Despite technical glitches, ObamaCare is delivering says Policy Advisor for Greater NYC for Change

BY LINNET TSE

At the midpoint of the open enrollment period for the new coverage options available as part of the Affordable Care Act, the initial rocky launch of the national healthcare.gov has drawn criticism from all corners. Opponents of the law are screaming the program itself is a failure and supporters of the law are white knuckling every press cycle. What is really happening with the rollout of ObamaCare? Is it delivering what it promised?

These are the questions that Timothy Foley, Policy Advisor for Greater NYC for Change – a grassroots advocacy organization that was formed during the run up to the national debate on healthcare in 2008 – was called upon to address at the Larchmont/Mamaroneck Local Summit's meeting on Tuesday, December 17, at the Nautilus Diner in Mamaroneck.

According to Foley, who has conducted over 70 forums, panel discussions, lectures and teachins on the Affordable Care Act throughout New York City, Long Island and Westchester County, despite the well-publicized enrollment issues across the country, in New York State, enrollment has been going fairly smoothly. And, he believes that there are also signs that the law has actually begun to deliver on the promise of quality, affordable health care for individuals, families, and small businesses who had no options before.

Foley reminded the audience that the purpose of the Affordable Care Act is to expand health coverage for the 40-50 million Americans who do not have health insurance and for the additional 20-30 million who are underinsured. This is being accomplished primarily through: 1) expansion of Medicaid; and 2) the creation of health insurance exchange marketplaces for individuals and small businesses, for whom coverage has traditionally

been the most expensive. By pooling individuals and small businesses, lower-cost large group rates can be offered through the marketplaces. In addition, there are a number of consumer protection provisions in the law, the most significant of which states that coverage cannot be denied on the basis of a pre-existing condition.

Health Insurance Marketplace IS Working

Despite the severe technical glitches that have been encountered during the initial enrollment phase, which began on October 1, and have given ObamaCare a bad name. Foley thinks that the plans being offered through the health insurance exchanges are meeting the objective of offering affordable, quality coverage. Premiums are lower as a result of pooling and people have options; Foley cited examples of premiums offered by New York State of Health (New York State's health insurance exchange) being 50% cheaper than previous options. In terms of choice, Foley shared that in the NYC area, there are nine different carriers. In addition, financial assistance (on a sliding scale) is available for those in the lower income brackets, effectively limiting the cost of health insurance as a

percentage of income. Plans are also more robust due to the law requiring that every plan offer ten



Timothy Foley

categories of coverage ranging from inpatient and emergency care to mental health, rehab, and prescription drugs. status changes.

• For 2015, open enrollment will be November 15, 2014 – January 15, 2015.

New York State of Health website: nystateofhealth.ny.gov/

Questions & Answers

In closing, Foley responded to several questions raised by members of the audience:

Q: How can people who don't have computer skills enroll?

A: People have the option of enrolling on-line, through a call center, or via in-person assistance, working with a trained "navigator." There are also brokers who are available to assist. More information about all of these options is available on the New York State of Health website (see address above.)

Q: How does it work for small businesses?

A: There is a "small business marketplace" on the website designed to help small businesses learn about their options.

Q: What is the basis for family inome?

A: Income is the Adjusted Gross
Income for the current year. The system verifies the data submitted with
fone's income varies, new figures can be

the IRS. If one's income varies, new figures can be input in the system.

Kitchens · Baths · Wall Units And now, CLOSETS too!

- FREE -Consultation



Kitchen-Insider.blogspot.com



Closets • Home Offices **Home Entertainment Units**



Remodeling & Custom Refacing



SHOWROOM

Mon-Fri • 9a-6p

Sat • 10a-5p And by apointment.

401 Ward Ave.

Mamaroneck

Licenses:

West: WC05441-H93 NYC: 1250632 · CT: 554525 As seen in Consumer Reports[©]



Bathrooms & Fine Cabinetry

www.DreamWorkKitchens.com



Visit with us and get a FREE Remodeling Idea CD!

Technical Glitches to Blame for Initially Slow Enrollment, but NYS is in Better Shape

The federal government developed a website - Healthcare.gov - for people to use to "shop" for, compare, and purchase health care plans. States had the option of using the Federal government's system or creating their own. Seventeen states, including New York State, opted to create their own website. The national system has experienced severe technical issues since its October 1 launch, a result of insufficient server capacity and not having tested the site fully prior to the launch. Foley explained that while it was possible to sign up on-line, it was "extraordinarily difficult." In contrast, Foley noted that NYS has not experienced the same technical issues, although the bad press surrounding the national website has slowed enrollment in NYS as well. Accordingly to Foley, functionality has now improved and "enrollment is brisk." To date, 1.2 million people have enrolled, and it is anticipated that 7-10 million will enroll by the end of the open enrollment period.

ObamaCare's Future

The next few months are critical for ObamaCare, according to Foley. He says that the question is, "Will enough people enroll to make it work?" [Lower health insurance premiums are dependent upon having a large pool of insurees.] He expressed a hope that the political discourse goes down, and people simply give it a chance. He urged people to "stop being afraid and just check it out!"

Practical Information

Foley reminded the audience about several key deadlines:

- December 23, 2013 is the enrollment deadline for coverage beginning January 1,
- March 31, 2014 is the deadline for open enrollment for coverage in 2014. After that, people will not be able to sign up unless their qualifying

- Q: Are smaller insurance companies leaving NYS or opting not to provide plans for small businesses?
- A: This has been a trend for a number of years (15+ years), not a result of the Affordable Care Act. The issue is that small risk pools cost more. The ACA can't force companies to offer small businesses a plan. But, since risk pool sharing will be more stable for insurers as well as for individuals, ACA may actually encourage more companies to offer coverage.

O: Who is eligible to enroll?

- A: Only citizens and legal permanent residents under the age of 65 may purchase a health care plan through the marketplaces. Undocumented residents may not. Those qualifying for Medicare (65 and above) also may not.
- O: Do plans vary by region in the state? If I reside in NYS, do I have to use New York State of Health?
- A: Yes. The options and cost of the plans depend on where you live. The number one cost determination is which doctors are in your network, thus the regional costs differ.

The forum was hosted by The Larchmont/ Mamaroneck Local Summit, an informal community council that seeks to make life better for all in the community. Its monthly public meetings are usually held at 7:45 a.m. on the third Tuesday of the month at the Nautilus Diner in Mamaroneck. The January meeting will be held on Tuesday, January 21.

Timothy Foley is also the Political Director for the Committee of Interns and Residents/SEIU Healthcare, a labor union for resident physicians. He sits on the steering committee for the Metro New York Health Care for All Campaign, a NYC based multi-constituency health care justice coalition, as well as for the Save Our Safety Net Campaign, a community-labor coalition that focuses on the issue of hospital closures that disproportionately affect lower-income families and communities of color.