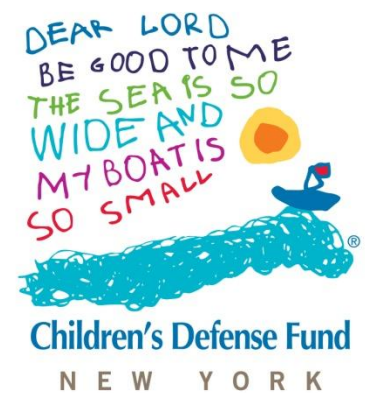


The Affordable Care Act: A Toolkit for Community Advocates

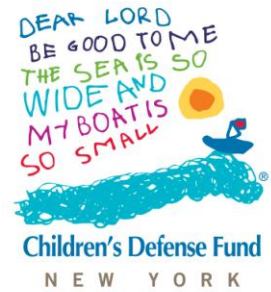
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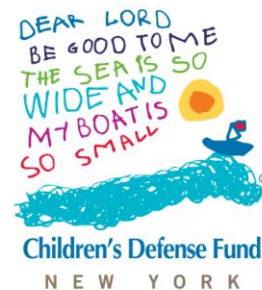
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How to Use this Toolkit

This toolkit was designed for community-based workers in New York State. While all of the information provided here applies to New York State residents, some of the information applies to other states as well. This toolkit is intended to give a comprehensive overview of several important changes under health reform, focusing on how children and families will benefit from these changes.

The one-pagers in this toolkit can be used as reference guides or distributed as handouts. Each one-pager covers a different topic with one side providing basic information about the topic and the other side listing *Frequently Asked Questions and Answers*.

The PowerPoint may be used for a live presentation or may be printed out to distribute as handouts. The presentation may be shortened, but no additions may be made to the PowerPoint without the approval of CDF-NY.

An electronic version of the complete toolkit can be downloaded from our website (see below). One-pagers are listed separately to be printed out as handouts.

Questions or Comments? Ask us on our website:

<http://www.cdfny.org/programs-campaigns/affordable-care-act-outreach/>



Summary and Overview

The passage of health care reform

President Obama signed The Patient Protection and Affordable Care Act (ACA) into law on March 23, 2010. Referred to as “Obamacare” or *health reform* (the term used in this toolkit), this law makes a number of changes to health insurance and health care in the United States. In New York State, an estimated 1.1 million people will become newly insured. Approximately 90,000 people will be newly eligible for Medicaid, and nearly 700,000 people will have access to purchase coverage and receive subsidies through the New York State Health Marketplace.

Federal changes and state options

Some changes will take place at the federal level, affecting the entire nation, and other changes will be left up to the states. For example, all states will need to adhere to the individual mandate for the acquisition of coverage in Year 2014. However, not all states will expand Medicaid to 133 percent of the federal poverty level (FPL), as this is an option in the law. Additionally, states will also have the option to create a Basic Health Plan for those who have incomes that are between 133-200% of the federal poverty level. Tax credits and cost-sharing subsidies will be available through the federal government.

Supreme Court Ruling

When the Supreme Court released their ruling on the Affordable Care Act on June 28, 2012, the justices largely upheld most of the law. The ruling however gave states the option of expanding Medicaid to 133% of the poverty line. The Supreme Court ruled that the *individual mandate* (everyone is mostly required to have health insurance) is constitutional due to Congress’s power to tax.

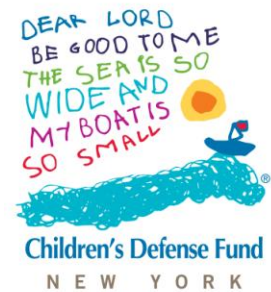
Funding health reform and financial impacts

A common question is – “What will health care reform cost?” What will it cost consumers, the state governments, the federal government, and all other parties impacted by health care reform? According to the Congressional Budget Office, health reform will slow the growth of health care costs and is estimated to reduce the deficit \$143 billion by 2019. For more information about the costs of health reform visit www.cbo.gov.

The Affordable Care Act

The Marketplace

On April 12, 2012, Governor Cuomo issued Executive Order #42 to establish a statewide Health Marketplace. This established two programs: the Individual Marketplace and the Employer Marketplace called the Small-Business Health Options Program or “SHOP”.



How the Marketplace will be used

Consumers will be able to access the Marketplace, called *NY State of Health* in four ways:

- ✓ By phone
- ✓ By mail
- ✓ Online
- ✓ In person

NY State of Health will determine what health insurance a person might be able to get and allow consumers to compare health plans. It will determine whether people are eligible for a public health insurance program, such as Medicaid or Child Health Plus, or tax credits. Individuals with access to employer-sponsored coverage cannot purchase coverage through the marketplace. Exceptions exist if the employer-sponsored coverage is not “affordable” or if employees have to pay full price.

Qualified health plans

Only qualified health plans will be able to offer coverage provided through NY State of Health. Qualified health plans must offer *minimum essential benefits*, which include full or partial payments for doctor visits, prescriptions, emergency care, as well as other critical services. For a full list of the qualified health plans and where in the state they can be purchased, go [here](#).

Rating system

While all health plans offered through NY State of Health must offer minimum essential benefits, plans will be rated—Bronze (60% coverage), Silver (70% coverage), Gold (80% coverage) and Platinum (90% coverage)—based on what percentage of a person’s health care costs the plan will cover. The maximum out-of-pocket costs, such as copays and deductibles, will be \$5,950 for an individual and \$11,900 for a family.

Tax credits

Though the marketplace, there will be the ability to calculate the actual cost of coverage after individual tax credits and cost sharing reductions. For help calculating your possible subsidies, go [here](#).

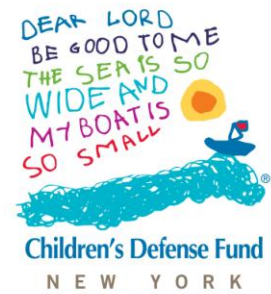
Consumer assistance and Navigators

The State will set up a public education and outreach program to help people navigate the Marketplace and to facilitate enrollment in coverage offered through the Marketplace. For a map of approved facilitated enroller locations please, go [here](#).

The individual mandate

As of 2014, most people will be required to obtain health insurance coverage or will be charged a penalty. In 2014, the penalty will be \$95 or 1% of a person’s annual income; whichever is greater. Some individuals are exempt from the mandate. For example, if the lowest-cost plan available is more than 8% of a person’s income, he or she will not be required to have health insurance. While the Marketplace is not responsible for enforcing the mandate, it will determine whether people are exempt from the individual mandate and pass that information to the Department of Treasury.

Questions and Answers



When can I start using the Marketplace to purchase coverage for my family and me?

By October 1, 2013, NY State of Health will begin accepting health coverage applications. Coverage begins January 1, 2014.

I have coverage through my employer, but it is expensive. Can I purchase coverage through NY State of Health instead?

If the coverage offered through your employer does not adequately cover your benefits or if your premium is more than 9.5% of your income, you may be able to purchase coverage through NY State of Health. You may also be eligible for tax credits.

How much can I receive in tax credits?

The amount you receive will be based on your income. If your income is less than 400% of the federal poverty level, you will be eligible for tax credits. For a family of four that is an annual income of \$94,200. See estimates of savings from the Kaiser Foundation in the table below.

Rating of Plan	original price per year	200% FPL ¹		300% FPL ¹		400% FPL ¹	
		price at	savings	price at	savings	price at	savings
Silver	\$9,869	\$2,967	\$6,902	\$6,712	\$3,157	\$8,949	\$920
Bronze	\$8,180	\$1,278	\$6,902	\$5,022	\$3,158	\$7,260	\$920

¹ Federal Poverty Level (FPL) calculated for a family of 4 (2 adults, 2 kids, all do not smoke)

What if there is no plan offered through NY State of Health that I can afford?

If you cannot afford any of the plans offered through NY State of Health and you are not eligible for a public health insurance program, individuals under the age of 30 and those exempt from the individual mandate may consider purchasing catastrophic coverage. Catastrophic coverage, which will be available through the marketplace, is less expensive but does not offer comprehensive coverage.

I run a small business. Am I required to provide health insurance for my employees?

The Obama Administration has delayed the part of the Affordable Care Act that penalizes businesses with over 50 employees that do not offer health insurance or whose employees can't afford the insurance provided without a reduced price. It will now go into effect in 2015. It is encouraged, however, that businesses start looking at healthcare options for their employees before 2015. Additionally, the individual mandate will still be going into effect on January 1st, 2014, so individuals *must* be covered by insurance by then, or face a tax. Note if you have fewer than 50 employees, this does not apply to you.

I run a small business. What are my options for offering my employees health insurance?

The Small Business Health Marketplace Program, "SHOP" will be available. Those who use this marketplace may be eligible for tax credits. Through the Marketplace, employers can choose whichever plan option on the Marketplace they like best. For more help with choosing an insurance plan for your business, go to <http://business.usa.gov/healthcare>.

The Affordable Care Act

Public Health Insurance

Expanded Medicaid eligibility

Starting in 2014, income eligibility for Medicaid will be 133% of the federal poverty level (FPL) in New York State. Currently, Medicaid eligibility at 133% FPL is \$15,281 for a single person and \$31,321 for a family of four.

Medicaid benefits

Medicaid in New York State will include some of the following *essential health benefits*:

- ✓ Prescription drugs
- ✓ Doctor appointments and surgery
- ✓ Mental health and substance abuse services
- ✓ Oral and vision care (including pediatric)
- ✓ Ambulatory and emergency services and hospital visits
- ✓ Laboratory and x-ray services
- ✓ Rehabilitation (services and devices)
- ✓ Maternal and newborn care
- ✓ Well-baby and well-child care, including immunizations
- ✓ Other preventive services

Medicaid for young adult foster children

Beginning in 2014, young adults who were enrolled in Medicaid as foster children will be covered by Medicaid up to age 26, regardless of income.

Child Health Plus

Child Health Plus will be maintained through at least 2019. All uninsured children in New York State who are under age 19 and above 133% FPL are eligible for the Child Health Plus program. Premiums and cost-sharing will depend on household income and family size.

Family Health Plus

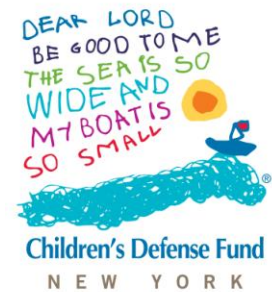
Prior to January 2014, adults who are between 100% and 150% FPL are eligible for Family Health Plus (FHP). As of January 2014, eligibility will shift. Adults between 100 and 133% FPL will become newly eligible for Medicaid. Parents between 133 and 150% FPL can acquire a silver level qualified health plan in the marketplace. These premiums will be paid by Federal tax credits and NYS. Single adults between 133 and 150% FPL can also acquire a silver level qualified health plan in the marketplace. These premiums will be partially covered by federal subsidies. For those already enrolled in the program, premiums will be covered by the state up until 2014. At the end of 2014, New York is expected to phase out of using FHP. Enrollment for this program will be closed in 2014.

Counting income for public health insurance

Currently, when applying for public health insurance, income is calculated by considering necessary expenses, such as childcare. In 2014, most applicants will use a 5% income disregard* to cover the cost of necessary expenses. This, in effect, makes the income eligibility for Medicaid 138% of the federal poverty level.

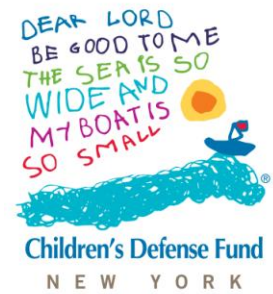
Simplified enrollment

In 2014, in coordination with New York State of Health, it will be easier than ever to apply for, enroll in, and renew coverage for public health insurance programs. Children who apply to renew coverage for Medicaid or Child Health Plus who are newly eligible for the alternate public program will be automatically transitioned into the coverage for which they are newly eligible on their annual anniversary date.



* The income disregard for determining income eligibility for Medicaid is like the standard deduction you use when filing your taxes.

Questions and Answers



I currently do not qualify for Medicaid, but I think I will qualify for Medicaid when there are higher income eligibility levels. When can I enroll?

You will be able to apply as of January 1, 2014 if you are eligible for Medicaid. States have the option to expand Medicaid eligibility before 2014, but they will not get financial support from the federal government.

If I am currently enrolled in Family Health Plus, how will changes to Medicaid affect my coverage?

As of January 2014, if your income is less than 133% of the federal poverty level, you may move from Family Health Plus coverage to Medicaid coverage. If you qualified for Family Health Plus before 2014, and you are a parent between 133 and 150% FPL, then you can get a silver level health plan in the Health Marketplace and the premiums will be paid for by NYS for all of 2014. If you are a single adult, between 133 and 150% of the FPL, you can get a silver level health plan, and you will qualify for federal tax credits from the Federal government.

My income is less than 133 percent of the federal poverty level, but I am not eligible for Medicaid because of the 5-year waiting period for immigrants. What should I do?

The health reform law does not lift the five-year bar for Medicaid, but legal immigrants who are below 133 percent will be allowed to join the Basic Health Plan, if New York offers one. However, it has not yet been determined whether persons residing under PRUCOL* status will be able to enroll in the Basic Health Program. See the *Glossary of Terms* page to learn more about the Basic Health Plan.

I was 18 years old when I left foster care. I will be 22 years old in 2014. Can I get coverage through Medicaid in 2014?

Yes. If you were enrolled in Medicaid when you were in foster care, you can get health coverage through Medicaid up until you turn 26 years old.

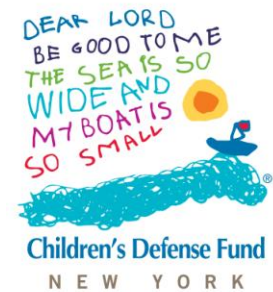
My income fluctuates throughout the year. Some months my income is above 133 percent of the federal poverty level, and some months it is below. Will I have to keep changing insurance throughout the year?

Income eligibility for Medicaid under health reform will continue to be based on a person's income at the time of application and renewal (e.g., recent paychecks). However, the 5% income disregard is based on annual tax filing. In New York State, continuous coverage is offered for those who qualify for Medicaid and CHIP. Therefore, if your income does change throughout the year,

* PRUCOL (Permanent Residence Under the Color of Law): Government knows that the person is in the United States and has not done anything to deport him/her. This includes people who have a working permit, have filed an application for Temporary Protected Status, and have filed an application to adjust their status. PRUCOL is a standard for public benefits eligibility.

Private Health Insurance

Whether you have coverage through your employer, purchase health insurance on the private market, or plan to purchase health insurance through the new state Marketplace, the health reform law makes sure health insurers provide coverage in the best interest of consumers.



Pre-existing conditions

As of January 2014, across the United States, insurance companies will not be allowed to deny coverage or limit benefits for people with pre-existing conditions. For children, this is already in effect (as of September 23, 2010). In New York, it is already the case that no one can be rejected from purchasing insurance because of a pre-existing condition.

Preventive care

Since September 23, 2010, many health plans must cover preventive services without co-pays. Preventive care includes services such as immunizations and preventive health screenings.

No more Rescissions

Since September 23, 2010, health plans have not been allowed to take away anyone's coverage, except in the case of fraud.

No more annual and lifetime limits

Since September 2010, insurance companies can no longer put lifetime limits on health insurance plans. There are also restrictions on the minimum amount of *annual limits* insurers can put on their health plans. In 2010, the minimum *annual limit* is \$750,000. The minimum annual limit will rise each year until 2014 when insurers may no longer put any annual limit on plans.

Buying insurance through NY State of Health

In 2014, individuals and small employers will be able to purchase private health insurance through the Marketplace, a marketplace for health insurance. All coverage offered through the Marketplace will have to offer comprehensive coverage—that is, provide certain essential benefits.

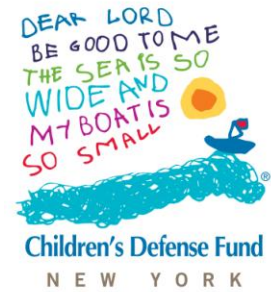
Coverage for young adults

Since September 23, 2010, young adults up to 26 years of age can stay on or join their parents' health insurance plans. In New York State, young adults between the ages of 26 and 29 may be able to join their parents' plan if employers choose to provide that option. If employers don't provide coverage up to age 29, young adults will have to pay a higher monthly premium (similar to COBRA coverage).

Cost of premiums

In New York State, all health insurance premium increases must be approved by the State. This helps to regulate rising premiums. There will also be a cap on out-of-pocket expenses. For a complete list of approved plans offered through NY State of Health go to <http://bit.ly/18suVMi>.

Questions and Answers



I currently purchase insurance on the private market. In 2014, can I drop my current coverage and immediately purchase more affordable coverage through NY State of Health?

Yes, you do not have to be uninsured for any period of time. Depending on your income, you may also be eligible for tax credits through the Marketplace.

My daughter has asthma, and we were told by the insurance company that they would not cover treatment relating to her asthma for the first 12 months of coverage. Does the insurance company now have to cover her asthma?

No, insurers may still enforce waiting periods. In New York, 12 months is the maximum period of time an insurance company can make a person wait before the company will cover a pre-existing condition. After 2014, health plans cannot have a waiting period.

I have heard of health insurers taking away someone's coverage when they get sick. Are insurers still allowed to do that?

No, the "ban on rescissions" means that a health insurance company is not allowed taking away someone's coverage. (The only exception is in case of fraud.) Health insurers cannot rescind someone's coverage because he or she made an honest mistake on an application for health insurance.

I have health insurance through my employer and I like the plan I have. How will the changes to private health insurance affect my coverage?

Most of the changes apply to all health plans, such as the ban on annual and lifetime limits. Some parts of the new law do not apply to "grandfathered" plans, or they go into effect at different times for different plans. *Grandfathered plans* are those that were in effect on March 23, 2010. For example, *grandfathered plans* may still charge copays for certain preventive services. It is best to check with your health plan provider to see which specific changes will affect your coverage.

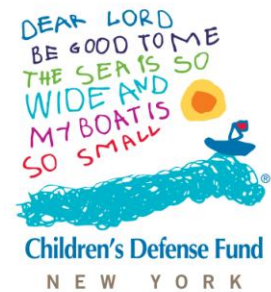
Do all these changes mean my premium will go up?

While you may see a rise in your premiums over coming years, it is predicted that this rise will be less than it would be if health reform had not become law. Also, premium increases will have to be approved by the state. The federal government will be monitoring to make sure most of the money paid in premiums is going towards patient care.

I have been on the same health plan for many years and I visit the same doctors. What does the new law mean for my choice of provider?

If you remain on the plan you have now, the law will not change your choice of provider. (That's assuming your insurance company maintains the same network of providers.) Women no longer need to get a referral from a primary care provider to visit an OB-GYN. Also, in an emergency, you can go to any hospital emergency room without prior approval from your insurer; however, you may be responsible for the difference between what the out-of-network provider charges and what your plan will pay.

Coverage for Young Adults



Coverage for young adults up to age 26

Since September 23, 2010, young adults up to 26 years of age have been permitted to stay on or join their parents' health insurance plans. This will continue to be an ongoing policy. Young adults between the ages of 26 and 29 may be able to join their parents' plan, but they may have to pay a higher monthly premium (similar to COBRA coverage) and need to meet specific criteria listed below.

Who can enroll?

Most young adults up to age 26 may enroll in their parents' plan. It makes no difference if the young adult is married, financially independent, a student, living with the parent, or living in a different state from the parent. All insurance plans—whether offered through work or purchased in the private market—must include some type of family coverage. Young adults may not be able to enroll if they have access to health insurance coverage through their employer or their spouse's employer.

How to enroll

Health plans must notify all of their clients when young-adult children may enroll. For many plans the "open enrollment" period may be the ONLY time a young adult can get on their parents' coverage, so it is very important that you find out when this date is. For example, if a parent's plan has "open enrollment" in November 2011, a parent may enroll their child during November and their coverage may start in January 2012.

For plans that do not have open enrollment, a "special enrollment" period will be set up—a time for young-adult children to enroll. (All plans must allow 30 days for young adults to enroll.)

Contact your health plan provider to find out when young adults may join their parents' coverage.

Cost of coverage

Premiums and benefit packages will be the same for children of all ages who are on the same plan. The premium parents pay to cover a five-year-old child will be the same as the premium they pay to cover a twenty-five-year-old child.

New York coverage for young adults ages 26 to 29

The Young Adult Option (coverage for adults 26-29) requires that the Young Adult's parent and the Young Adult meet certain requirements. The parent must be covered under the group policy as an employee or retiree, or pursuant to a right under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Young Adult must:

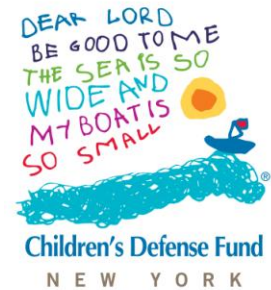
- ✓ Be unmarried
- ✓ Not be insured by, or eligible for, comprehensive health insurance through their own employer
- ✓ Live, work or reside in New York State or the health insurance company's service area
- ✓ Not be covered under Medicare

Note that the Young Adult does not have to live with a parent, be financially dependent on a parent, or be a student.

The Affordable Care Act

Coverage for Young Adults

Questions and Answers



Both of my parents have health insurance that offers family coverage. Which plan should I enroll in?

By law, you are allowed to enroll in either plan. Consider the benefits package and costs associated with each plan to help decide which option is best for you.

My daughter is 20 years old and enrolled in a health plan through her college. Can I add her to the coverage I have through my employer?

Yes. You should look at each plan's benefit package and costs and decide on the best option for your family. Depending on when your plan allows you to enroll your daughter, there may be a period of overlap when she is covered by both your plan and her college plan, or a period when she is uninsured.

My son was on my plan but was taken off when he was 22 years old. He is now 24 and does not have access to health insurance through his employer. Can he re-enroll in my plan?

Yes.

The health plan I have through my employer does not have an open enrollment period. When can my 22-year-old daughter apply to be on my plan?

If your health plan does not have an open enrollment period, the plan is required to have a special enrollment period for newly eligible young adults. The plan should provide clear and detailed instructions explaining how to apply and must allow 30 days for your daughter to enroll.

Will it cost more to have my 24-year-old son on my health plan?

Potentially; If you do not already have a family plan, adding your 24 year old will cause the monthly premium cost to elevate. If you do already have family plan, it may not cost more to add your 24 year old. After he turns 26, up to age 29, he might be able to remain on your plan but at higher cost, as long as he is unmarried and a resident of New York State.

I am 25 years old and am going to enroll in my mother's plan starting in January. What happens when I turn 26 in March?

On your 26th birthday you will no longer be covered by your parent's plan at the family plan rate. However, if you live in New York and are unmarried, you may be able to remain covered, at a higher cost, until you are 29.

Do I have to live in the same state as my parents to enroll in their plan?

It depends on your age. Young adults up to age 26 are not required to live in New York to be covered on their parents' plan. Young adults ages 26 to 29, however, must be residents of New York State.

Can I put my grandchild on my health plan?

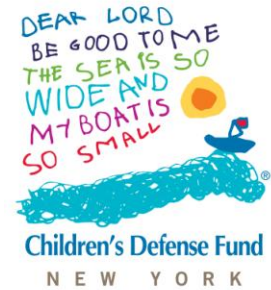
No.

I am 23 years old, currently unemployed and have no money. Can I join my parent's plan?

Yes. You may also be eligible for a public health insurance program. For more information about Medicaid or Family Health Plus and to find out where you can get help enrolling, call a toll-free hotline: (800) 698-4543.

The Affordable Care Act

Coverage for Individuals with Pre-existing Conditions



New York's Transition Plan offered by PCIP

New York's Transition Plan

New York's Transition Plan, run by the Federal Government's Pre-Existing Condition Insurance Plan (PCIP), was created to provide immediate affordable health insurance coverage to uninsured adults with *pre-existing medical conditions**. This plan is now closed for enrollment, but if you are covered by this plan currently, you can find more information at <https://www.pcip.gov/>.

Transition PCIP coverage from one state to New York

It may be possible that if you are moving to New York, you can keep your health insurance coverage from PCIP. For more information, go to: <http://1.usa.gov/X8llfv>

Expiration on Transition Plan

For those covered by the Transition plan currently, please be aware that this plan expires on January 1st, 2014. Therefore, it is important that you find health insurance coverage by that time. A good place to start looking will be through the health marketplace that will be set up by New York State.

Buying Health Insurance Plans with Pre-existing Conditions

Health insurance coverage is possible

The Affordable Care Act has made it illegal for health insurance plans to turn someone down due to a pre-existing condition. You are now free to choose health insurance plans that fit your needs and budget.

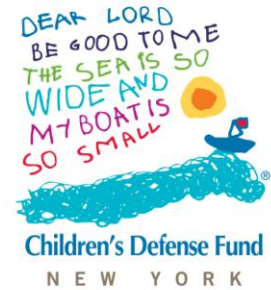
No limits on benefits

It is now impossible for health insurance companies to limit the amount that they will pay in benefits. Starting in 2014, insurers can no longer put any annual limits on plans.

* Pre-existing medical conditions include, but are not limited to: **Brain/nervous system** conditions (Alzheimer's, dementia, epilepsy); **Cancer/tumors**; **heart and circulatory** system conditions (hemophilia, sickle cell anemia, heart murmur); **metabolic and endocrine** conditions (diabetes, cystic fibrosis, HIV/AIDS); **nervous/mental/behavioral** conditions.

The Affordable Care Act

Coverage for Individuals with Pre-existing Conditions Questions and Answers



I currently have health insurance through the Transition Plan. By when do I need to find a new insurance plan?

PCIP or the Bridge Plan will cover you until January 1, 2014. Therefore, you need to find a health insurance plan either through the health Marketplace or on the private insurance market by then.

I have a pre-existing condition and currently have health insurance. My premium is very high so I would like to find a more affordable insurance plan through the health benefit Marketplace. Can I do that?

Yes. If the coverage offered through your employer does not adequately cover your benefits or if your premium is more than 9.5% of your income, you may be able to purchase coverage through the Marketplace. But you will need to check with your health insurance company to see if you can cancel. If your current health care plan is due to expire before March 31, 2014, you can use the health benefit Marketplace during open enrollment to look for plans.

I'm moving to New York from another state. Is it possible for my PCIP plan from another state to cover me in New York?

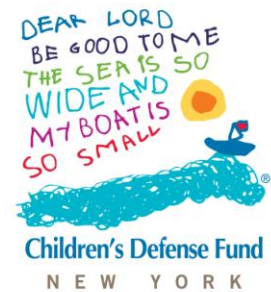
If you lost PCIP coverage during the past 6 months because you moved out of another state into New York, you may be eligible to re-enroll in PCIP's Standard Plan in New York. Call 1-866-717-5826 to see if you are eligible. However, this is only possible if you were already on the federally run PCIP program. Check to see if the state you lived in previously has a federally run PCIP program here: <http://1.usa.gov/X8llfv>.

Can health insurance companies still enforce waiting periods for pre-existing conditions?

Yes. The waiting period is legally mandated by the ACA to be no longer than 90 days.

Medically Fragile Children

Changes that will improve coverage for medically fragile children are now in effect.



Children with pre-existing conditions cannot be denied coverage.

Most plans can no longer deny coverage, exclude benefits, or limit benefits for a child (under the age of 19) with a pre-existing condition.

Young adults, up to age 26, can stay on or join their parent's health insurance plan.

It makes no difference whether the young adult is married, financially independent, a student, living with the parent, or living in a different state from the parent. However, young adults may not be able to enroll if they have access to health insurance coverage through their employer or their spouse's employer. Also, New York State already has a law that allows young adults up to age 29 to join their parents' health plan at a higher cost.

There is a ban on plans having lifetime and annual limits.

Plans can no longer limit the amount they will pay in benefits. In 2014, insurers may no longer put any annual limits on plans.

Public health insurance will cover both hospice care and treatment.

Retroactive to March 23, 2010, children on Medicaid or Child Health Plus may have coverage for *both* hospice care and curative treatment.

No co-payments for preventive care.

Patients do not pay anything for preventive care, such as immunizations and well-child visits.

Changes over the next few years will improve access to coverage and quality of care for medically fragile children.

Medicaid Community First Option

New York State offers the option to allow Medicaid recipients with incomes up to 150% of the federal poverty level (\$35,325 a year for a family of four), and who require institutional level of care, to remain in their homes.

Pediatric Accountable Care Organizations

From 2012 to 2016, pediatric providers may be recognized as pediatric *Accountable Care Organizations* (ACOs) if they demonstrate a coordinated delivery system. (Incentive payments, offered to Pediatric ACOs, are designed to encourage more providers to offer a higher standard of care while achieving cost savings.)

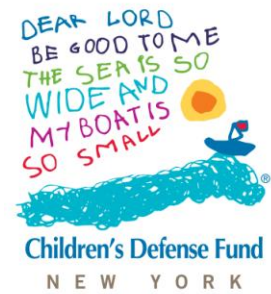
Strengthening Public Health Insurance Programs

Effective 2014, Medicaid will be available to anyone with an income below 133 percent of the federal poverty level (\$31,321 a year for a family of four). This means more children between the ages of 6 and 18 may move from Child Health Plus to Medicaid. Medicaid offers more comprehensive coverage for children with special needs. Child Health Plus, offering free and low-cost coverage on a sliding fee scale and regardless of immigration status, will remain an option for families with higher incomes.

The Affordable Care Act

Health Care for Medically Fragile Children

Questions and Answers



My six-year-old disabled daughter has private coverage with the family plan I have through my employer. What do health care reform changes mean for her?

There are now no co-payments for preventive services. Also, your plan cannot limit or exclude any benefits relating to your daughter's condition. Insurance companies are no longer allowed to put a lifetime cap on the cost of your daughter's coverage. So if your daughter's condition results in high medical bills, you won't "max out" your benefits over the course of being on the plan. In 2014 many plans will not be allowed to have any limit on annual benefits.

My disabled son is enrolled in Child Health Plus. Will his coverage change under health care reform?

Federal funding for Child Health Plus is secured through 2015 (and the program will be maintained at least to 2019), so as long as your child qualifies for Child Health Plus, his coverage should not change. However, if your child is between the ages of 6 and 18, he may be able to move from Child Health Plus to Medicaid. That could be advantageous since Medicaid has more comprehensive coverage.

Do the changes to hospice care mean my child can now get hospice care any time, even though he is also being treated for his illness?

While children with Medicaid or Child Health Plus coverage can now get treatment as well as hospice care, the eligibility for hospice care remains the same. The child must be deemed terminally ill by a physician with a prognosis of six months or less to live.

Immigrants

Medicaid

Legal immigrants with incomes below 133% of the federal poverty level (FPL) will be eligible for Medicaid. If the State decides to set up a Basic Health Plan, legal immigrants between 134% of the federal poverty level and 200% of the federal poverty level will be eligible.

Child Health Plus

In New York State, all children are eligible for Child Health Plus, regardless of immigration status. Child Health Plus will be maintained through at least 2019.

The Health Marketplace

Legal immigrants will be able to purchase coverage and receive subsidies through NY State of Health. Undocumented immigrants will not be able to purchase coverage or receive subsidies through the marketplace, but they may purchase coverage on the private market outside the marketplace.

Options for undocumented Immigrants

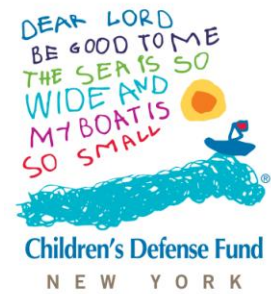
- ✓ Undocumented immigrants may be eligible for **Emergency Medicaid** if they meet all other eligibility requirement for Medicaid.
- ✓ **Community Health Centers** will receive increased funding under health reform and are an option for undocumented immigrants.
- ✓ Undocumented immigrants can receive free or low-cost care at **safety-net hospitals**, such as Health and Hospitals Corporation (HHC) in New York City. For more information go to: <http://www.nyc.gov/html/hhc/html/home/home.shtml>.

Language access

When open enrollment begins on October 1, 2013, the website to apply on-line will be available initially in English, followed shortly by Spanish, and later expanded to other languages. Call Center staff for the Health Marketplace Hotline will be able to speak at least 13 languages.

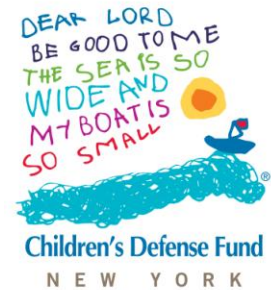
Definition of lawfully present

Currently, New York State covers all legal immigrants, including those residing under PRUCOL* status, in state public insurance programs. The federal government has not yet detailed whether their definition of “lawfully residing” includes PRUCOL individuals.



* PRUCOL (Permanent Residence Under the Color of Law): Government knows that the person is in the United States and has not done anything to deport him/her. This includes people who have a working permit, have filed an application for Temporary Protected Status, and have filed an application to adjust their status. PRUCOL is a standard for public benefits eligibility.

Questions and Answers



I am an undocumented immigrant, but my child is a legal immigrant. Can I purchase health insurance for her through the Marketplace?

Yes. You may enroll your child onto Child Health Plus or purchase child-only coverage via a Qualified Health Plan (QHP). If choosing the QHP, she may also be eligible for tax credits. Depending on your income, she may also be eligible for Medicaid or Child Health Plus at a lower monthly premium. Also note that applying to health insurance plans through the health marketplace will not hurt your immigration status.

I heard that it will be easy to apply for public and private health insurance through the Marketplace. Does that mean I don't need to provide paper documentation of my immigration status?

When applying for health insurance, your personal data might be compared to information that is already stored in federal or state databases, such as the Social Security Administration (SSA). If your personal information cannot be verified, you may be asked to provide other documentation.

As an undocumented immigrant, I do not have many options. Does the "individual mandate" still require me to have health insurance?

No. Undocumented immigrants are exempt from the individual mandate.

What is Emergency Medicaid and how can I get it?

If you are uninsured and have a medical emergency, you should be able to apply for Emergency Medicaid where you are treated. To qualify, you must meet all other Medicaid eligibility requirements, such as income eligibility. You will also need the signature of the doctor who treated you, to certify that you had an emergency. There are no immigration consequences for using Emergency Medicaid.

What is the federal poverty level?

Most public programs use the federal poverty level (FPL), also known as poverty guidelines to help determine eligibility for programs. The percentage of the federal poverty level to qualify for public programs differs by state, by program, and even within programs. Through 2013, 133 percent of the federal poverty level is \$15,281 for an individual and \$23,550 for a family of four.

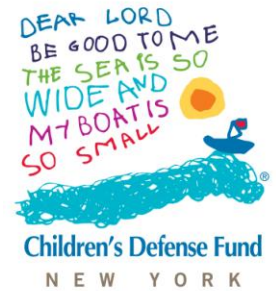
I am an immigrant, and my status has not yet been determined. How do I know if my child qualifies for Medicaid or Child Health Plus?

In New York, every child under the age of 19 is eligible for free or low-cost health insurance, regardless of immigration status. Currently, New York has different guidelines to qualify for Medicaid, depending on age, income and immigration status. For more information about Medicaid or Child Health Plus and to find out where you can get help enrolling, call a toll-free hotline: (877) 698-4543.

The Affordable Care Act

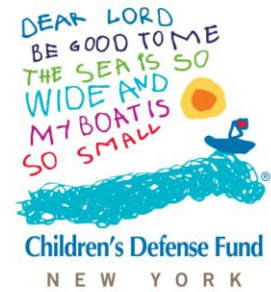
Income Eligibility Chart

This chart provides an overview of how major changes under health reform will affect you, based on your income.



% Federal Poverty Level (FPL)	Yearly Income (Individual)	Yearly Income (Family Size: 4)	Monthly Income (Family Size: 4)	As of 2014, what does health reform mean for me?
Less than 133%	<\$15,281	< \$31,321	< \$1,963	<ul style="list-style-type: none"> You are income eligible for Medicaid
< 200%	<\$22,980	< \$47,100	< \$3,925	<ul style="list-style-type: none"> In New York State, all children are eligible for Child Health Plus You may purchase coverage through the Marketplace, if you are not offered coverage through your employer You may be eligible for tax credits
< 400%	<\$45,960	< \$94,200	< \$7,850	<ul style="list-style-type: none"> In New York State, all children are eligible for Child Health Plus You may purchase coverage through the Marketplace, if you are not offered coverage through your employer You may be eligible for tax credits
More than 400%	>\$45,960	> \$94,200	> \$7,850	<ul style="list-style-type: none"> In New York State, all children are eligible for Child Health Plus. Families with incomes over 400% of the federal poverty level can “buy-in” to Child Health Plus by paying the full premium You may purchase coverage through the Marketplace, if you are not offered coverage through your employer There is no out-of-pocket limit for individuals above 400% of the federal poverty level who purchase coverage through the Marketplace

Glossary of Terms



Accountable Care Organization (ACO)

The ACO is intended to improve the quality of care by a group of health care providers. The ACO receives incentive payments for providing a higher level of coordinated care.

Annual limit

The dollar limit that a health insurance company says it will pay towards a person's health care in a year.

Basic Health Plan (BHP)

A possible public health insurance plan that would offer comprehensive coverage for those between 133 and 200% of the FPL. NYS is deciding whether it will offer a BHP on the Health Marketplace.

Dependent coverage

Coverage for people who are dependents of the health insurance policyholder, such as children or a spouse.

Essential health benefits

A set of health services that certain plans, including Medicaid, must cover. For a list of essential health benefits, see Public Health Insurance.

Grandfathered plans

Plans that existed before the law was passed on March 23, 2010. Grandfathered plans do not have to follow everything in the health reform law. However, plans may lose their grandfathered status if they make certain changes.

Health Insurance Marketplace

A marketplace where individuals and employers can purchase qualified health plans.

Individual Mandate

The requirement by Federal Law for all "lawfully present" in the United States to be covered by health insurance. There are some exceptions to this law like religious objections.

Lifetime limits

The dollar limit that a health insurance will pay towards a person's health care in their lifetime.

Pre-existing condition

A health condition that a person has before enrolling in a health plan. Plans may differ in what they consider to be pre-existing conditions. In 2014, plans may no longer impose a waiting period for pre-existing conditions.

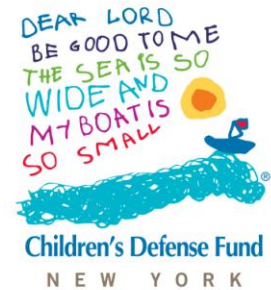
Qualified health plan

A health plan that is certified by the Health Insurance Marketplace. Qualified health plans provide essential health benefits and meet other requirements.

Rescission

The cancellation of a health insurance policy by the insurer. Under health reform, rescissions are no longer allowed, except in cases of fraud or lack of premium payment for private coverage.

Resources



General Resources:

Children's Defense Fund – New York: www.cdfny.org

Plan Finder created by Federal Gov't: <http://finder.healthcare.gov/>

Government website on health care (English): www.healthcare.gov

Government website on health care (Spanish): <https://www.cuidadodesalud.gov/es/>

Government website on connecting kids to coverage: www.insurekidsnow.gov

New York Times, Health care reform: <http://www.nytimes.com/pages/health/index.html>

New York State Health Insurance resource center: <http://www.ins.state.ny.us/chealth.htm>

New York Health Benefit Marketplace: <http://www.healthbenefitmarketplace.ny.gov/>

Pre-Existing Insurance Plan for NY: <https://www.pcip.gov/Default.html>

Health Care for All New York (HCFANY): <http://hcfany.org/>

HCFANY is a statewide coalition dedicated to winning affordable, comprehensive, and high quality health care for all.

Families USA: <http://www.familiesusa.org/>

Families USA is dedicated to achieving high-quality, affordable health care for all Americans, working at the national, state, and community levels.

Community Service Society of New York: www.cssny.org

Through advocacy, direct service, research and policy analysis, and strategic partnerships, the Community Service Society focuses on policy interventions to facilitate the economic mobility of low-income New Yorkers.

Young Invincibles: www.younginvincibles.org

Young Invincibles is an organization that represents the interests of 18-34 year olds. Their website www.gettingcovered.org gives young adults and their families more information about young adult coverage.

Raising Women's Voices (RWV): <http://www.raisingwomensvoices.net/>

Raising Women's Voices is a national initiative working to make sure women's voices are heard and women's concerns are addressed as policymakers put the new health reform law into action.

New York Immigration Coalition (NYIC): <http://www.thenyic.org/healthcare>

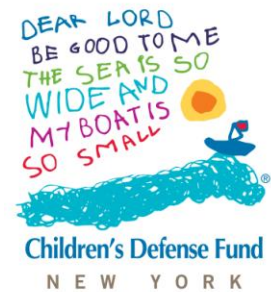
Through policy advocacy, civic participation, community education and training, New York Immigration Coalition helps foster immigrant community leadership and civic engagement, and puts immigrants at the table in the major public policy debates of the day.

The Bronx Health Link: www.bronxhealthlink.org

The Bronx Health Link is a one-stop source for consumers and health and human service providers on health issues facing the Bronx. Their focus is on improving the health of Bronx women and their families.

Resources

For more in-depth policy and economic analysis:



Kaiser Family Foundation: www.kkf.org

The Kaiser Family Foundation serves as a non-partisan source of facts, information, and analysis for policymakers, the media, the health care community, and the public, focusing on the major health care issues facing the U.S., as well as the U.S. role in global health policy.

The Commonwealth Fund: www.commonwealthfund.org

The Commonwealth Fund aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency by supporting independent research on health care issues and making grants to improve health care practice and policy.

Center on Budget and Policy Priorities: <http://www.cbpp.org/>

The Center on Budget and Policy Priorities is one of the nation's premier policy organizations working at the federal and state levels on fiscal policy and public programs that affect low- and moderate-income families and individuals.

United Hospital Fund: www.uhfnyc.org

The United Hospital Fund is a nonprofit health services research and philanthropic organization whose mission is to shape positive change in health care for the people of New York.

NY Health access: <http://wnylc.com/health/>

The NY Health access website is the product of the work of a group of legal services attorneys and paralegals who work in the field of health and public benefits law in New York state.

Office for Citywide Health Insurance Access:
<http://www.nyc.gov/html/hia/html/home/home.shtml>

The Office for Citywide Health Insurance Access prioritizes healthcare access to all New Yorkers by ensuring that those who are eligible for public health insurance are enrolled, and expanding health plan options for small businesses, sole proprietors, and working individuals.

Congressional Budget Office: www.cbo.gov

The Congressional Budget Office provides the Congress with objective, nonpartisan, and timely analyses to aid in economic and budgetary decisions on the wide array of programs covered by the federal budget and the information and estimates required for the Congressional budget process.