

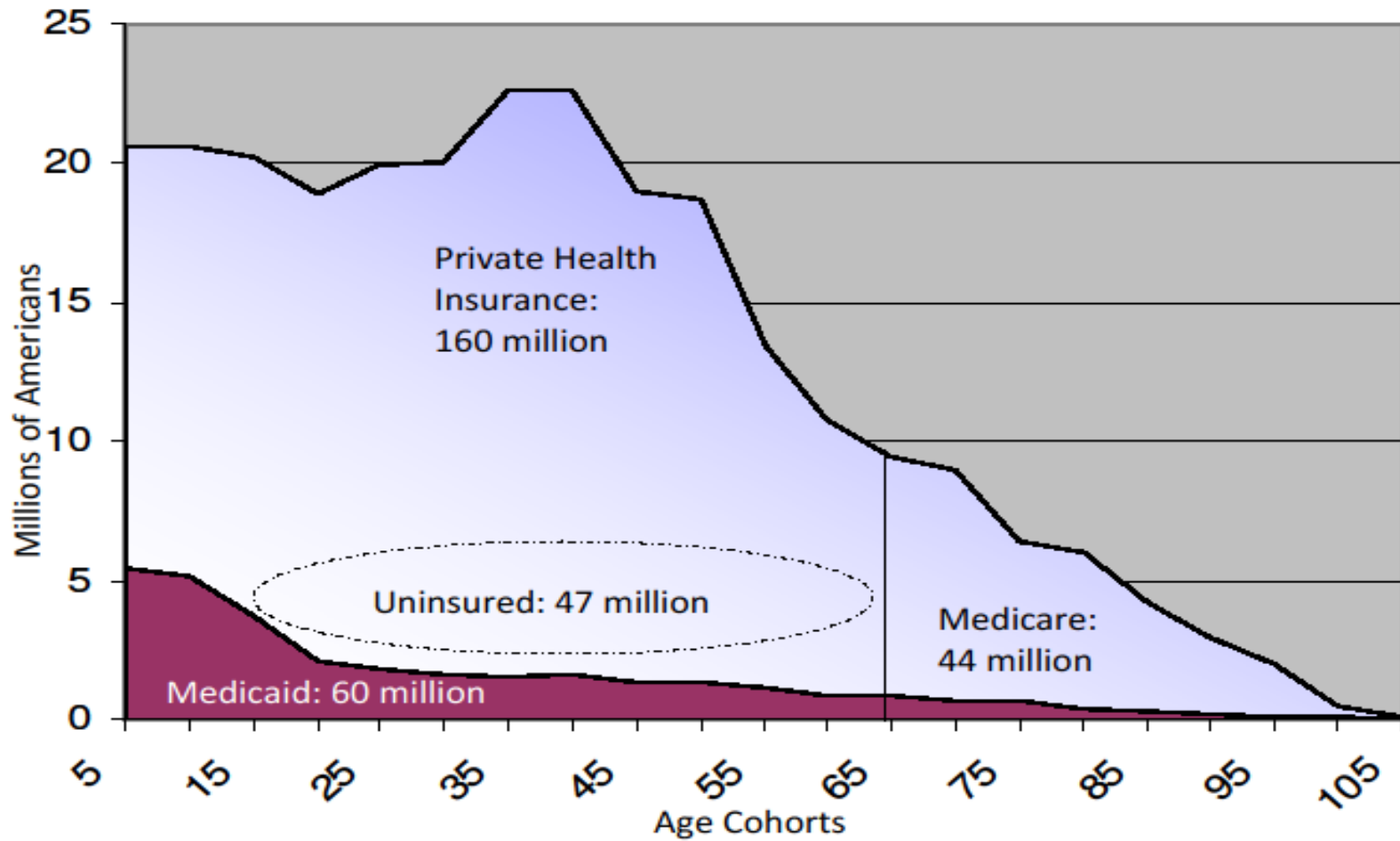
GET COVERED, TENNESSEE



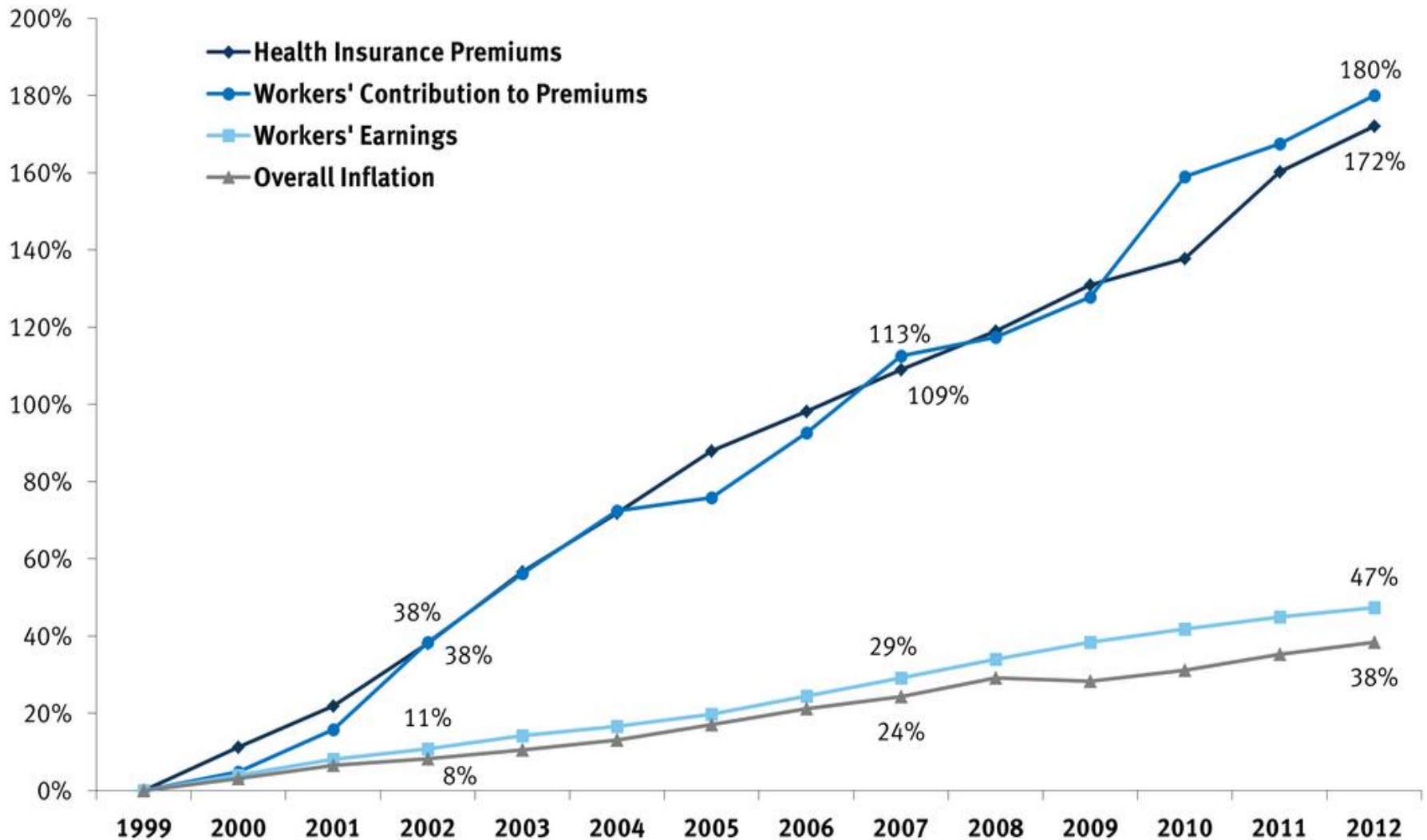
AGENDA

1. Why the ACA?
2. What's the ACA?
3. Coverage options
4. Marketplace
Enrollment
5. Next Steps

PRE-ACA AMERICAN HEALTH CARE



CUMULATIVE CHANGES IN HEALTH INSURANCE PREMIUMS, INFLATION, AND WORKERS' EARNINGS, 1999-2012



THE MASSACHUSETTS PLAN



the three-legged
stool



actual
affordability

guaranteed
coverage

personal
responsibility

AFFORDABLE CARE ACT

- Same three legged stool, but subsidizes up to 400% of poverty
- Expands Medicaid to 138% of poverty
- Adds financing
 - Reductions in Medicare overpayments
 - End tax exemption for “Cadillac plans”
- And takes on cost control

CONSUMER PROTECTIONS

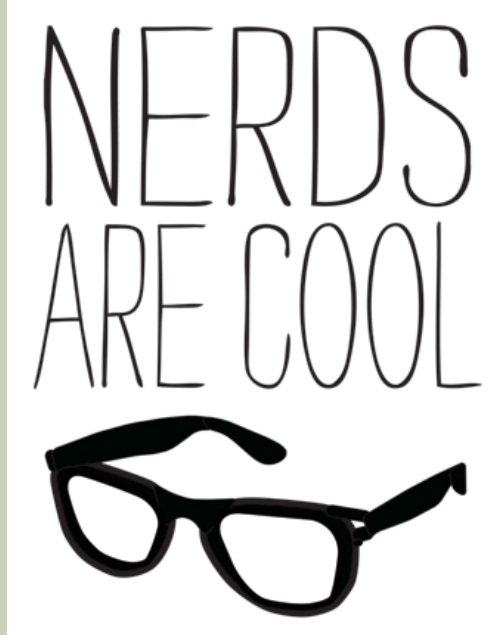
Today	2014
Medical Underwriting Denials for pre-existing conditions	Guaranteed Issue No denials based on health status
Exclusions and Riders Pre-existing conditions are not covered	Full Coverage All conditions covered on day one
Rating Factors Premiums adjusted for age, tobacco, gender, health status, etc.	Modified Community rating Premiums adjusted for age, tobacco, and geography only
Rescission Plans can drop enrollees if they get sick	No Rescission Plans can only drop coverage for deliberate misrepresentation
Benefit Limits Plans can impose annual and lifetime dollar limits	No Annual or Lifetime Limits

PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA)

- **Reign in cost and reduce deficit**

by over \$100 Billion by 2020

by 1.3 Trillion by 2030 (CBO)



SO NOW WE HAVE

3 COVERAGE OPTIONS NATIONALLY

**1. Marketplace
Enrollment**

2. Medicaid

3. Medicaid Expansion





**EXCEPT
MEDICAID EXPANSION**

2 COVERAGE OPTIONS IN TENNESSEE

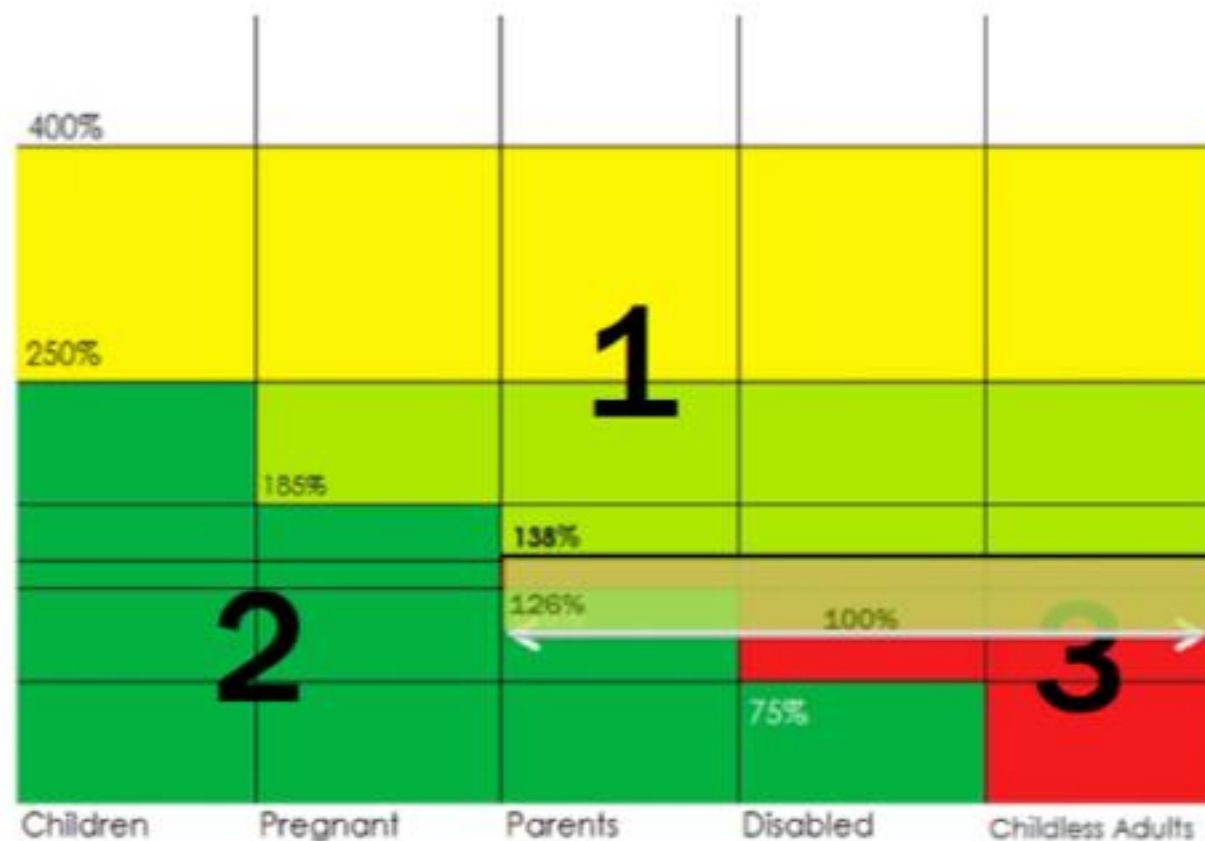
**1. Marketplace
Enrollment**

2. TennCare

~~3. Medicaid Expansion~~



ACA Eligibility



■ No assistance*
 ■ Premium tax credits
 ■ Premium tax credits and Subsidized out-of-pocket costs
 ■ TennCare

*eligible for coverage if Governor Haslam implements TN Plan

MEDICAID EXPANSION



THE BACON ON THE TABLE: A LIMITED TIME OFFER





Should Haslam accept federal funds to insure TN's working families?

WE SAID YES.



Tell Haslam: we're counting on the "TN Plan" to insure our working families:

@BillHaslam / Bill.Haslam@tn.gov / (615)741-2001

THE CHAMBERS TAKE ON MEDICAID EXPANSION

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HOME MORE NEWS OPINIONS COMMUNITY SPORTS PHOTOS OBITS ARRESTED

ELIZABETHTON

Thursday, February 28, 2013



[About MT Business Voice](#)
[NACC Legislative Priorities](#)
[RuCo Chamber Legislative Priorities](#)

MIDDLE TENNESSEE BUSINESS VOICE
 MAKE YOUR
BUSINESS VOICE
 COUNT

Middle Tennessee Business Voice

Action Alert Enter Your Information [Privacy Policy](#)

Medicaid (TennCare) Expansion

Expanding Medicaid (TennCare) under the Affordable Care Act will bring billions of new federal dollars into the state, increase job growth and consumer spending and mitigate more than \$1.4 billion in... [\[+\] more](#)

Email
 Zipcode

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Recipients

- Governor
- Lt. Governor
- State Senator
- State Representative
- House Speaker (+)

Message

HOME > LOCAL NEWS, PREVIEW

February 25th, 2013 9:15 am Leave a comment

ARTICLE PREVIEW

Chamber backs Medicaid expansion

By Ashley Rader

The Elizabethton-Carter County Chamber of Commerce board offered its support to local medical institutions by approving a motion asking the state to approve the expansion of Medicaid in Tennessee.



HIS TN PLAN



- 1. Private plans**
- 2. Include co-pays + deductibles
(exclude wraparound benefits)**
- 3. Payment reform**
- 4. Sunset 3 years after
implementation**

YOU'VE HEARD THERE'S AN INDIVIDUAL MANDATE

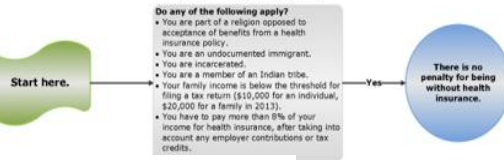
Buy Government health insurance ...



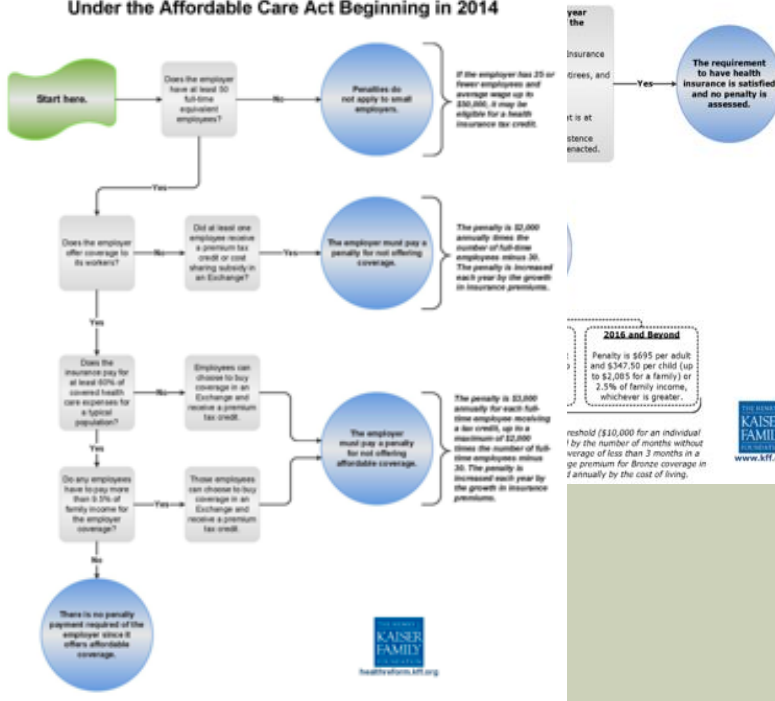
Or go to Jail!!!

IN REALITY, THERE ARE 9 EXEMPTIONS

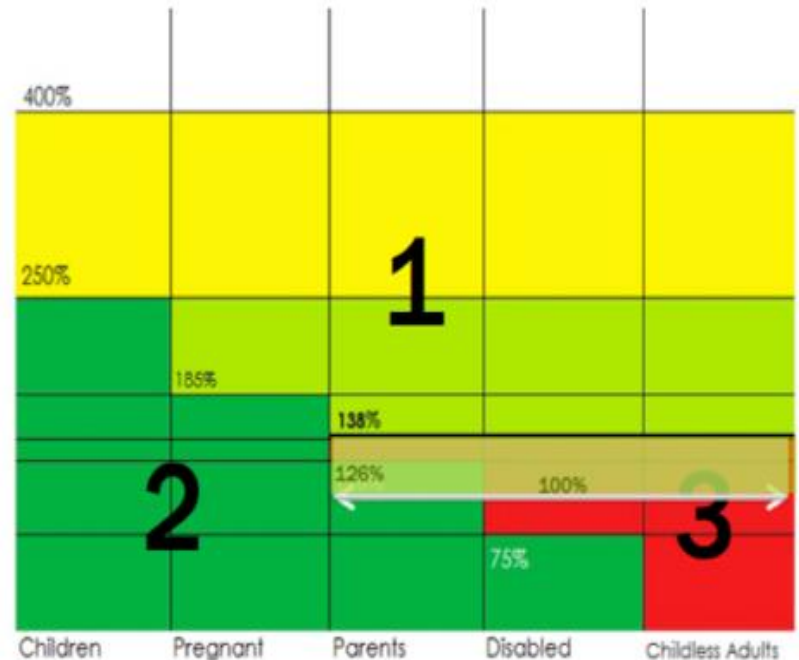
The Requirement to Buy Coverage Under the Affordable Care Act Beginning in 2014



Penalties for Employers Not Offering Affordable Coverage Under the Affordable Care Act Beginning in 2014



ACA Eligibility



■ No assistance*
 ■ Premium tax credits
 ■ Premium tax credits and Subsidized out-of-pocket costs
 ■ TennCare

*eligible for coverage if Governor Haslam implements TN Plan

BUT YES, THERE ARE PENALTIES, TOO

Greater of:



2014

- \$95 per adult without coverage + \$47.50 per child (family maximum of \$285)
- 1% taxable income

2016

- \$695 per adult without coverage + \$347.50 per child (family maximum of \$2,085)
- 2.5% taxable income

WHAT IS MAGI?

MAGI is a methodology for how income is counted for purposes of Medicaid eligibility, Premium Tax Credits, and Cost-Sharing Subsidies.

MAGI is based on federal tax rules for determining adjusted gross income (with some modification)

No asset test or disregards (except across the board 5% disregard)

MAGI IS APPLICABLE TO

MAGI	Non-MAGI
Parents and Caretaker Relatives	Anyone for whom agency not required to make income determination (e.g. SSI, federal foster care or adoption assistance recipients)
Pregnant Women	CHOICES
Children	Spend-down
New “adult group” (if TN expands Medicaid)	Medicare cost-sharing programs
	Breast and cervical cancer

MAGI

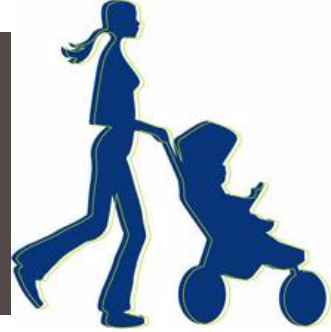
- MAGI is a methodology for how income is counted for purposes of Medicaid eligibility, Premium Tax Credits, and Cost-Sharing Subsidies.
- MAGI is based on federal tax rules for determining adjusted gross income (with some modification)
- No asset test or disregards (except across the board 5% disregard)

HOUSEHOLD INCOME USING MAGI

- Household income = sum of MAGI of every individual in the household, minus 5% of FPL for applicable household size.
- Not included:
 - Income of tax dependents (except spouse) not expected to file taxes.



MAGI GAP



At risk of losing current TennCare Coverage:

- Families who have non-custodial parents
- Families who will currently qualify due to work and child care disregards
- covered until March 31, 2014
possibly until April 1, 2015

TRANSITIONS



EXCHANGE

“EXCHANGE”



MARKETPLACE

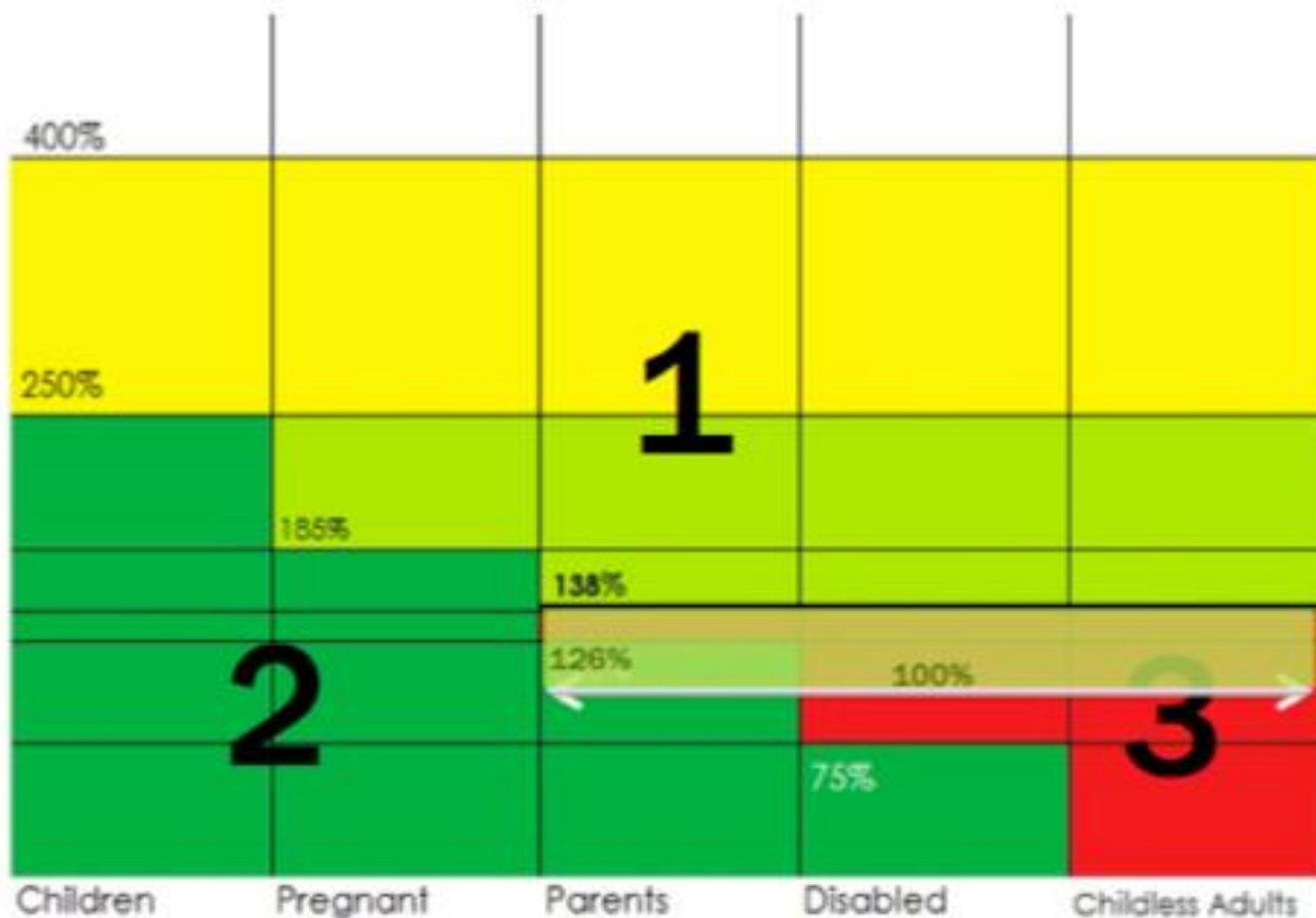
“MARKETPLACE”





BASICALLY
ITS YOUR
←
FOR
HEALTH
INSURANCE

ACA Eligibility



■ No assistance*
 ■ Premium tax credits
 ■ Premium tax credits and Subsidized out-of-pocket costs
 ■ TennCare

*eligible for coverage if Governor Haslam implements TN Plan

PLAN METAL LEVELS

BRONZE

Lower premiums

higher out-of-pocket costs

Consider if consumer uses low amt. of health services

SILVER

Higher premiums

moderate out-of-pocket costs

Consider if consumer wants to balance monthly fees with out-of-pocket costs

GOLD

More likely to have high premiums

low out-of-pocket costs

Consider if consumer expects to use heavy health services in the year

PLATINUM

Highest premiums

generous benefits

Consider if consumer uses lots of services but may need the lowest out-of-pocket costs

PREMIUMS

Age

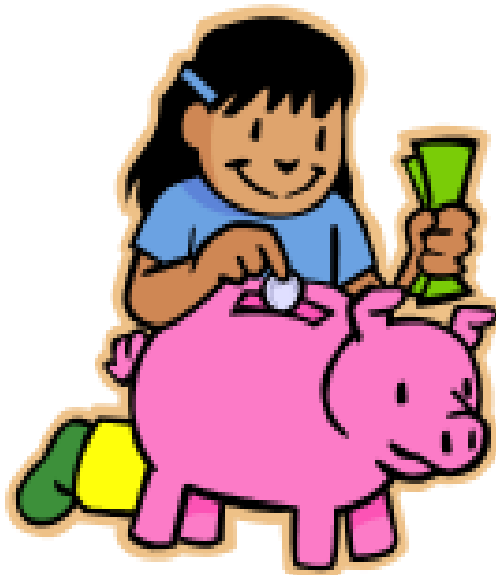
Rating area

Smoking status



AFFORDABILITY

- general cap on costs (+ no lifetime limits)
- + two forms of financial assistance:
 - a sliding scale tax credit/refund for premiums
 - a sliding scale cap on out-of-pocket costs



PREMIUM TAX CREDIT

To qualify:

- Must be 100-400% FPL
- Must be lawfully present
- Must not be eligible for other minimum essential coverage
- Can be legal immigrant <100% FPL



To access:

- Advance premium tax credit
- Lump sum tax refund

OUT-OF-POCKET COST CAP



100-250% FPL

Silver Level Plan

AFFORDABILITY

**Table 1:
Premium and Cost-Sharing Subsidies Under Health Reform²**

Income		Required Premium Contribution		Actuarial value of coverage
Percentage of poverty line	Annual dollar amount	Percentage of income	Monthly dollar amount	
Family of four				
100 - 133%	\$23,550 - \$31,322	2%	\$39 - \$52	94%
133 - 150%	\$31,322 - \$35,325	3-4%	\$78 - \$118	94%
150 - 200%	\$35,325 - \$47,100	4-6.3%	\$118 - \$247	87%
200 - 250%	\$47,100 - \$58,875	6.3-8.1%	\$247 - \$395	73%
250 - 300%	\$58,875 - \$70,650	8.1-9.5%	\$395 - \$559	70%
300 - 350%	\$70,650 - \$82,425	9.5%	\$559 - \$652	70%
350 - 400%	\$82,425 - \$94,200	9.5%	\$652 - \$745	70%
Individual				
100 - 133%	\$11,490 - \$15,282	2%	\$19 - \$25	94%
133 - 150%	\$15,282 - \$17,235	3-4%	\$38 - \$57	94%
150 - 200%	\$17,325 - \$22,980	4-6.3%	\$57 - \$121	87%
200 - 250%	\$22,980 - \$28,725	6.3-8.1%	\$121 - \$193	73%
250 - 300%	\$28,725 - \$34,470	8.1-9.5%	\$193 - \$272	70%
300 - 350%	\$34,470 - \$40,215	9.5%	\$272 - \$318	70%
350 - 400%	\$40,215 - \$45,960	9.5%	\$318 - \$364	70%

CALCULATE YOUR BOTTOM LINE



Filling the need for trusted information on health issues... Trending on KFF

THE HENRY J. KAISER FAMILY FOUNDATION

TOPICS ▾ OUR WORK ▾ PERSPECTIVES ▾

Health Reform

Home > Health Reform > Subsidy Calculator

Subsidy Calculator

Premium Assistance for Coverage in Exchanges

ABOUT THIS TOOL

Enter Information About Your Household

1. Enter income as	<input type="text" value="2014 Dollars"/>	4. Number of Adults (21 and older)	<input type="text"/>
2. Enter annual income (dollars)	<input type="text"/>	5. Number of Children (20 and younger)	<input type="text" value="No Children"/>
3. Is employer coverage available?	<input type="text" value="No"/>		

TENNESSEE'S FIERCE FOUR



**BlueCross BlueShield
of Tennessee**



CIGNA



**Community
Health Alliance**



HUMANA

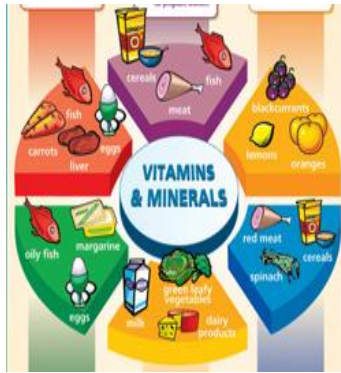
PROVIDER NETWORK

- **Essential Community Providers**
- **Safe harbor standard**

One of each: low-income, HIV/AIDS, Native American, etc.



10 ESSENTIAL HEALTH BENEFITS




1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management, and
10. Pediatric services, including oral and vision care



THE PERKS YOU'VE HEARD

Preventative screenings, vaccinations, and immunizations:

- Well baby/child visits
- Blood pressure
- Cholesterol
- Diet
- HIV



Obesity
Diabetes
Depression
Tobacco use

THE PERKS FOR LADIES

Breast Cancer
Mammography &
Chemoprevention

HPV DNA Testing

OB/GYN w/o referral

Gestational Diabetes
Screening

Domestic Violence
Screening & Counseling

STI Counseling



Well-Woman Visits

Cervical Cancer
Screening

HIV Screening & Counseling

Contraception &
Contraceptive Counseling

Breastfeeding
Support & Supplies

80/20 RULE



CLOSING THE DONUT HOLE



JOB CREATOR



ENROLLMENT

HOW MANY PEOPLE ARE WE TALKIN'?

Federal Poverty Level	Coverage Available in 2014	Number of Tennesseans eligible
Over 400%	Marketplace	50,000
100 – 400%	Marketplace (with tax credits)	475,000
0 – 100%	“Tennessee Plan”	400,000*
Total		925,000

HERE IN DAVIDSON COUNTY, WE HAVE

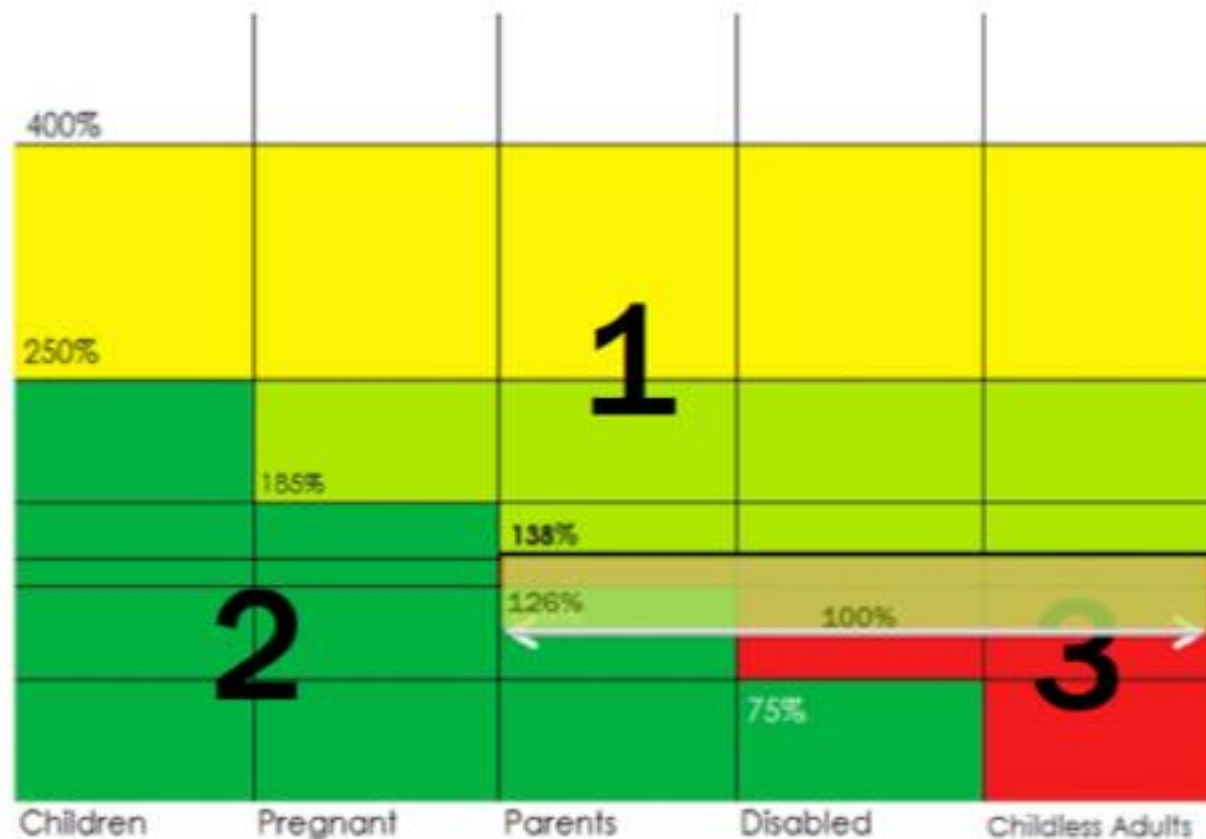
Federal Poverty Level	Coverage Available in 2014	Number of Tennesseans eligible
Over 400%	Marketplace	6,050
100 – 400%	Marketplace (with tax credits)	40,753
0 – 100%	“Tennessee Plan”	66,426*
Total		113,229

LEAVING US WITH THIS MUCH WORK:

*INCLUDING THOSE WHO WILL SELF-ENROLL

Federal Poverty Level	Coverage Available in 2014	Number of Tennesseans to enroll/day
Over 400%	Marketplace	33
100 – 400%	Marketplace (with tax credits)	224
0 – 100%	“Tennessee Plan”	365

ACA Eligibility



■ No assistance*
 ■ Premium tax credits
 ■ Premium tax credits and Subsidized out-of-pocket costs
 ■ TennCare

*eligible for coverage if Governor Haslam implements TN Plan

WHO'S ENROLLING?



WHO'S ENROLLING?

What will the newly insured look like?

The newly insured compared to the currently insured are...

Race

... less likely to be white



White

Health status

... less likely to rank self excellent/very good/good



Excellent/
Very good/
Good

Marital status

... more likely to be single



Single

Language

... less likely to speak English



English

Educational attainment

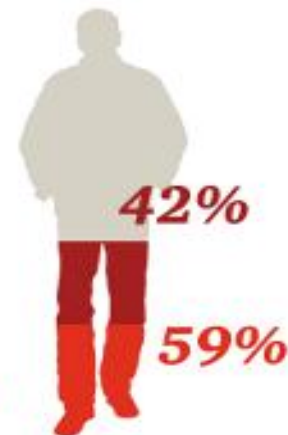
... less likely to have a college degree



College degree
or higher

Employment status

... less likely to have full-time employment



Employed full-time

- Newly insured
- Currently insured

	Median age	Median income
Newly insured	33	166% FPL
Currently insured	31	333% FPL

RIGHT NOW

- **78% people do not know that they will be eligible for some financial assistance via the ACA marketplace**
- **82% people say they want in-person assistance with the enrollment process**



WHO'S HELPING THEM ENROLL?



- 1. Insurance agents and brokers**
- 2. Navigators**
- 3. Certified Application Counselors (CACs)**
- 4. Non-certified Volunteers**

NAVIGATOR & CACS

federal training, testing, certification

5-CAC
20-Navigator
hours of
online training

Required for
Certification &
Recertification

Continuing
Education
(constantly share
Best practices)

navigators & CACs

- Community education
- Direct enrollment assistance
- Constant feedback loop
- In rural areas, likely to rotate in community
 - Churches, Legal Aid, community centers, etc.
- Hospital social workers
- Hospital financial counselors
- Community Volunteers
- SHIP staff and volunteers
- United Way Member Agency staff and vols
- Community health clinic staff and volunteers
- Church staff and vols

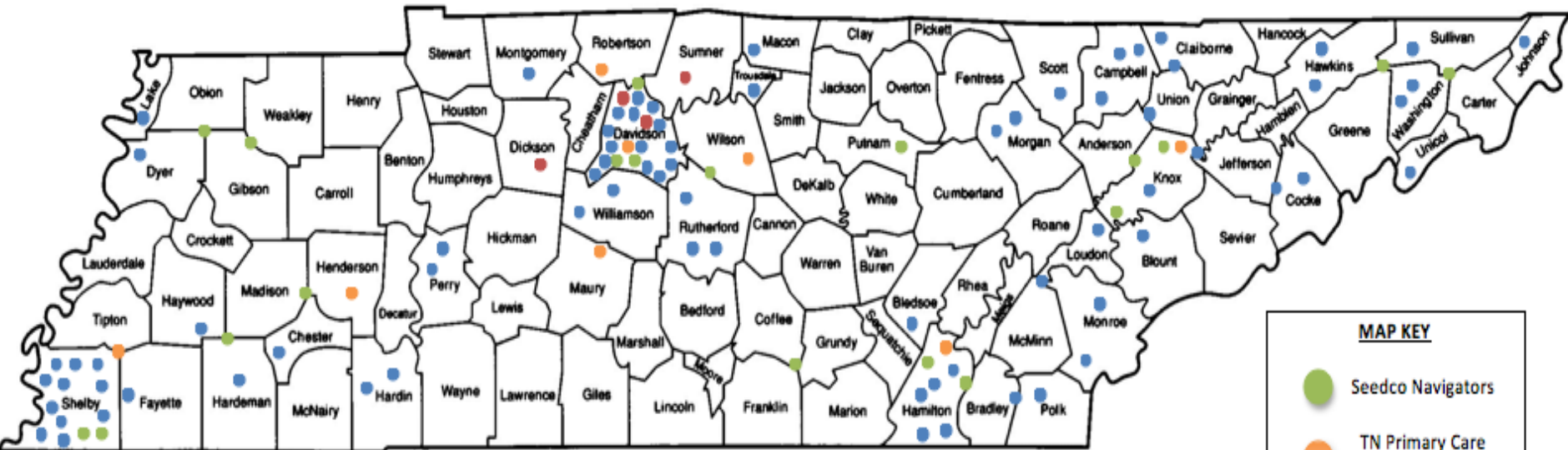


SO YOU WANNA BE A CAC ENTITY?



- 1.** Must complete an application to the marketplace, found here:
<http://marketplace.cms.gov/help-us/cac-apply.html>
- 2.** Once approved, designate individual CACs within the organization
 - Employees
 - Volunteers
- 3.** Individuals must take 5 hours of online training and pass examinations to become certified

WHERE THEY'LL BE (SO FAR)



WEST

MIDDLE

EAST

Statewide Consumer Assistance:

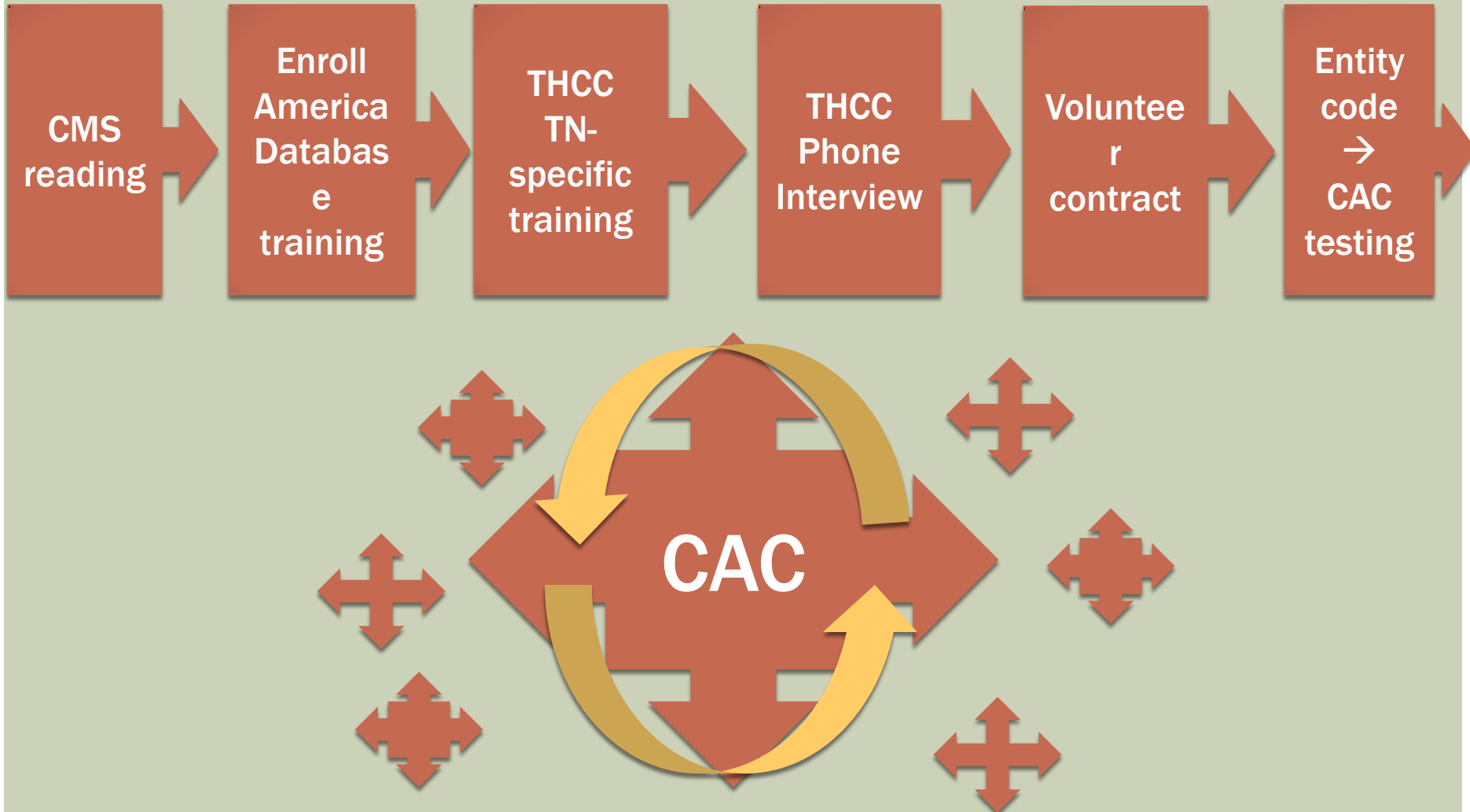
- Tennessee State Department of Health (10): ●●●●●●●●●●
- Tennessee Primary Care Association (3): ●●●
- Vulnerable Population Specialists (2): ●●
- Small Business Specialist (1): ●

MAP KEY

- Seedco Navigators
- TN Primary Care Association Navigators
- BHT/HCA Certified Application Counselors
- FQHC Estimated Consumer Assistors



THCC CAC PATH



NAVIGATOR AND CAC RESTRICTIONS



VACS, ACS, VOLUNTEERS, WHATEVER YOU WANNA CALL 'EM

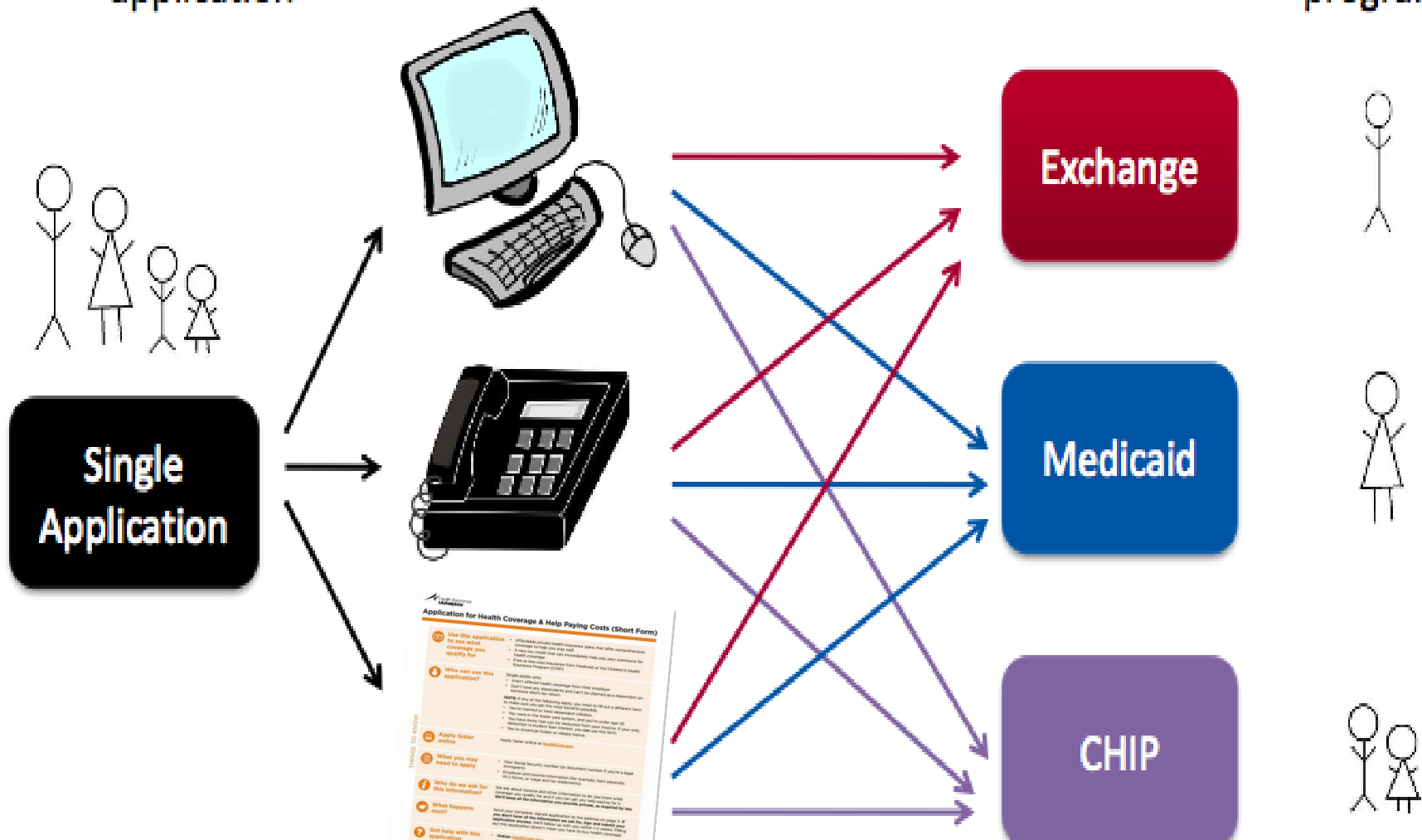


THE APPLICATION PROCESS

Complete single application

Determine eligibility

Enrolled in correct program!



What The New Exchange Could Look Like

Health Insurance Companies	 Bronze <ul style="list-style-type: none"> • Lower monthly cost • Higher costs when you receive medical services 	 Silver <ul style="list-style-type: none"> • Monthly costs can run higher than Bronze • Lower medical costs 	 Gold <ul style="list-style-type: none"> • Highest monthly cost • Lower costs when you receive medical services
	 3 plans from \$262.15 Total Monthly Cost	 3 plans from \$375.10 Total Monthly Cost	 3 plans from \$455.07 Total Monthly Cost
	 3 plans from \$265.81 Total Monthly Cost	 3 plans from \$371.26 Total Monthly Cost	 3 plans from \$454.05 Total Monthly Cost
	 3 plans from \$279.73 Total Monthly Cost	 3 plans from \$337.98 Total Monthly Cost	 3 plans from \$483.14 Total Monthly Cost
	 3 plans from \$336.22 Total Monthly Cost	 3 plans from \$485.00 Total Monthly Cost	 3 plans from \$638.61 Total Monthly Cost
	 3 plans from \$354.00 Total Monthly Cost	 3 plans from \$478.00 Total Monthly Cost	 3 plans from \$630.00 Total Monthly Cost

Figure 1.2

Source: Massachusetts Health Connector, Business Express Exchange. <https://businessexpress.pivot.com>

WHAT DOES THE APPLICATION LOOK LIKE?

21 page application reduced to 3 pages

Step 1: Tell us about yourself

Step 2: Current job and income information

Step 3: Your health coverage

Step 4: Sign & submit

Forms available online:

http://www.cms.gov/CCIIO/Resources/Forms-Reports-and-OtherResources/Downloads/AttachmentC_042913.pdf

Health Insurance Marketplace
Application for Health Coverage & Help Paying Costs (Short Form)

Use this application to see what coverage you qualify for

- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A new tax credit that can immediately help pay your premiums for health coverage
- Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP)

Who can use this application?

Single adults who:

- Aren't offered health coverage from their employer
- Don't have any dependents and can't be claimed as a dependent on someone else's tax return

NOTE: If any of the following apply, you need to fill out a different form to make sure you get the most benefits possible:

- You're married or have dependent children.
- You were in the foster care system, and you're under age 26.
- You have items that can be deducted from your income. If your only deduction is student loan interest, you can use this form.
- You're American Indian or Alaska Native.

Apply faster online

Apply faster online at HealthCare.gov.

What you may need to apply

- Your Social Security number (or document number if you're a legal immigrant)
- Employer and income information (for example, from paystubs, W-2 forms, or wage and tax statements)

Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. **We'll keep all the information you provide private, as required by law.**

What happens next?

Send your complete, signed application to the address on page 3. **If you don't have all the information we ask for, sign and submit your application anyway.** We'll follow up with you within 1-2 weeks. Filling out this application doesn't mean you have to buy health coverage.

Get help with this application

- Online:** HealthCare.gov.
- Phone:** Call our Help Center at 1-800-XXX-XXXX.
- In person:** There may be counselors in your area who can help. Visit HealthCare.gov, or call 1-800-XXX-XXXX for more information.
- En Español:** Llame a nuestro centro de ayuda gratis al 1-800-XXX-XXXX.

NEED HELP WITH YOUR APPLICATION? Visit HealthCare.gov or call us at 1-800-XXX-XXXX. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX. If you need help in a language other than English, call 1-800-XXX-XXXX and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-XXX-XXXX.

STEP 1

Tell us about yourself.

1. First name, Middle name, Last name, & Suffix _____

2. Home address (Leave blank if you don't have one.) _____

3. Apartment or suite number _____

4. City _____

5. State _____

6. Zip code _____

7. County _____

8. Mailing address (if different from home address) _____

9. Apartment or suite number _____

10. City _____

11. State _____

12. ZIP code _____

13. County _____

14. Phone number

() -

15. Other phone number

() -

16. Do you want to get information about this application by email? Yes No

Email address: _____

17. What is your preferred spoken or written language (if not English)? _____

18. Date of birth (mm/dd/yyyy) _____

19. Sex

Male Female

20. Social Security number (SSN) _ _ _ - _ _ _ - _ _ _

We need this if you want health coverage and have an SSN. We use SSNs to check income and other information to see if you're eligible for help with health coverage costs. If you need help getting an SSN, call 1-800-772-1213 or visit [socialsecurity.gov](https://www.socialsecurity.gov). TTY users should call 1-800-325-0778.

21. Are you a U.S. citizen or U.S. national? Yes No

22. **If you aren't a U.S. citizen or U.S. national**, do you have eligible immigration status?

Yes. Fill in your document type and ID number below.

a. Immigration document type _____

b. Document ID number _____

c. Have you lived in the U.S. since 1996? Yes No

d. Are you a veteran or an active-duty member of the U.S. military? Yes No

23. Are you pregnant? Yes No

If yes, how many babies are expected during this pregnancy? _____

24. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? Yes No

STEP 2 Current job & income information

- Employed** – If you're currently employed, tell us about your income. Start with question 1.
 Not Employed – Skip to question 11. **Self Employed** – Skip to question 10.

CURRENT JOB 1:

1. Employer name and address	2. Employer phone number () -	3. Average hours worked each week
4. Wages/tips (before taxes) <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
\$ _____		

CURRENT JOB 2: (If you have more jobs and need more space, attach another sheet of paper.)

5. Employer name and address	6. Employer phone number () -	7. Average hours worked each week
8. Wages/tips (before taxes) <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
\$ _____		

9. In the past year, did you: Change jobs Stop working Start working fewer hours None of these

10. If self-employed, answer the following questions:

- a. Type of work

- b. How much net income (profits once business expenses are paid) will you get from this self-employment this month?
\$ _____

11. OTHER INCOME THIS MONTH: Check all that apply, and give the amount and how often you get it.

NOTE: You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).

- | | | | | | |
|--|----------|--|--|------------------|------------------|
| <input type="checkbox"/> None | | <input type="checkbox"/> Retirement accounts | \$ _____ | How often? _____ | |
| <input type="checkbox"/> Unemployment | \$ _____ | How often? _____ | <input type="checkbox"/> Alimony received | \$ _____ | How often? _____ |
| <input type="checkbox"/> Pensions | \$ _____ | How often? _____ | <input type="checkbox"/> Net farming/fishing | \$ _____ | How often? _____ |
| <input type="checkbox"/> Social Security | \$ _____ | How often? _____ | <input type="checkbox"/> Other income | \$ _____ | How often? _____ |
| Type: _____ | | | | | |

12. Do you pay student loan interest (not the amount of the loan) that can be deducted on a federal income tax return?

- YES.** If yes, how much \$ _____ How often? _____ **NO.**

13. YEARLY INCOME: Complete only if your income changes from month to month. If you don't expect changes to your monthly income, skip to step 3.

Your total income this year	Your total income next year (if you think it will be different)
\$ _____	\$ _____

STEP 3 Your health coverage

1. Are you enrolled in health coverage now from any of the following?

- YES.** If yes, check which coverage you have. **NO.**
- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> VA health care programs |
| <input type="checkbox"/> CHIP | <input type="checkbox"/> Other |

STEP 4 Read & sign this application.

- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that I must tell the Health Insurance Marketplace if anything changes (and is different than) what I wrote on this application. I can visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-XXX-XXXX to report any changes. I understand that a change in my information could affect my eligibility.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- I confirm that I'm not incarcerated (detained or jailed).
- I confirm that next year I expect to file a federal income tax return, won't claim dependents on that return, and can't be claimed as a dependent on anyone else's federal income tax return.
- I confirm that I'm not offered health coverage from an employer.

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

Renewal of coverage in future years

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next

- 5 years (the maximum number of years allowed), or for a shorter number of years:
 4 years 3 years 2 years 1 year Don't use information from tax returns to renew my coverage.

If I'm eligible for Medicaid

If I enroll in Medicaid, I'm giving the Medicaid agency my rights to pursue and get any money from other health insurance, legal settlements, or other third parties.

My right to appeal

If I think the Marketplace or Medicaid/Children's Health Insurance Program (CHIP) has made a mistake, I can appeal its decision. To appeal means to tell someone at the Marketplace or Medicaid/CHIP that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting the Marketplace at 1-800-XXX-XXXX. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Sign this application. The person who filled out Step 1 should sign this application. If you're an authorized representative, you may sign here as long as you have provided the information required in Appendix C.

Signature

Date (mm/dd/yyyy)

STEP 5 Mail completed application.

Mail your signed application to:

Health Insurance Marketplace



ENROLLMENT TIMELINE



Open Enrollment:

October 1, 2013 – March 31, 2014

Enroll 1st – 15th: coverage 1st of next month

16th – last day: coverage 1st of next next month

Following years:

Oct 15- Dec 7

YIKES



- 1. Stay away from the ACA**
- 2. First premium payment**
- 3. File tax return**
- 4. Old habits die hard**

ENROLL AMERICA DATABASE



CASE MANAGERS



GRANDMAS, MOMMAS, AND GIRLFRIENDS



GUYS, YOU CAN DO GRASSROOTS, TOO



NEXT STEPS



FIERCE FIVE ACTION ITEMS

1. Woman power and manpower, *CAC*
2. Education, *marketplace*
3. Technology, *enrollment*
4. Venue, *enrollment*
5. Advocacy, *TN Plan*



THANK YOU

Questions?

Comments?

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