



Health Insurance Marketplaces: The First 8 Weeks

November 22, 2013



#ACAmarketplace



**THE
COMMONWEALTH
FUND**

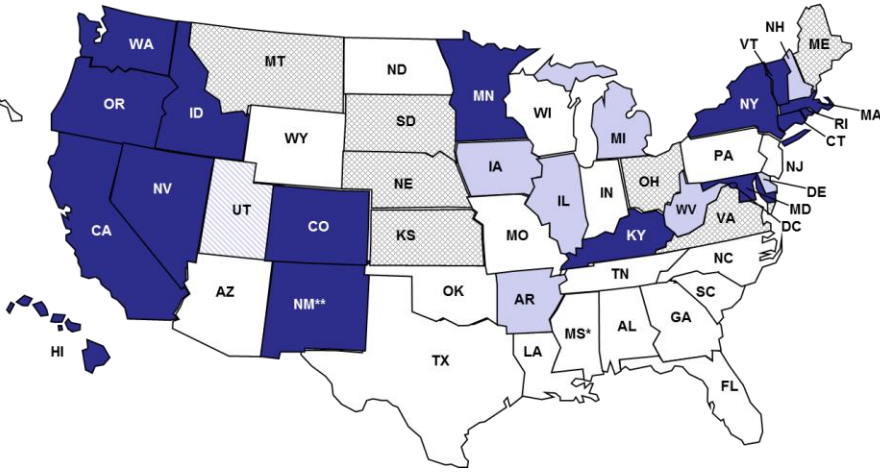
The Affordable Care Act's Marketplaces and Medicaid Expansion: A Look At Enrollment in October and November

**Sara R. Collins, Ph.D.
Vice President, Health Care Coverage and Access
The Commonwealth Fund**

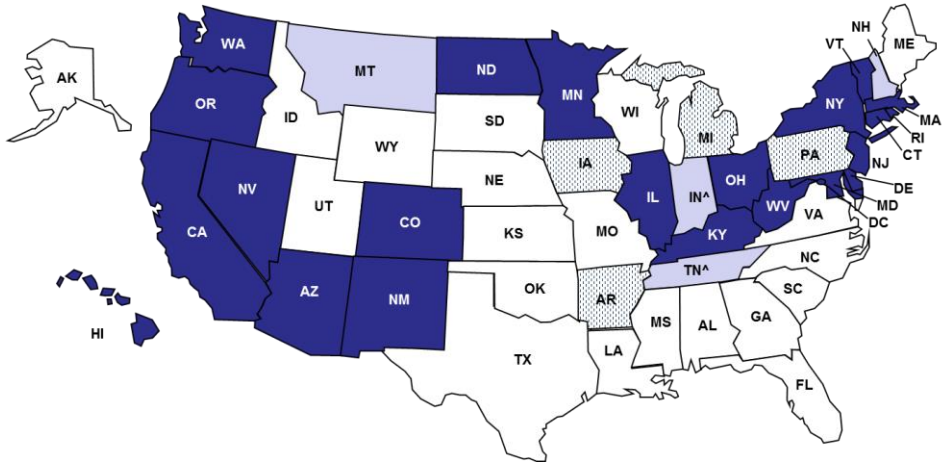
**The Alliance for Health Reform
Washington, DC
November 22, 2013**






Exhibit 1. State Action on Establishing Health Insurance Marketplaces and Participation in Medicaid Expansion, As of November 2013





Health Insurance Marketplaces



Medicaid Expansion



-  Pursuing state-run exchange (16 + DC)
-  Pursuing state-federal partnership exchange^ (7)
-  Pursuing a state-run small business exchange and a federally run individual exchange (1)
-  Pursuing federally facilitated exchange, state will be responsible for the plan management functions (7)
-  Pursuing federally facilitated exchange (19)

-  Expanding (22 + DC)
-  Expanding with variation (4)
-  Unclear/undecided (4)
-  Not expanding (20)

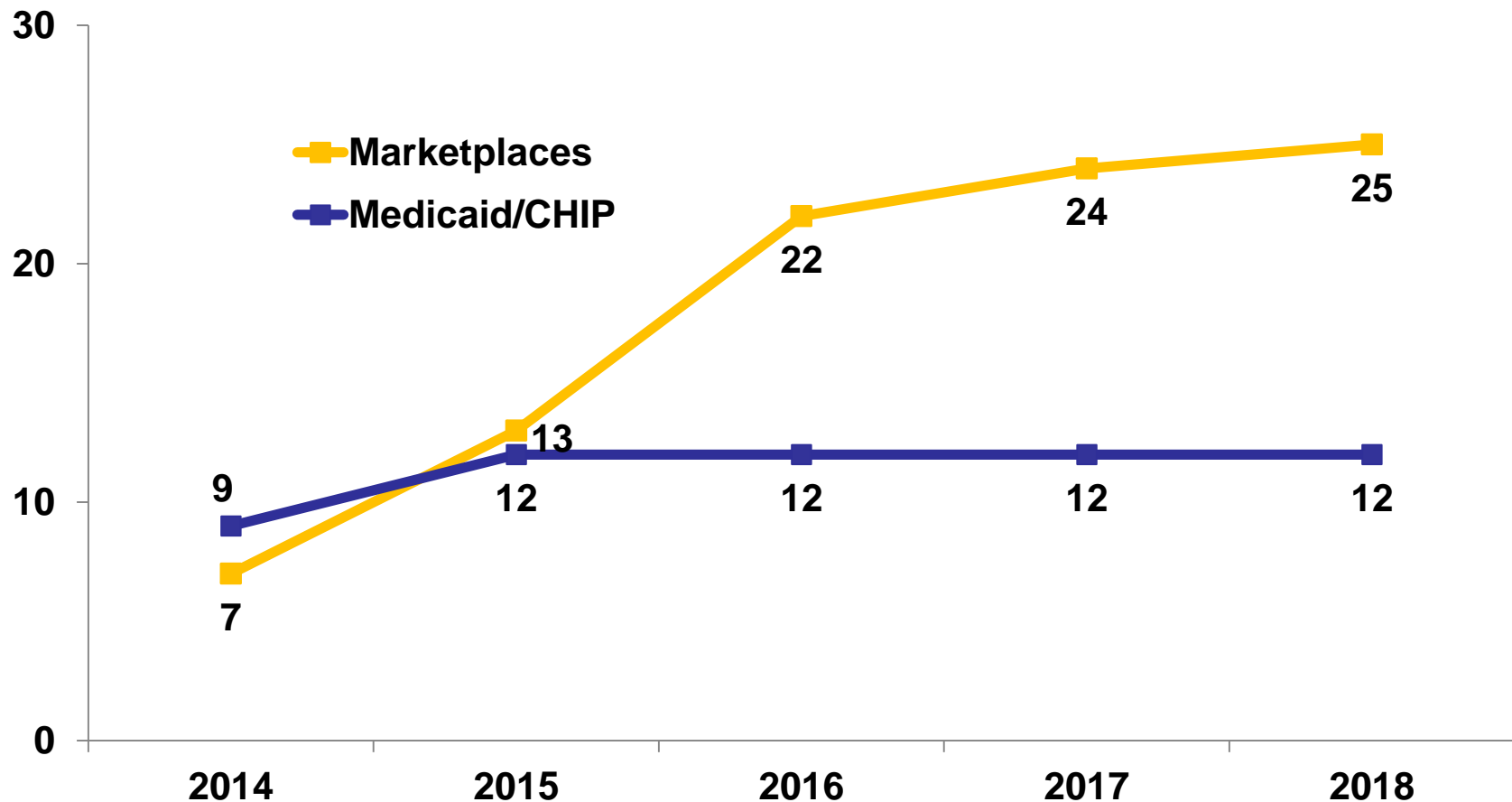
*HHS denied Mississippi's application for a state-run marketplace on February 7, 2013. **In Idaho and New Mexico, the federal government will operate the individual market in 2014. ^Indiana and Tennessee have considered expanding with variation.

Source: National Conference of State Legislatures, Federal Health Reform: State Legislative Tracking Database. <http://www.ncsl.org/default.aspx?TabId=22122>; Avalere State Reform Insights; Center of Budget and Policy Priorities Politico.com; Commonwealth Fund Analysis.



Exhibit 2. Seven Million People Estimated to Enroll in Plans Through the Health Insurance Marketplaces in 2014

Millions of people, ages 0-64



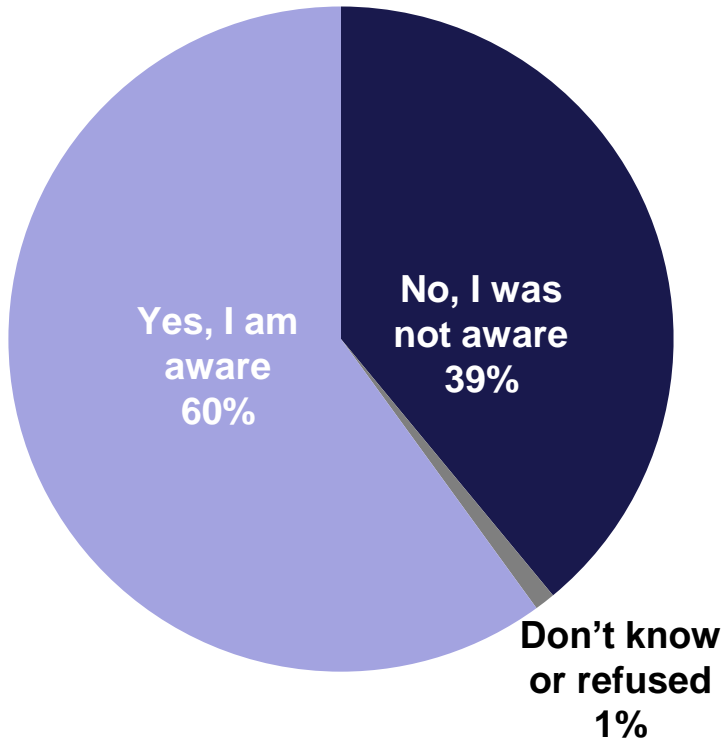
Source: Congressional Budget Office, May 2013 Estimate of the Affordable Care Act on Health Insurance Coverage, May 2013.

http://www.cbo.gov/sites/default/files/cbofiles/attachments/44190_EffectsAffordableCareActHealthInsuranceCoverage_2.pdf

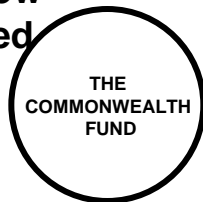
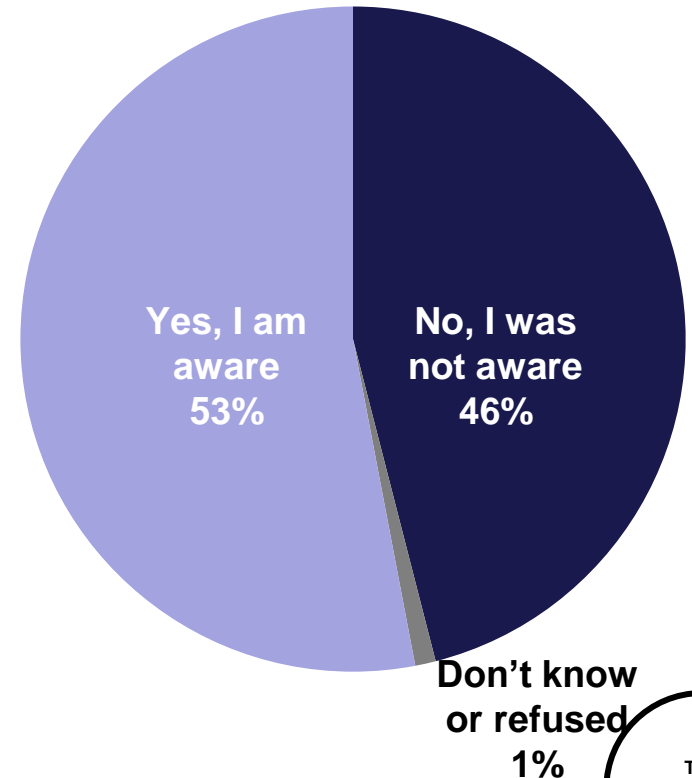
Exhibit 3. A Majority of Adults Who Are Potentially Eligible for the Law's New Insurance Options Are Aware of the Marketplaces and the Availability of Financial Assistance

Since the beginning of October, under the health reform law, also known as the Affordable Care Act, new marketplaces have been open in each state where people who do not have affordable health insurance through a job can shop and sign up for health insurance. Are you aware of this new marketplace in your state?

Many people without affordable health benefits through a job may be eligible for financial help to pay for their health insurance in these new marketplaces. Are you aware that financial assistance for health insurance is available under the reform law?



Adults ages 19–64 who are uninsured or have individual coverage



Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

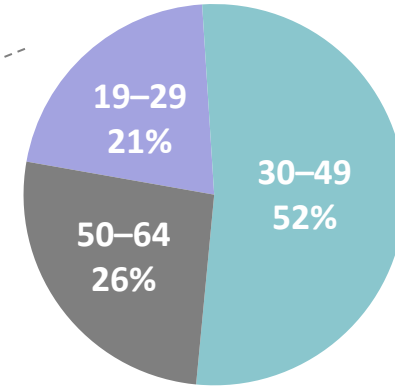
Exhibit 4. Seventeen Percent of Adults Who Are Potentially Eligible for Coverage Visited a Marketplace in October

Have you gone to this new marketplace to shop for health insurance? This could be by mail, in person, by phone, or on the Internet.

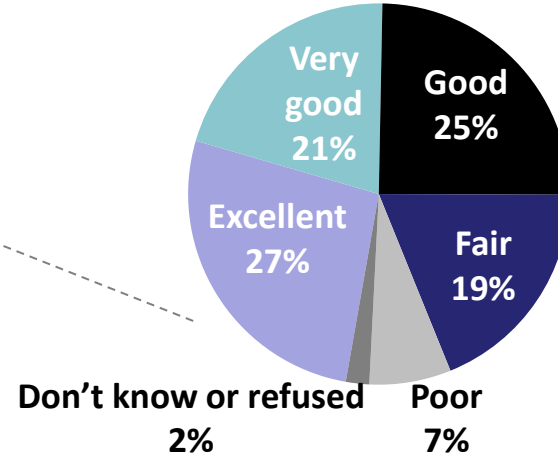


Adults ages 19–64 who are uninsured or have individual coverage

Age



Health status



Adults ages 19–64 who are uninsured or have individual coverage and went to marketplace

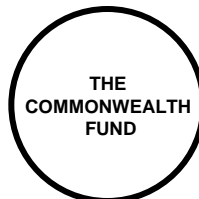
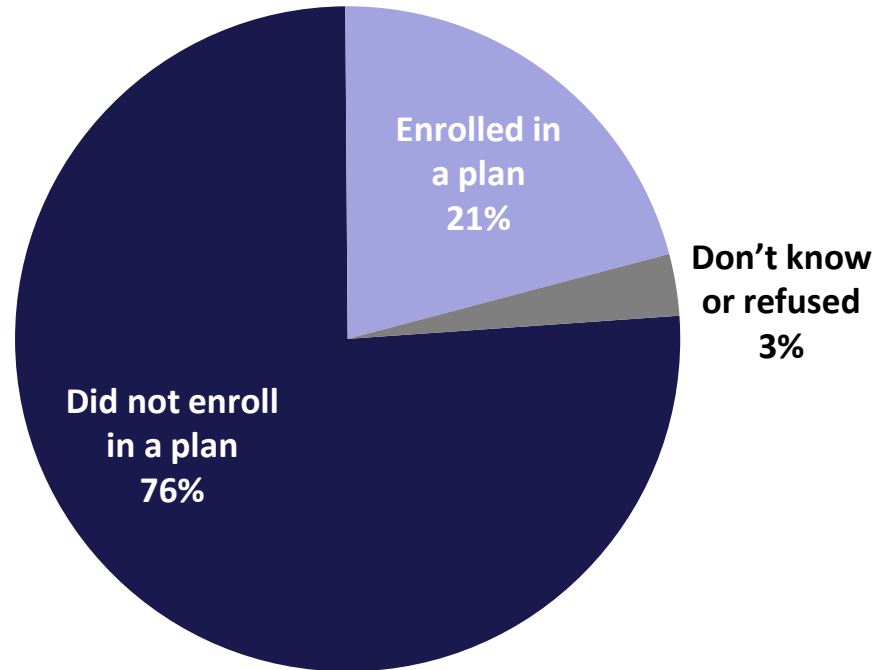


Exhibit 5. One of Five Adults Who Visited the Marketplaces Enrolled in a Health Plan

Did you end up enrolling in a health plan?



Adults ages 19–64 who are uninsured or have individual coverage and went to marketplace

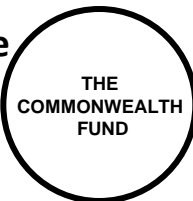
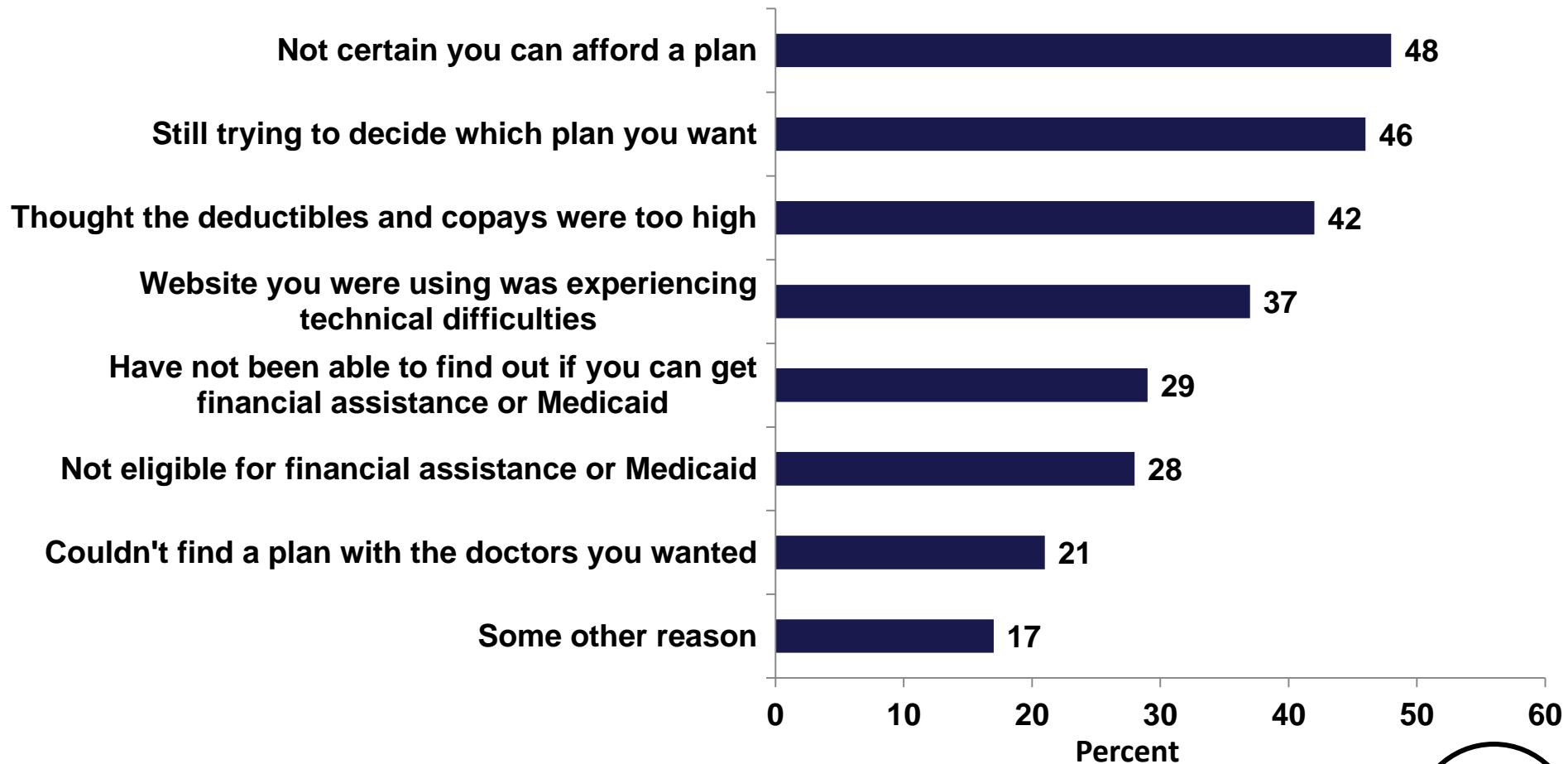


Exhibit 6. Reasons for Not Enrolling in October Included Uncertainty over Affordability, Still Deciding Among Plans, and Website Technical Difficulties

Can you tell me why you did not enroll in a health insurance plan or Medicaid when you visited the marketplace?



Adults ages 19–64 who are uninsured or have individual coverage and went to marketplace but did not enroll

Note: Respondents could identify more than one reason.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

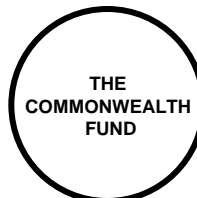
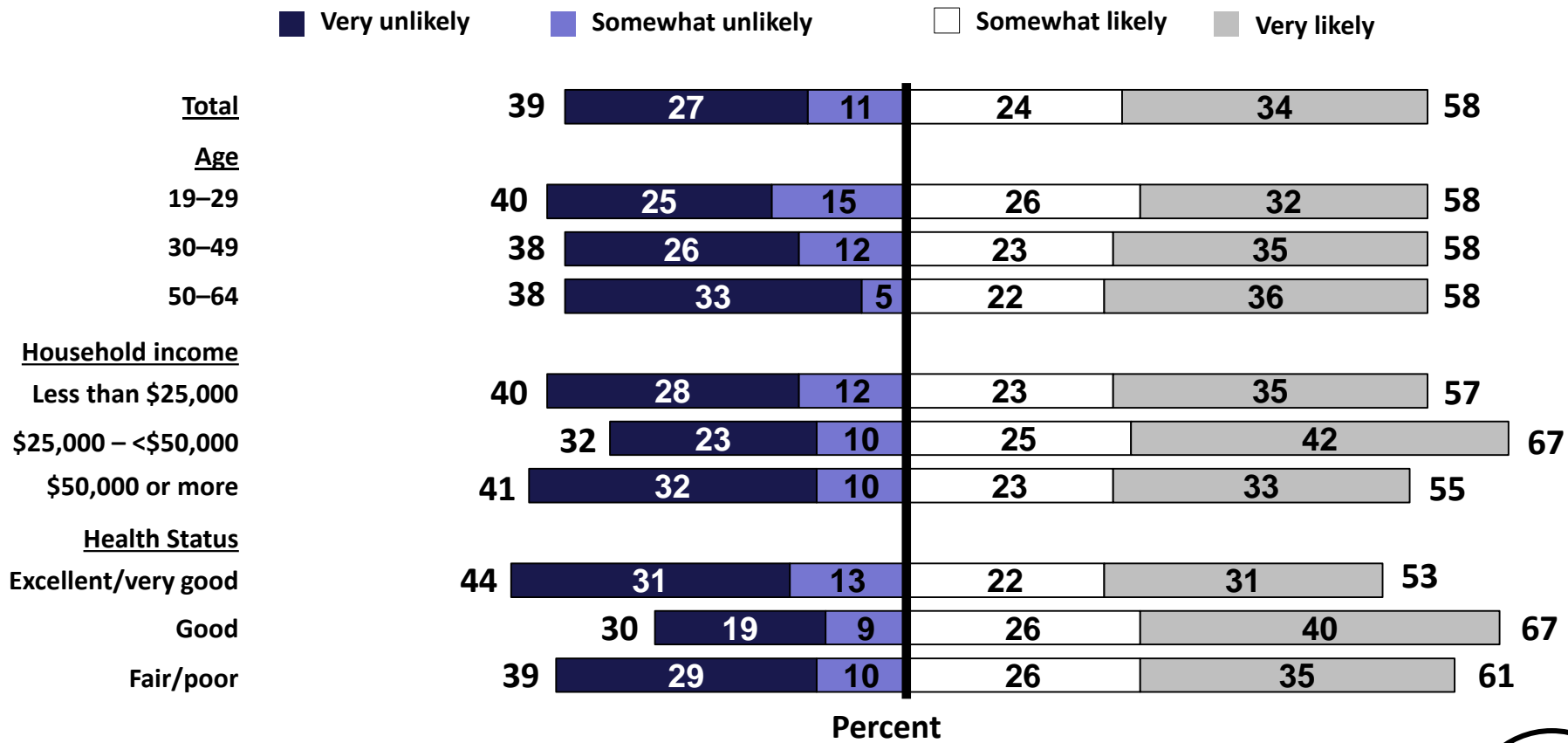


Exhibit 7. A Majority of Adults Potentially Eligible for Coverage Who Have Not Yet Enrolled Say They Are Likely to Shop for Coverage by March 31, 2014

The enrollment period for health insurance in the marketplaces ends on March 31, 2014. How likely are you to go to/go back to the marketplace by March 31, 2014, to enroll in a health plan or find out if you are eligible for financial help to pay for your plan or for Medicaid?



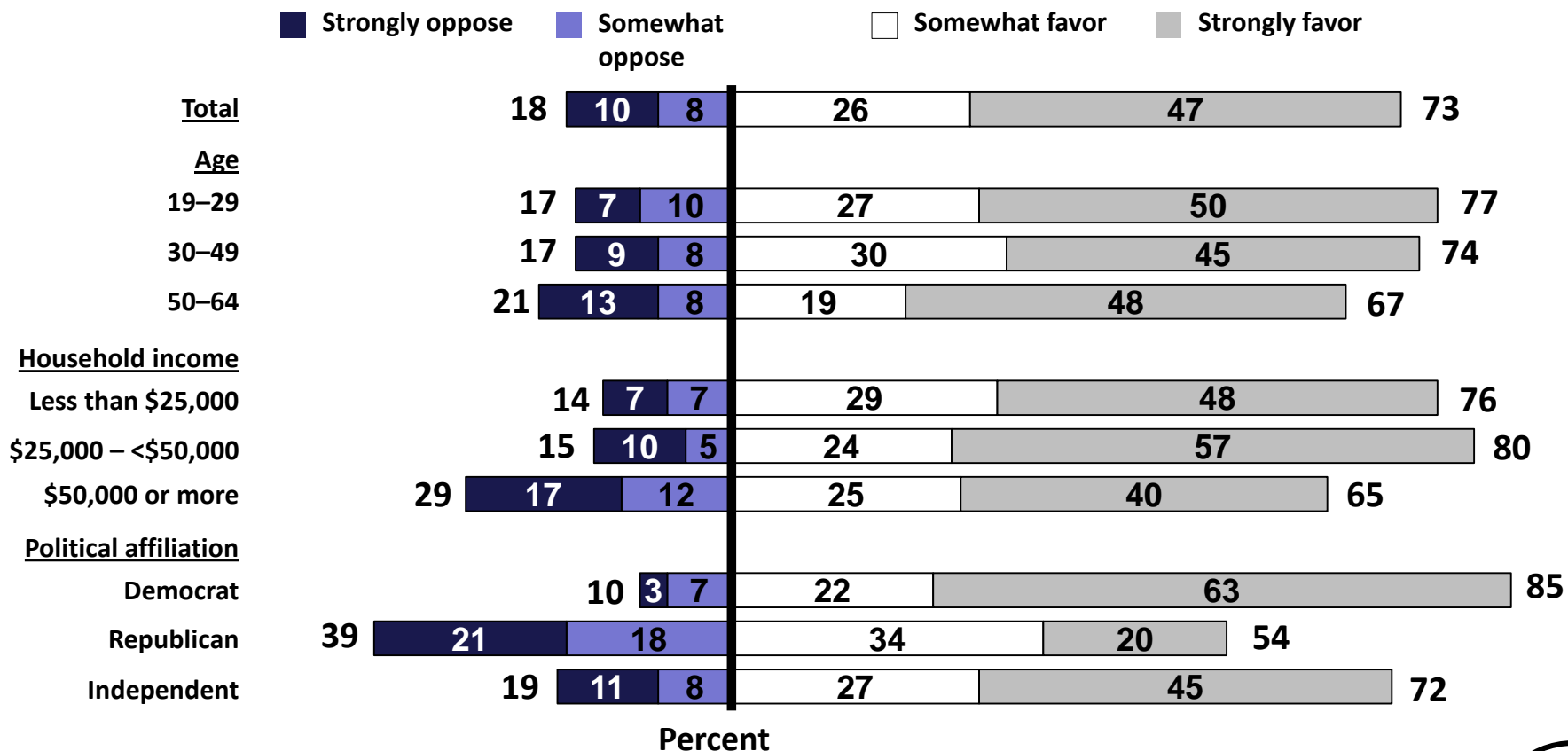
Adults ages 19–64 who are uninsured or have individual coverage and who have not gone to marketplace, or went to marketplace but did not enroll

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

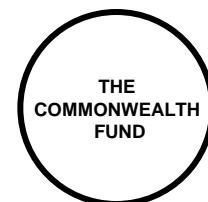


Exhibit 8. Nearly Three-Fourths of Adults Surveyed Favor Making Medicaid Available to More Residents in Their State

More Americans will become eligible for Medicaid under the health reform law. But the Supreme Court has allowed states to choose whether to expand Medicaid to cover more of their residents. Do you generally favor or oppose making Medicaid available to more residents in your state?



Adults ages 19–64 who are uninsured or have individual coverage



Note: Segments may not sum to 100 percent because of “don’t know” responses or refusal to respond.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Oct. 2013.

Exhibit 1. As of November 2013 over one million people have been determined eligible for marketplace plans; 200,000 have selected a plan

	Eligible for marketplace plans <i>HHS Report (11/2)</i>	Eligible for Medicaid/CHIP <i>HHS Report (11/2)</i>	Selected a marketplace plan <i>HHS Report (11/2) & State websites</i>	Enrolled in Medicaid <i>State websites</i>
State-run marketplaces	378,973	212,865	173,268	344,782
Federally facilitated marketplaces	702,619	183,396	26,794	N/A
Total in all marketplaces	1,081,592	396,261	200,062	344,782
CBO 2014 enrollment projection	7,000,000	9,000,000	7,000,000	9,000,000
Percent of CBO 2014 enrollment projection	15%	4%	2.9%	3.8%



Exhibit 2. Enrollment in private plans and Medicaid in state-run marketplaces

States with state-run marketplaces

State	Eligible for marketplace plans <i>HHS Report (11/2)</i>	Eligible for Medicaid/CHIP <i>HHS Report (11/2)</i>	Selected a marketplace plan <i>HHS Report (11/2) & State websites</i>	Enrolled in Medicaid <i>State websites</i>
California	93,663	79,519	79,891 (11/19)	N/A
Colorado	36,335	N/A	6,001 (11/16)	47,309 (11/16)
Connecticut	12,325	6,490	7,572 (11/15)	5,556 (11/15)
DC	N/A	N/A	565 (11/13)	N/A
Hawaii	1,156	N/A	N/A	N/A
Kentucky	39,207	28,676	8,780 (11/15)	39,186 (11/15)
Maryland	3,498	5,923	1,743 (11/15)	91,695 (11/15)
Massachusetts	N/A	N/A	N/A	N/A
Minnesota	21,532	9,166	1,774 (11/2)	9,166 (11/2)
Nevada	N/A	5,710	1,217 (11/2)	N/A
New York	134,897	23,902	48,162* (11/12)	N/A
Oregon	190	425	N/A	62,000 (10/31)
Rhode Island	3,326	3,447	1,192 (11/2)	3,213 (11/12)
Vermont	3,341	1,411	4,629 (11/18)	N/A
Washington	29,503	48,196	11,742 (11/19)	86,657 (11/19)
Totals	378,973	212,865	173,268	344,782

*May include Medicaid enrollment.

Source: Health Insurance Marketplace: November Enrollment Report, ASPE Issue Brief, U.S. Department of Health and Human Services, November 13, 2013. http://aspe.hhs.gov/health/reports/2013/marketplaceenrollment/rpt_enrollment.pdf. State websites.

Acknowledgements and Resources



Tracy Garber
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Commonwealth Fund Survey Report:

S. R. Collins, P. W. Rasmussen, M. M. Doty, and T. Garber, and D. Blumenthal, *Americans' Experiences in the Health Insurance Marketplaces: Results from the First Month*, The Commonwealth Fund, November 2013.

<http://www.commonwealthfund.org/Publications/Data-Briefs/2013/Nov/Americans-Experiences-Marketplaces.aspx>

State website enrollment data source:

<http://coveredcanews.blogspot.com/2013/11/rate-of-applications-completed-nearly.html>

<http://connectforhealthco.com/news-events/metrics/>

<http://learn.accesshealthct.com/in-the-news/>

<http://hbx.dc.gov/release/dc-residents-businesses-show-strong-demand-affordable-quality-health-insurance>

<http://migration.kentucky.gov/Newsroom/governor/20131115kynect.htm>

<http://marylandhbe.com/wp-content/uploads/2013/11/MHC-November-15-report.pdf>

<http://www.mnsure.org/images/Bd-2013-11-02-MNsure-Metrics.pdf>

<http://www.healthbenefitexchange.ny.gov/news/press-release-nearly-50000-new-yorkers-have-enrolled-health-insurance-plans-through-ny-state>

<http://www.coveroregon.com/discover/news/32>

<http://www.healthsourceri.com/press-releases/healthsource-ri-and-eohhs-release-month-one-enrollment-numbers/>

<https://twitter.com/taylordobbs/status/402544115490889728>

<http://www.wahbexchange.org/news-resources/press-room/press-releases/nov-19-enrollment-data>

HHS Report:

Health Insurance Marketplace: November Enrollment Report, ASPE Issue Brief, U.S. Department of Health and Human Services, November 13, 2013. http://aspe.hhs.gov/health/reports/2013/marketplaceenrollment/rpt_enrollment.pdf



ACA IMPLEMENTATION: THE STATE MEDICAID PERSPECTIVE

Matt Salo

Executive Director, National Association of Medicaid Directors

November 22nd, 2013



NAMD OFFERS WINDOW INTO MEDICAID EXPERIENCES

- AUGUST 2013: NAMD LAUNCHES SNAPSHOT SERIES EXAMINING STATES' PROGRESS TOWARDS ACA COMPLIANCE
- OCTOBER 2013: SHIFT TO WEEKLY SNAPSOTS TO PROVIDE MORE TIMELY INFORMATION ON STATES' WORK AND EXPERIENCES
- NOVEMBER 18, 2013: RELEASED "ACA SNAPSHOT: REFLECTIONS FROM THE FIELD" WITH BROAD STATE PERSPECTIVES ON
 - DESIGNING SYSTEMS
 - INTERFACING WITH MARKETPLACES
 - ENROLLMENT EFFORTS
 - THE PURSUIT OF A QUALITY CUSTOMER EXPERIENCE

STANDING UP SYSTEMS IS HARD WORK

- “PRE-ACA”: STATE SYSTEMS VARIED DRAMATICALLY, WITH MANY DECADES OLD THAT REQUIRED TOP TO BOTTOM REBUILD
- REGARDLESS OF THEIR STARTING POINT, EVERY STATE HAS UNDERTAKEN MAJOR WORK TO COMPLY WITH THE ACA
 - BUILDING ELIGIBILITY SYSTEMS
 - REWORKING APPLICATION PROCEDURES AND BUSINESS PROCESSES
 - DESIGNING, IMPLEMENTING AND REFINING INTERACTIONS WITH EXCHANGES
 - ENHANCING DELIVERY SYSTEM INFRASTRUCTURE
- ACCOMPLISHING THESE GOALS HAS REQUIRED TIRELESS, ROUND THE CLOCK WORK FROM STATES AND THEIR FEDERAL PARTNERS

WHAT DO THE NUMBERS TELL US?

- SEVERAL STATES USING TARGETED ENROLLMENT STRATEGIES, PHASING IN FUNCTIONALITIES/SERVICES
- TO DATE, APPLICATION AND ENROLLMENT LEVELS ARE CONSISTENT WITH STATE EXPECTATIONS, AND PREVIOUS PROGRAM LAUNCHES
- ONGOING MONITORING AND EVALUATION WILL INFORM POLICY DECISIONS AND REFINEMENTS:
 - ELIGIBLE-BUT-NOT-ENROLLED (EBNE) AND “NEWLY ELIGIBLE”
 - CASE MIX OF NEW ENROLLEES
 - EXPERIENTIAL FACTORS FOR CONSUMERS
 - DELIVERY SYSTEM CAPACITY AND PERFORMANCE
- IT IS STILL EARLY IN THE PROCESS AND IT IS DIFFICULT TO DRAW CONCLUSIONS

STATES ARE PREPARING FOR JANUARY '13

- OCTOBER 1ST WAS AN IMPORTANT MILESTONE BUT NOT “THE” CRITICAL DATE FOR MEDICAID
- STATES CONTINUE TO MAKE PROGRESS ON SYSTEM DEVELOPMENT AND ENROLLMENT PROCESSES
- STATES HAVE SOUGHT TO MINIMIZE IMPACT OF SYSTEM CHANGES FOR CONSUMERS AND HAVE KEPT INFORMATION FLOWING
- STATES ARE RAMPING UP TO HANDLE PROGRAM EXPANSIONS FOR EBNEs AND INDIVIDUALS WHOSE COVERAGE WILL BEGIN ON JANUARY 1ST, 2014

THERE'S MORE GOING ON IN MEDICAID

- MODERNIZING MEDICAID ELIGIBILITY AND ENROLLMENT SYSTEMS AND ACA COMPLIANCE IS ALL-CONSUMING
- STATES RECOGNIZE MEDICAID IS NOT SUSTAINABLE UNLESS THEY ALSO MAKE DELIVERY SYSTEM AND PAYMENT IMPROVEMENTS
- IT'S A MAJOR CHALLENGE BUT STATES ARE COMMITTED TO IMPROVING HEALTH CARE OUTCOMES AND BENDING THE COST CURVE

Alliance for Health Reform

November 22, 2013

Dan Schuyler

Utah Health Reform

- Avenue H
 - Defined Contribution
 - Predictability
 - More options
 - Lower administrative costs
 - Employee Choice
 - More options
 - Transparency
 - Portability



Healthcare.gov, what happened?

- Lack of Time to Build and Test
 - HHS / CMS delayed necessary regulations and guidance
 - The administration delayed internal progress
 - No end to end testing



Healthcare.gov, what happened?

- Lack of Project Management
 - CMS acted alone
 - Lack of experience
 - No communication with sub contractors



Healthcare.gov vs. the States

- What did the states do differently?
 - Leveraged existing technologies
 - Hired an outside project manager or systems integrator
 - Proactive and innovative
 - De-scoped where necessary
 - Set expectations low



Federal Health Reform Uncertainties

- Enrollment
 - Plan B
- Premiums
 - The cancellation fix
- State Based Exchanges
 - Who will transition
- Funding
 - Federal Deficit Reduction





A health care intelligence business

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Health Insurance Marketplaces: The First 8 Weeks

Alliance for Health Reform and The Commonwealth Fund

Mila Kofman, J.D.

Executive Director

**DC Health Benefit Exchange
Authority**

Friday, November 22, 2013



ABOUT US

INDIVIDUALS & FAMILIES

SMALL BUSINESSES

BROKERS

INSURERS

The District's New Health Insurance Marketplace

Apply Now

LATEST NEWS

Producer News - Volume 1, Issue 2 08/15/13

CHOICE OF MORE THAN 300 PLANS

34 Individual & Family Plans:

Aetna

Carefirst BlueCross BlueShield

Kaiser Permanente

267 Small Group Plans:

All of the above

plus United HealthCare

Products for Individuals/Small Business Prices & Medal Levels

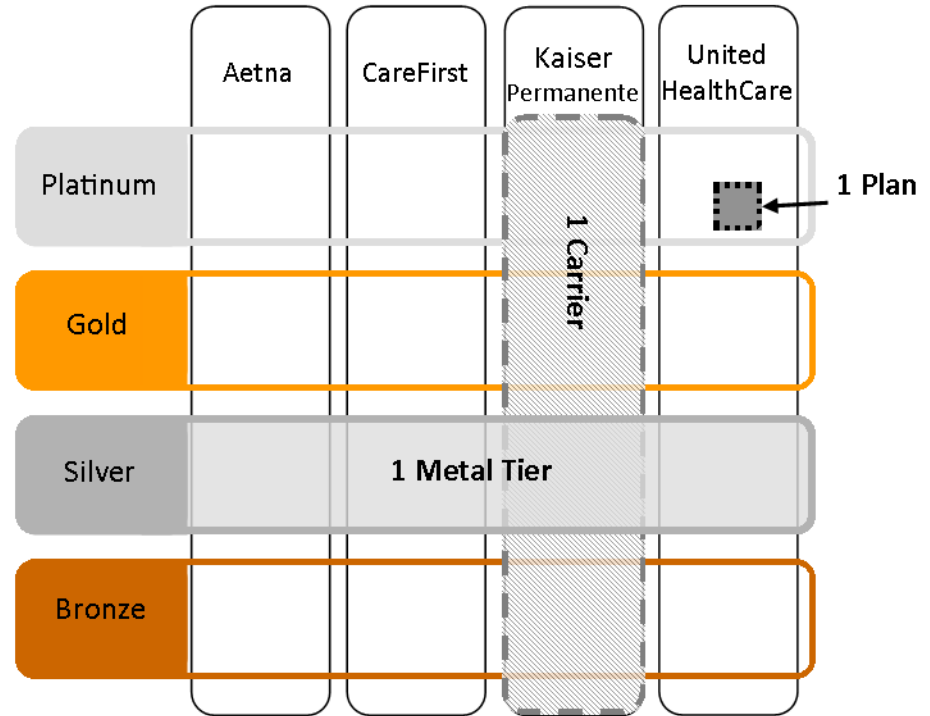
Carrier Plan Counts		
	Individual	SHOP
Aetna	9	14
CareFirst	15	54
Kaiser	10	22
United	--	177

Metal Level Plan Counts		
	Individual	SHOP
Catastrophic	3	--
Bronze	11	17
Silver	10	90
Gold	7	112
Platinum	3	48

Employer's Options

Employers are able to choose how many plans to offer to employees:

- All Plans in 1 Metal Level
- All Plans from 1 Carrier
- 1 Plan



January 2014 Rates for Health Insurance Products-Individual

		Product	Bronze	Silver	Gold	Platinum
	Age	Rate Ranges				
Aetna	27	PPO	\$195.04-204.88	\$227.82-237.80	\$273.23	N/A
		HMO	N/A	N/A	N/A	
	40	PPO	\$261.58-274.77	\$305.53-318.92	\$366.43	N/A
		HMO	N/A	N/A	N/A	
	55	PPO	\$464.93-477.29	\$543.07-555.29	\$651.31	N/A
		HMO	N/A	N/A	N/A	
CareFirst	27	PPO	\$172.87	\$219.13	\$273.07	\$341.09
		HMO	\$124.05-151.66	\$177.75-193.56	\$206.32-243.63	\$276.35
	40	PPO	\$231.85	\$293.88	\$366.22	\$457.45
		HMO	\$166.36-203.39	\$238.39-259.58	\$276.71-326.74	\$370.62
	55	PPO	\$412.09	\$522.36	\$650.93	\$813.09
		HMO	\$295.70-361.52	\$423.72-461.39	\$491.83-580.76	\$658.75
Kaiser	27	PPO	N/A	N/A	N/A	N/A
		HMO	\$151.46-155.08	\$181.01-190.14	\$209.25-234.05	\$248.86
	40	PPO	N/A	N/A	N/A	N/A
		HMO	\$202.73-207.59	\$242.34-254.61	\$280.24-313.51	\$333.36
	55	PPO	N/A	N/A	N/A	N/A
		HMO	\$359.45-368.08	\$429.90-451.66	\$497.22-556.34	\$591.63

January 2014 Rates for Health Insurance Products-Small Business (SHOP)

		Product	Bronze	Silver	Gold	Platinum
	Age	Rate Ranges				
Aetna	27	PPO	\$217.56	\$269.08-304.36	\$324.16-403.13	N/A
		HMO	\$168.00	\$199.18-236.55	\$242.29-314.03	
	40	PPO	\$291.77	\$360.87-408.18	\$434.74-540.65	N/A
		HMO	\$225.31	\$267.13-317.25	\$324.94-421.15	
	55	PPO	\$518.61	\$641.42-725.52	\$772.72-960.98	N/A
		HMO	\$400.47	\$474.80-563.88	\$577.57-748.57	
CareFirst	27	PPO	\$185.54-189.77	\$229.19-247.52	\$272.63-328.96	\$310.97-377.71
		HMO	\$144.23-168.51	\$185.65-207.17	\$226.27-256.30	\$290.15-320.42
	40	PPO	\$248.84-254.50	\$307.37-331.96	\$365.63-441.18	\$417.06-506.56
		HMO	\$193.43-226.00	\$248.98-277.85	\$303.46-343.73	\$389.12-429.72
	55	PPO	\$442.30-452.36	\$546.33-590.03	\$649.88-784.17	\$741.29-900.38
		HMO	\$343.81-401.69	\$442.54-493.85	\$539.39-610.95	\$691.64-763.80
Kaiser	27	PPO	N/A	N/A	N/A	N/A
		HMO	\$161.84-172.81	\$196.34-279.56	\$226.78-267.96	\$256.77-290.78
	40	PPO	N/A	N/A	N/A	N/A
		HMO	\$216.66-231.36	\$262.92-374.53	\$303.75-358.98	\$343.97-389.57
	55	PPO	N/A	N/A	N/A	N/A
		HMO	\$384.20-410.34	\$466.44-664.81	\$539.01-637.17	\$610.49-691.55
United	27	PPO	\$188.76-212.33	\$218.81-259.90	\$256.85-311.92	\$336.96-370.69
		HMO	\$175.19-197.22	\$204.49-245.89	\$240.05-295.14	\$318.45-350.15
	40	PPO	\$253.15-284.76	\$293.46-348.56	\$344.47-418.32	\$451.90-497.14
		HMO	\$234.96-264.50	\$274.25-329.77	\$321.94-395.82	\$427.08-469.60
	55	PPO	\$449.96-506.14	\$521.60-619.55	\$612.27-743.54	\$803.23-883.64
		HMO	\$417.62-470.13	\$487.46-586.15	\$572.22-703.55	\$759.11-834.68

Consumer Activity

Date	Accounts Created (employer)	Accounts Created (non-employer)	Online Completed Applications - Full Price Premium (not covered lives)	Online Completed Applications - Premium Reductions and Medicaid (not covered lives)	Account Holders Selected a Plan (not covered lives)	Account Holders Requested an Invoice (not covered lives)
November 13	696	19,706	1,350	1,953	1,115	565
November 2	584	16,413	1,070	1,471	572	317
October 21	426	12,294	815	1,079	321	164

Support for Consumers & Businesses

DCHealthLink.com – Opened for business October 1, 2013

- **Contact Center -- 1-855-532-5465** 8:00 a.m. until midnight
Monday through Saturday

DC HealthLink Assisters-- Community-based organizations that have partnered with us (and certified by DC Healthlink) to provide in person help to consumers

DC HealthLink Brokers-- Insurance brokers available to help small businesses and individuals. DCHealthLink.com can connect businesses and people with a certified broker

Thank you!

To learn more:

- Visit us at www.dchealthlink.com
- Like us on Facebook: DC Health Benefit Exchange
- Follow us on twitter @dchbx

Building Healthy Communities

MARKETPLACE ENROLLMENT ACTIVITY

November 22nd, 2013

Legacy Community Health Services

Summary of who Legacy is and what we do

Navigating the system

Overview of how Legacy assists interested parties

What is the interest level

Who is interested in the ACA

Successes and Opportunities

What is working and where are the challenges

What are next steps?

Continued efforts towards success

Legacy Community Health Services

Who are we?

Legacy Overview

Navigation

How people enroll

Interest levels

Who are we seeing

Success/Challenge

What is working

Next steps

What now

Federally Qualified Health Center (FQHC)

Southeast Texas region

11 clinics

7 school based clinics

Wide patient base

LGBT

Hispanic

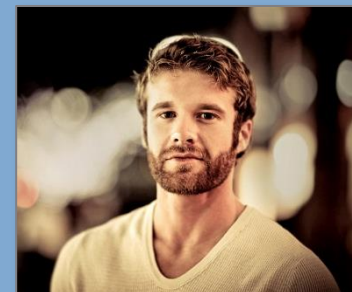
African American

White

Certified Application Counselor Organization

28 CACs on staff

Over 200,000 annual visits across 60,000 patients



The Plans

What is in the plans?

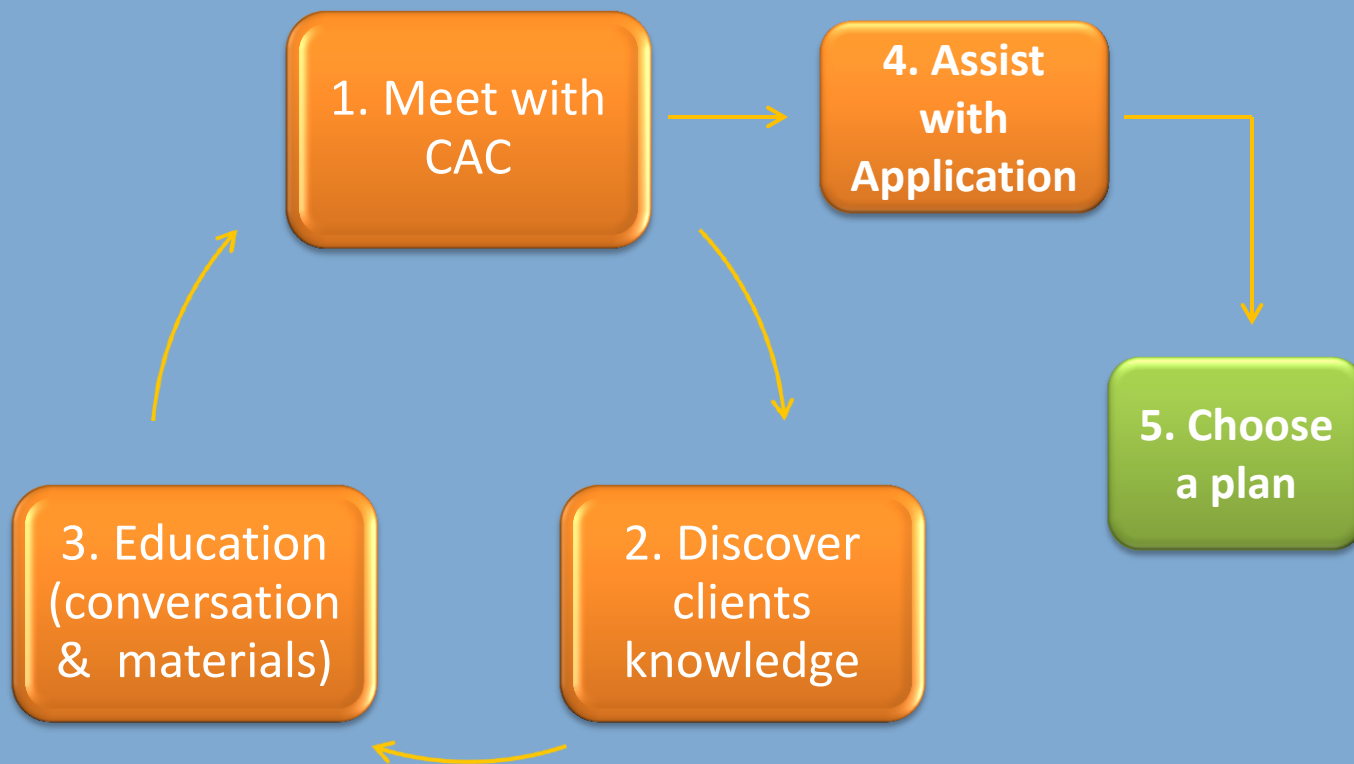
Legacy
Overview

Navigation
How people enroll

Interest levels
Who are we seeing

Success/Challenge
What is working

Next steps
What now



Interest Level

Who is asking about the Marketplace

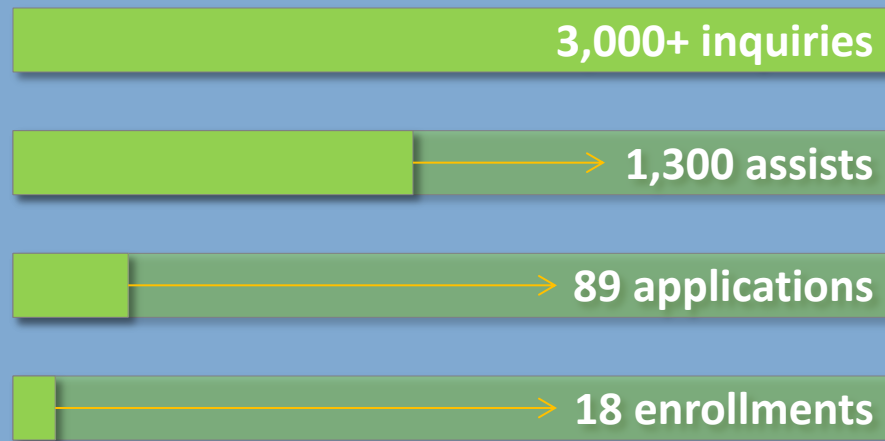
Legacy
Overview

Navigation
How people enroll

Interest levels
Who are we seeing

Success/Challenge
What is working

Next steps
What now



Existing patients

Clients from outreach events

Online search

Strong mix of age and race

Young families and singles

Successes & Challenges

What is and isn't working

Legacy

Overview

Navigation

How people enroll

Interest levels

Who are we seeing

Success/Challenge

What is working

Next steps

What now

Successes

- System is improving
- Awareness is increasing
- It is affordable!
- Referrals for tax advice
- Collaboration

Opportunities

- Trust
- Online access/literacy
- Insurance terms
- INS fear
- System access/issues
- Email account
- Inability to compare

Next Steps

What we are doing going forward

Legacy
Overview

Navigation
How people enroll

Interest levels
Who are we seeing

Success/Challenge
What is working

Next steps
What now

1. Town Halls

Engage our patients in coordinated town hall meetings



3. Outreach

Continue outreach to engage potentials



2. In-Clinic Access

Ability for our patients to explore and enroll in our clinics



4. Health Literacy

Provide patients information through classes



