



Module 5

THE HEALTH INSURANCE MARKETPLACE

Health Insurance Marketplaces (sometimes called exchanges) facilitate the purchase of health insurance by individuals and small businesses and play a central role in the implementation of the Affordable Care Act (ACA). The Health Insurance Marketplace in each state offers consumers a way to compare and shop for private health insurance plans. Subsidies are available to individuals with family income between 100 percent and 400 percent of the federal poverty level (FPL). The Health Insurance Marketplace also screens individuals for eligibility for Medicaid and Children's Health Insurance Program (CHIP) coverage, ensuring that individuals experience "no wrong door" to health coverage.

Health Insurance Marketplace Structure and Operations

The Health Insurance Marketplace opened for enrollment in every state on October 1, 2013. As of January 2016, 13 states ran their own state-based Health Insurance Marketplace; four states ran a federally supported Marketplace; seven states ran a state-partnership Health Insurance Marketplace; and 27 states ran a federally facilitated Health Insurance Marketplace. State-based Marketplaces are responsible for all Health Insurance Marketplace functions, including selecting the private plans that are sold on the Health Insurance Marketplace, determining individual eligibility, and providing consumer assistance. Consumers in these states apply for and enroll in coverage through the state's own website. Similarly, federally-supported states maintain their own enrollment website and are responsible for performing all Health Insurance Marketplace functions, however on the back-end, these states rely on the federal Health Insurance Marketplace IT platform. In the future, these federally supported states will also be asked to pay the federal government for the use of its technology. State-partnership states use the federal Health Insurance Marketplace website, healthcare.gov, to enroll consumers, but the state administers certain Marketplace functions such as consumer assistance. Finally, in federally-facilitated states, consumers enroll through healthcare.gov and the Department of Health and Human Services performs all Marketplace functions.ⁱ

ⁱ <http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/>

ⁱⁱ <https://www.healthcare.gov/choose-a-plan/plans-categories/>

Qualified Health Plans

Plans certified to be sold through the Health Insurance Marketplace are known as Qualified Health Plans (QHPs). All QHPs must cover, at a minimum, the same basic categories of health care services, known as essential health benefits (see Module 6 for a more detailed discussion). All plans charge a monthly premium, which varies depending on the deductible, percent of costs covered by the plan, and other factors. The Health Insurance Marketplace allows consumers to compare QHPs by dividing them into four categories: platinum; gold; silver; and bronze. Bronze plans charge the lowest premiums and platinum plans charge the highest premiums. However, when individuals and families access health care, those with bronze plans will have to pay more out of pocket before the plan contributes, while those with platinum plans will be required to pay less before the plan contributes. Thus, families who use many health services may find a "higher metal" plan more affordable overall. On average, platinum plans cover 90 percent of health care costs, while bronze plans cover 60 percent of health care costs. It is important to remember that each category of health plans only tells you the *average* amount of health care costs that the plan will pay.ⁱⁱ

Eligibility

Individuals can purchase insurance for themselves or their families on the Health Insurance Marketplace, and those without other options for affordable health coverage may receive federal subsidies to reduce the costs. Individuals who have access to affordable coverage through employer-sponsored coverage, or individuals who are eligible for Medicaid or CHIP, will not receive tax credit subsidies toward the purchase of a Marketplace QHP. (See the "family glitch" section below for information about the definition of affordable coverage.)

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Affordability

Two kinds of federal subsidies are available on a sliding scale to help individuals and families with incomes between 100 and 400 percent FPL afford Marketplace QHPs. Advance Premium Tax Credits (APTC) help reduce the price of premiums. Individuals with income between 100 and 400 percent FPL can choose to have tax credit subsidies paid in advance directly to the insurance company, thereby lowering monthly premiums, or can claim the entire credit when filing taxes for the year. The tax credit amount is calculated based on household income, family composition, and the price of a silver-level plan. In addition to offering APTC, the federal government also provides cost-sharing reductions (CSR) for individuals with income between 100 and 250 percent of the FPL who purchase a silver plan. CSRs help reduce out-of-pocket costs—such as copayments, co-insurance, and deductibles—associated with health insurance. The ACA places a limit on total out-of-pocket costs associated with any non-grandfathered plan; for 2016, the maximum out-of-pocket amount anyone must pay is \$6,850 for an individual plan and \$13,700 for a family plan.ⁱⁱⁱ Premiums do not count towards the maximum out-of-pocket amount.^{iv}

Applying for Marketplace Coverage

Each Marketplace maintains a website where individuals and families can shop for and purchase QHPs. The federal Health Insurance Marketplace, healthcare.gov, serves this function in the 34 federally-facilitated and state-partnership states. Healthcare.gov also provides links to state Health Insurance Marketplace websites. Individuals and families can apply for Health Insurance Marketplace coverage online, by telephone, by mail, or in person. Individuals can enroll in Health Insurance Marketplace coverage only during an annual open enrollment period or during specified special enrollment periods. There are qualifying life circumstances such as getting married, having a baby, losing employer coverage, or aging out of a parent's plan, when individuals can qualify for a special enrollment period. By completing a Health Insurance Marketplace application, individuals and families can learn whether they are eligible for:

- **Financial aid to buy private insurance plans** – The Health Insurance Marketplace tells individuals if they are eligible for subsidies to buy qualified health plans and whether they qualify for lower out-of-pocket costs based on income and household size; or

- **Medicaid or CHIP** – These programs provide coverage to millions of children and families with limited income. If it looks like an individual qualifies for one of these programs, the individual's information is transferred to the appropriate state agency for an eligibility determination and further processing.

Consumer Assistance

To help connect individuals to coverage, all Health Insurance Marketplaces are required to set up consumer assistance programs. Consumer assistance programs provide individualized counseling to help consumers understand their coverage options, apply, and choose a QHP. Consumer assisters are known by various names: navigators; in-person assisters (IPAs); and certified application counselors (CACs). Consumer assisters provide impartial information about QHP options, help consumers compare and select a QHP, and help consumers complete and file applications. They can also help consumers report changes during the coverage year, assist consumers with renewing coverage, and connect consumers who have grievances, questions, or complaints to the appropriate agency for resolution. Consumer assisters receive federal training that includes: methods to address the needs of underserved and vulnerable populations, basic information on qualified health plans, eligibility and enrollment rules and procedures, and privacy and security requirements. States can provide additional training as well. Insurance agents, brokers, and certain federally qualified health centers also can help people choose and enroll in QHPs. It is important to note that, in contrast to other consumer assisters, insurance agents and brokers are not required to offer impartial assistance when it comes to selecting a QHP.

Issues for MCH Populations

There are three issues related to Health Insurance Marketplace coverage that are important to note, as they may have significant impact on coverage for women, children, and families:

1. **The “family glitch”** – The family glitch can occur when a parent has access to affordable, adequate employer-sponsored insurance. This means the plan covers at least 60% of medical costs and the employee's share of the premium for self-only coverage is less than

ⁱⁱⁱ<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/2016-PN-Fact-Sheet-final.pdf>

^{iv}<https://www.healthcare.gov/glossary/out-of-pocket-maximum-limit/>

9.56% of household income. The glitch can occur because the definition of “affordable” for individual and family coverage is based on the cost of individual-only coverage and does not consider the higher costs of covering a family. If the cost of family coverage, which is often more expensive, exceeds 9.56%, the other family members can purchase health insurance through the Marketplace, but they will not be eligible for subsidies to make the insurance more affordable.

Average annual premiums for employer-sponsored insurance in 2015 were \$6,251 for individual coverage and \$17,545 for family coverage.^v As a result, families with low to moderate income may not be able to afford either the employer-sponsored insurance or Marketplace coverage without the subsidy.

2. **“Premium stacking”** – The calculation for premium tax credits does not take into account premiums that families might already pay for children enrolled in CHIP or Medicaid. As of January 2016, 26 states charged premiums for some children in Medicaid or CHIP.^{vi} The need to pay Medicaid or CHIP premiums in addition to premiums for parents’ QHP coverage imposes an additional financial burden on families where coverage is split across multiple programs.

Premium stacking may be particularly burdensome for families purchasing stand-alone dental coverage through the Marketplace. (See module 6 on Benefits for more information).

3. **Continuity for Pregnant Women** – The introduction of QHPs creates new complexity for coverage of some pregnant women. As noted in module 4, prior to the ACA, pregnant women were a mandatory Medicaid population. The Department of Health and Human Services reviewed all state Medicaid plans offered to pregnant women and determined which ones meet requirements for minimum essential coverage (MEC);^{vii} individuals who are eligible for MEC are not eligible for subsidized Marketplace coverage. Depending on the state and household income, a woman who is eligible for and enrolled in a subsidized QHP who becomes pregnant may be eligible for full Medicaid benefits. In order to ensure continuity of care, under these circumstances, she may choose to forego Medicaid to retain her subsidized QHP coverage. Or she can unenroll in the QHP and enroll in Medicaid, but she cannot have full Medicaid benefits and subsidized Marketplace coverage simultaneously.^{viii}

^v <http://files.kff.org/attachment/report-2015-employer-health-benefits-survey>

^{vi} <http://files.kff.org/attachment/report-medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey>

^{vii} <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/state-mec-designations.pdf>

^{viii} <http://www.medicaid.gov/federal-policy-guidance/downloads/sho-14-002.pdf>

Test your knowledge

1. Marketplaces in every state offer:
 - a. A website where consumers can compare and enroll in QHPs
 - b. Call centers to assist individuals with eligibility and enrollment questions
 - c. In person assistance with QHP selection and enrollment
 - d. All of the above
2. **True or False:** If the premiums for employee-only coverage offered by an employer are less than 9.56 percent of the employee's household income, the coverage is deemed affordable. Even if family coverage exceeds 9.56 percent, the family will not be eligible for subsidized Marketplace coverage.
3. Which of the following is NOT correct?
 - a. Plans sold on all Marketplaces must offer a basic set of benefits called essential health benefits.
 - b. Marketplaces may be run by an individual state, a state-federal partnership, or by the federal government.
 - c. Individuals need to submit separate applications to be considered for Medicaid/CHIP coverage or Marketplace coverage.
 - d. Subsidies are available to individuals between 100 and 400 percent FPL to purchase QHPs through the Marketplace.



Find Out in Your State

1. What kind of Marketplace does your state operate (state-based Marketplace, federally supported Marketplace, state-partnership Marketplace, or federally facilitated Marketplace)? If your state has a state-based Marketplace, what is the agency or entity that runs the Marketplace?
2. What are the consumer assistance entities in your state?
3. What type of training is provided in your state for consumer assistance? Who provides the training? Does it include information specifically related to challenges MCH and CYSHCN populations may face?

Test Your Knowledge Answers: 1. d
2. True. Under the ACA, "affordable" is defined as individual coverage lower than 9.56 percent of household income.
3. c

This document is part of *The Affordable Care Act: A Working Guide for MCH Professionals*, available in its entirety on the Web at <http://www.amchp.org/Transformation-Station/Pages/ACA-101.aspx>

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