

Introduction to Your Health Idaho



YHI Basics: Module One

Welcome to YHI Training

Thank you for your interest in being a YHI-certified Consumer Connector!

Your participation is key to ensuring that Idahoans have the best insurance experience.

- Because of Consumer Connectors like you, Idaho consistently ranks among the highest in the country for enrollments per capita.
- YHI-certified Consumer Connectors include agents, brokers, and enrollment counselors.
- Consumer Connectors and their staff play a vital role in helping Idahoans understand their health insurance options.

Certification and Training

Certification Requirements

All Consumer Connectors

- ❑ Complete this training and all quizzes with a passing score of 85% or higher
- ❑ Complete the Producer Agreement (quiz represents attestation/electronic signature)
- ❑ Attend the live-virtual training (replacing the required in-person training this year)
 - Completion of the online supplemental course with final exam is required for all Consumer Connectors who do not attend the live-virtual training.
 - An 85% or higher on that exam is required to pass.

For more information, please email connectors@yourhealthidaho.org.

Certification Requirements

Upon completion of the required training, please verify or complete the following:

Agents/Brokers

- Be in good standing with the Idaho Department of Insurance (DOI)
- Create your YHI account

Enrollment Counselors

- Do NOT create your own account
 - Your Enrollment Entity Administrator will create an account for you
 - You will receive an email prompting you to login and complete the account setup.
- Complete a fingerprint and background check every two (2) years with Idaho State Police

Certification Requirements

Certification is completed annually.

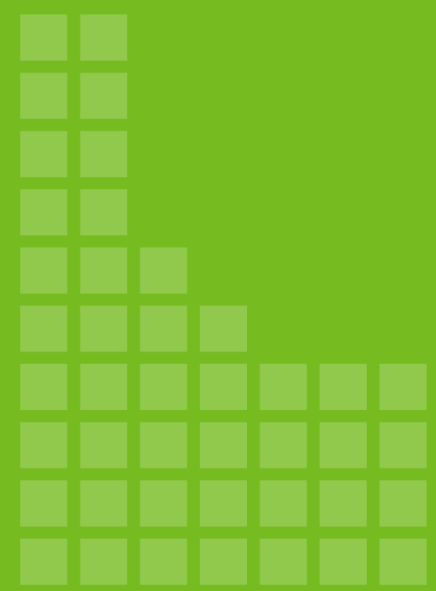
Certification is valid until December 31 of the certification year.

Continuing Education Units are approved by the DOI:

- Course 1: YHI Basics (6 units) – For those new to the exchange, or
- Course 1: YHI Advanced (4 units) – For those renewing 2020 certification.

- Course 2: Live- Virtual, Policy & Case Management (2 units), or
- Course 2: Online Supplemental, Policy & Case Management (2 units)*

* Available to those unable attend a live-virtual session; by request only.



Patient Protection and Affordable Care Act (PPACA)

About the ACA

In March 2010, Congress enacted both the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act. Both were signed into law that same month and are collectively referred to as the Affordable Care Act, or ACA.

The ACA established consumer protections to ensure most individuals have access to health insurance regardless of their health status or income. It offers new options for consumers—individuals, families, small businesses, and employers—to buy health insurance coverage.

Consumer Protections

Because of the ACA, consumers can:

- Obtain health insurance regardless of pre-existing conditions (e.g., diabetes, asthma, cancer)
- Obtain health insurance to cover some preventative services free of charge
- Keep children's coverage through their parent's health insurance up to age 26, if the parent's plan covers dependents
- Enroll in health insurance through online marketplaces during an annual Open Enrollment (OE) period or during a Special Enrollment Period (SEP) if they have a Qualifying Life Event (QLE)
- Get access to, if they are eligible, Advanced Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSR) to lower their out-of-pocket costs when they obtain a plan on the marketplace


Consumer Protections

Under the ACA, health insurance carriers selling plans through YHI must :

- Offer plans that cover a core set of benefits, known as Essential Health Benefits (EHBs)
- Maintain coverage for consumers if premiums are paid (carriers can only cancel coverage for fraud or if applications are intentionally false)
- Have no annual and lifetime dollar limits on the coverage of EHBs
- Explain the benefits and cost of coverage to consumers in ways that are clear and easy to understand
 - Insurance companies are required to issue a Summary of Benefits and Coverage (SBC) form, written in a standard format for each plan, to allow consumers to easily compare plans.

Creation of Marketplaces

To engage and implement the enrollment requirements for newly established Qualified Health Plans (QHPs), the ACA requires that each state create or subscribe to a Marketplace program, either operated by the state, the federal government, or a combination of both.




State-Based Marketplace

States manage all marketplace functions, with federal oversight.



State-Partnership Marketplace

States partner with the federal government, engaging with the federal government in operation of certain aspects of the federally-facilitated marketplace.



Federally-Facilitated Marketplace

States choose to have the federal government manage all marketplace functions in their state.

- Each state chooses how to design its marketplace.
- YHI is a state-based marketplace.

Enter Your Health Idaho

In Idaho, legislation to support the ACA was enacted in 2013, three years after the PPACA was passed in Washington, D.C.

The Idaho legislature voted to establish a state-based marketplace, now known as Your Health Idaho, through House Bill 248. The bill was signed into law by Governor C.L. “Butch” Otter on March 21, 2013, with a direct charge that the exchange represent and respond to the needs specific to Idahoans.

The legislation established YHI as an independent entity overseen by an 19-member board of directors. The board includes agents, brokers, physicians, business owners, legislators, and non-profit representatives from Idaho. Directors of the Idaho DOI and Idaho DHW are on the board as non-voting members.

The Individual Mandate

The Individual Mandate

The Individual Mandate in the ACA requires that all individuals:

- Have qualified health insurance coverage throughout the year, which is called minimum essential coverage (MEC), or qualify for an exemption
- Make a payment, known as the individual responsibility payment, when filing their federal income tax return.
 - NOTE: THIS PROVISION OF THE LAW WAS REPEALED IN 2017 WITH AN EFFECTIVE DATE OF JANUARY 1, 2019. HOWEVER, THE INDIVIDUAL MANDATE STILL APPLIES.

Minimum Essential Coverage

These types of health coverage qualify as MEC:

- Coverage purchased directly from a health insurance carrier or coverage purchased through YHI
- Public coverage including Medicare, Medicaid, CHIP, and TRICARE (the Department of Defense healthcare program)
- Coverage on an employer-sponsored plan, including retiree or COBRA coverage

Qualifying coverage does not include coverage that might provide limited benefits, such as coverage only for vision care or dental care, workers' compensation, or coverage that only covers a specific disease or condition. Most association-based plans do not qualify as MEC.

Exemptions

The ACA includes several exemptions from the Individual Mandate. For plan year 2021, YHI and state-based marketplaces nationwide use the process from the Federally Facilitated Marketplace (FFM) to process certain exemptions.

Consumers can apply for more than one type of exemption; however, the consumer only needs to receive one exemption.

Health and Human Services (HHS) Exemptions

Exemptions that are granted by HHS require a consumer to apply for the exemption through an application.

- The applications and instructions for various marketplace exemptions are located at healthcare.gov/exemptions
- For each exemption, the marketplace requires supporting documentation. Follow the instructions carefully on the application to ensure the application is processed in a timely manner. For more information, go to YourHealthIdaho.org or click [Exemptions](#).

Note: Consumers that receive a marketplace exemption might also qualify for catastrophic coverage and can apply for this coverage on YHI once their exemption is approved.

HHS Exemptions

Exemption Type	Exemption Length	Organization Processing Exemption	Exemption Processed Timing
1. Hardship Exemptions: Individuals that suffer certain hardships that prevent them from accessing coverage may qualify for an exemption.	Varies by hardship	Health and Human Services	Varies by hardship
2. Coverage Unaffordable Based on Projected Income: Consumers can file an application for an exemption if insurance is unaffordable based on projected income.	Months in the future (if filing for the whole year, this must be requested before year starts)	Health and Human Services	Months in the future (if filing for the whole year, this must be requested before the year starts)
3. Religious Conscience: Consumers might be granted an exemption by HHS if they're a member of a recognized religious sect that objects to health coverage.	Good until individual leaves religious sect or turns 21	Health and Human Services	Can be filed for months in the past/future

Healthcare Sharing Ministry Exemption

Consumers might be granted an exemption if they belong to a healthcare sharing ministry. A healthcare sharing ministry is a non-profit organization whose members have similar religious or ethical beliefs and pay for one another's healthcare costs.

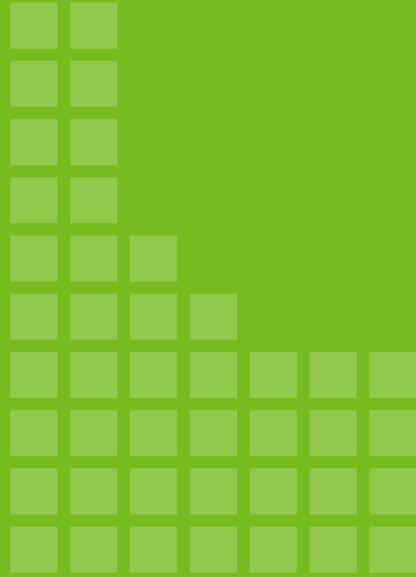
To get this exemption, consumers must attest that they belong to such a group. The name of the group is verified by the marketplace with an HHS provided list of known ministries. Consumers can also claim this exemption when they file their federal income tax returns with the IRS.

To download the form, go to <http://marketplace.cms.gov/applications-and-forms/religious-sect-exemption.pdf>.

Federally Recognized Tribes Exemption

Consumers might be granted an exemption by the marketplace or IRS if anyone in the tax household is a member of an American Indian Tribe or is eligible for health services through the Indian Health Service (IHS), Tribal organizations, or urban Indian organizations.

To get this exemption, consumers must indicate their Tribal membership on their application and submit documentation to prove their membership.



Your Health Idaho: Your State-Based Marketplace

YHI Technology

During the first year of operations, YHI used the federal platform, Healthcare.gov, to facilitate transactions. After the first year, the YHI Board of Directors decided that YHI would transition to an Idaho-owned and run technology.

- Since October 2014, YHI has used and grown its own technology solution to create the best experience for Idahoans.
- A major component of this training is to review the features and functionality of the technology system so that you can best assist your customers.
- Updates are made frequently to the system based on feedback, experience, and changes in regulations; these are referred to as 'technology releases.'
- In designing the technology and a state-based marketplace, YHI partnered with the Idaho Department of Health and Welfare (DHW) to use their existing eligibility system to determine consumers' cost savings eligibility.

YHI Commitments

Your Health Idaho commits to:

- Allowing Idaho residents to compare health insurance and buy plans via mail, phone, through a certified agent or broker, or online
- Displaying health plan information in a uniform format, using plain language for easy comparison
- Working with the Idaho Department of Insurance (DOI) to certify Qualified Health Plans (QHP)s and ensure that every plan meets Idaho state standards, including the required EHB package
- Displaying accurate plan information, facilitate enrollment in health insurance plans in the marketplace, and share information with the IRS
- Partnering with DHW to determine eligibility for APTC and CSR



Health Insurance Plans on YHI

Essential Health Benefits

Essential Health Benefits, or EHBs, are a set of required benefits included in any plan sold on an Exchange.

In addition to benefits required by the federal regulations for the ACA, these plans must also meet the minimum standards for health insurance plans set by the state DOI.

Essential Health Benefits

EHBs cover several broad categories of services:

1. Ambulatory (or outpatient) 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. Preventative and wellness services and chronic disease management
10. Pediatric services, including dental and vision

Qualified Health Plans

All health insurance plans sold on YHI are considered QHPs.

- They are certified and approved by the YHI Board of Directors and the DOI
- They provide EHBs
- They follow established limits on cost sharing (deductibles, copayments, and out-of-pocket maximum amounts)

- Note: The ACA allows QHPs to exclude the pediatric dental portion for medical plans if the marketplace also sells qualified/certified dental plans. For this reason, Idaho QHPs may exclude this EHB since pediatric dental is sold separately through YHI.

Qualified Health Plans

Health insurance companies that sell QHPs through YHI must:

- Be licensed and in good standing in Idaho
- Seek accreditation by National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation Commission (URAC) so that their policies and procedures meet certain standards
- Attest to meet and adhere to additional patient safety, appeals processes, risk management, and financial assistance program standards
- Offer at least one Silver level and one Gold level plan through YHI
- Ensure that QHPs offered are meaningfully different from one another*

*As determined by the DOI

Qualified Health Plans

Additionally, QHPs must:

- Include EHBs (a minimum set of benefits)
- Offer the same premium whether the plans are sold on Your Health Idaho or in the private insurance market
- Include reduced cost-sharing variants that are available to lower income applicants for each Silver plan
- Meet non-discrimination requirements for benefit versus cost-sharing design and drug formulary restrictions
- Meet network adequacy requirements for essential community providers (including Federally Qualified Health Centers, Ryan White Providers, and Family Planning Providers, etc.), American Indian health care providers, and general provider availability standards
- Include plan variants with additional benefits for tribal members

Plan Categories

QHPs on YHI are separated into three metal levels:

1. Bronze
2. Silver
3. Gold

Metal levels are based on the actuarial values of the plans.

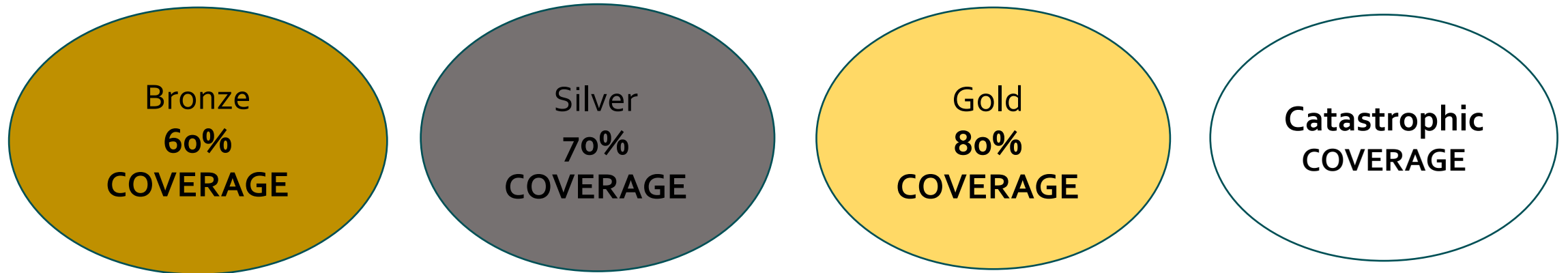
The actuarial value is the percentage of the total average costs for covered benefits that a plan will cover. The metal levels **do not** reflect the quality or amount of care the plans provide.

The actuarial value does not reflect the amount that a plan covers of a consumer's total healthcare costs; it reflects an estimate of the percentage of the total average costs for covered benefits that a plan covers. Consumers **must read** the Summary of Benefits to understand a plan's covered benefits.

Plan Categories

Bronze-level plans typically have lower premiums but tend to have higher out-of-pocket costs when accessing services.

Conversely, Gold-level plans typically have higher premiums, but tend to have lower out-of-pocket costs when accessing services.



Catastrophic Plans

In addition to metal level plans, YHI carriers offer catastrophic plans.

Eligibility for catastrophic plans is limited to:

- Individuals under 30 years of age
- Individuals exempt from the individual shared responsibility tax penalty due to affordability or other hardship exemptions

There is no actuarial value set for catastrophic plans. While these plans have the lowest premiums, they also have high deductibles. This means consumers must pay thousands of dollars out-of-pocket before full coverage starts.

Pre-deductible benefits include coverage for three annual primary care visits and preventative services at no cost.

Stand Alone Dental Plans (SADPs)

The ACA includes children's dental coverage as one of the EHBs. This benefit helps pay for the cost of visits to a dentist for basic or preventive services like teeth cleaning, X-rays, and fillings.

On YHI, children's dental coverage is available in two ways:

- As part of a QHP
- As a separate, stand-alone dental plan

Consumers who want stand-alone adult dental coverage may purchase these plans through YHI.

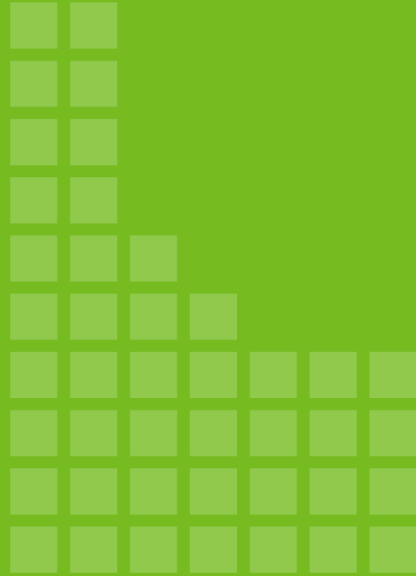
2021 Plan Year Health Insurance Carriers

The following health and dental insurance carriers are offering plans through YHI for 2021 :

- Best Life (Dental)
- Blue Cross of Idaho
- Delta Dental (Dental)
- Select Health
- Mountain Health Co-Op
- Pacific Source
- Regence BlueShield *

* New in 2021

Other Health Insurance Options



Job-Based Coverage

Job, or employer-based health coverage, might be available through consumers' employers, their spouses' or parents' employers, retiree coverage, or through Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage. Children and young adults up to age 26 qualify for coverage through their parents' plans if their parents' employers offer dependent coverage.

Employers typically pay a portion of the cost for job-based coverage to help make it more affordable for employees and their families. Consumers with job-based coverage might also be eligible for some types of public health coverage programs (i.e., Medicaid) or might be able to enroll in a plan through YHI.

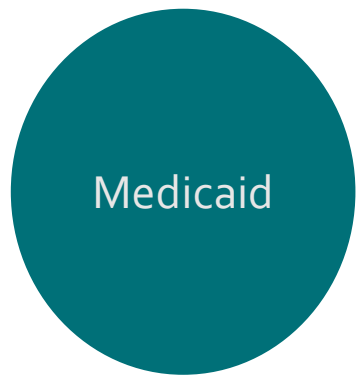
COBRA

COBRA lets consumers continue with their existing job-based health coverage for a limited time after ending their employment. This is typically at a higher cost than when they were employed because employers aren't required to pay any portion of the premiums.

Note: An involuntary loss of job-based coverage outside of OE might qualify an individual for a SEP on YHI.

Public Health Insurance Programs

There are several public health insurance programs offered through the state or federal government. When a consumer applies for APTC and CSR on YHI, as required by the ACA, the consumer must first be determined ineligible for Medicaid or CHIP. Consumers eligible for any of these programs are not eligible for the tax credit.



Medicaid

Medicaid provides insurance to individuals and families with low income or limited resources.



Children's
Health
Insurance
Program
(CHIP)

CHIP provides insurance to children in families with incomes too high to qualify for Medicaid but who cannot afford private coverage.



Veterans
Affairs (VA)
Health
Benefits

VA health benefits provide health benefits for individuals who served in active military service and separated under any condition other than dishonorable.



TRICARE

TRICARE provides civilian health benefits for military personnel, military retirees, and their dependents.



Medicare

Medicare provides insurance to individuals aged 65 and older and to younger people with disabilities.

Buying Health Insurance from the Carrier

Consumers can also obtain individual market insurance directly from a health insurance company.

Note: Consumers that buy a health insurance plan outside of YHI are not able to apply the APTC when they file their tax return, even if they are eligible for the credit. Only eligible individuals who enroll through YHI can apply APTC to their enrollment.

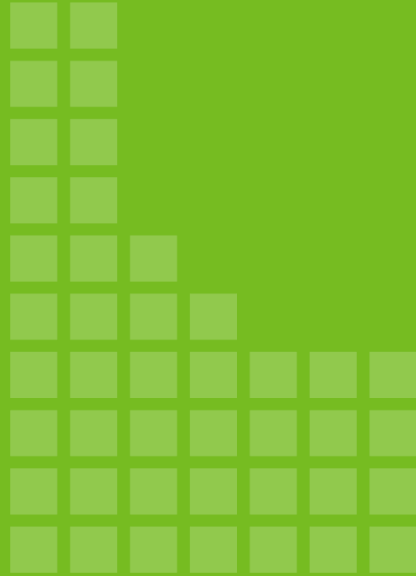


Health Insurance Terms & Definitions

Health Insurance Terms & Definitions

Some consumers are new to the marketplace and others might be getting insurance for the first time. These consumers might need help understanding health insurance terms.

To view a list of common insurance terms found on YHI website click the link: **[Common Insurance Terms](#)**.



Congratulations!

You have completed Module One

Questions?

Contact Us!

Connectors

Email: Connectors@yourhealthidaho.org

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Your Health
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