

# An Overview of the Affordable Care Act and Its Implementation in Illinois for Human Service Providers

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- Submit questions during the presentations via the control panel
- Presentations and other resources will be available after the webinar at resource page

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- Chicago Area Immunization Campaign
- Illinois Coalition for School Health Centers
- Illinois Premature Infant Health Network
- text4baby – mobile messaging program

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# Presentation Overview

1. Big Picture Overview
2. Changes to Medicaid
3. The Exchange
4. Changes to Health Care Delivery
5. Effect on Immigrant Population
6. Case Scenarios
7. Resources & Questions

# Big Picture

# The Affordable Care Act (ACA)



# Health Reform is a **Big** Deal

- Covers an additional 32 million people nationally
- In Illinois:
  - 1.5 million uninsured
  - number will drop dramatically because of ACA
- Reduces the federal deficit

# Grandfathered plans

- If had employer insurance on or before 3/23/10: “If you like it, you can keep it.”
- Plans issued after 3/23/10 must meet the law’s new consumer protections.

# Changes to Medicaid



# Medicaid Expansion

- Covers everyone under 65 up to 133% FPL
- 100% federal funding for newly eligible in 2014-16
- Illinois: estimated 700,000 newly eligible

# Medicaid Expansion (cont.)

133% Federal Poverty Level: (2011 guidelines)

Family Size	Income
1	\$14,483.70
2	\$19,564.30
3	\$24,644.90
4	\$29,725.50

# How does the ACA simplify eligibility for Medicaid?

- Uses new income & household size standards
- Eliminates asset test
- Provides access through “no wrong door”
- Uses electronic data to verify eligibility
- Envisions a largely paperless system

# Who Will be Newly Eligible for Medicaid?

- A “newly eligible” will be anybody who:
  - is between 18 and 65 years old,
  - is at or below 133%FPL
  - is a U.S. citizen or legal resident living here for 5 years, and
  - was not eligible for Medicaid prior to December 1, 2009
  - Sub-population characteristics:
    - Childless adults
    - Young adults, ages 19-25
    - Older population, ages 55-64
    - Homeless individuals
    - Minorities
    - Parents

# Illinois' EVE system

- Eligibility, Verification and Enrollment System
  - Being designed now by consultants for HFS
  - Input needed
  - Public Education Subcommittee of the MAC

# Advocacy Opportunities

- Current income vs. income from last tax return
- Frequent transitions between Medicaid and subsidized coverage in the exchange
- Coordination with other public benefit programs like SNAP (food stamps)
- Identifying those who are new eligible to account for appropriate federal match
- Complex family situations
- Navigators

Source: Georgetown CCF

# The Exchange

# Help for Families at Every Income Level: The Exchange

- User friendly format to understand terms, compare benefits & services across plans
- Enroll in Medicaid through Exchange
- Health plans required to have enough doctors, perform well on quality measures
- In Illinois: initial projections are that Illinois Exchange will enroll 486,000 individuals in 2014

# **What's Covered in the Exchange Plans?**

- Ambulatory Patient Services
- Emergency Services
- Hospitalization
- Maternity and Newborn Care
- Mental Health and Substance Abuse Services (Including Behavioral Health Treatment)
- Prescription Drug Coverage
- Rehabilitative and Habilitative Services and Devices
- Laboratory Services
- Preventive and Wellness Services
- Chronic Disease Management
- Pediatric Services, Including Oral and Vision Care

# Private insurance affordability

Financial help for families with household incomes < 400% FPL

Family Size	Income
1	\$43,560.00
2	\$58,840.00
3	\$74,120.00
4	\$89,400.00

# Illinois Health Care Exchange Legislation

- SB 1555 (Public Act 097-0142) creates a Legislative Task Force to recommend implementation and design of the Illinois Health Care Exchange--especially on the governance structure and self-financing after 2015.
- Recommendations are due by Veto Session 2011 in order to continue to receive federal funding for the implementation planning process.
- Advocates coordinated in many activities to implement health care reform.
- <http://www.ilga.gov/commission/cgfa2006/Resource.aspx?id=1227>

# Individual Mandate

- Requires all U.S. citizens and legal residents to have coverage
- Enforcement takes effect January 2014
- Broadens the insurance pool
- Average American family with insurance pays over \$1,000 a year in higher premiums to cover the cost of uninsured

# Changes to Health Care Delivery



# Health Care Delivery Models

- **Fee-for-service Model:** providers paid set fee for each service (rewards volume and intensity of services)
- **Coordinated/Integrated Care Model:** pay providers upfront (and/or for performance) to coordinate and ensure the full spectrum of services a patient requires
- **Accountable Care Organizations:** coordinate health care in one place, integrating primary care, specialists, hospitals, labs, etc.
- **Patient Centered Medical Home:** primary care health care setting facilitating partnerships among patients and providers
- **Consumer Operated and Oriented Plan (CO-OP):** non-profit, member health insurance organization offering qualified health plans based on an integrated, consumer-focused model

# Changes to Health Care Delivery

- **Upside:** If care is delivered smartly and efficiently, it could cure access problems and promote prevention and coordination and better health outcomes
- **Downside:** If care is delivered sloppily and only to save money, it could damage access, especially for chronic needs

# Coordinated Care in Illinois

- Illinois HFS' ICP pilot in Cook and Collar Counties for current Medicaid enrollees: seniors and persons with disabilities.
- P.A. 096-1501 Medicaid Reform Law: At least 50% of Medicaid enrollees must be in care coordination by 2015
- HFS' Innovations Project: Care coordination for seniors and adults with disabilities, and individuals with mental health and/or substance abuse disorders

<http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/default.aspx>

# Coordinated Care in Illinois

- Medical Home Network launched
  - Safety net full service medical home network on Chicago's south & southwest side
  - Will coordinate care for over 160,000 Medicaid enrollees—women & children— by linking hospitals and medical clinics through an Internet portal
- Hospital partners include Cook County's Stroger, Provident and Oak Forest hospitals, Rush University Medical Center, Mt. Sinai Medical Center, Holy Cross Hospital, Saint Anthony Hospital and La Rabida Children's Hospital.
- Clinic partners include Access Community Health Network, Alivio Medical Center, Lawndale Christian Health Center, Chicago Family Health Center, Centro de Salud Esperanza, Friend Family Health Center and outpatient clinics run by participating hospitals.

# Health Care Landscape in Illinois

- **2012:** HFS must report to General Assembly on progress & implementation of the care coordination program initiatives
- **2013:** HFS plans to begin enrolling newly eligible Medicaid clients and care coordination delivery systems will be underway
- **2014 and beyond:**
  - Exchange operational (private insurance & Medicaid)
  - ACOs and Co-ops may be operational

# Effect on the Immigrant Population



# The ACA & Immigrants

- Immigrants “**lawfully present**” in U.S. :
  - **May** buy health insurance in state exchanges
  - **May** qualify for federal financial help if < 400% FPL
  - **Must** buy health insurance under the individual mandate (unless unaffordable or exempt)

# The ACA & Immigrants

- **Undocumented Immigrants:**
  - Unable to buy private health insurance in exchange (& therefore ineligible for federal financial help to pay for premiums)
  - Exempt from individual mandate
  - Can purchase insurance off the exchange through private insurance plans, co-ops

# Case Scenarios

# Single, childless man

- Newly eligible for Medicaid
  - Benchmark benefits plan
  - Use navigator to enroll
  - Enhanced matching rate for state
  - May qualify for exception to mandate

# 56 year old woman, no dependant children, with fluctuating income

- If income  $>$  138%FPL:
  - Private insurance options via the Exchange
  - Federal financial assistance
- If income  $<$  138% FPL:
  - Newly eligible for Medicaid
- Subject to the mandate

# Lawfully present man in U.S for 7 years, with 130% FPL Household income

- Newly eligible for Medicaid
- Subject to the mandate

# U.S. Citizen with long standing pre-existing condition, with 375% FPL household income

- Subject to the mandate
- Private insurance via the Exchange (with insurers banned from discriminating due to pre-existing conditions) and
- eligible for federal financial assistance

# Resources

# Healthcare.gov

- An online portal to health insurance information for consumers



# IllinoisHealthMatters.org

[Illinois Health Matters](http://www.illinoishealthmatters.org), a website on health care reform in Illinois, is producing multimedia snapshots on how the Affordable Care Act is affecting or will affect the residents in the **South and West Sides of Chicago**. See our Neighborhood Stories site here: <http://www.illinoishealthmatters.org/neighborhood-stories.aspx>



# Questions?

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# Thank you!

