



Health Care Reform and Community Health Center Patients

Frequently Asked Questions

1. What is health care reform?

On March 23, 2010, President Barack Obama signed into law the Patient Protection & Affordable Care Act (HR 3590). The new health care reform law strives to make health care more *accessible*, by expanding public programs like Medicaid, and more *affordable*, by offering subsidy assistance to low and middle income individuals and families. Health reform also recognizes the essential role of Community Health Centers through a significant investment that will allow Health Centers to provide the needed care to both the existing and newly insured, as well as those who remain uninsured.

2. Who does health care reform affect?

Health care reform affects everyone! Through the new law, 32 million individuals nationally, 1.4 million in Ohio and approximately 62,000 currently uninsured individuals in Montgomery County, will have access to health care.

Individuals and Families: For the first time ever those with incomes at or below 133% of the federal poverty level (FPL) - childless adults with incomes up to \$14,403 for an individual and \$24,360 for a family of three - will be eligible for Medicaid. Those with incomes between 133% and 400% FPL – an income between \$14,403 and \$41,000 as an individual or between \$24,360 - \$73,240 for a family of three - will be eligible for insurance through the state Health Insurance Exchange with subsidies to help make it affordable.

Children: Health care reform provides protections to children's health care coverage in Medicaid and the State Children's Health Insurance Program (CHIP), ensuring these programs will remain in place, and that children will be able to continue accessing health benefits. Health care reform also affects the millions of children who have for years been denied access to needed health care due to pre-existing conditions like asthma. These children will no longer be denied access to health insurance and the much needed care they need.

Young Adults: Starting in July 2010, young adults can be covered under their parents' health insurance until the age of 28, per state law, and until the age of 26, per federal law. Under federal health care reform, health insurers that offer dependent coverage must make coverage available under the plan until a child reaches age 26. Health insurers and health plans subject to state law must provide coverage or offer the parent the opportunity to purchase coverage for the child from age 26 until age 28.

Seniors: If you are over the age of 65 you will continue to receive Medicare. Health care reform assists seniors with their out-of-pocket prescription drug costs by offering a \$250 rebate check this year for seniors who fall into the coverage gap, ultimately eliminating the coverage gap by 2020. Health care reform also ensures that beginning in 2011 seniors receive an annual wellness visit and you will have no out-of-pocket cost for preventive services.

Legal Permanent Residents: Through the health reform law legal permanent residents in the U.S. *less than* five years will be able to access health insurance through the state Health Insurance Exchange in 2014 and the subsidies that assist in making coverage affordable.

Undocumented Immigrants: While the health care reform law attempts to exclude undocumented immigrants from accessing health insurance through the Exchange or through Medicaid, the health reform law does not exclude them from accessing services at their local Community Health Center.

3. When will I get health insurance?

Beginning August 1, 2010, Ohioans who have been denied health insurance due to a pre-existing condition can now apply for coverage through the state's high risk pool (see question 12). If you are currently uninsured there are other provisions in the health reform law, including a Medicaid expansion and access to private health insurance through the state Exchange, which will begin in 2014. However Community Health Centers will continue to be the source of care for hundreds of thousands of Ohioans, with or without health insurance.

4. How do I get insurance?

In 2014 you will be able to access a website to compare and apply for health insurance options available in Ohio. Health Center staff will be able to assist patients in identifying and applying for appropriate health insurance, whether it be Medicaid, CHIP, or private insurance through the Exchange.

5. What is the Health Insurance Exchange?

Starting January 1, 2014, if your employer doesn't offer insurance, you will be able to buy insurance directly in an Exchange - a new state-based, competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans. Exchanges will offer you a choice of health plans that meet certain benefits and cost standards. Depending on an individual's or family's income level, you may be eligible for subsidies to help make your purchase through the Exchange even more affordable.

6. I'm worried that even with help I won't be able to afford health insurance; what do I do then?

The health reform law recognizes that health insurance can be unaffordable for many individuals and families. To help with those costs, the new law includes subsidies to help you pay for private insurance that will be offered in the Health Insurance Exchange that will begin operation in 2014. If even after subsidies you find that you are unable to afford health insurance, Community Health Centers will still provide you with the care you need! Health Centers provide care to anyone who walks through their doors regardless of insurance status or ability to pay.

7. Will I lose my doctor if I get insurance?

Absolutely not! You are able to keep your doctor and continue to be seen at your Community Health Center regardless of changes to your insurance coverage.

8. Am I required to have health insurance?

Yes. The health reform bill mandates that most U.S. citizens and legal residents purchase "minimal essential coverage" for themselves and their dependents in 2014. Individuals can obtain insurance through Medicaid, the new Health Insurance Exchange, or through their employer. If you choose to not obtain insurance, you'll have to pay a tax penalty which starts at \$95 in 2014, and by the time it is fully phased in, in 2016, the penalty is \$695. There are, however, exceptions. People with financial

barriers, religious objections, American Indians, undocumented immigrants, and people in prison will not have to purchase health insurance.

9. Are my kids required to get health insurance?

The only people who are exempt from the health insurance requirement are those with financial barriers, religious objections, American Indians, undocumented immigrants, and people in prison. Everyone else, including children, must have health insurance. If your child isn't eligible for Medicaid or CHIP, you as a family might qualify for subsidies to help you purchase health insurance through the Exchange. Please talk to Health Center staff to get some help on figuring out how your child can be covered.

If you get health insurance through your work, your children can stay on your insurance plan until they are 28.

10. Where do I go once I'm insured?

If you are covered with Medicaid, CHIP or Medicare, you can continue to be seen at your Community Health Center. Health Centers will also accept most insurance plans under the Exchange, as well as other health insurers, so even if you have private insurance you can still come to a Community Health Center.

11. Where do I go if I can't get insured?

Beginning in 2014, almost everyone will have access to health insurance because denial based on preexisting conditions will no longer be allowed. However, if you are not eligible for health insurance or feel like you can't afford it, your Community Health Center still has an open door policy. We will see you whether you have insurance or not.

12. I have a pre-existing condition (cancer/HIV/asthma/etc.) and have been denied health care coverage in the past; can I get it now?

Starting September 23, 2010 for children under 18 and January 1, 2014 for adults, *insurers will no longer be able to deny you coverage if you have a so-called "preexisting condition" like asthma or cancer.* In the meantime, you can be seen at your Community Health Center and apply now for Ohio's high risk pool.

The high risk pool was specifically developed for individuals who have been turned down for health coverage because of a pre-existing condition. Operated by Medical Mutual of Ohio, enrollees have access to coverage that has been subsidized to make it affordable. To be eligible for enrollment in this program, an individual must have gone without credible coverage for the six months prior to applying and must have a qualifying pre-existing condition, as evidenced by denial of coverage by two insurers or documentation from a health professional. Even if you have had a very limited health insurance plan or a short term plan over the past six months, you are encouraged to apply. Visit www.ohiohighriskpool.com for complete details, including rates, enrollment forms, and frequently asked questions.

13. How will health care reform make me healthier?

There are a lot of provisions in health care reform that are meant to promote healthier lifestyles and habits. For example, the majority of health plans, including Medicaid, CHIP and Medicare, will be required to eliminate co-pays and deductibles for a core set of preventive services. These preventive services include recommended immunizations, well child visits, and additional preventive care and screenings for women.

14. How will health care reform affect my community?

Health care reform has the potential to help everyone in one way or another. When more people don't have to worry about going bankrupt or losing their homes because of medical bills, the entire community benefits. People with health insurance are generally healthier because they have greater access to health care services. This means they can be more active participants in the community, whether at their jobs or within their own families.

The new law also creates a lot of opportunities for communities to invest in healthy habits – whether building new parks for children to play in or helping people quit smoking. The new law emphasizes prevention as a way to making people healthier.

15. Are there enough doctors for all the new patients that will be coming to Community Health Centers?

This is definitely a concern because fewer doctors are choosing to become primary care physicians. However, there are significant investments included in the new law that aim to increase the number of doctors and other health care providers. For example, the law dramatically increases funding to the National Health Service Corps which provides loan repayment or scholarships to medical students and new doctors and providers who choose to practice in underserved areas, like Community Health Centers.

There will also be “Teaching Health Centers”, aimed at training new doctors in the Health Center setting. Other investments include pilot programs and demonstration projects, all aimed at increasing the number of primary care doctors, nurse practitioners, and nurses.



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