

**Visión y Compromiso™**



**Health Care Reform is here!**



Individual Mandate  
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# Individual Mandate: What is it?

## **Eligible persons include:**

- U.S. Citizens
- Lawful Permanent Residents



- **NOT obligated or eligible to participate:**
  - Native Americans
  - People with religious objections
  - Unauthorized Immigrants
  - People in prison
  - People who are NOT required to pay taxes by the federal government



# Things to consider

- Guaranteed Issue
- Essential Benefits for Health
- Plans accommodate all income levels.
- New rules and regulations for insurance companies.
- No one is denied coverage based on health status.
- INFORMATION IN ALL POLICIES MUST BE CLEAR AND EASY TO UNDERSTAND



# Health Insurance Options:

1. Medi-Cal (Medicaid)
2. Covered California (Marketplace)
  - a. With premium assistance**
  - b. With copayments reduction**
  - c. Without any financial assistance**
3. Employer Health Insurance
4. Medicare.



# Medi-Cal Expansion

January 1, 2014

Medi-Cal (Medicaid) Eligibility was Expanded!

- All citizens and legal permanent residents
- Ages 19 - 64
- Incomes up to 138% of the federal poverty level (FPL)
- \$16,105/individual - \$32,913/family of four
- Increased income standard for parents from 100% to 138% FPL



## **Medi-Cal for Former Foster Youth**

Young people who were in the foster care system on their 18<sup>th</sup> birthday qualify for Medi-Cal up to age 26.

- Regardless of income
- Regardless of state residency while in foster care
- Simplified one-page application
- No recertification until age 26
- Exempt from managed care
- Apply via county social services offices
- Foster Care Ombudsman available for assistance – [fosteryouthhelp@dss.ca.gov](mailto:fosteryouthhelp@dss.ca.gov) or 1-877-846-1602





## What if I do not buy health insurance coverage?

### Penalties for not purchasing health insurance:

2014 – **\$95 per adult/\$47.50 per child**; to a maximum of \$ 285 per family or 1% of household income (whichever is greater)

2015 – **\$325 per adult/\$162.50 per child**; to a maximum of \$975 per family or 2% of household income (whichever is greater)

2016 – **\$695 per adult/\$347.50 per child**; to a maximum of \$2,085 per family or 2.5% of household income (whichever is greater)

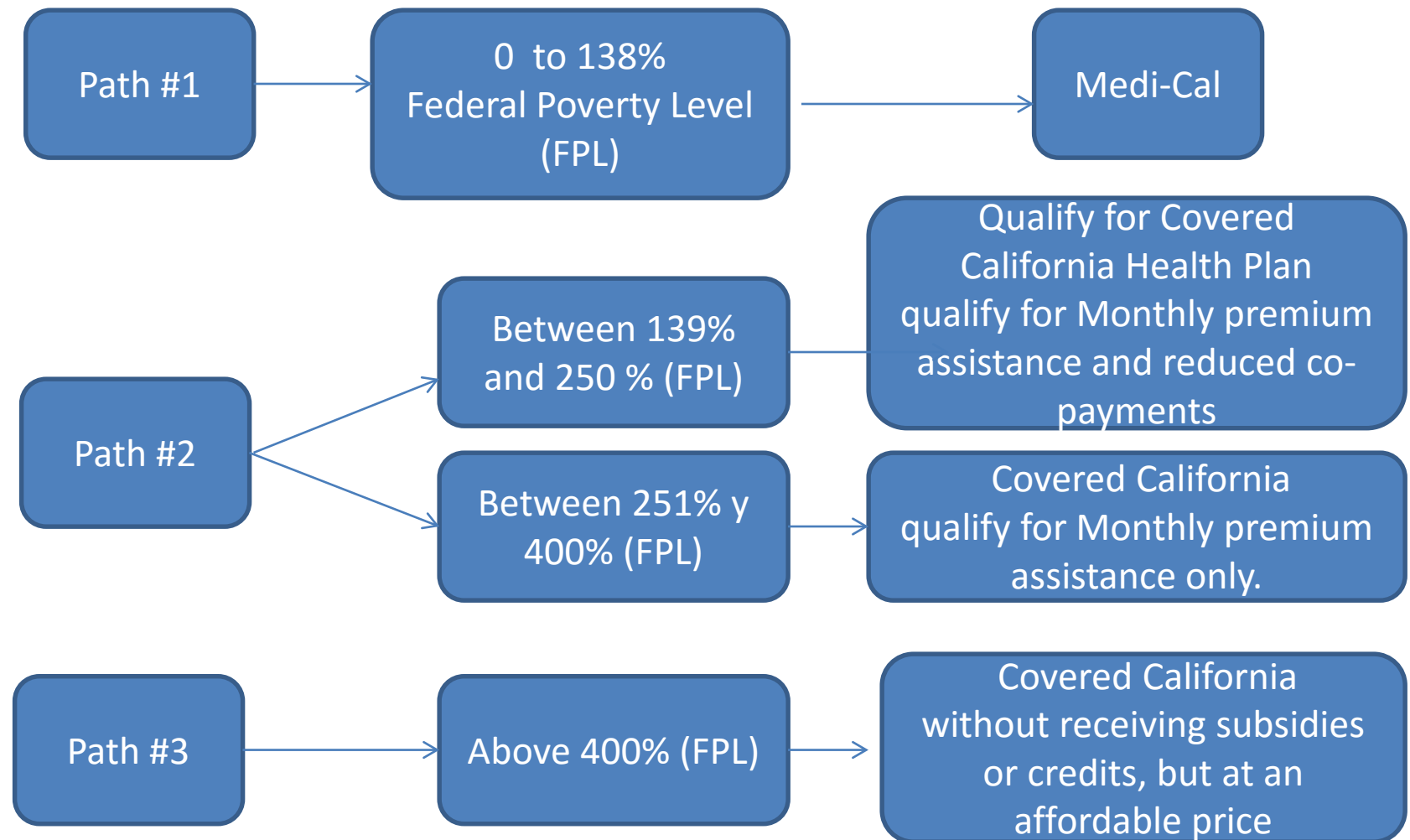
Exempt from fines include:

People who have less than three months without insurance

People whose income exempt them from having to do a tax return.



## 3 Paths





## Health Insurance Plan Tier Levels

Metal Tier	Paid by Health Plan	Paid by Consumer
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

### Minimum Coverage Plans (Catastrophic Coverage)

Only available up to age 30 or to those who can prove they are experiencing financial hardship



## Essential Health Benefits

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and Substance abuse disorder services
6. Prescription drugs
7. Rehabilitative and “habilitative” services and devices
8. Laboratory services
9. Preventive and wellness services and Chronic disease management
10. Pediatric services, including oral and vision care



## Key Terms

- **Cost-sharing** – Any expenditure required by or on behalf of an enrollee with respect to essential health benefits such terms include deductibles, coinsurance copayments but excludes premiums balance billings for non-network doctors and hospitals and spending for non covered services.
- **Cost Sharing Reductions** – After payment of premium and enrollment, cost sharing reductions help people with their out of pocket cost like deductibles, coinsurance and copayments
- **Co-payment** – A fixed amount for (example \$15) you pay for a covered healthcare service, usually paid at the time of service. The amount can vary by the type of covered healthcare service



# Key Terms

- **Deductible** – The amount you owe for covered healthcare services before your health plan begins to pay. For example if your deductible is \$1,000 deductible your plan will not pay anything until you have met your \$1,000 deductible for covered healthcare services. The deductible may not apply to all services.
- **Premium** – A monthly payment you make to your insurer to get and keep insurance coverage. Premiums can be paid by employers, unions, employees or individuals or shared among different payers.



# Key Terms

- **Primary Care Physician (PCPO)**— A physician, who directly provides or coordinates a range of healthcare services for a patient.
- **Health Maintenance Organization (HMO)** – Assigns members to a PCP who work for or contract with the HMO.
  - Doctors, specialists and hospitals in the HMO network provide all services
  - Generally, require that a member receive a referral from a PCP before seeing other doctors, except for an emergency.
  - Generally, do not cover out-of-network care (visits to doctors who are not part of that HMO), except for an emergency.
  - Require, members to live in its geographic service area to be eligible for coverage.
  - Provide preventative care



# Key Terms

- **Exclusive Provider Organization (EPO)** – Similar to HMO but has PPO features.
  - Members have access to any doctor in the health plan's provider network.
  - Members does not need a referral from a PCP to receive care from an in-network specialist
  - Out-of-network services are not covered except emergency
- **Preferred Provider Organization (PPO)** – A health plan based on a network of preferred providers (contracted doctors and hospitals).
  - May choose in-network or out-of-network providers
  - Pay less when using a network provider but have the option to see an out-of-network a substantially higher cost for covered services





# Open Enrollment

People can only buy health insurance through Covered California during a specified time period called **open enrollment**.

Open enrollment for 2014 closed March 31, will reopen in the fall  
**Nov. 15, 2014 – February 15, 2014**

People with certain life events qualify for special enrollment.

Medi-Cal is open year-round.



## Special Enrollment

People with certain life events qualify for **special enrollment**.

- Events that cause people to lose health insurance
  - Job loss or reduction in hours
  - Divorce or death of policy-holder family member
  - Turning 26/aging out of parent's insurance
  - Becoming ineligible for Medi-Cal
  - Expiration of COBRA
- Marriage
- Becoming a citizen or legally present individual
- Moving to an area with different plans
- Birth or adoption
- Exceptional circumstances – loss of eligibility for hardship, natural disasters, etc.
- Error by Covered California or enrollment counselor

**MUST enroll within 60 days of the “life event”**



## Documentation

**For every member of the family that will be enrolled:**

- Income Information\* – 2014 tax returns, recent pay stubs and/or W2 forms
- Identification – California Driver's License, California ID Card, U.S. Passport or other form of ID card.
- Proof of citizenship or lawful presence – U.S. passport, legal resident card or naturalization
- Social Security Numbers\*\*
- Birth dates
- Home ZIP codes



# Mixed Family Status

Deferred Action (DACA) is for those who arrived to the U.S. at a young age.

People who qualify for DACA are NOT considered "Legal Permanent Resident" and are not eligible for Covered California health plans.

But...a person eligible for DACA may be eligible for Medi-Cal coverage.



## Using your Coverage

- Know your health plan, read your provider booklet, contact your help plan for questions.
- Find out what providers are part of the network; medical group, hospital, urgent care facility and pharmacy.
- Become familiar with your Primary Care Physician (PCP), schedule an appointment with your PCP.
- Schedule preventative services.



## Preventative Services

- Various tests and screenings during pregnancy
- Breastfeeding support
- Newborn blood tests and hearing screening
- Screening & prevention counseling for STDs, HIV & hepatitis B
- Vision screening for children
- Alcohol misuse screening and counseling
- Autism screening and behavioral assessments for children
- Blood pressure screening
- Depression screening
- Vaccines (vary for different ages and risk groups)
- Obesity screening and counseling
- Screenings for various cancers
- Screening for high cholesterol and diabetes



## Resources

Covered California:

800-300-1506

[CoveredCA.com](http://CoveredCA.com)

Medi-Cal questions:

Managed Care Ombudsman

1-888-452-8609

[MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov)

Medicare questions:

Center for Health Care Rights

213-383-4519

[www.healthcarerights.org](http://www.healthcarerights.org)



## Resources

Department of Managed Health Care

888-466-2219

[www.dmhc.ca.gov](http://www.dmhc.ca.gov)

Department of Insurance

800-927-4357

[www.insurance.ca.gov](http://www.insurance.ca.gov)

Health Care Options

1-800-430-4263

[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)

Health Consumer Alliance

(800) 896-3203

[www.healthconsumer.org](http://www.healthconsumer.org)





For more information, to enroll or for educational presentation contact:

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# Questions

