

Affordable Care Act Fact Sheet:

Significant changes to New York's Medicaid program due to the Affordable Care Act (ACA) include the following: expanding Medicaid eligibility to 138% of the federal poverty level (FPL) and changing budgeting rules and enrollment processes for Medicaid and Child Health Plus (CHP) to conform to the ACA. The budget also phases out the Family Health Plus (FHP) program in preparation for coverage options that are available through NY's State of Health Marketplace. In addition, there will be changes to the Medicaid program's managed care service delivery structure. Some of those changes include Commissioner's authority to mandate enrollment of new populations, creating new capitated programs for dual eligibles (those eligible for Medicare and Medicaid) and those with developmental disabilities, and allowing the Commissioner to require that additional Medicaid services (e.g., behavioral health services) be provided through managed care plans rather than by fee for service providers.

The budget completely rewrites Subdivision 1 of Section 366 of the Social Services Law. Important aspects include the following:

- Medicaid applicants are divided into two major groups:
 1. Those whose eligibility is based on their Modified Adjusted Gross Income or MAGI (this is the majority of applicants) and
 2. Those whose eligibility is based on pre-existing Medicaid budgeting rules, the non-MAGI. This group includes SSI recipients who are age 65 and up, have disabilities, or who are blind, as well as those with a spend down, those eligible for the Medicaid Buy-in for Working People with Disabilities program, or Medicaid's Cancer Treatment programs
- Household is redefined for the MAGI group as the tax filing unit, with limited exceptions to protect children who would be part of a Medicaid household under previous rules
- Household income is redefined for the MAGI group to include the income of all members of the tax filing household, with some exceptions for members who are not required to file tax returns
- Pregnant women and infants under one year are eligible for full Medicaid coverage up to 200% of the FPL. Family size includes household members plus the number of children the woman expects to deliver.
- MAGI groups have continuous eligibility for 12 months, despite changes in income

The budget creates a new benchmark benefit within the Medicaid program and limits most MAGI applicants to this benchmark benefit in place of full Medicaid (referred to as standard Medicaid). The only difference between benchmark and standard Medicaid is that benchmark does not include institutional long term care. Fortunately, applicants and recipients in need of long term care services are eligible for standard Medicaid as non-MAGI, so the impact of the new benchmark on low-income clients should not be significant.

What is an insurance exchange?

An Exchange will be in place in every state starting in 2014 under the federal Affordable Care Act. States have the choice to arrange an Exchange or to allow the federal government to arrange an Exchange in their state. New York has chosen to set up its own Exchange originally named the New York Health Benefit Exchange, which was later renamed to NY State of Health, The Official Health Plan Marketplace.

In 2012, Governor Cuomo issued [Executive Order #42](#) to establish the Exchange within the NYS Department of Health. NY State of Health Marketplace is an organized marketplace intended to help people check their eligibility for health care coverage, including Medicaid, and apply for these programs. Individuals, families, and small businesses are able to use NY State of Health Marketplace to compare commercial insurance options, calculate costs, and choose coverage online, in person, over the phone, or by mail. NY State of Health Marketplace will educate people on the type of financial assistance that is available to help them afford health insurance. Insurance coverage may be purchased through NY State of Health Marketplace beginning in October 2013 and coverage will be effective January 1, 2014. You will not be denied health insurance on the basis of pre-existing or chronic health conditions.

The Exchange is being established under health reform laws enacted in March 2010. Health reform consists of two laws:

1. The larger of the two is the **Patient Protection and Affordable Care Act (PPACA)** (signed on March 23, 2010)
2. The **Health Care & Education Reconciliation Act** (signed on March 30, 2010)

The Affordable Care Act (ACA) requires states to create and fund a **Navigator** function within their Exchanges.

Navigators must perform the following duties:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education
- Provide information and services in a fair, accurate, and impartial manner
- Facilitate enrollment in Qualified Health Plans
- Provide information in a culturally and linguistically appropriate way, ensuring access for consumers with disabilities

NY State of Health Implementation Timeline:

July 2013—The NY State of Health Marketplace selected Qualified Health Plans

August 2013—In Person Assistance and Insurance Navigators began

September 2013—NY State of Health Marketplace customer service center & advertising campaign began

October 1, 2013—Consumers may begin to apply for insurance coverage (open enrollment). This enrollment period will run until March 1, 2014.

For further reading on NY State of Health visit:

NY State official website on NY State of Health:

<http://www.nystateofhealth.ny.gov/>

For policy studies visit: [news items](#) and [resources](#)

For further reading on the Health Reform visit:

<http://www.whitehouse.gov/realitycheck/faq#c1>

<http://www.wnylc.com/health/entry/186/>

Official U.S. website on federal Health Reform -- <http://www.healthcare.gov/>

<http://www.wnylc.com/health/entry/120/>

*** Please note that the information in this document is subject to change. Please refer to the websites listed above for updates.

