

The Affordable Care Act and the Exchange



The Affordable Care Act is about fundamental change within the structured health care environment across the country. The fundamental change is in the creation of both the Individual Mandate and Guaranteed Issue. The real meaning of these terms can be perceived in that:

INDIVIDUAL MANDATE

All individuals must purchase health insurance often with financial subsidies assistance and share in the cost of that care – copays and deductibles. This mandate includes penalties for not purchasing health insurance at \$95.00/year or 1% of income in 2014 increasing to \$315.00/year in 2015 and \$695.00/year in 2016.

GUARANTEE ISSUED

No documented individuals can be denied coverage based on either finances or their health situation for any health insurance.

IMPACT of these changes on CCRMC and Health Centers:

- A. All documented patients being seen at CCRMC and Health Centers are eligible for some type of health insurance. They will have to apply to either Medi-Cal or the Exchange and participate in the cost of that insurance.**

- B. California's One Door Policy of applying for that care will ease but not eliminate the confusion for obtaining the appropriate insurance.**

- C. CCRMC and CCHP will assist patients in that application process.**
 - 1. Certified Enrollment Entities**
 - 2. CCHP Plan Based Enrollers**
 - 3. Contra Costa Call Center**

CHANGING COVERAGES IN CONTRA COSTA COUNTY

A. LIPH Program ceases on December 31.

1. **10,000 MCE (Medi-Cal Expansion) patients will be transitioned into Medi-Cal Expansion on January 1, 2014.**
 - a) **Most will choose to continue in care at CCRMC Network.**
 - b) **MCEs have the same rights of choice between CCHP and Blue Cross as do other Medi-Cal members once they join as Medi-Cal Expansion.**
2. **2,000 HCCI (Health Care Coverage Initiative) will have options to join the 5 health plans including CCHP on the Exchange in California – “Covered California.”**

Rating Region 5

Contra Costa



Number of subsidy eligible individuals: 36,000

The table below is an example of the rates a 40 year old single individual might pay in Region 5 for a Silver Plan. That amount is shown in each box at the top and in black. The federal subsidies are shown in green. Starting this fall, individuals and families will be able to determine the exact amount they would pay based on family size, age and income.

FPL = Federal Poverty Level

Plan	150 FPL	200 FPL	250 FPL	400 FPL
Blue Shield PPO	\$38 \$289	\$102 \$226	\$174 \$154	\$328 \$0
Kaiser Permanente HMO	\$57 \$289	\$121 \$226	\$193 \$154	\$347 \$0
Contra Costa Health Plan HMO	\$63 \$289	\$126 \$226	\$198 \$154	\$352 \$0
Health Net PPO	\$73 \$289	\$136 \$226	\$208 \$154	\$362 \$0
Anthem PPO	\$77 \$289	\$140 \$226	\$212 \$154	\$366 \$0

HMO – Health Maintenance Organization

PPO – Preferred Provider Organization

For further explanation, see the glossary on pg. 80

Rating Region 5

Contra Costa

If you are one of the 2.6 million uninsured Californians who does not qualify for a subsidy, you can still purchase high quality affordable health insurance through Covered California. The table below is an example of the rates in Region 5. Starting this fall, individuals and families will be able to determine the exact amount they would pay based on family size, age and income.

25 YEAR OLD		
Plan	Catastrophic	Bronze
Blue Shield PPO	\$204	\$215
Kaiser Permanente HMO	\$203	\$205
Contra Costa Health Plan HMO	\$174	\$237
Health Net PPO	\$150	\$249
Anthem PPO	\$186	\$217

40 YEAR OLD				
Plan	Bronze	Silver	Gold	Platinum
Blue Shield PPO	\$273	\$328	\$390	\$447
Kaiser Permanente HMO	\$261	\$347	\$426	\$458
Contra Costa Health Plan HMO	\$301	\$352	\$398	\$448
Health Net PPO	\$317	\$362	\$411	\$463
Anthem PPO	\$276	\$366	\$444	\$515

HANDOUT GRID – All Exchange Plans have same benefits but differ by poverty level deductible level in deductible copay design.

CONTRA COSTA HEALTH PLAN

COVERED CALIFORNIA – STANDARD BENEFIT PLAN

PATRICIA TANQUARY, CEO

		SILVER COPAY PLANS						SILVER STANDARD PLAN	BRONZE	PLATINUM	GOLD	MINIMUM COVERAGE PLAN	
		100%-150% FPL	150%-200% FPL	200%-250% FPL	250% - 400%	PLAN	COPAY PLAN	COPAY PLAN	COPAY PLAN	PLAN 21-30 YEARS			
SINGLE / FAMILY		\$17,235 / \$35,325	\$22,980 / \$47,100	\$28,725 / \$55,575	\$45,960 / \$94,200								
ACTUARIAL VALUE – FINAL AV CALCULATOR		APPROXIMATE COSTS INSURANCE COMPANY PAYS 95%	88%	74%	69%	62%	55%	48%	40%	30%	20%		
		APPROXIMATE COSTS INDIVIDUAL PAYS 5%	12%	26%	31%	38%	42%	50%	60%	75%	90%		
OVERALL DEDUCTIBLE For SINGLE INDIVIDUAL *		\$0	N/A	N/A	N/A	\$4,000 INTEGRATED MED/RX DEDUCTIBLE	\$0	\$0	\$6,350 INTEGRATED MED/RX DEDUCTIBLE				
OTHER DEDUCTIBLES FOR SPECIFIC SERVICES													
MEDICAL		\$0	\$500	\$1,500	\$2,000	N/A	\$0	\$0	N/A				
BRAND DRUGS		\$0	\$50	\$250	\$250	N/A	\$0	\$0	N/A				
DENTAL		\$0	\$0	\$0	\$0	N/A	\$0	\$0	N/A				
(For SINGLE INDIVIDUAL ³) OUT-OF-POCKET LIMIT ON EXPENSES:		\$2,250	\$2,250	\$5,200	\$6,350	\$6,350	\$4,000	\$6,350	\$6,350				
COMMON MEDICAL EVENT	SERVICE TYPE	MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES		
VISIT TO A HEALTH CARE PROVIDER'S OFFICE OR CLINIC	PRIMARY CARE VISIT TO TREAT AN INJURY OR ILLNESS	\$3		\$15		\$40		\$45		\$60	After 1 st 3 non-preventive visits		
	SPECIALIST VISIT	\$5		\$20	X	\$50	X	\$65	X	\$70	X		
	OTHER PRACTITIONER OFFICE VISIT	\$3		\$15		\$40		\$45		\$60	After 1 st 3 non-preventive visits		
	PREVENTIVE CARE / SCREENING / IMMUNIZATION	NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE			
TESTS	LABORATORY TESTS	\$3		\$15		\$40		\$45		\$60	X		
	X-RAYS AND DIAGNOSTIC IMAGING	\$5		\$20	X	\$50	X	\$65	X	\$70	X		
	IMAGING (CT/PET SCANS, MRIs)	\$50		\$100	X	\$250	X	\$250	X	\$300	X		
DRUGS TO TREAT ILLNESS OR CONDITION	GENERIC DRUG	\$3		\$5		\$19		\$19	X	\$5	X		
	PREFERRED BRAND DRUGS	\$5		\$15	X	\$30	X	\$50	X	\$15	X		
	NON-PREFERRED BRAND DRUGS	\$10		\$25	X	\$60	X	\$70	X	\$25	X		
	SPECIALTY DRUG	10%		15%	X	20%	X	20%	X	10%	X		
OUTPATIENT SURGERY	FACILITY FEE (E.G., ASC)	10%		15%	X	20%	X	20%	X	30%	X		
	PHYSICIAN/SURGEON FEES									\$250	X		
NEED IMMEDIATE ATTENTION	EMERGENCY ROOM SERVICES (WAIVED IF ADMITTED)	\$25		\$75	X	\$250	X	\$250	X	\$300	X		
	EMERGENCY MEDICAL TRANSPORTATION	\$25		\$75	X	\$250	X	\$250	X	\$300	X		
	URGENT CARE	\$5		\$30		\$80		\$90		\$120	After 1 st 3 non-preventive visits		
HOSPITAL STAY	FACILITY FEE (E.G., HOSPITAL ROOM)	10%		15%	X	20%	X	20%	X	\$250 PER DAY UP TO 5 DAYS	X		
	PHYSICIAN / SURGEON FEE									\$500 PER DAY UP TO 5 DAYS	X		
MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS	MENTAL/BEHAVIORAL HEALTH OUTPATIENT SERVICES	\$3		\$15		\$40		\$45		\$60	After 1 st 3 non-preventive visits		
	MENTAL/BEHAVIORAL HEALTH INPATIENT SERVICES	10%		15%	X	20%	X	20%	X	\$250 PER DAY UP TO 5 DAYS	X		
	SUBSTANCE USE DISORDER OUTPATIENT SERVICES	\$3		\$15		\$40		\$45		\$60	After 1 st 3 non-preventive visits		
	SUBSTANCE USE DISORDER INPATIENT SERVICES	10%		15%	X	20%	X	20%	X	\$250 PER DAY UP TO 5 DAYS	X		
PREGNANCY	PRENATAL AND POSTNATAL CARE	NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE			
	DELIVERY AND ALL INPATIENT SERVICES	10%		15%	X	20%	X	20%	X	\$250 PER DAY UP TO 5 DAYS	X		
HELP RECOVERING OR OTHER SPECIAL HEALTH NEEDS	HOME HEALTH CARE	\$3		\$15		\$40		\$45		\$60	X		
	REHABILITATION SERVICES	\$3		\$15		\$40		\$45		\$60	X		
	HABILITATION SERVICES	\$3		\$15		\$40		\$45		\$60	X		
	SKILLED NURSING CARE	10%		15%	X	20%	X	20%	X	\$150 PER DAY UP TO 5 DAYS	X		
	DURABLE MEDICAL EQUIPMENT	10%		15%	X	20%	X	20%	X	20%	X		
	HOSPICE SERVICE	NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE			
CHILD NEEDS DENTAL OR EYE CARE	EYE EXAM (DEDUCTIBLE WAIVED)	0%		0%		0%		0%		0%			
	GLASSES	1 PAIR PER YEAR		1 PAIR PER YEAR		1 PAIR PER YEAR		1 PAIR PER YEAR		1 PAIR PER YEAR			
	DENTAL CHECK-UP - PREVENTIVE & DIAGNOSTIC DENTAL RESTORATIVE AND ORTHODONTIA SERVICES	PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED			
DID YOU KNOW:		WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY AND COST-SHARE SUBSIDY) ARE LOW. OUT-OF-POCKET EXPENSES STOP AT \$2,250 / YEAR			WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY AND COST-SHARE SUBSIDY) ARE LOWER. OUT-OF-POCKET EXPENSES STOP AT \$5,200 / YEAR			WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR PREMIUMS ARE REDUCED THRU PREMIUM ASSISTANCE (APT). OUT-OF-POCKET EXPENSES STOP AT \$6,350 / YEAR			WHILE YOU HAVE NO MONTHLY PREMIUM WITH SUBSIDY, NEARLY ALL CARE IS SUBJECT TO DEDUCTIBLE OF \$4,000/YEAR WITH EXCEPTION OF 3 NON-PREVENTIVE VISITS/YEAR TO M.D. OR URGENT CARE. THEN CO-PAYS ARE HIGH UNTIL EXPENSES STOP AT \$6,350 / YEAR		
		WHILE YOU HAVE NO DEDUCTIBLE, YOUR PREMIUMS AND COPAYS ARE STILL HIGH. EXPENSES STOP AT \$4,000 / YEAR			WHILE YOU HAVE NO DEDUCTIBLE, YOUR PREMIUMS AND COPAYS ARE STILL HIGHER. EXPENSES STOP AT \$6,350 / YEAR			WHILE YOU HAVE NO COPAYS, NEARLY ALL CARE IS SUBJECT TO DEDUCTIBLE OF \$4,350/YEAR WITH EXCEPTION OF 3 NON-PREVENTIVE VISITS/YEAR TO MD OR URGENT CARE. EXPENSES STOP AT \$6,350 / YEAR					

* FAMILY DEDUCTIBLE AND OUT-OF-POCKET LIMIT IS TWICE THE AMOUNT SHOWN.

EXCHANGE CHOICES AND THEIR IMPACTS

- A. GRID – trade-offs between premium and copay subsidy assistance in Silver Plans versus low premiums and high deductibles in Bronze or Catastrophic Plans.**
 - 1. Bronze Trap scenarios to demonstrate difference in total cost per year of those choices.**
 - a. Scenario 1**
 - b. Scenario 2**
 - c. Scenario 3**

EXCHANGE CHOICES AND THEIR IMPACTS – SCENARIO 1

Scenario 1

22-year old, \$22,000 income, 191% of FPL

Incur one injury during the year and has an allergic condition treated with generic drugs

		Silver Plan		Bronze Plan		Minimum Coverage	
	Deductible		\$500		\$5,000		\$6,350
	Max Out-of-pocket		\$2,250		\$6,350		\$6,350
Premium							
	Premium	\$	309	\$	259	\$	234
	APTC	\$	197	\$	197	\$	197
	Out-of-Pocket Premium	\$	112	\$	62	\$	37
			\$ 1,344		\$ 744		\$ 444
Health Costs							
		Billed Charges	Member Pays	Apply to Ded.	Member Pays	Apply to Ded.	Member Pays
	1 emergency room visit - leg fracture	\$ 150	\$ 150	X	\$ 150	X	\$ 150
	Treatment of fracture	\$ 615	\$ 0		\$ 615	X	\$ 615
	Lower leg cast application	\$ 97	\$ 0		\$ 97	X	\$ 97
	X-rays	\$ 77	\$ 20		\$ 77	X	\$ 77
	7-day course of painkillers (generic)	\$ 7	\$ 5		\$ 7	X	\$ 7
	Rehabilitation - 6 visits to Physical Therapy	\$ 270	\$ 90		\$ 270	X	\$ 270
	2 visits to an allergist	\$ 206	\$ 40		\$ 206	X	\$ 206
	Allergy skin test (20 punctures)	\$ 164	\$ 3		\$ 164	X	\$ 164
	12-months' prescription for allergy medication (generic)	\$ 84	\$ 60		\$ 84	X	\$ 84
	Applied to Deductible		\$ 150		\$ 1,671		\$ 1,671
	Out-of-Pocket Health Costs		\$ 368		\$ 1,671		\$ 1,671
	Total Annual Cost		\$ 1,712		\$ 2,415		\$ 2,115

Notes

- Silver - \$75 co-pay after deductible
- Bronze - \$120 co-pay for 3 non-preventative visits
- Silver - \$0 co-pay, not subject to deductible
- Bronze - 30% coinsurance after deductible
- Silver - \$0 co-pay, not subject to deductible
- Bronze - 30% coinsurance after deductible
- Silver - \$20 co-pay, not subject to deductible
- Bronze - 30% coinsurance after deductible
- Silver - \$5 co-pay, not subject to deductible
- Bronze - \$19 co-pay after deductible
- Silver - \$15 co-pay, not subject to deductible
- Bronze - 30% coinsurance after deductible
- Silver - \$20 co-pay, not subject to deductible
- Bronze - \$70 co-pay after deductible
- Silver - \$3 co-pay, not subject to deductible
- Bronze - 30% coinsurance after deductible
- Silver - \$5 co-pay, not subject to deductible
- Bronze - \$19 co-pay after deductible

EXCHANGE CHOICES AND THEIR IMPACTS – SCENARIO 2

Scenario 2

45-year old, \$17,005 income, 148% of FPL

Incurs one injury during the year and has a chronic condition treated with generic drugs

		Silver Plan		Bronze Plan	
	Deductible		\$0		\$5,000
	Max Out-of-pocket		\$2,250		\$6,350
Premium					
	Premium	\$	401	\$	339
	APTC	\$	341	\$	339
	Out-of-Pocket Premium	\$	60	\$	0
			\$		\$
			720		0
Health Costs					
		Billed Charges	Member Pays	Apply to Ded.	
	1 urgent care visit - back injury	\$ 81	\$ 6		
	X-rays	\$ 155	\$ 5		X
	7-day course of anti-inflammatory (generic)	\$ 5	\$ 3		X
	Specialist visit - orthopaedist	\$ 185	\$ 5		X
	CT Scan	\$ 323	\$ 50		X
	Rehabilitation - 6 visits to Physical Therapy	\$ 270	\$ 18		X
	2 visits to PCP	\$ 166	\$ 6		
	2 semi-annual blood tests for lipids and liver function	\$ 250	\$ 6		X
	12-months' prescription for cholesterol medication (generic)	\$ 156	\$ 36		X
	Applied to Deductible			\$ 0	\$ 1,344
	Out-of-Pocket Health Costs			\$ 135	\$ 1,545
	Total Annual Cost			\$ 855	\$ 1,545

Notes

- Silver - \$6 co-pay
- Bronze - \$120 co-pay for 3 non-preventative visits
- Silver - \$5 co-pay
- Bronze - 30% coinsurance after deductible
- Silver - \$3 co-pay
- Bronze - \$19 co-pay after deductible
- Silver - \$5 co-pay
- Bronze - \$70 co-pay after deductible
- Silver - \$50 co-pay
- Bronze - 30% coinsurance after deductible
- Silver - \$3 co-pay
- Bronze - 30% coinsurance after deductible
- Silver - \$3 co-pay
- Bronze - \$60 co-pay for 3 non-preventative visits
- Silver - \$3 co-pay
- Bronze - 30% coinsurance after deductible
- Silver - \$3 co-pay
- Bronze - \$19 co-pay after deductible

EXCHANGE CHOICES AND THEIR IMPACTS – SCENARIO 3

Scenario 3

64-year old, \$16,000 income, 139% of FPL

Contracts two illnesses during the year and has two chronic conditions that are controlled with generic drugs

	Deductible Max Out-of-pocket	Silver Plan		Bronze Plan		Notes
			\$0 \$2,250	\$5,000 \$6,350		
Premium						
Premium		\$ 834		\$ 705		
APTC		\$ 777		\$ 705		
Out-of-Pocket Premium		\$ 57	\$ 684	\$ 0	\$ 0	
Health Costs						
	Billed Charges	Member Pays	Apply to Ded.	Member Pays	Apply to Ded.	
1 office visit with PCP - upper respiratory infection	\$ 83	\$ 6		\$ 83		Silver - \$6 co-pay Bronze - \$120 co-pay for 3 non-preventative visits
Chest X-Ray	\$ 59	\$ 5		\$ 59	X	Silver - \$5 co-pay Bronze - 30% coinsurance after deductible
Cough syrup - promethazine w/ codeine (generic)	\$ 6	\$ 3		\$ 6	X	Silver - \$3 co-pay Bronze - \$19 co-pay after deductible
Inhaler (preferred brand)	\$ 44	\$ 5		\$ 44	X	Silver - \$5 co-pay Bronze - \$50 co-pay after deductible
1 office visit with PCP - shingles	\$ 83	\$ 6		\$ 83		Silver - \$6 co-pay Bronze - \$120 co-pay for 3 non-preventative visits
Antiviral drug (generic)	\$ 33	\$ 3		\$ 33	X	Silver - \$3 co-pay Bronze - \$19 co-pay after deductible
30-day supply of topical analgesic patches (non-preferred brand)	\$ 275	\$ 10		\$ 275	X	Silver - \$10 co-pay Bronze - \$75 co-pay after deductible
2 visits to PCP- hypertension & high cholesterol	\$ 166	\$ 6		\$ 143	X	Silver - \$3 co-pay Bronze - \$60 co-pay for 3 non-preventative visits, then use deductible
2 semi-annual blood tests for lipids and liver function	\$ 250	\$ 6		\$ 250	X	Silver - \$3 co-pay Bronze - 30% coinsurance after deductible
12-months' prescription for cholesterol medication (generic)	\$ 156	\$ 36		\$ 156	X	Silver - \$3 co-pay Bronze - \$19 co-pay after deductible
12-months' prescription for diuretic (generic)	\$ 192	\$ 36		\$ 192	X	Silver - \$3 co-pay Bronze - \$19 co-pay after deductible
12-months' prescription for ACE inhibitor (generic)	\$ 72	\$ 36		\$ 72	X	Silver - \$3 co-pay Bronze - \$19 co-pay after deductible
Applied to Deductible			\$ 0		\$ 1,230	
Out-of-Pocket Health Costs			\$ 158		\$ 1,396	
Total Annual Cost			\$ 842		\$ 1,396	

EPIC WILL TRACK....

A. Member Accumulator

A. Provider Accumulator

GRACE PERIOD

DEFINITION - 3 months of covered status for enrollees not paying their premiums prior to disenrollment if the enrollee is receiving a federal premium tax credit (subsidiary). If not the enrollee is terminated after 30 days.

IMPACT - some patients may be delayed in their care outside CCRMC – provider may refuse to schedule care or demand payment up front.

Month 1 – Enrollee is “covered” and Health Plan pays services.

Month 2 & 3 – “suspended coverage” eligible for reinstatement

- Enrollee is at risk for 100% payment of provider claims if not reinstated.
- CCHP “pend” claims until reinstatement resolved
- CCHP notifies patients and providers

Questions?

Patricia Tanquary, MSSW, MPH, PhD

Chief Executive Officer

Contra Costa Health Plan

595 Center Avenue, Suite 100

Martinez, CA 94553

Office Phone: 925--313-6004

Email: Patricia.Tanquary@hsd.cccounty.us