Health Care Reform

Latinos Living Healthy and the Affordable Care Act

League of United Latin American Citizens

2013

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Introduction

With full implementation of the Affordable Care Act, 10.2 million Latinos in the United States will be eligible for health coverage and receive new opportunities for benefits through state and federal programs**.** As one third of Latinos in the U.S. are uninsured, the Latino population is the most uninsured and underinsured population in the United States. Our communities rely heavily on public aid programs, such as Medicaid, Medicare and CHIP. The law, which was passed by President Obama in 2010, provides new resources to improve health care quality, public health infrastructure, and the availability of health services that are central to the well-being of the Latino population. Through the marketplace, insurance companies will be forced to compete for business on a level and transparent playing field, which will drive down costs. Individuals will be able to begin enrolling into the system and purchasing health coverage on October 1st, 2013. Many of the changes to America's health care system made by the Affordable Care Act are already in place and the remainder will go into full effect in January 1, 2014. As one of LULAC's established policy priorities the organization is helping to ensure that Latinos benefit from the new law and that our communities continue to build upon this progress to advance health equity for all Americans.

Through the Latinos Living Healthy Initiative and with direct community outreach of Health Education Ambassadors, LULAC will grow grass-roots awareness of the key processes and timelines for involvement in the application of the ACA. Due to low insurance rates, cultural, linguistic, and other social barriers, many Hispanics are less likely to receive routine health care or preventative services and tend to only seek medical care at the onset of chronic diseases. This leads to poorer health outcomes and higher incidence of illnesses such as a diabetes, cancer, heart disease and obesity. In an effort to address inequities in access and quality of service, this manual aims to provide broad information and guidance to LULAC advocates and community leaders around the importance of Latino participation in the new health care arena.

Latinos Living Healthy Initiative

As part of its commitment to eliminating health disparities in all areas of health and human services, the League of United Latin American Citizens engages an extensive nationwide network of 135,000 community volunteers, nearly 1,000 councils and 58 community technology centers through the Latinos Living Healthy Initiative. This campaign distributes information and provides expertise regarding the causes, effects and outcomes of health issues that disproportionately affect Latinos across the U.S. and Puerto Rico. LULAC's policy priorities regarding the reduction of health disparities include the implementation of health care reform to benefit Latinos by improving access to, utilization, and quality of health care for the Latino population.

Through LULAC's health education campaign, educational workshops and policy roundtables the Latinos Living Healthy team aims to educate service providers, community leaders and policy makers on the importance of disease prevention and health care services. Latinos are diagnosed with diabetes, heart disease, cancer, asthma, childhood obesity and HIV/AIDS at higher rates than many other American racial groups. Disparities in health and in the quality of health services that Latinos receive exacerbate the onset and poor outcomes of chronic diseases. Illness prevention and access to services are the underlying focuses of the Latinos Living Healthy initiative.

HEALTH EDUCATION AMBASSADOR PROGRAM

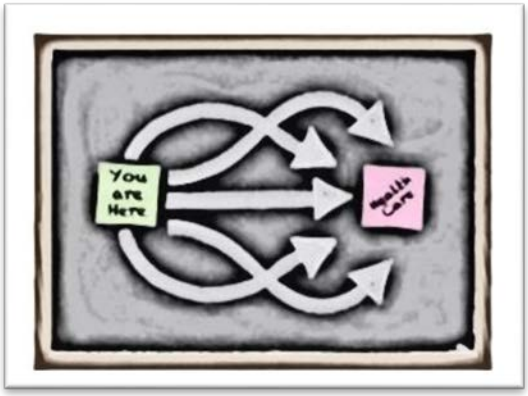
In 2013 the Latinos Living Healthy initiative will incorporate the expertise and experience of Health Education Ambassadors in key regions across the U.S. to raise awareness of the new benefits and services available under the ACA. Through the Health Education Ambassador program, LULAC National will support LULAC Councils and the communities they serve as they design and implement localized solutions that address critical needs. An important goal of this program is to give LULAC Councils the flexibility to design frameworks that most effectively address the respective health issues experienced within their communities while using all available resources and support systems.

The objective of this manual is to give an overview of the process of implementation of the health exchange marketplace, provide assistance to Health Education Ambassadors in advocacy and community education events, and develop trust and participation in the process of the implementation of health care reform in order to improve health care services and overall wellness for Hispanics in the United States ambassadors will present creative, localized and sustainable programs with short-term and long-term measurable effects. This culturally appropriate, peer-to-peer outreach and education effort will improve utilization of the new health care system by Latinos across the U.S.

The Patient Protection and Affordable Care Act

On March 23, 2010, President Obama signed the Affordable Care Act into law, putting into place comprehensive reforms that improve access to, and quality of affordable health coverage for all Americans. Hispanics as a group face disproportionately high rates of many preventable diseases including heart disease, obesity, diabetes, and cancer; illnesses which could be avoided, or for which the outcomes could be improved, with better preventative care including access to early screenings and regular ongoing treatment. Due to many common barriers, health insurance benefits have been largely inaccessible to much of America's population, including children. Hispanics account for 1 out of every 3 uninsured persons in the United States. The Affordable Care Act is a progressive step towards improving the availability of health care coverage and the quality of care received.

Many of the law's provisions are already benefitting Americans. Thanks to the Affordable Care Act, 3.1 million more young adults have health insurance on their parent's plan and more than 17.6 million children with pre-existing conditions can no longer be denied coverage. 3 million seniors have received a 50 percent discount on their prescription drugs, and millions of Americans now have access to no-cost preventive services to help them stay healthy. Additionally, the Affordable Care Act helps small businesses with the cost of providing health insurance for their employees; a benefit that is especially important for Latinos because employer-based insurance is the most common form of insurance coverage for this group. According to the U.S. Census Bureau in 2011 an estimated 1.6 million businesses were Hispanic-owned.



Benefits provided by the ACA

- Coverage for Americans with pre-existing conditions
- End to Lifetime Dollar Limits and Annual Limits on Care
- Insurance companies can no longer drop your coverage when you get sick due to a mistake you made on your application
- Young adults are able to remain covered under their parent's insurance plans until 26 years of age.
- Insurers are now required to cover a number of preventive services
  - Seniors can receive flu shots, diabetes screenings, as well as the new annual wellness visit, free of charge
  - New benefits for women include access to mammograms, domestic violence screenings, breast feeding counseling, cervical cancer screening and contraceptives (among many others) without copayments or deductibles

WHAT IS HEALTH INSURANCE AND WHY IS IT NECESSARY?

When an individual buys an insurance plan through a company, the company agrees to pay a part of the expenses should that individual become ill or injured. Standard plans can provide coverage for preventative screenings, vaccines, and prescription drugs. These services are important to prevent more costly treatments and care after a disease has developed or in the event of an emergency. It is important that Latinos know they can take advantage of these plans and benefits. As Ambassadors it will be important to dispel other myths regarding the availability of programs for Latino households and families.

Things to remember as an educator:

A number of "plans" are not equivalent to health insurance: Dread disease policies, accident-only coverage, supplemental policies, discount plans, and stacked policies may be helpful in certain situations but they do not provide comprehensive coverage and cannot be considered as substitutes for comprehensive health insurance.

When teaching community members about the many steps and considerations to make when looking to acquire health insurance coverage, keep in mind the following factors that can help guide one's choice:

- Balance the cost of the monthly premium with the protection offered.
- What are the deductible, co-insurance, copayments, and out-of-pocket limit?
- Estimate costs for non-covered care (services excluded or limited by the policy) and charges (fees above what the plan recognizes).
- Check whether the plan covers the health care services and medications you require.
- Check whether the plan's health care providers including current providers, are located conveniently, and are high quality.
- Avoid policies that don't have a maximum out-of-pocket limit on covered charges.
- Don't mistake insurance-like products for comprehensive coverage.
- If you have questions, call your state's Department of Insurance or Consumer Assistance Program.

MEDICARE AND MEDICAID

More than 50 million Americans rely on Medicare each year. 32.5 million seniors received preventative services through the program and the number of seniors who joined a Medicare Advantage plan increased by 17 percent between 2010 and 2012. In 2010 nearly half of Latino children had Medicaid or CHIP benefits. Latino children are also the most likely to be eligible for these benefits, but not enrolled. These programs are vital to the health of American's providing affordable services to children, the elderly, those living in or near poverty, and those with certain chronic conditions.

The Affordable Care Act also emphasizes the improvement of care coordination and quality. Through the newly established Center for Medicare and Medicaid Innovation, new health care models are being tested and supporting innovation to reduce costs and strengthen the quality of health care for all Americans. Medicare funds will be extended through 2029, a twelve year extension, as a result of reducing waste, fraud, and abuse, and slowing cost growth in Medicare.

Individuals may be eligible for both Medicare and Medicaid. If so, Medicaid will cover many of the services that Medicare doesn't cover.

Medicare:

This is a federal program managed by the U.S. Department of Health and Human Services. Medicare provides affordable health coverage to seniors beginning at the age of 65, people under 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (a permanent kidney failure requiring dialysis or a kidney transplant). Individuals can enroll for this program during the open enrollment period in October and are able to choose between several health plans depending on their personal needs. These plans include:

- **Medicare Part A** – Hospital Insurance - helps cover inpatient care in hospitals, skilled nursing facility care, hospice, and home health care.
- **Medicare Part B** – Medical Insurance - helps cover doctor services, outpatient care, medical equipment, and home health care. It also covers some preventive services.
- **Medicare Part C** – Medicare Advantage – provides services through private companies approved by Medicare. It includes Part A and Part B and in most cases Part D. These plans may include extra benefits for an extra cost.
- **Medicare Part D** – Prescription Drug Coverage - helps cover prescription medications.
    - In the past, as many as one in four seniors went without a prescription every year because they couldn't afford it. To help these seniors, the law provides relief for people in the donut hole – the ones with the highest prescription drug costs. Under the ACA Seniors will see substantial savings, an average of $16,000, on covered brand-name and generic drugs while in the coverage gap (the donut hole) until the gap is closed in 2020.

Medicare is not a part of the marketplaces set up under the Affordable Care Act; you do not have to change your existing Medicare coverage with Marketplace coverage. As such, if you are already enrolled in Medicare, you do not have to do anything during the open enrollment period. The Affordable Care Act is helping Medicare recipients however by expanding coverage of preventative care. Now Medicare covers preventative services such as a yearly wellness visit, colonoscopies, mammograms, flu shots, glaucoma tests and HIV, diabetes and certain cancer screenings without charging for the Part B coinsurance or deductible.

For more information about Medicare, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

Medicaid:

This state run program provides affordable access to health services for lower-income individuals. Medicaid also helps support the medical needs of mothers and children. The federal government sets minimum guidelines for Medicaid eligibility but states can choose to expand coverage beyond that minimum threshold. In addition, all states have expanded coverage for children through the Children's Health Insurance Program. With the Affordable Care Act many states have chosen to extend the eligibility range for this program to include those with higher incomes who do not make enough to purchase health insurance through the health insurance marketplaces or exchanges (see section below on "New Health Insurance Marketplaces").

Beginning in 2014, most adults under age 65 with individual incomes less than 133% of the Federal Poverty Level ($15,282 per year) will qualify for Medicaid in every state. Through this change, Medicaid coverage for all children with incomes below 133% is ensured and fills in the current gaps in overage for the poorest Americans.

The Affordable Care Act has also made the method of calculating income for Medicaid and CHIP eligibility more simple using a system called the "Modified Adjusted Gross Income (MAGI)-based method." This new system along with a move towards a primary reliance on electronic data to determine eligibility, the enrollment and renewal process has been greatly streamlined. Interested persons may apply through the marketplace or directly online, by phone, by mail or in person. Although states can take up to 45 days to determine eligibility for Medicaid and CHIP through this system, once you have been determined as eligible, enrollment may be retroactive for up to 3 months, meaning you would be covered during the application processing period.

To learn more about your state's Medicaid program visit Medicaid.gov

Children's Health Insurance Program (CHIP)

CHIP is a state and federal partnership program that works closely with Medicaid. All states provide coverage for children, up to age 19, through Medicaid and the Children's Health Insurance Program (CHIP). CHIP provides benefits for routine check-ups, immunizations, dental care, vision care, inpatient and outpatient hospital care, and laboratory and X-ray services.

Although every state operates CHIP, most states have unique names for their programs like Child Health Plus (New York), Healthy Families (California), and Hoosier Healthwise (Indiana). In several states, CHIP and Medicaid are combined into one program.

Below are some CHIP regulations set by Health and Human Services:

- **Basic eligibility for CHIP -** Children younger than 19 years of age in families with incomes up to $45,000 per year (for a family of four) are likely to be eligible for coverage. In many states, children in families with higher incomes can also qualify.
- **Eligibility and pregnancy -** Pregnant women may be eligible for CHIP. Coverage for expectant mothers generally includes lab testing, labor and delivery costs, and at least 60 days of care after delivery.
- **Citizenship and immigration status:** U.S. citizens and certain legal immigrants are eligible for CHIP. States have the option of covering children and pregnant women who are lawfully residing in the United States. Undocumented immigrants are not eligible for CHIP.

To learn more about your state Medicaid program and other options available to you, use the insurance and coverage finder at, finder.healthcare.gov

NEW HEALTH INSURANCE MARKETPLACES

October 1, 2013 will mark the beginning of a new era in health care for Americans with the launch of health insurance exchanges in every state in the country. These online marketplaces will allow consumers to choose between new health insurance plans offered by qualified providers, assist buyers with the enrollment process for these insurance plans, and provide educational services to help shoppers understand the plan options. With the unveiling of these new programs it will be required for all Americans to seek out and enroll in some form of health insurance coverage (the individual mandate).

Qualified Health Plans

All health insurance providers will be required to cover Essential Health Benefits (EHB). Coverage provided for the essential health benefits package will provide bronze, silver, gold, or platinum level of coverage (see descriptions below). Small group health plans providing the essential health benefits package will have limited deductibles and any plan providing the essential health benefits package will be prohibited from applying a deductible to preventive health services. EHBs are determined State by State but must include items from these ten categories:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care

5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management, and
10. Pediatric services, including oral and vision care

Catastrophic Plans

In addition to the federally established benefit levels (bronze, silver, gold, or platinum) another plan option permitted under the ACA is a catastrophic plan. A catastrophic plan will provide coverage for essential health benefits, but coverage is paid for by the insurer after deductibles have been paid and equal to the amounts specified as out-of-pocket limits. A catastrophic plan will be permitted only in the individual market for young adults (those under age 30 before the plan year begins), and for those persons exempt from the individual mandate because no affordable coverage is available or they have a hardship exemption. These catastrophic plans have high deductibles and low premiums and include coverage for three primary care visits and preventative services with no out of pocket costs. The main goal of these plans is to protect the consumer from high out-of-pocket costs.

Qualified Health Plans:

Plans that meet certain qualifications can sell to individuals and small businesses in the health insurance exchange. Those plans can sell policies at the same price outside of the exchange, as well.

To be qualified, these plans must cover the essential package of benefits, offering at least silver and gold level coverage. They can cover benefits that are outside the essential benefit package, as well, but with two caveats:

1) If they cover abortion services, they must collect separate premium checks for that coverage and cannot use any premium tax credits or other federal funding for those services

2) If they are required under state law to cover services beyond the essential benefit package, states will pay any additional costs for those benefits for exchange enrollees.

States may already have their own definition of qualified benefit plans that extend beyond the federal definition. While the ACA does not legally preempt those laws, states may want to consider, clarifying which provisions are federal and which are state. State and federal regulations also are very likely to play a role in implementing these provisions.

Establishment of the Marketplaces

States have the option to establish one or more state or regional exchanges, partner with the federal government to run the exchange, or to merge with other state exchanges. States that have refused to develop online exchange systems will still offer the benefits of the marketplace, but the exchange will be established and run by the U.S. Department of Health and Human Services, a federal entity, leaving the

state with an option to transition to a state exchange if they decide to do so after 2014. Every state has the option of eventually running a fully state-based exchange.

States-based exchanges:	State-Federal Partner exchanges:	Federal exchange default:
California, D.C., Hawaii, Idaho, Kentucky, Minnesota, Missouri, New Mexico, Nevada, New York, Oregon, Rhode Island, Utah, Washington	Arkansas, Delaware, Hampshire, Illinois, Iowa, Michigan, North Carolina, West Virginia	Alabama, Alaska, Arizona, Georgia, Idaho, Indiana, Kansas, Louisiana, Maine, Missouri, Montana, Nebraska, New Jersey New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, Tennessee, Virginia, Wisconsin

Source: http://www.ncsl.org/issues-research/health/state-actions-to-implement-the-health-benefit-exch.aspx#MA

The qualified plans that participate in the Exchanges will be required to offer a uniform benefits package which will be offered at four levels of value, making comparisons across plans easier. The four levels of coverage, which vary depending on how much the insurer pays, include:

- Bronze: benefits equivalent to 60% of the full actuarial value of plan benefits,
- Silver: benefits actuarially equivalent to 70% of full value,
- Gold: benefits actuarially equivalent to 80% full value, and
- Platinum: benefits actuarially equivalent to 90% of full value.

Actuarial value is a measure of the level of protection a health insurance plan offers and indicates the percentage of health costs that, for an average population, would be covered by the health plan

Qualified health insurers must offer at least one plan at the Silver level and one plan at the Gold level in each exchange in which their plans are offered.

States can also create a Basic Health Plan for uninsured individuals with incomes between 133% and 200% of poverty in lieu of those individuals receiving premium subsidies to purchase coverage in the Exchanges. States that offer the Basic Health Plan must ensure that the benefits are at least equivalent to the essential health benefits and premiums are not higher than those in the Exchanges.

How to enroll

One of LULAC's goals for 2013 is to ensure optimal enrollment and utilization of these benefits within Latino communities. This opportunity could drastically improve health outcomes for Latinos by allowing them better access to high quality affordable health care. Latinos as a group are largely

uninsured and do not take advantage of preventative health screenings. This leads to more severe outcomes from many chronic diseases such as heart disease, diabetes and cancer that could have been prevented or controlled by ongoing treatments and education. Individuals should contact their State Department of Insurance for the most accurate information about each person's rights and protections under individual health insurance in each region.

Getting covered through your place of employment

If you don't have coverage, you may be eligible for health insurance coverage through your place of employment or that of your spouse or parent. Under the ACA, if an employer offers coverage, you generally can't be turned away or charged a higher premium because of your health status or disability. This protection is called "nondiscrimination." Employers may refuse or restrict coverage for other reasons (such as part-time employment), as long as these are unrelated to your health status and are applied consistently.

When you are leaving job-based coverage, you might be able to convert your job-based health insurance plan into an individual policy. This is called "conversion" coverage, and isn't the same as "continuation coverage" (COBRA), in which you temporarily keep your job-based coverage.

If coverage through your employer is not an option

If you do not receive health insurance through your place of employment or you are unemployed there are a number of options available to you. If you are under the age of 26 you can remain on your parent's health insurance plan. Any adult citizen, not provided with employment based health insurance coverage can purchase health insurance through their State's health exchange marketplace. For information about this marketplace, Medicare or Medicaid assistance programs or other State based assistance programs, see above or visit Healthcare.gov.

Free or low-cost care

If you are unable to afford insurance coverage, there are health clinics in your community that provide free or reduced-cost services on a sliding scale, depending on your income. Community clinics can also provide care to individuals regardless of documentation status, making this a trusted resource for many immigrant communities. The ACA has supported additional funding to these health centers due to their ability to offer culturally competent, low cost health care to much of America's at-need populations. The U.S. Department of Health and Human Services Health Resources and Services Administration has developed an online search tool that can help you find a community health center in your area. Visit http://bphc.hrsa.gov/

The Open Enrollment Process

IMPORTANT DATES:

- **OCTOBER 1st, 2013:** Open Enrollment Begins
- **OCTOBER 21st, 2013:** Spanish Version of the Online Enrollment Form Becomes Available
- **DECEMBER 15th, 2014:** Deadline to Sign Up so that Benefits Begin on Jan. 1st
- **JANUARY 1st, 2014:** Coverage Begins
- **MARCH 31st, 2014:** Open Enrollment Ends

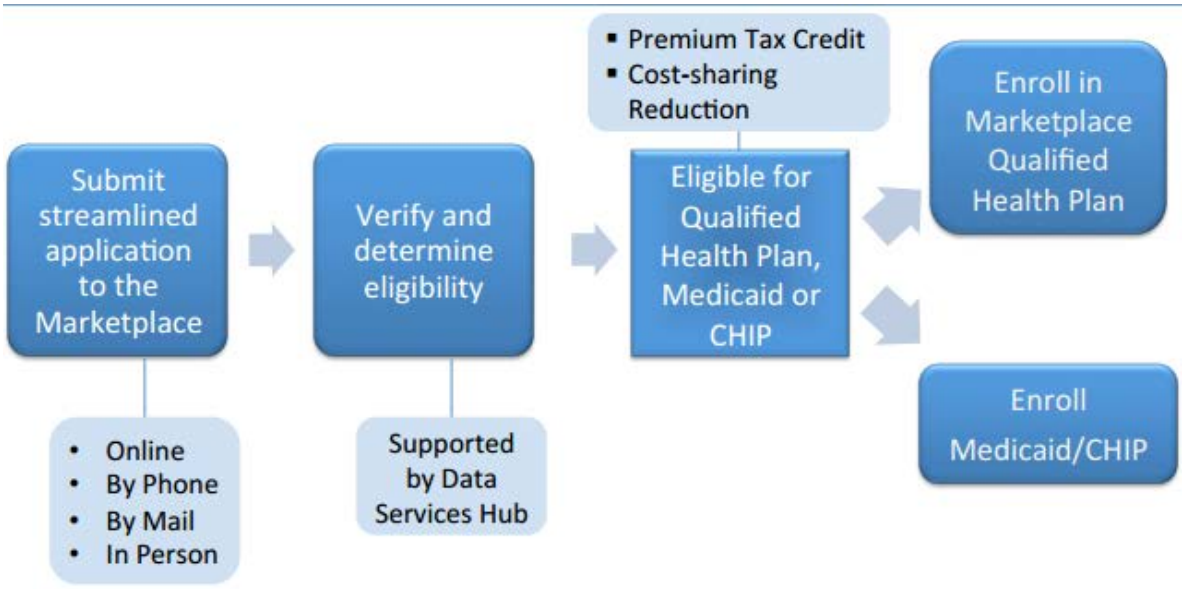
During the marketplaces' initial year, individuals can begin enrolling into the marketplaces on the first of October and all applications must be submitted by March 31st. For subsequent years the open enrollment period will run from October 15th through December 7th. The open enrollment application can be completed online, by mail, by phone and in person with the assistance of a Navigator. The online version of the form is "dynamic" meaning it only prompts the user with future questions depending on answers that have been previously submitted.

While the English-language version of the online form will be available on October 1st, the Spanish-language version on http://cuidadodesalud.gov will not be available until October 21st, 2013. The Spanish language version of the paper and phone enrollment form will be available on October 1st; it is only the Spanish-language online version that will be delayed. If you complete an application before December 15th, 2013 your insurance will begin on or before January 1st, 2014. If you complete an application after that point your coverage will be implemented on the first of a following month. If you complete an application between the first and the 15th, your insurance coverage will begin on the first day of the following month. If you complete your application between the 16th and the last day of the month, your insurance will begin on the first day of the second following month.

Steps for Enrollment

There are four easy steps to using the marketplace:

1. Create an account:
    i. Provide some basic personal information such as your name, home address and email address.
2. Apply:
    i. Provide information about you and your family such as income, employment information, household size, current health coverage information and more.
    ii. There will be a delay after you apply as your application is processed and your eligibility and application information will be checked against federal and state databases.
3. Pick a plan:
    i. After you have applied you will be able to see all of the options available to you based off of the information provided in your application.
    ii. If you are available for Medicaid or CHIP you will be notified and an enrollment specialist will contact you
    iii. If you qualify for lower costs on your monthly premiums or deductibles you will be notified at this point. Your premium tax credit and cost-sharing reduction will also be determined at this time.
4. Enroll:
    i. After you have reviewed all information (you do not have to enroll immediately once your application results are provided to you) you can enroll online and decide how you pay your premiums to your insurance company.



Application Requirements

There is only one application for the marketplace system. However, the application may vary from state to state as who operates the marketplace changes. There is however a set of standard eligibility and enrollment requirements for the marketplaces that is the same throughout the country.

To be eligible for a marketplace and be considered a "qualified individual" you must:

1. Live in its service area (the state or region in which it operates)
2. Be a United states citizen or national or be a non-citizen who is lawfully present in the United Sates for the entire period for which enrollment is sought
3. Not be incarcerated. You can apply for the marketplace I you are pending disposition of a charge but you cannot officially enroll in a marketplace if you are incarcerated at the time.

How affordable will the new Marketplace be?

For some Americans coverage will be more affordable through the new tax credits and reduced cost sharing. This financial assistance will help low income consumers who are not eligible for other programs (such as Medicaid) to buy insurance.

Premium Tax Credit

Generally, the premium tax credit will be available to individuals and families with incomes less than 400% of the Federal Poverty Level or less than $94,200 for a family of four in 2013. The amount of the premium tax credit will be determined on a sliding scale so it will vary from individual to individual and family to family based on a few key factors:

1. Actual household income (including all sources of income for that household) as a percentage of the Federal Poverty Level and family size. The more you make, the more you pay.
2. The premium for the second least expensive silver level Qualified Health Plan (the benchmark plan) adjusted for the age of the covered person.

Cost-Sharing Reduction

Cost-sharing reductions are designed to reduce out of pocket expenses. An individual or family is eligible for this type of reduction if:

1. Income is below 250% of the Federal poverty level, or 58,875 for a family of four
2. You are receiving the premium tax credit

3. You are enrolling in a silver level marketplace plan

Getting Assistance during the Enrollment Process

Get help online

If you have access to the internet your first and best source for information about the open enrollment process and insurance plans available through the marketplaces are the websites

- Marketplace.cms.gov for English language assistance, information and enrollment materials
- Cuidadodesalud.gov for Spanish language assistance, information and enrollment materials

Get help over the phone

If you have questions or need help applying the Marketplace has a dedicated Toll-Free Call Center which can be reached by dialing 1.800.318.2596 (TTY 1.855.889.4325). Customer service representatives can help callers in English and Spanish and will be available 24 hours a day, 7 days a week, excluding Thanksgiving, Christmas Day, Labor Day, Memorial Day and the Fourth of July. Starting on October 1st the representatives will be able to assist callers with the eligibility and enrollment process and connect people with local representatives or other qualified personnel who may provide assistance.

Navigators

Under grant funding set up by the marketplaces a series of ”Navigators” have been prepared. Each navigator has been trained and must perform the following duties:

- Maintain expertise in eligibility, enrollment and program specifications and conduct public education activities
- Distibute fair, accurate and impartial information about enrollment in Qualified Health Plans and other health programs such as CHIP and Medicaid
- Assist consumer in selecting a Qualified Health Plan and refer other programs to them
- Supply information in a manner that is culturally and linguistically appropriate

You can locate a navigator in your area by going to the websites or calling the hotline listed above.

Connect with the Marketplace through Social Media:

- Sign up for email or text updates:healthcare.gov/subscribe
- Twitter: twitter.com/HealthCareGov or follow @HealthCareGov

- Facebook: facebook.com/HealthCareGov
- Youtube: youtube.com/HealthCareGov
- Read the Health Insurance Blog at www.healthcare.gov/blog

Things to consider when applying for Health Insurance

Whenever you are applying for insurance you have to first consider what kind of coverage you require. What coverage will fit your needs? Do you go to the doctor often? Do you routinely take medications to control a chronic condition or illness; how often do you generally fill prescriptions? What health concerns did other family members have at your age? All of these factors need to be considered before applying.

When the marketplace has processed your application it will provide you with the listing of plans that apply to you along with their prices. These plans will be separated into different levels which will range from bronze to platinum. A bronze plan will have low monthly premiums but will have high deductibles and co-pays. A platinum plan will have high monthly premiums but will have low out-of-pocket costs. If you expect to use health services more frequently throughout the year it may be more advantageous to choose a platinum or gold level plan. If you plan to use health services sporadically and for minor conditions or issues a bronze or silver plan may better fit your needs.

Advocacy and LULAC Health Education Ambassadors

Through carefully planned advocacy and strategic efforts LULAC advocates and Health Education Ambassadors can impact and influence laws and public policies that directly affect people's lives. As a leader within your community you have the ability to create social change by highlighting critical issues, arousing public interest and influencing legislation.

WHAT IS ADVOCACY?

Advocacy is the focused effort of an individual or group to influence public-policy within political and economic systems. The power of advocacy lies in the organization and mobilization of large groups of people. Advocacy can be targeted on a local, state or national governmental level or other decision making body such as a school board.

You, as advocates, can develop coalitions and grassroots organizations which can play a large role in influencing legislation in your area. By skillfully communicating with legislators, your group can improve the outcomes of the legislative processes in favor of your goals. There are four main avenues for advancing your agenda: legislators, the legislative staff, the press, and the public. Your effectiveness as an advocate depends on your ability to persuade these people to support your position.

COALITION BUILDING

A coalition is a group of individuals or organizations that are focused on a specific issue, have a clearly defined goal, and work together to stimulate change. When developing your coalition try to make it as broad and diverse as possible. There are four steps you will want to follow when developing a coalition:

1. Build the coalition. Contact people you know first. Request their support and then ask them to review and give input on your list of other possible participants. Grow your constituency.
2. Define the issue. Develop goals that are shared by all the members of your group and ensure that they have been clearly stated. This manual can act as a guide to develop specific and achievable goals.
3. Identify the target audience. Who is the base of your support? Who is the opposition's base of support? Who is impacted by the legislation you are considering?
4. Design and implement an action plan. A timeline with a list of responsibilities provides an outline of activities and deadlines that can help you to reach your goal.

Based on the participants and the political environment of your state your coalition may evolve in different ways. Any group can be effective as long as the focus is on building and maintaining relationships while keeping your collective purpose in mind. Regardless of its size or scope, a successful coalition depends on an efficient system of communication. Coalition members may have their own goals or agendas and varying levels of commitment and involvement. For this reason LULAC National Staff are available to help develop and support a coordinated plan of action. The strength of the Latinos Living Healthy team and the Health Education Ambassadors is in working towards optimizing the flow of energy towards the shared objective.

WORKING WITH ELECTED OFFICIALS

With your support, LULAC and the Latinos Living Healthy team were able to support the passage of the President's health care reform bill. Moving forward, our biggest role will be to raise awareness among local and state elected officials on the importance of the continued support for the benefits that will become available through this law. As you may know, many Latinos are uninsured and in need of preventative routine health care. It is our responsibility to support the development of the system that will reduce health disparities and to educate community members on how to use this system.

Before scheduling any meetings with your Legislators, get to know them. Acquaint yourself with their biographies, districts, policy interests, community interests, and then find interests that you share. Once you feel confident that you are familiar with their backgrounds decide what approach you will take in communicating with them, direct (face-to-face) or indirect (written). Many have found that combining these two styles makes the greatest impact.

Here are a few tips to maintaining existing relationships with Legislators:

- Always be professional and make the most of every encounter.
- Develop long term relationships.
- Never whine, threaten or talk badly about the opposition.
- Never personalize differences of opinion.
- Never misrepresent facts.

Who to connect with

In order to create the most successful campaign, focus your coalition's efforts in the most beneficial direction. Legislators will generally fall into three categories:

1. **Someone who supports your position** – Many states and their representatives already support all aspects of health reform implementation. Do not focus too much effort on these individuals as it is very unlikely that they can be persuaded to back out of the process or change positions.

2. **Someone who is undecided** – These individuals should get the majority of your attention as their support may be obtained. States and their legislators that have agreed to implement the basic requirements of the law or partner with the federal government to set up health insurance exchanges may still be persuaded of the importance of all additional aspects of the health care reform movement.

3. **Someone who is against your position** – Analyze their voting record on similar issues to see how they have voted in the past. Focus your efforts on these individuals in accordance with your findings. Dissention between legislators in your state could lead to opportunities to garner support from a majority that could pressure others. Some decision makers may support other minority health programs but may not be well informed on the importance this new law has to our growing constituency.

Do not underestimate the power of legislative staff. Another great way to make an impact is to influence the senior members who support the political officials. If you don't get through to the representative or legislator, don't miss the opportunity to talk to the individuals that provide huge behind-the-scenes support.

A Simple Guide for Face-to-Face Meetings

- ✓ Call and make an appointment.
- ✓ Put together a delegation. This will show that you have a diverse group of supporters who are committed to the issue.
- ✓ Be prepared for the meeting. Do your research and establish your agenda and goals.
- ✓ Be on time, concise and accurate. Create a local angle and press for a commitment.
- ✓ Follow-up after the meeting.
- ✓ Develop a long term relationship.

A Sample Letter Supporting ACA Marketplaces and Medicaid Expansion

[Date]

TO:
FR:
RE: (Example:) Protecting Public Health Programs

Dear **[Elected Official],**

In 2014 nearly 10.2 million Latinos will have new access to medical insurance coverage and medical services thanks to the full implementation of the Affordable Care Act (ACA). Provisions of this law as well as other assistance programs, such as Medicaid, provide needed medical and health coverage to America's most vulnerable populations. Latinos, as a major minority group with limited resources and, in many cases, living below the federal poverty level, often fall into this category.

State control of new health exchanges or marketplaces improves the likelihood that these programs will be representative of the residents using these important services. The specific health care needs of the communities in Nevada are likely very different from the needs of those in New Hampshire. By allowing the U.S. Department of Health and Human Services to implement a general system in our state we are allowing for broad loss of constituent awareness and efficiency. This issue is specifically important for Latinos who are widely under-represented in the health care workforce and who rely on the cultural and linguistic competence of the system serving them. The residents of our state are best qualified to serve and provide health care to our communities because they are members of these communities.

As a major part of the recent health care reform law, Medicaid and its coordinating program, Children's Health Insurance Program (CHIP), extend health care coverage to roughly 16 million people in the United States. In every racial and ethnic group, children under the age of 18 make up a substantially larger percentage of Medicaid and CHIP enrollees than any other age group. Within Hispanic families living below 200% of the Federal Poverty Level, 82.9% of children were covered by Medicaid and CHIP in 2009. And yet, recent research has shown that people enrolled in Medicaid were more likely to access health care, including primary and preventative care, than there uninsured counterparts. They also reported better overall health and sense of well-being.

On behalf of LULAC council **#[XXX]** and the community of **[insert your city, state, or region]** I ask that you consider these facts when voting on legislation that would support the state control of health insurance exchanges/marketplaces and the continued and extended funding to programs such as Medicaid. We are happy to offer our support and assistance in all discussions supporting these priorities. If you have any questions regarding the above request you may contact **[name of contact, phone number and email address].** Please visit http://lulac.org/health for more information.

Thank you for your support.

Sincerely,
[Your Signature, Name and Title]

WORKING WITH THE MEDIA

You have likely used mass media to support community organizing and to advance a policy initiative. Strategic use of the media can bring issues and policy solutions to the attention of the community and decision-makers. There are many benefits to using available media outlets, such as television, print, radio, and internet, to educate the public if you wish to supplement your campaign.

The topic of health care laws and exchanges can be highly technical and very confusing, for professionals as well as community members. Levels of health literacy will affect the reception of your message. The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions. The goal of this campaign is to present the information in a way that is easily understandable and where it will be most accessible to people so that Latinos take full advantage of the new services available to them.

PLANNING AN EVENT

The major and most effective tool to reach your community will likely be in-person educational events. Before beginning detailed preparations for a community event it is helpful to have an idea of the atmosphere within which you will be working, and no one knows the local environment better than you. Work to identify others that have a vested interest in the welfare of your audience (healthcare workers, community leaders, church leaders, local business owners and other Latinos in the community) who might get involved in your event. Make sure that you are aware of attitudes, obstacles, available information and other current efforts within the community that can either enhance or hinder your efforts.

After you have developed this network, start to spread awareness about the issue. Distribute flyers, brochures, and posters about new health care resources for the Latino population in your state (LULAC National staff can assist in material development). It may also be important to address concerns of privacy and specific consumer rights under the new system. This will create an atmosphere where community members will feel that they can actively participate in the implementation and enrollment processes.

Once you enter into the planning stages of our event meet with local elected officials and partner organizations or companies who might be interested in promoting or sponsoring your event. Consider details such as how many people you would like to attend and who will they be, whether or not you will be providing food and/or entertainment. Also, consider having a photographer to capture/record the event. The Latinos Living Healthy Team would love to highlight your efforts on the LULAC National Health website. Please keep in mind that we need you to evaluate the success of your event and provide documentation of attendance and participation to Latinos Living Healthy in order to support the Health Education Ambassador program.

Following the event, revisit the goals that you had set to determine if they were met. Don’t forget to send thank you notes to everyone who was involved in assisting you with preparations, execution, or

publicity. LULAC National staff can assist you with any questions you may have while planning or organizing your local or regional events.

SUMMARY

The Latinos Living Healthy Health Education Ambassador campaign aims to connect target communities with trusted community leadership in order to raise awareness of the process of participating in new health care service opportunities and programs. With implementation of all provisions of the Affordable Care Act beginning in 2014, and open enrollment in health care exchanges beginning in October, 2013 it is essential for Latinos to be comfortable with these new systems. Health Education Ambassadors will directly educate their communities with support from LULAC and federal and state health agencies. Ambassadors can register online at http://lulac.org /health/ and are encouraged to contact the LULAC National office for additional information on expectations, responsibilities, and benefits.

RESOURCES

League of United Latin American Citizen's Health Webpage www.lulac.org/health
U.S. Centers for Medicare and Medicaid Services & http://www.medicaid.gov/
U.S. Department of Health and Human Services http://www.healthcare.gov/index.html
The White House http://www.whitehouse.gov/healthreform
AARP http://www.aarp.org/health/
Pew Research Hispanic Center http://www.pewhispanic.org

CONTACTS

Declan Kingland
Health Programs Coordinator
LULAC
DKingland@lulac.org
202-833-6130 x117

Elizabeth Garcia
National Director of Programs
LULAC
EGarcia@lulac.org
916-551-1330

Liliana Rañón
Director of Policy and Legislation
LULAC
LRanon@lulac.org
202-833-6130 x109

LEAGUE of UNITED LATIN AMERICAN CITIZENS

ACA Ambassador Curriculum

LULAC National will support Health Education Ambassadors and their respective LULAC Councils in a concerted effort to raise awareness within Latino communities and to design and implement localized solutions that address the critical need for health care. An important goal of this program is to give LULAC Councils the flexibility to design frameworks that take into account their respective health issue concerns, available resources, and existing support systems.

By supporting, engaging, and training specialized community leaders, the Latino Living Healthy Initiative will improve the health of Latino communities across the nation. Studies show that many of the health issues faced by Latinos such as obesity, diabetes, HIV, and cancer are preventative and can be successfully treated if detected early. As a Health Education Ambassador you will represent LULAC Councils' community involvement and local insights for successful implementation of programs that address access to, and quality of, affordable health care for all Americans.

In this role you will serve as the key link between national health care resources and community members. LULAC National requires that all Health Education Ambassadors complete a set of basic activities and report the outcomes and attendees. By providing the following information about your work LULAC is able to provide opportunities for funding and support that the work being done at the local level.

1. **Events**
   ___ 3 health education sessions with minimum of 20 participants at each (*limited funds are available for refreshments, venue fees, and printing – with prior approval from LNO)*
   ___ Distribution of LLH materials and any local materials at each event
2. **Reporting and Communication**
   Submission of all reporting materials on time
   ___ Submit two progress evaluations at dates to be determined by Ambassador and LNO staff
   ___ 1 Needs Assessment Survey of a minimum of 50 respondents, within one month prior to first event - Can be set up on paper and/or online (*LNO can provide draft)*
   ___ Conference calls will be held regularly to ensure direct contact with LNO regarding planning of events
   ___ Submit all sign in sheets, RSVP forms or lists of attendees within one week of each event
   ___ Submit all post-event evaluations and comment forms within one week of each event

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1133 19th St NW
Suite 1000
Washington, DC 20036
Phone: 202-833-6130
Fax: 202 -833-6135
www.lulac.org

Thanks

LULAC would like to thank our partners, Western Union and the Walmart Foundation for supporting LULAC's Latinos Living Healthy Initiative and its Health Education Ambassadors program. Without their help this manual would not have been possible.

Together we raise awareness of the services and resources available to the Latino community and bring that information directly to those who need it most.

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Appendix

Important Terminology:

- **Premium** – paid out of pocket *every month* to an insurance company for a health insurance policy.
- **Deductible** – how much a person pays, out of pocket, when insurance coverage starts and before the insurance company will start to pay its share, *once a year***.**
- **Coinsurance or copayment** – what you pay out of pocket for services *after you pay the deductible.*
- **COBRA -** If you are losing your work-based coverage because you are leaving your job, you may have the option of keeping the coverage through this federal law which allows you and your family to keep your employee health insurance for a limited time after your employment ends or after you would otherwise lose coverage. This is called "*continuation coverage.*"
- **HMO** – Health Maintenance Organization - type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. HMOs often provide integrated care and focus on prevention and wellness.
- **EPO** – Exclusive Provider Organization - A managed care plan where services are covered only if you go to doctors, specialists, or hospitals in the plan's network (except in an emergency).
- **PPO** – Preferred Provider Organizations - A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.
- **POS** – Point of Service Plans - A type of plan in which you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. POS plans may require you to get a referral from your primary care doctor in order to see a specialist.
- **Fee for service** - A method in which doctors and other health care providers are paid for each service performed. Examples of services include tests and office visits.