$68,925	\$31,970 - \$78,975	
Medicaid coverage	If your state is expanding Medicaid in 2014: You may qualify for Medicaid coverage if your yearly income is below	\$16,105	\$21,707	\$27,310	\$32,913	\$38,516	\$44,119	
	If your state isn't expanding Medicaid: You may not qualify for any Marketplace savings programs if your yearly income is below	\$11,670	\$15,730	\$19,790	\$23,850	\$27,910	\$31,970	

Source: HealthCare.gov, accessed at https://www.healthcare.gov/how-can-i-save-money-on-marketplace-coverage-chart/, 2/8/14.

ACA Federal Spending, Revenue

	2013-22
FEDERAL SPENDING IN UTAH	Annual Average
1. Health Insurance Exchanges	
a. Premium and Cost Sharing Subsidies	\$ 709,886,780 * More if no Medicaid expansion
b. Other	\$ 4,475,957
2. Medicaid and CHIPCoverage	\$ 575,608,070 * Less if no Medicaid expansion
3. Reinsurance & Risk Adjustment	\$ 158,448,878
4. Other Medicaid/Medicare/CHIP	
a. Reductions in Annual Update to FFS Rates	\$ (371,504,431)
b. MA Rates Based on FFS Rates	\$ (139,649,858)
c. Medicare and Medicaid DSH	\$ (50,130,718)
d. Other	\$ (102,051,820)
5. Other	\$ 12,532,680
NET SPENDING	\$ 797,615,537
EDERAL REVENUE FROM UTAH	
1. Coverage-related provisions	
a. Exchange Premium Tax Credits	\$ (198,732,491) * More if no Medicaid expansion
b. Small Employer Tax Credits	\$ (17,903,828)
c. Penalty Payments by Individuals	\$ 49,235,527
d. Penalty Payments by Employers	\$ 94,890,288
e. Excise Tax on High-premium Plans	\$ 99,366,245
f. Associated Effects of Coverage Provisions	
on Tax Revenues	\$ 193,361,342
g. Reinsurance and Risk Adjustment Collections	\$ 164,715,218
2 Other Drovisions	<u>ج</u>

- 2. Other Provisions
 - \$ 147,706,581 a. Fees on Certain Manufacturers and Insurers \$ 284,670,865 b. Additional Hospital Insurance Tax Ś 77,881,652
 - c. Other Revenue Provisions

NET REVENUE

Figures other than those asterisked would also vary due to Medicaid expansion decisions

Source: Congressional Budget Office, Letter to the Honorable John Boehner on the direct spending and revenue effects of H.R. 6079, "Repeal of Obamacare Act", July 24, 2012. Accessed 2/10/14 at http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CD0QFjAA&url=http%3A%2F%2Fwvww.cbo.gov%2Fsites%2Fdefault%2Ffiles%2Fcbofiles%2Fattachmentsh% 2F43471-hr6079.pdf&ei=XiH6UuXXKajL2QXoh4DYCA&usg=AFQjCNE0A8oPaibl2gahPxi3c5M-5E19RQ&sig2=Esmih tokqAD9zVVPRh5FA&bvm=bv.61190604,d.b2I. Figures calculated by prorating 2013-22 national totals to Utah according to April 1, 2010, population estimates (http://www.census.gov/popest/data/historical/2010s/vintage_2011/index.html) and dividing by 10.

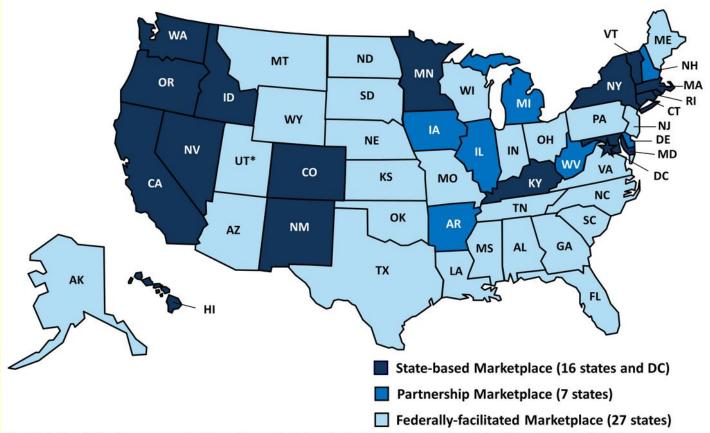
895,191,400

\$





State Health Insurance Marketplace Decisions, 2014



* In Utah, the federal government will run the marketplace for individuals while the state will run the small business, or SHOP, marketplace.

SOURCE: State Decisions For Creating Health Insurance Marketplaces, 2014, KFF State Health Facts: <u>http://kff.org/health-reform/state-indicator/health-insurance-exchanges/</u>.



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Source:http://kff.org/health-reform/slide/state-decisions-for-creating-health-insurance-exchanges/, 2/10/14.

Maximum Exchange Premium

Preliminary Subsidy Charts



Available in Individual Exchange Marketplace Only

Maximum Monthly Premium For Silver Coverage after Subsidy Applied

Not Eligible for Subsidy:

- Medicaid & Medicare eligible
- Those eligible for *affordable* group coverage.
- Undocumented residents

Source: UC Berkeley Calculator

Arches Health Plan is not responsible for this content – www.ArchesHealth.org

	Persons in Family/Household									
	1	2	3	4	5	6	7	8		
10,000						_				
15,000	TBD					Eligible for				
20,000	\$89	TBD	TBD			Medicaid				
25,000	\$149	\$98	TBD	TBD		Wedicald				
30,000	\$215	\$156	\$108	TBD	TBD					
35,000	\$277	\$216	\$161	\$119	TBD	TBD	TBD			
40,000	\$317	\$282	\$221	\$169	\$128	TBD	TBD	TBD		
45,000		\$353	\$283	\$228	\$178	\$135	TBD	TBD		
50,000		\$396	\$350	\$287	\$234	\$189	\$143	TBD		
55,000		\$436	\$420	\$351	\$295	\$242	\$199	\$151		
60,000		\$475	\$475	\$417	\$354	\$301	\$250	\$210		
65,000			\$515	\$486	\$418	\$360	\$307	\$259		
70,000			\$555	\$554	\$485	\$421	\$368	\$314		
75,000			\$594	\$594	\$553	\$486	\$428	\$373		
80,000				\$633	\$626	\$553	\$488	\$433		
85,000				\$673	\$673	\$620	\$554	\$492		
90,000				\$713	\$713	\$682	\$620	\$555		
95,000					\$752	\$752	\$688	\$621		
100,000					\$792	\$792	\$754	\$688		
105,000					\$831	\$831	\$831	\$755		
110,000	N	lot				\$871	\$871	\$825		
115,000						\$910	\$910	\$898		
120,000		ligible	for			\$950	\$950	\$950		
125,000							\$990	\$990		
130,000	5	ubsidi	-10				\$1,029	\$1,029		
135,000							\$1,069	\$1,069		
140,000								\$1,109		
145,000		_						\$1,149		
150,000	TBD							\$1,189		
155,000								\$1,228		
160,000										

9/24/2013

The Way Health Care Gets Better

Annual Household Income

1

Source: Arches Health Plan. Accessed at http://le.utah.gov/interim/2013/pdf/00003393.pdf, 2/10/14.

For more information:

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