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Who's Covered? Who's Not? Immigrant Workers and Health Care Reform

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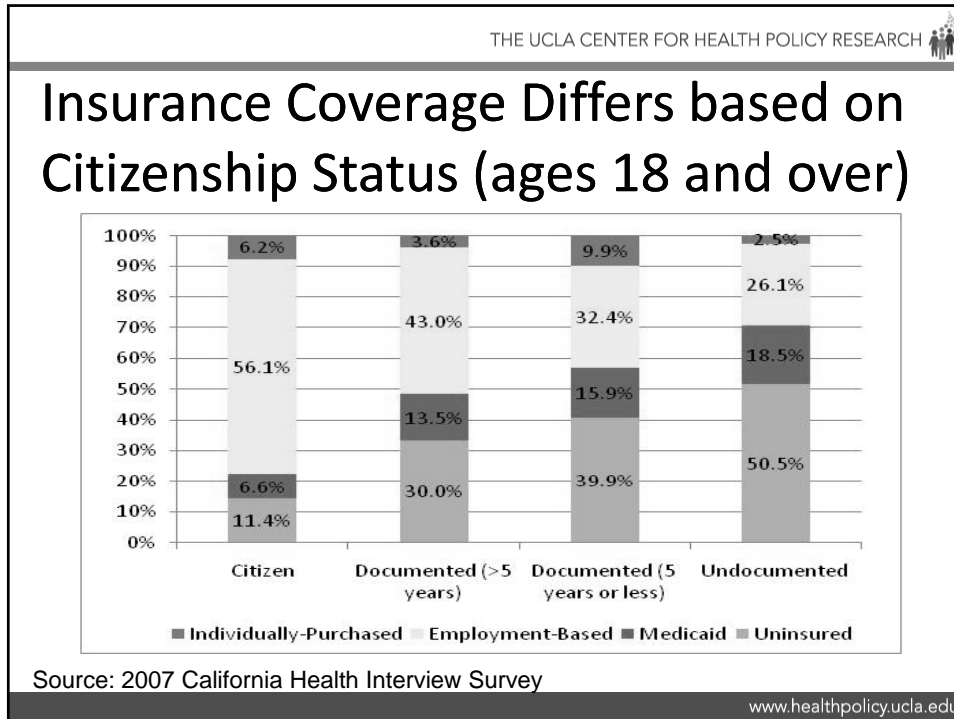
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Comparing Present to Future Insurance Choices for the Uninsured:

| | Prior to PPACA | 2011 to 2013 | 2014 and on |
|------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|
| Undocumented Immigrants | Emergency Medi-Cal (episodic), Indiv/Emp Market | Emergency Medi-Cal, Indiv/Emp Market | Emergency Medi-Cal, Non-Exchange Indiv/Emp Market |
| Documented Immigrants (5 years or less) | State-funded Medi-Cal/CHIP, Indiv/Emp Market, MRMIP | State-funded Medi-Cal/CHIP, Indiv/Emp Market, MRMIP/PCIP | Exchange, Indiv/Emp Market |
| Documented Immigrants (>5 years in U.S.) or Citizens | Medi-Cal/CHIP, Indiv/Emp Market, MRMIP | Medi-Cal/CHIP, Indiv/Emp Market, MRMIP/PCIP | Medi-Cal/CHIP, Exchange, Indiv/Emp Market |

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- ## PPACA changes targeting immigrants:
- Medi-Cal eligibility levels will increase to 133% of FPL (plus 5% income disregard) in 2014
 - 100% Federal match (2014-2016) for all U.S. Citizens and Legal Residents meeting >5 years in U.S. threshold
 - Medi-Cal will need to decide whether to cover state-funded Medi-Cal up to 133% of FPL (w/o 5 years in U.S.) – no FMAP
 - All Documented individuals will have access to the California Health Benefit Exchange (CHBE)
 - Documented (w/o 5 years in U.S.) eligible for Exchange (w/ sub)
 - Undocumented excluded from Exchange, but still have access to Emergency Medi-Cal & Non-Exchange markets
 - 67% of undocumented uninsured are Latino
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How does PPACA alter the environment for getting insurance?

- Large group market (more than 100 employees)
 - Not included in Health Insurance Exchange
 - No deductible caps, take-up based on employer and employee choice
- Small group or individual market (100 or fewer employees or self-purchase)
 - Firms with 50 or fewer employees not subject to fines
 - Individuals not offered insurance receive subsidies based on family income (or fines of \$695 per person or 2.5% of income)
 - Will a cap of 9.5% of family income on premium spending for a family of four making \$80,000/yr be affordable?

Which immigrant groups benefit:

- Of those already purchasing individual insurance:
 - **25%** of Residents (>5 years in US) will be able to join Medi-Cal, while 38% might get a better deal due to subsidies in the Exchange
 - **63%** of Residents (5 years or less in US) might get a better deal due to subsidies in the Exchange
- **31%** of Uninsured Citizens will qualify under new Medi-Cal eligibility, while **47%** will have access to Exchange with subsidies
- **51%** of Uninsured Residents (>5 years in US) will be eligible for Medi-Cal, while **43%** will have access to Exchange with subsidies
- **93%** of Uninsured Residents (<5 years in US) will have access to Exchange with subsidies
 - **61%** will be able to shift into Medi-Cal later

Which immigrant groups do not:

- Although **73%** of Undocumented Uninsured would qualify for Medi-Cal based on income, they will not be allowed to join
- **25%** of the Undocumented Uninsured would be able to take advantage of subsidies in the Exchange, but they are prohibited from joining
 - They could purchase in the non-exchange individual market, but without subsidies it would be unaffordable
 - However, they can take advantage of guaranteed issue coverage

Closing Thoughts

- PPACA will improve access to insurance for the majority of immigrants, whether through the Exchange, employer-offerings or Medi-Cal expansion
 - We need to address patient navigation and decision-making
 - Subsidies, cost-sharing, and cultural competency
 - 21% of recent immigrants with access to Exchange/Medi-Cal are Latino
 - Of documented, recent immigrant Latinos, 52% are uninsured
 - Physician supply, urgent care, and ER use
- While the undocumented will be largely left out
 - Employers could increase offering
 - Non-Exchange Individual Market will be guaranteed issue (concerns about adverse selection)