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Understanding the Affordable Care Act: Consumer Protections for Insured New Mexicans

5 Key Takeaways for Insured New Mexicans:

1. New Mexicans with health insurance have already met the individual mandate's requirements.

2. The Affordable Care Act helps consumers stay healthy by providing access to preventive health services without cost-sharing.

3. The Affordable Care Act provides consumers with access to more of what they need when they need it.

4. The Affordable Care Act makes sure that consumers can get health insurance even if they are already sick.

5. The Affordable Care Act creates more transparency and helps control costs for consumers.

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No More Out-of-Pocket Costs for Women's Preventive Health Services

On September 23, 2010, health insurance reforms that provide accountability and increase affordability took effect. One of these reforms guarantees that new private insurance plans or individual insurance policies will cover certain preventative services without cost-sharing.[1] This means that a patient does not owe a "co-pay" or "co-insurance" or a deductible for these services.

Preventative Services Important to Women Covered by New Private Plans Without Cost Sharing[2]

Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy- Related**	Reproductive Health
➢ Breast cancer o Mammography for women 40+* o Genetic (BRCA) screening and counseling o Preventative medication counseling ➢ Cervical cancer o Pap testing (women 18+) o High- risk HPV DNA testing ➢ Colorectal cancer o One of the following: fecal occult blood testing, colonoscopy, sigmoidoscopy (women 50-75)	➢ Cardiovascular health o Hypertension screening o Lipid disorders screenings (cholesterol screenings) o Aspirin (potentially for women 55-79) ➢ Blood pressure screenings (all adults 18+) ➢ Type 2 Diabetes screening (adults with elevated blood pressure) ➢ Depression screening (adults, when follow up supports available) ➢ Osteoporosis screening (all women 65+, women 60+ at high risk) ➢ Obesity o Screening (all adults) o Counseling and behavioral interventions (obese adults)	➢ Td booster, Tdap ➢ MMR ➢ Meningococcal ➢ Hepatitis A, B ➢ Pneumococcal ➢ Zoster ➢ Influenza ➢ Varicella ➢ HPV (women 18-64)	➢ Alcohol misuse screening and counseling (all adults) ➢ Intensive healthy diet counseling (adults with high cholesterol, CVD risk factors, diet-related chronic disease) ➢ Tobacco counseling and cessation interventions (all adults) ➢ Interpersonal and domestic violence screening and counseling (women 18-64) ➢ Well-woman visits (women 18-64)	➢ Tobacco and cessation interventions ➢ Alcohol misuse screening/ counseling ➢ Rh incompatibility screening ➢ Gestational diabetes screenings o 24-28 weeks gestation o First prenatal visit (women at high risk for diabetes) ➢ Screenings o Hepatitis B o Chlamydia (<24, high risk) o Gonorrhea o Syphilis o Bacteriuria o HIV ➢ Folic acid supplements (women with reproductive capacity) ➢ Iron deficiency anemia screening ➢ Breastfeeding supports o Counseling o Consultations with trained provider o Equipment rental	➢ Screenings: o Chlamydia (sexually active women ≤ 24 year old, older women at high risk) o Gonorrhea (sexually active women at high risk) o Syphilis (adults at high risk) o HIV (adults at high risk; all sexually active women) ➢ Contraception (women with reproductive capacity)*** o All FDA approved methods as prescribed o Sterilization procedures o Patient education and counseling

*The coverage for mammography is guided by the 2002 USPSTF guideline,

**Services apply to all pregnant or lactating women, unless otherwise specified

***Certain religious employers are exempt from this requirement.

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[1] "Some Important Details," U.S. Dept. of Health and Human Services' website, http://www.healthcare.gov/law/features/rights/preventive-care/index.html (accessed June 14, 2012)

[2] This chart has been adapted from The Kaiser Family Foundation's "Impact of Health Reform on Women's Access to Coverage and Care," http://www.kff.org/womenshealth/upload/7987-02.pdf (accessed June 14, 2012). *See also* http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html. *See also* 42 U.S.C. § 300gg-13.

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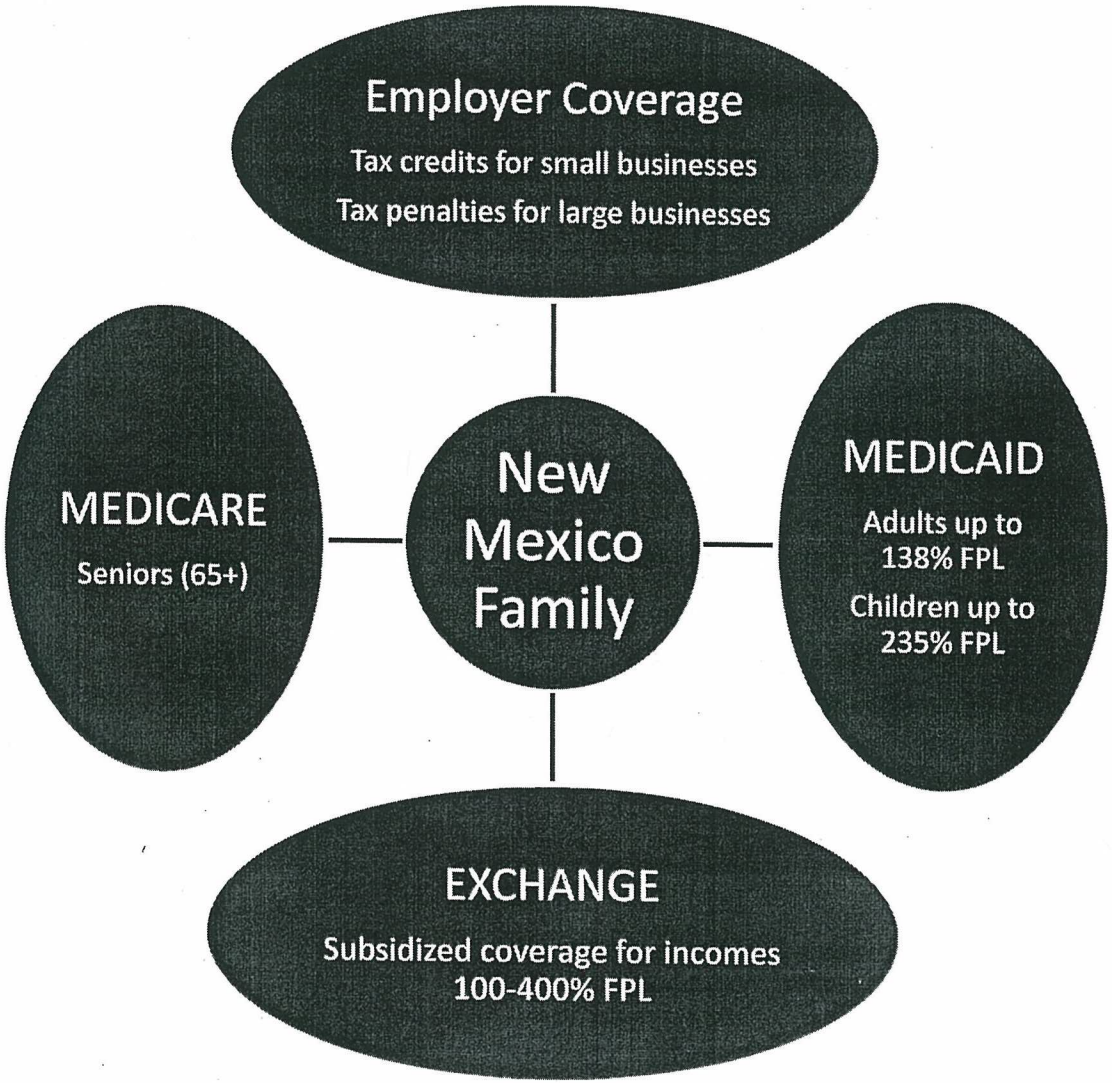
Understanding the ACA: The Big Picture



Prepared by the New Mexico Center on Law and Poverty
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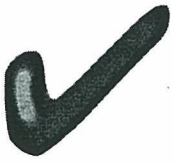
Five Reasons Why New Mexico Should Implement the Medicaid Expansion

The federal government pays almost all of the costs – providing a major boost to New Mexico's economy and jobs. In the first three years, the federal government will pay all of the cost for expanding Medicaid. After that, it continues to pay at least 90%. For 10 cents on the dollar, New Mexico can bring billions of federal dollars into our economy and tens of thousands of jobs.

New Mexico's hospitals and providers will save money to build a stronger healthcare infrastructure. Expanding Medicaid to 200,000 more New Mexicans will save hundreds of millions of dollars each year in uncompensated care costs. These savings are necessary to build infrastructure and attract enough healthcare providers to deliver the medical care that all New Mexicans need.



All New Mexicans with health insurance save money. Right now, a New Mexico family with health insurance pays an additional **$2,300** each year in premiums to help cover the cost of caring of the uninsured. If more people in New Mexico have insurance, we'll all save money as we stop shouldering these hidden costs.

If we don't, New Mexicans will just be sending our federal tax dollars to other states to pay for their healthcare. New Mexicans won't get the benefit of our federal taxes if we refuse to expand Medicaid. Instead, our tax dollars will be used to subsidize coverage for other states like California and New York.

We can expand coverage for nearly 200,000 uninsured New Mexicans – including parents and the working poor. New Mexico has an unprecedented opportunity to ensure that nearly every person in our state gets healthcare coverage, bringing us out from the bottom of the national rankings.

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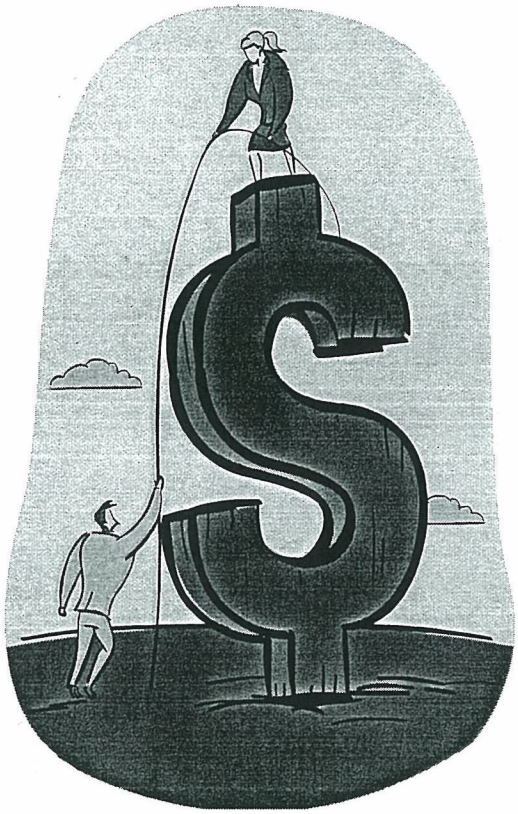
Life on the Edge:
Families at the Poverty Line

Medicaid will be critical for New Mexico's low-income working families and adults under 138% of the poverty level.



Costs of Coverage without Medicaid

Family of Four at 95% FPL
($21,898 annual income; one working parent earning about $10.50/hour)

PREMIUM COSTS:

Total Premiums*: $11,181
Tax Credits: **NONE**
Premiums Owed: **$11,181**

OUT-OF-POCKET COSTS (COPAYS, DEDUCTIBLES):

Average Costs: **unknown**; yearly maximum is $3,967

*Without **Medicaid,** this family will have to spend **over half of their income** to buy health coverage. People under the poverty line do not qualify for tax credits or subsidies to buy coverage on an Exchange.*

* Because children in New Mexico have Medicaid coverage at this income level, premium costs are based on the average cost of employer-provided coverage for the employee and one more family member in NM in 2010, increased by 9% each year for two years. 9% was the national average premium growth in 2011 according to the Kaiser Family Foundation.

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UNDERSTANDING THE AFFORDABLE CARE ACT: UNINSURED BETWEEN 138%-200% FPL

How will federal tax credits and subsidies help low-income New Mexican families between 138% to 200% of the federal poverty level?

Example: Family of 4 at 150% FPL

($34,575 annual income; two working parents earning about $8/hour each)

PREMIUM COSTS*:

Total Premiums: $11,181
Tax Credits: $9,798
Premiums Owed: **$1,383**

OUT-OF-POCKET COSTS (COPAYS, DEDUCTIBLES):

Average Costs: *variable, but the yearly maximum is $3,967, and the plan must have 94% actuarial value*

PENALTY FOR NO COVERAGE: IN 2014: **$285**
IN 2016: **$2,085**

But can this family afford to buy coverage?

Families at this income level will have a **very hard time coming up with more than $100 each month to pay for health insurance** – even with the help the law provides.

This family brings home $2,881 a month – after covering basic family expenses, they are already between **$200 and $500 short** every month.

Monthly Family Budget Family of 4, Las Cruces	
Housing	$527
Food	$643
Child Care	$998
Transportation	$468
Other Necessities	$281
Taxes	$171
Monthly Total	$3,090

* Premium costs are estimated based on the average cost of employer-provided coverage for the employee plus one other family member in NM in 2010, increased by 9% each year for two years. 9% was the national average premium growth in 2011 according to the Kaiser Family Foundation.

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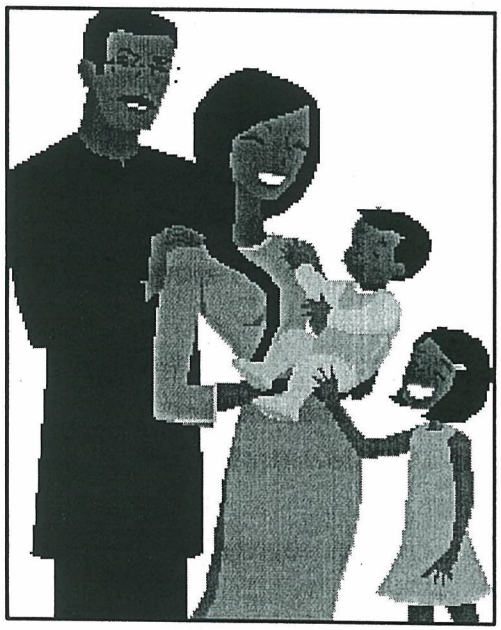
UNDERSTANDING THE AFFORDABLE CARE ACT:
UNINSURED BETWEEN 200%-400% FPL

How will federal tax credits and subsidies help New Mexicans between 200%-400% of the poverty level?



Example: Family of 4 at 250% FPL

($57,625 income; two working parents earning about $14/hour each)

PREMIUM COSTS:

Average Premium Costs*: $16,732
Tax Credits: $12,093
Premiums Owed: **$4,639**

OUT-OF POCKET (CO-PAYS & DEDUCTIBLES):

Average Costs: *variable, but the yearly maximum is $5,950, and the plan must have at least 73% actuarial value*

PENALTY FOR NO COVERAGE: IN 2014: **$305**
IN 2016: **$2,085**

* Premium costs are estimated using on average cost of employer-provided family coverage in NM in 2010, increased by 9% each year for two years. 9% was the national average premium growth in 2011 according to the Kaiser Family Foundation.

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