



# Preparing for the ACA's Health Coverage Expansion: Contracting with New Private and Medicaid Managed Care Plans

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In 2014, many uninsured patients with HIV will have health insurance for the first time, and others will transfer to new health coverage. For patients to continue to see their HIV medical providers, their providers will need to contract with the plan offering this coverage.

**The Affordable Care Act (ACA) requires nearly everyone to have health coverage, so most patients will be required to enroll in some type of coverage.** Enrollment in the ACA's new health coverage options will begin October 2013, with coverage beginning January 2014, so now is the time to begin preparing.

*This fact sheet outlines how medical providers can begin the process. Future fact sheets will provide additional information on plan contracting and how to help your patients prepare.*

## What Are the New Coverage Options?

In many states, low-income individuals and families with incomes up to 133 percent of the federal poverty level (FPL), or around \$15,000 for an individual/per year, will enroll in the new Medicaid expansion coverage. Others will purchase health insurance through Exchanges or Marketplaces operated either by the state or the federal government. Tax credits to help pay for coverage will be available for lower income individuals and families.

## What if My State Is Not Expanding Medicaid?

If your state is not expanding Medicaid in 2014, your patients will likely purchase coverage through the state's Marketplace/Exchange. It will be even more important for you to have contracts with the plans available in your state's Marketplace/Exchange.

**See 2013 Federal Poverty Levels for Individuals and Families:**

[www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html](http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html)

## How Do I Know if My State Is Expanding Medicaid?

A number of states are still deciding. To learn more about where your state stands, visit the Center on Budget and Policy Priorities' Medicaid Expansion website:  
[www.cbpp.org/cms/index.cfm?fa=view&id=3819](http://www.cbpp.org/cms/index.cfm?fa=view&id=3819)

## What Are the First Steps for Contracting with Plans Participating in the Medicaid Expansion?

Many people with Medicaid coverage will enroll in Medicaid managed care plans so **it will be important for you to be in the Medicaid managed care plan networks for your patients to continue to see you.** Contact the "provider relations department" for Medicaid managed care plans currently participating in your state to see if they will offer coverage to the expansion population. When communicating with the plan, let them know that many of your patients will become eligible for Medicaid in 2014.

To identify the plans, visit your state's Medicaid website: (available from [www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html](http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html)) and/or contact your state's Medicaid Provider Relations department.

## How Do I Identify the Marketplace/Exchange Plans?

Contact the plans that you currently contract with to see if they will offer products in the state's Marketplace/Exchange and ask how you begin the contracting process. As a next step, contact other insurers currently issuing health coverage in your state. The large insurers are likely to issue new products in the Marketplaces/Exchanges.

To identify insurers that may be offering new coverage options in your state, contact your state office of insurance. Contact information for these offices is available from the National Association of Insurance Commissioners: [http://www.naic.org/state\\_web\\_map.htm](http://www.naic.org/state_web_map.htm). Also review the list compiled by the Department of Health and Human Services of the top three insurers in the small group market in your state:

<http://cciio.cms.gov/resources/files/largest-smgroup-products-7-2-2012.pdf.pdf>.

## Are Plans Required to Contract with Ryan White Providers?

Although plans are required to contract with some “essential community providers” – which include Ryan White-funded medical providers, community health centers, and other 340B programs – they are not required to contract with all such providers. Plans will not be doing outreach to providers to meet this requirement. **If you receive Ryan White funding, it is important to let plans know that you are an “essential community provider” and can help them meet this requirement.**

### What's Next?

**Signing up with plans is only the first step. Future HIVMA fact sheets will address other ways providers can prepare, including how you can help your patients.**

## Learn More:

- About the Health Insurance Marketplaces/Exchanges: [www.healthcare.gov/marketplace/index.html](http://www.healthcare.gov/marketplace/index.html)
- From your CMS Regional Office: [www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html](http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html)
- About the Marketplace/Exchange Activity in Your State: [www.statehealthfacts.org/comparemactable.jsp?ind=962&cat=17](http://www.statehealthfacts.org/comparemactable.jsp?ind=962&cat=17)
- About the ACA: [www.hivhealthreform.org](http://www.hivhealthreform.org)