

Health Insurance Marketplaces: Top 5 Things Family Planning Providers Should Know

Beginning October 1 of 2013, millions of individuals will participate in the first open-enrollment season of the health insurance marketplaces (also known as “exchanges”). Commonly described as an *Expedia*™ for health insurance, the marketplaces are designed to help uninsured people find and enroll in coverage that both meets their health care needs and is affordable.

Consumers should be able to visit their local community health provider, library, or social service agency to learn about their health care options and apply for coverage on either HealthCare.gov or their individual state-run marketplace website. This document examines the top five things you should know about the health insurance marketplaces.

1. Health insurance marketplaces open October 1, 2013.

Between October 1, 2013 and March 31, 2014, consumers, including uninsured and underinsured individuals, will be able to access a marketplace with health insurance options being made available in their respective states. Sixteen states and the District of Columbia will operate their own marketplaces and 34 states will have federally facilitated marketplaces. While enrollment opens on October 1, most coverage is unavailable for use until January 1, 2014.¹

There are a number of things that consumers can do now to begin the process of obtaining coverage. In June of this year, the marketplace “help center” went live. The help center includes a 24-hour call-center and live web-chat function where individuals can hear about coverage options available to them and get answers to their questions. Beginning in September, consumers should be able to get personalized help in their respective states.²

2. One streamlined application.

The marketplaces, Medicaid, and the Children’s Health Insurance Program (CHIP) agencies will use a single, streamlined application to determine consumers’ eligibility for coverage, premium

¹ Kaiser Family Foundation, *State Decisions on Health Insurance Exchanges and the Medicaid Expansion, as of June 20, 2013*, June 2013.

² Centers for Medicare & Medicaid Services, *Key Dates for the Health Insurance Marketplace*, US Department of Health and Human Services, June 2013.

tax credits, and cost-sharing reductions. Visit <http://www.cms.gov> to review the model application.

States have the option to submit an alternative application design to the Centers for Medicare & Medicaid Services (CMS) for approval. However, the states must adhere to the eligibility standards and application coordination requirements identified in Affordable Care Act (ACA) guidance. State Medicaid and CHIP agencies must also be able to accept and process the paper version of the federal streamlined application to reduce the number of obstacles to coverage.

3. Marketplaces will govern the health plans being made available to consumers.

Health insurers interested in participating in marketplaces must submit health plans to the marketplace to be certified as qualified. The marketplaces will examine the health benefits offered under the plan, the costs including proposed premium increases, and the public disclosures of information including claims payment policies and cost-sharing requirements.³

Qualified health plans (QHPs), those plans deemed eligible for participation in the marketplaces, must demonstrate that they will not engage in anti-consumer practices like discouraging enrollment of patients with substantial health needs. QHPs will also be required to show they are contracted with “essential community providers,” meaning safety-net providers that serve low-income, predominantly uninsured patients. Title X-supported family planning health centers are deemed essential community providers in federal guidance.⁴ NFPRHA has created different tools to assist family planning providers in the contracting process.

4. Family planning providers can participate in consumer assistance programs.

Family planning providers are in a strong position to help educate uninsured and underinsured individuals about their insurance eligibility under the ACA. There are multiple consumer assistance options outlined in the ACA to organize and sometimes fund safety-net providers and others in education and enrollment efforts.

The ACA consumer assistance options include the Navigator program, the In-Person Assistance program, and Certified Application Counselors program. The three programs share the goal to provide culturally appropriate information and assistance to individuals seeking help with

³ Kaiser Focus on Health Reform, *Explaining Health Care Reform: Questions About Health Insurance Exchanges*, Kaiser Family Foundation, April 2010.

⁴ Kaiser Focus on Health Reform, *Explaining Health Care Reform: Questions About Health Insurance Exchanges*, Kaiser Family Foundation, April 2010.

enrolling in insurance.⁵ All three programs require various levels of training to participate. The Navigator program is the only one that is required in all marketplaces and has dedicated funding. In-Person Assistors and Certified Application Counselors may be funded if a state so chooses. Family planning providers should examine the various consumer assistance programs and engage their marketplaces to determine the feasibility of participating. As more patients become aware of their insurance eligibility, they will turn to their regular health care providers, many of which are family planning health centers, for help. Learning the rules and coverage options will enable family planning health centers to increase their patient-support capacity and assist with the national outreach efforts.

5. Small businesses have access to a special marketplace.

Employers with 50 or fewer full-time employees may have the option to participate in what is termed the Small Business Health Options Program (SHOP). SHOP marketplaces will be available in a small number of states that administer their own marketplaces and in federally facilitated marketplaces in 2015.⁶

The goal of the SHOP program is to aid small businesses in finding employer-sponsored coverage that is affordable to both the business and the employees. Small employers who choose to participate in the SHOP marketplaces should be able to compare plan cost and potential employer contribution levels. The SHOP program is designed to give small businesses the option to provide employer-sponsored coverage despite being exempt from the ACA-related financial penalty assessed against large employers that fail to offer coverage. Agencies that struggle to afford employer-sponsored coverage may want to examine all of their health insurance options as open enrollment season approaches.

Conclusion

As October 1, 2014, approaches, it will be important for family planning and other safety-net systems to stay abreast as the numerous pieces as the health insurance marketplaces fall into place. Your patients will likely look to you to learn about ACA-related coverage. By knowing how to help them access the information they need, you can make a significant impact on their ability to choose appropriate health coverage and access family planning care without barriers.

⁵ Kaiser Focus on Health Reform, *Consumer Assistance in Health Reform*, Kaiser Family Foundation, April 2013.

⁶ Healthcare.gov, *What is the Shop Marketplace?*, US Department of Health and Human Services, accessed July 15, 2015, <https://www.healthcare.gov/what-is-the-shop-marketplace>.