Affordable Care Act
Gunnison County
May 2013

There are an estimated 2,838 Gunnison and 129 Hinsdale county individuals and some small businesses that may benefit from upcoming health insurance enrollment opportunities. Open enrollment for private health insurance begins in October 2013 and Medicaid expansion begins in January 2014. Health care reform efforts include various benefits such as disallowing exclusion from coverage due to preexisting conditions and providing prevention services such as yearly health examinations. Gunnison County Department of Health and Human Service's role will be to process many new Medicaid applications, serve as an "assistance site" for those seeking insurance guide services, partner with other agencies and insurance brokers to get people covered through the health insurance exchange, and provide community education about health insurance enrollment opportunities.

Private Insurance-

In October 2013 open enrollment begins for individuals and business to purchase health insurance through the insurance exchange, now called Connect for Health Colorado (formerly Colorado Health Benefits Exchange, COHBE). Individuals with income up to 400% of the Federal poverty level may be eligible for financial assistance to offset the premium costs (exchange subsidies). Several agencies such as Hilltop and the Southwestern Colorado Area Health Education Center (AHEC) have applied as the entities to provide Health Insurance Guides so that local residents can have direct assistance in navigating the health insurance exchange.

Public Insurance-

In January 2014 the Medicaid program in Colorado will expand to provide coverage to individuals who are at or below 133% of poverty (some exclusions are allowed, thus 138% of poverty). As the law was written, nearly all U.S. citizens under 65 years of age with family incomes up to 133% of the federal poverty level (FPL) ($30,675 for a family of four in 2012) will qualify for Medicaid under the expansion.

A new eligibility determination process will be used, Modified Adjusted Gross Income (MAGI). This is basically a 5% disregard. The new MAGI system is important in terms of what sources of income it counts and doesn't count, because it doesn't count assets, and in how family size is determined. MAGI will also be used to determine eligibility for exchange subsidies.

Projected Demands-

Projected demand varies depending on the source.
There is a projected low of 355 to a high of 1,327 new Medicaid cases

Gunnison

*Number of uninsured under 400% of FPL = 2,838

Number uninsured under 138% of FPL who would become Medicaid eligible = 1,327

Currently enrolled in Medicaid = 1,200

*Thus, the Medicaid case load is expected to double (HCPF and JBC document anticipate 65% of applications will go to contractor, Maximus) leaving the Department of Health and Human Services 355 applications. This scenario is doubtful, however, because many of these individuals will also be eligible for food assistance and Maximus processes medical only cases, not cases with multiple benefit programs.

* Approximately 1500 individuals may access insurance through the exchange. (Those between 138% - 400% of FPL)

** Half of residents will be covered through Employer Sponsored Programs

** Individual Coverage purchased by 3,403 people in Gunnison (1,491 from Exchange)

**720 new Medicaid cases (1,676 currently enrolled in Medicaid and CHP+)

Hinsdale

*Number of uninsured under 400% of poverty = 129

Number uninsured under 138% of FPL = 59

Currently enrolled in Medicaid = No HCPF case count

** Half of residents will be covered through Employer Sponsored Programs

** Individual Coverage purchased by 193 residents in Hinsdale (84 from exchange)

**42 new Medicaid cases

*(Source: 2010 Small Area Health Insurance Estimated, US Census Bureau)

**(Source: Colorado Health Institute Health Insurance by County 2016)

HCPF and JBC - projecting $6.8 mil. in additional funding for county administration (written for increase in food assistance caseload) which would be $27,676 for Gunnison Hinsdale based on .00407 of total current county admin. Nominal appropriation for Medicaid increase.

Small businesses – Survey results sent to members of the 2 Chamber of Commerce offices, as of 4/10/13, 26 businesses responded

- Respondents include 290 employees and 156 have health insurance through employer
- Most all business owners want more information
- 33% intend to continue providing insurance, 33% won't and 33% are undecided – this is not consistent with CHI data which reflects half of the

business employees will be covered by employer sponsored plans although the difference may be in surveying small vs. larger employers.

Plans-

Hilltop RFP – 3.5 FTE for outreach, community education and insurance guide services. Regional Hub, Assistance Site, small business and individual guides in 6 county Region as well as Mesa County. Once RFP awards are made, community education and PR must begin. Will begin work flow assessment and coordination with other staff/agencies.

Hinsdale County- Southwestern Colorado AHEC has submitted multi-county RFP

Track JBC actions for additional county administration funding – project needing 2 new eligibility technicians and .5 support staff. Funding remains uncertain. Currently have 3 eligibility FTE. Colorado is under a court order regarding timeliness of public assistance application processing and that expectation will continue. Cross train Hilltop/AHEC employees and County staff in CBMS and the Exchange. Develop implementation plan with Hilltop/AHEC.

Unknowns-

- How many applications will be coming in initially
- Coordination with Maximus
- State funding and county financial impact
- Training schedule and capacity for new technicians and cross training/orientation with COHBE
- Provider network availability – oral, behavioral and vision care?
- Seek clarification on immigration and lawful presence – can purchase insurance but not eligible for subsidy? And must wait for 5 years after lawful presence to be eligible for Medicaid
- Sight accessibility, connectivity across the 2 counties and remote townships

Benefits-

- No denial due to preexisting conditions
- No lifetime limits
- Preventative care
- Former foster child and other young adult coverage to age 26
- Limits to increased administrative costs for plans
- Medicaid recipients will eventually be part of the Regional Care Collaborative Organization (RCCO) which means they will have wellness checks and care coordination services