

BIG VIEW: Conversation on Health Reform

February 28, 2013

Response to Questions

Q. How do you find all of the people who need and can have insurance?

A. This may be difficult; however efforts are underway at the state and federal level for an outreach campaign. Staff at Community Action and other organizations would like to hear ideas on how to best reach those who are uninsured or need health insurance.

Q. Will people be able to afford the new health care?

A. Minnesota estimates that 60% of the nearly 500,000 uninsured people will be covered by the new features in the health reform law. At this time, it is unknown what the costs of insurance products will be on the Exchange. There will be subsidies based on one's income available on the Exchange to make insurance more affordable.

Q. What about pre-existing conditions?

A. Under the new law, beginning in 2014 insurance companies cannot deny coverage for pre-existing conditions.

Q. Can enrollment happen at the time of care, (i.e., hospital, ER, urgent care)?

A. Possibly. The health care provider organizations would have to arrange for this to happen.

Q. Currently I'm insured through MCHA (Minnesota Comprehensive Health Association). This program is likely to be discontinued – where will this leave me?

A. Yes, it appears MCHA will be discontinued because insurance companies can no longer deny coverage to those who have pre-existing condition. At this point it is unknown how this will affect people on the program. Contact MCHA for more information.

Q. I'm currently working 30 hours and not eligible for health care at work. I'm on MNCare and and like it, but with reform will I be forced to take my employer's health insurance which has high premiums and super high deductible?

A. It is difficult to answer this particular situation without further information. You are correct that employers with over 50 full-time equivalent employees will have to provide health benefits to employees working 30 or more hours per week. With the new rules under health reform, insurance companies must make changes to their products which will affect the cost. It is unknown what the insurance products will cost when the exchange opens in October 2013. Regarding MinnesotaCare, state legislators are
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discussing a bill that would preserve this program and adopt changes to bring it in line with the new federal law. More on the status of this program will be known later this year.

Q. Are they going to give more of a discount to veterans or people actively serving their country?

A. This is unknown.

Q. How will navigators be dispersed out in the community?

A. The February Big View gathering was designed to get ideas from people like you on where might be the best places for navigators to be located. Several local agencies including Community Action, CHUM, the Lake Superior Community Health Center, MN Citizens Federation and Generations Health Care Initiatives will be using the information gathered at this session to plan for where navigators should be located.

Q. Will insurance companies make too much money under this new plan?

A. Under the new rules, health insurance companies must spend a minimum of 85% of premium dollars on clinical and quality services for large group plans, and 80% of premium dollars for individual and small market plans.

Q. How easy will it be for those who don't have access to a computer or are not computer savvy?

A. There will be navigators at various sites in the community to provide individual assistance to those who need help applying using the computer. There will also be a state-wide call center.

Q. Where is the line between MA/MNCare and the health exchange financially?

A. Medical Assistance will cover people up to 138% of the poverty level (about \$15,000 for a 1 person household). MinnesotaCare is still being discussed at the State legislature so it is unknown what income level it will cover now. The Health Exchange will have subsidies for household with incomes up to 400% of the poverty level (about \$44,500 for a 1 person household) to make the cost more affordable.

Q. There were several questions about what will be included in the insurance products available under this new law – medications, home care, dental care, specialists.

A. Insurance companies will be required to cover certain services, called essential benefits. At this time, it is unknown exactly what services will be included in insurance products that will be offered when the Exchange opens in October 2013.

Q. Why is it so complicated to figure out affordable health care?

A. Wish we knew!