

Advocating Consumer Choice

Discussion

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Advocating Consumer Choice for mid to low income population

Allow consumers over 133% FPL
the choice between MNCare
(BHP) and APTC

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MCHA – specific care needed

- Patient has a care plan with a specific doctor
- This doctor is not in the network of plans available in MNCare
- Auto-enrolled because of income
- No access to APTC

Multiple States

- 27 year old who works in the winter at a Colorado Ski resort, and the rest of the year in Minnesota
- Auto-enrolled in MNCare
- No providers available in CO
- No APTC available to buy coverage that would expand network

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Millionaires on MNCare

- Semi retired 54 year old Plumber
- Million in Retirement Accounts
- Lake home in Northern MN
- Condo on golf course in AZ
- Makes \$10,000 working part time
- Qualifies for MNCare, but doesn't want it. (no providers in AZ, where he spends winters)

Wisconsin Comparison

- 30 year old making \$18,000

Minnesota

- Auto enrolled in MNCare
- \$29 monthly premium
- Limited Plan options based on county of residence
- Has to choose primary care clinic

Wisconsin

- Gets \$211 APTC
- Gets cost-sharing reduction
- \$3000 deductible plan reduces to \$250
- Copayments also reduced
- \$54 monthly premium

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Issues related to Auto-enrollment of MNCare eligibles:

- Limited networks
- No access to Mayo or Hazelden, etc.
- MA reimbursement rates
- No Premium Tax collected
- No Revenue to MNSure
- No Asset testing
- Federal APTC funding vs. State/Fed funding for MNCare

ACA – Federal Law

ACA Reference Section 1331 paragraph e, clause 2:

(e) ELIGIBLE INDIVIDUAL.—

(1) IN GENERAL.—In this section, the term “eligible individual” means, with respect to any State, an individual—

(A) who is a resident of the State who is not eligible to enroll in the State’s medicaid program under title XIX of the Social Security Act for benefits that at a minimum consist of the essential health benefits described in section 1302(b);

(B) *as revised by section 10104(o)(2)*, whose household income exceeds 133 percent but does not exceed 200 percent of the poverty line for the size of the family involved, or, in the case of an alien lawfully present in the United States, whose income is not greater than 133 percent of the poverty line for the size of the family involved but who is not eligible for the Medicaid program under title XIX of the Social Security Act by reason of such alien status;

(C) who is not eligible for minimum essential coverage (as defined in section 5000A(f) of the Internal Revenue Code of 1986) or is eligible for an employer-sponsored plan that is not affordable coverage (as determined under section 5000A(e)(2) of such Code); and

(D) who has not attained age 65 as of the beginning of the plan year.

Such term shall not include any individual who is not a qualified individual under section 1312 who is eligible to be covered by a qualified health plan offered through an Exchange.

(2) ELIGIBLE INDIVIDUALS MAY NOT USE EXCHANGE.—An eligible individual shall not be treated as a qualified individual under section 1312 eligible for enrollment in a qualified health plan offered through an Exchange established under section 1311.

BHP – State Law

- State Statute 256L.04, subd. 1c
- **Subd. 1c. General requirements.** To be eligible for coverage under MinnesotaCare, a person must meet the eligibility requirements of this section. **A person eligible for MinnesotaCare shall not be considered a qualified individual under section 1312 of the Affordable Care Act, and is not eligible for enrollment in a qualified health plan offered through MNsure under chapter 62V.**

Note: under the submitted blueprint, MN has requested that the Basic Health Plan extend to those up to 275% of FPL