

Navigating the AFFORDABLE CARE ACT

A special section by the Sioux City Journal

SIUXLAND HEALTH CARE

Inside the insurance maze



Robert Norfolk processes blood samples at Floyd Valley Hospital in Le Mars, Iowa, January 2012. People without insurance can begin purchasing coverage on Oct. 1.

Where you live will determine rates

MIKE WISER
Journal Des Moines Bureau

New insurance plans on the state-run exchange will range from less than \$200 a month to more than \$1,000 with folks in the southwest part of the state likely to have slightly higher premiums than their counterparts statewide.

The Iowa Insurance Division has released sample rates for insurance policies, which will be available for purchase when the state insurance exchange goes live on Oct. 1.

"The division released a snapshot of hypothetical rates to illustrate a range of rates because so many Iowans are curious," said Becky Blum, Affordable Care Act administrator with the Iowa Insurance Division. "Iowans will be able to view plans on the federally facilitated marketplace on October 1, 2013, in greater detail to see if a plan on the marketplace is right for them."

The federal Patient Protection and Affordable Care Act, sometimes called "Obamacare," requires states to set up insurance marketplaces where uninsured people can purchase policies.

Policies listed on the exchange have to meet certain coverage and pricing requirements to list on the exchange.

Policy prices vary both between and within states, based on actuarial tables. Premium costs — the monthly amount an individual and/or an employer pays to an insurance company — change depending where someone lives in Iowa.

The state is divided into seven regions.

Policies are also labeled platinum, gold, silver and bronze, the difference being how much in healthcare costs the provider covers. For instance, a platinum program will likely have a higher monthly premium but lower out-of-pocket expenses for the covered. In a bronze plan, the reverse would be true.

"The insurance companies can set rates based on a few factors," said Cynthia Cox, a researcher with the Kaiser Family Foundation. "One is age. Another is if you smoke. Then there's where you live and family size — because a policy for a family of four is going to be more than for a single person. That's it."

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SIUXLAND HEALTH

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Hospitals adjust in changing role

Insurance mandate shifts workload

JAY HANCOCK
Kaiser Health News

DES MOINES | As community groups, brokers and insurers prepare to recruit members for medical plans that go on sale in October under the health law, nobody has a bigger financial stake in their success than hospitals.



Obama

And few may work harder to sign consumers up for the Obamacare insurance marketplaces than hospitals themselves.

"This is a major project for the next year," said Craig Cooper, spokesman for Genesis Health System of Iowa, which hopes to enroll thousands of patients and substantially cut its \$60 million annual bill for people who can't afford to pay for care. "It's important to (the CEO) and it's important to our organization."

Hospitals are setting up phone hotlines and planning visits to churches, child-care centers and soup kitchens to sign people up for coverage. Like Genesis, some hospital systems received federal grants to train enrollment "navigators."

Others are paying contractors to enroll

Online
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consumers and identifying patients with high unpaid bills to make sure they're covered for future care.

"Virtually everybody is asking for brochures and card tents that they can use in their various delivery sites — not just the hospital," said Ellen Pryga, director of policy at the American Hospital Association. "Some of them are going to do a lot of community outreach. They'll go to local community meetings. Some of them are likely to help out at health fairs."

The Affordable Care Act creates online marketplaces known as exchanges where those lacking medical coverage can buy subsidized insurance. Helping consumers buy health plans on the exchanges will differ substantially from the Medicaid enrollment hospitals and their contractors are used to.

Medicaid, the government program for the poor and disabled, allows enrollment and reimbursement for care even after it has been delivered. This will be true for people newly eligible for Medicaid, too, in

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Affordable Care Act 101: Common questions

JOURNAL STAFF

WHAT IS THE AFFORDABLE CARE ACT?

The Patient Protection and Affordable Care Act, often called "Obamacare," is a federal statute President Barack Obama signed into law in March 2010, after an intense battle among lawmakers. The legislation seeks to lower the U.S. uninsured rate by expanding private and public insurance coverage and cut the cost of health care.

WHO IS IMPACTED?

If your employer provides health insurance for you, it's likely you don't have to do anything.

For others — those without insurance — it's more complicated. The law requires virtually all U.S. citizens and legal residents to have coverage or pay a penalty. That will happen either through an expanded government Medicaid program, which would cover costs for lower-income people, or by requiring people without coverage to buy it. Financial help will be available for those who

Key dates

Oct. 1, 2013
States open insurance exchanges, where people without coverage can compare insurance options and buy policies.

Dec. 15, 2013
Last day to purchase coverage to start Jan. 1.

Jan. 1, 2014
New insurance policies start.

Jan. 1, 2015
Businesses that have 50 or more full-time workers have to provide insurance.

qualify, based on income.

To enroll through Medicaid, an individual would have to have an income that tops out \$15,400, or about \$31,000 for a family of four.

There are just a few exceptions to the requirement for coverage, including for prison inmates, people who entered the country illegally, those facing financial hardship and religious objectors.

Individuals and families

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Dr. Sara Wiedenfeld is shown at Mercy Medical Center in July. Insurance rules kick in Jan. 1.

Jim Lee, Sioux City Journal file