



# Arizona State Office of Rural Health Webinar Series



# Webinar Tips & Notes



- Mute your phone &/or computer microphone
- Time is reserved at the end for Q&A
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recording will be posted on the SWTRC [www.southwesttrc.org/](http://www.southwesttrc.org/) and the AzCRH [www.crh.arizona.edu/](http://www.crh.arizona.edu/)

# Arizona State Office of Rural Health Monthly Webinar Series

Focused on providing technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders throughout the state.



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MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health

# Today's presenters:



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Center for Rural Health



## **Alyssa Padilla, MPH**

Arizona Center for Rural Health (AzCRH)  
Special Projects Coordinator;  
AzCRH Navigator Consortium  
Program Co-Manager



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Arizona Center for Rural Health (AzCRH)  
Special Projects Coordinator;  
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Program Co-Manager

# The Affordable Care Act & Coverage in Arizona: Current Status, Impact, Next Steps

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Bryna Koch, MPH and Alyssa Padilla, MPH

Tuesday | 10/17/17



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The project described was supported by Funding Opportunity Number CA-NAV-17-001 from the Centers for Medicare & Medicaid Services Grant number 5 NAVCA150222-03-01. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.





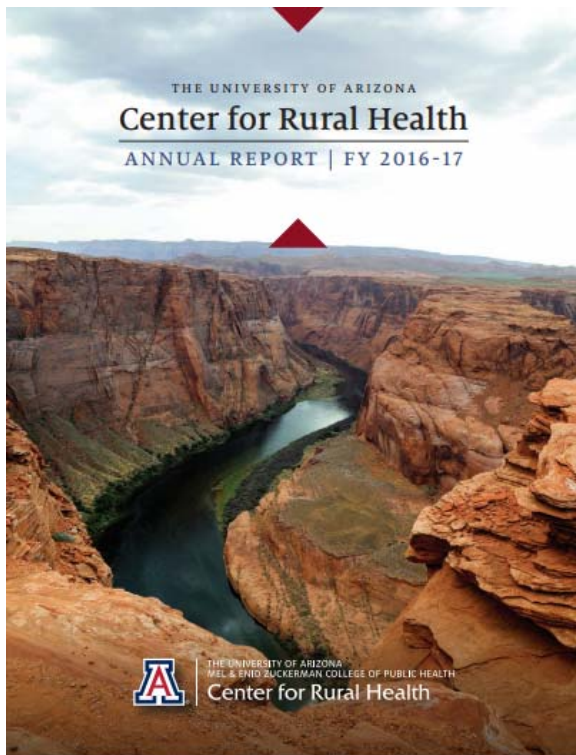
# Learning Objectives

- Describe the current status of the Affordable Care Act & its impact on Arizona,
- Summarize access & eligibility for:
  - AHCCCS, KidsCare, & the Marketplace
- Describe key rule changes, ACA open enrollment changes, & the possible impact on enrollment



# Arizona Center for Rural Health

Est. 1981, CRH serves AZ through its mission “to improve the health & wellness of rural & underserved populations” & houses the:



1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. Western Region Public Health Training Center
- 5. AzCRH Navigator Consortium**

<http://crh.arizona.edu>



Bryna Koch, MPH



# AzCRH's Navigators

AZ Pop 6.7 million • Est. uninsured 773,000



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[Pinal, Gila, Maricopa, Mohave,  
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[Maricopa]



A program to register Arizona communities in the ACA Marketplace.

520-343-9821

[Pima, Maricopa]



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Santa Cruz]



<http://coveraz.org/connector> | Helpline: 1-800-377-3536

[crh.arizona.edu/programs/navigator](http://crh.arizona.edu/programs/navigator)



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**Center for Rural Health**



**Az CRH Navigator  
Consortium**

Connecting Arizonans with Affordable Health Insurance Coverage

The project described was supported by Funding Opportunity Number CA-NAV-16-001 from the Centers for Medicare & Medicaid Services Grant number 5 NAVCA150222-02-00. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Bryna Koch, MPH





# Free, Unbiased Assistance

## Certified Assisters:

- Navigators & Certified Application Counselors (CACs)
- Provide assistance in a fair, accurate, culturally and linguistically appropriate, and impartial manner

## Benefit Coordinators

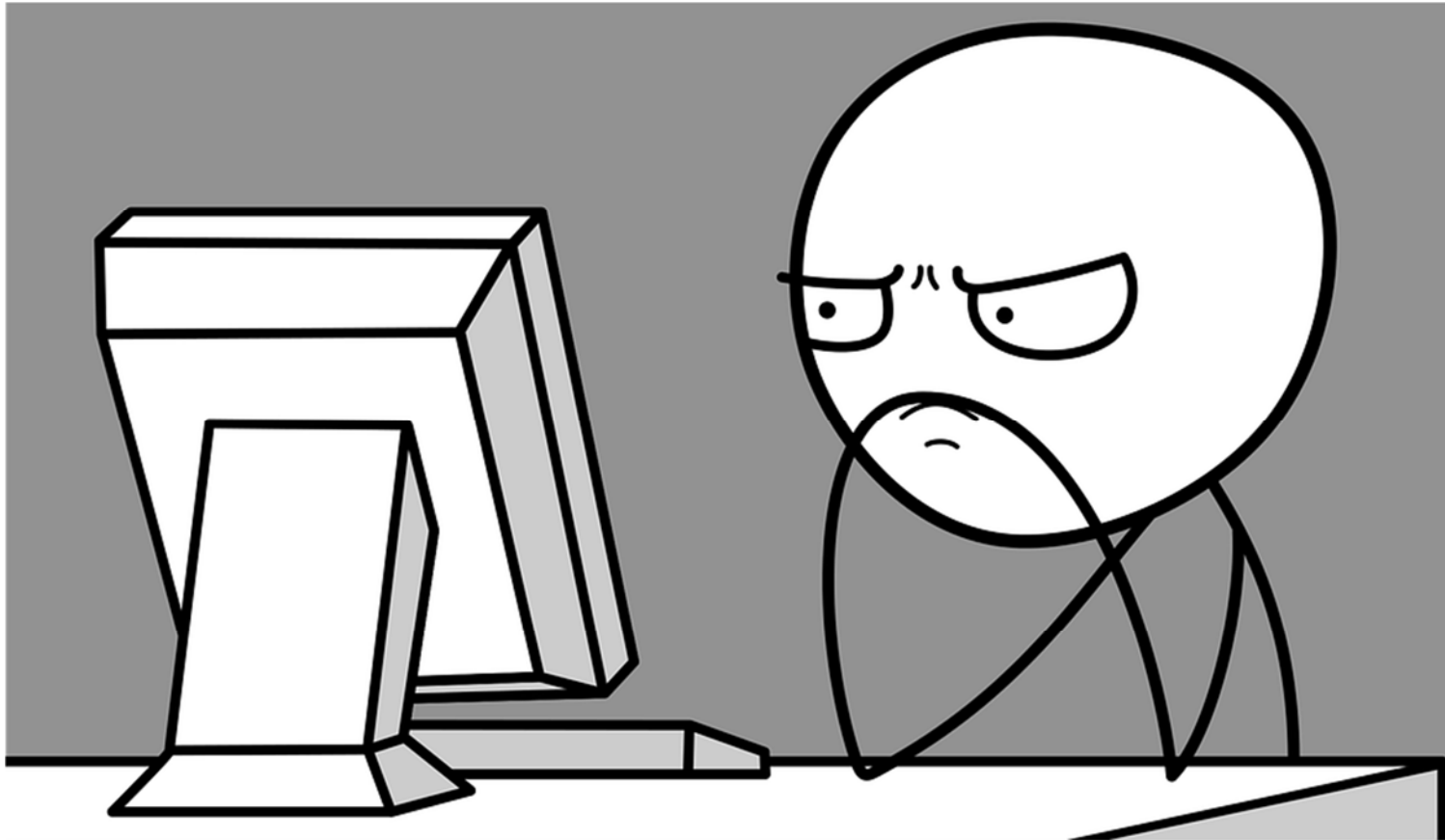
- Train as CACs
- Identify, educate and assist tribal patients eligible for health care coverage and alternate resources



# Current Status



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**Trying to  
Keep  
track of  
Repeal &  
Replace  
Efforts,  
rule  
changes**

**Comparison  
Tool**



# Current Status

- ACA is still federal law

**BUT**

- Rules changes
- Executive order could mean future changes
- Will discuss in part 3



# ACA Aims



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1. Expand insurance coverage through employer-based and marketplace health plans, and expanding Medicaid
2. Increase affordability and quality
3. Improve value by addressing quality, spending and accountability







# ACA Key Components

- 1. Individual Mandate** – individuals must have health care insurance coverage or pay a penalty
- 2. Marketplace** – individuals, families & small business can purchase coverage\*
- 3. Medicaid Expansion** – covers adults up to 133% (138%) of Federal Poverty Level (FPL)
- 4. KidsCare (Arizona's CHIP) Reauthorization!!**

*\*Income based financial assistance via Advanced Premium Tax Credits and Cost Sharing Reductions*



# ACA-10 Titles

- I. Quality, Affordable Health Care for All Americans
- II. The Role of Public Programs
- III. Improving the Quality and Efficiency of Health Care
- IV. Prevention of Chronic Disease and Improving Public Health
- V. Health Care Workforce
- VI. Transparency and Program Integrity
- VII. Improving Access to Medical Therapies
- VIII. Community Living Assistance Services and Supports
- IX. Revenue Provisions
- X. Reauthorization of the Indian Health Care Improvement Act



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## Benefits for Women

Providing Insurance Options,  
covering preventive services and  
lowering costs

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## Young Adult Coverage

Coverage available up to age 26

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## Strengthening Medicare

Yearly Wellness visit and many  
free preventive services for some  
seniors with Medicare

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## Holding Insurance Companies Accountable

Providing Insurance Options,  
covering preventive services and  
lowering costs



# 10 Essential Health Benefits



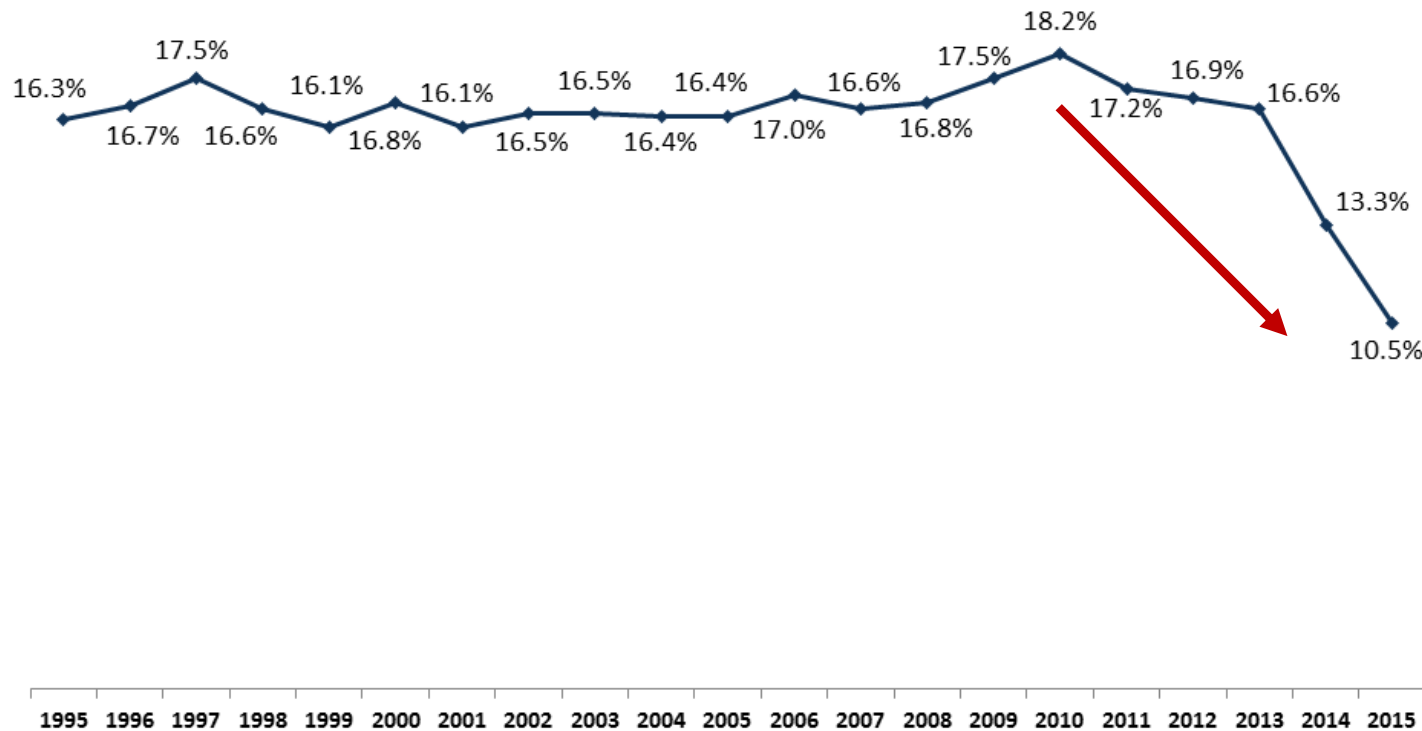




# National Outcomes

Figure 1

## Uninsured Rate Among the Nonelderly Population, 1995-2015



The percent  
of uninsured  
has  
significantly  
decreased  
from an all-  
time high of  
~18%



# National Outcomes

## U.S. Affordable Care Act Profile<sup>1-4</sup>

▶ The Affordable Care Act **nearly halved** the U.S. uninsured rate.

**91.2%** of Americans are now insured.

+ **16.6** million  
on Medicaid  
CHIP

**20.5** million gained coverage since 2010.

+ **10.2** million  
on the  
Marketplace

Decreased uninsured from 48 million (16%) in 2013  
to **28 million (8.8%)** in 2017.

+ **2.3** million  
<26 on parents'  
plan

1. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201708.pdf>

2. Medicaid + CHIP Report thru June 2017: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

3. Effectuated Marketplace Enrollment (enrolled + paid premium): <https://downloads.cms.gov/files/effectuated-enrollment-snapshot-report-06-12-17.pdf>



# Arizona Outcomes

## Arizona ACA Profile



### Arizona Uninsured Rate:

**19.1%**

Avg. 2007-10  
1.2 million uninsured  
Arizonans

**10%**

Now  
700,000 uninsured  
Arizonans

### Arizona's Federally- Facilitated Health Insurance Marketplace:<sup>6</sup>

- Of the 196,291 that selected a marketplace plan through Jan. 2017, **34%** were new consumers, and **66%** were return consumers.
- **71%** selected a Silver plan.
- **80%** of enrollees received financial assistance, their share of the premium was **reduced from \$699 to \$104** per month.

### AHCCCS (AZ Medicaid)<sup>5</sup>

<138% FPL (\$33,948 for family of 4)

2012 (pre-ACA) to Sept. 2017

Net Gain:

**+600,000**



### AZ Marketplace

133-400% FPL (\$33,948 - \$98,400 family of 4)

Effectuated Enrollment

June 2017

**+140,000**

AZ <26 Parents' Plan

**+70,000**

**Arizona ACA Total: +810,000**

6. [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan\\_Selection\\_ZIP.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html)

5. [https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/HistoricPopulationData\\_1986toCurrent.pdf](https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/HistoricPopulationData_1986toCurrent.pdf)

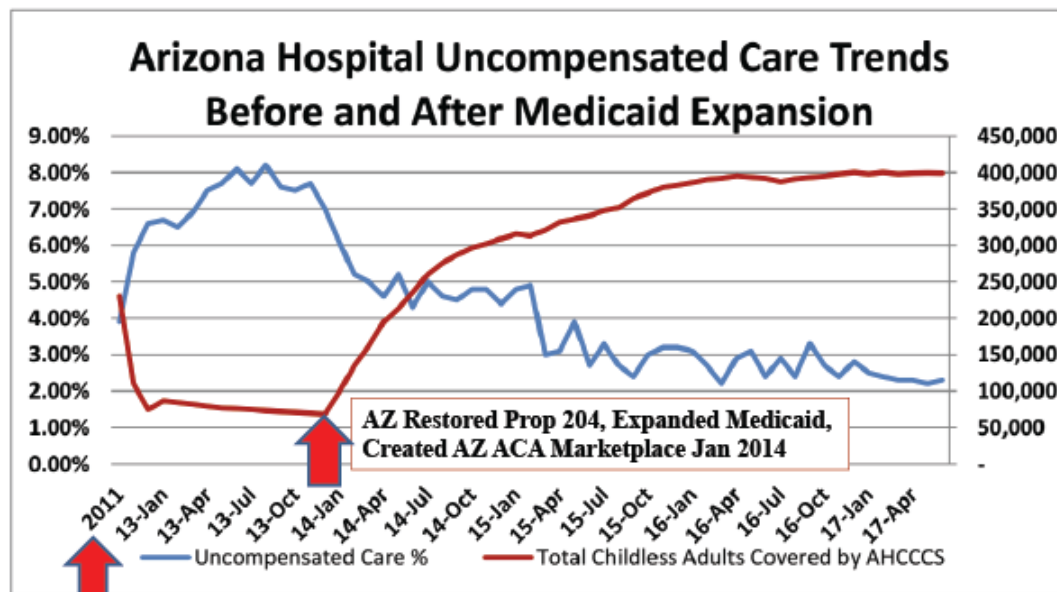




# Arizona Outcomes

## Health Sector Economic & Job Impact

### AZ Hospital Uncompensated Care



AHCCCS Prop 204  
Frozen July 2011

(Source Az HHA at:  
<https://drive.google.com/file/d/0BxCW1cJiF82gWIRxOW9sTkxoSG8/view>)

### AZ Hospitals 2013-2017

**Uncompensated  
Year Care %**

2013 7.7%  
2014 5.1%  
2015 3.3%  
2016 2.8%  
2017 2.5%

**Average Operating  
Margin %**

2013 -0.1%  
2014 1.8%  
2015 1.6%  
2016 3.7%  
2017 3.9%

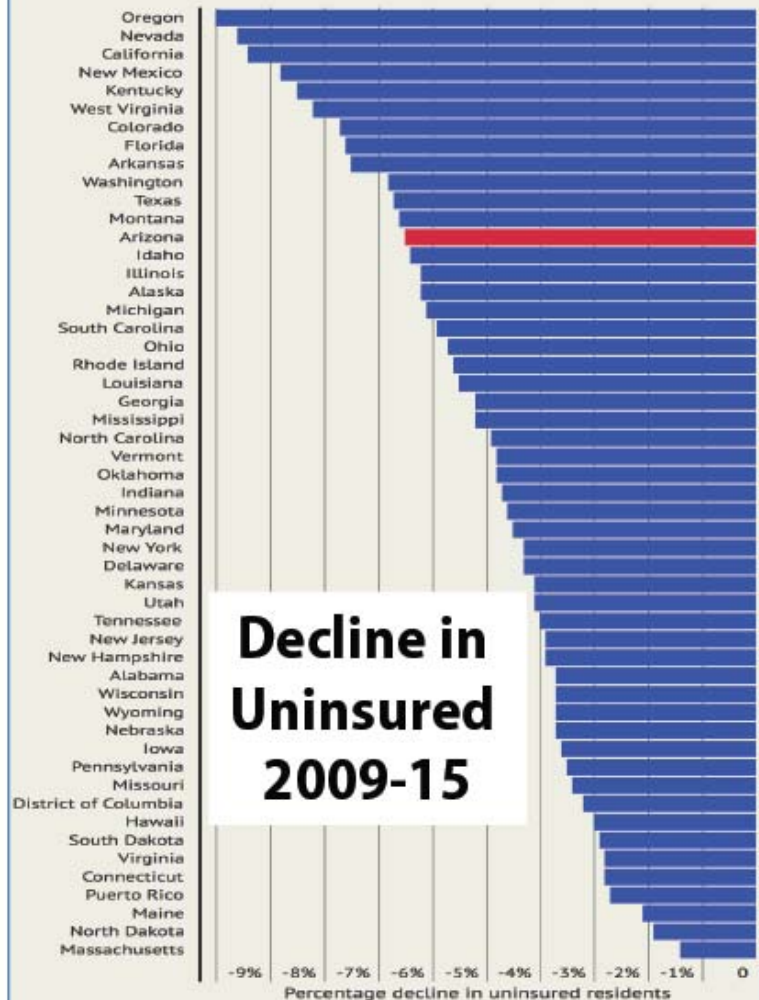
1/2014 restoration of Prop 204 + hospital assessment  
1/2014 ACA Marketplace + Medicaid expansion



# Uninsured Decline

## Arizona among the biggest declines in uninsured

Arizona is among the states with the biggest drops in the share of uninsured residents. The change reflects coverage rates in 2009 compared to 2015.



**Decline in Uninsured 2009-15**

**#13 AZ**

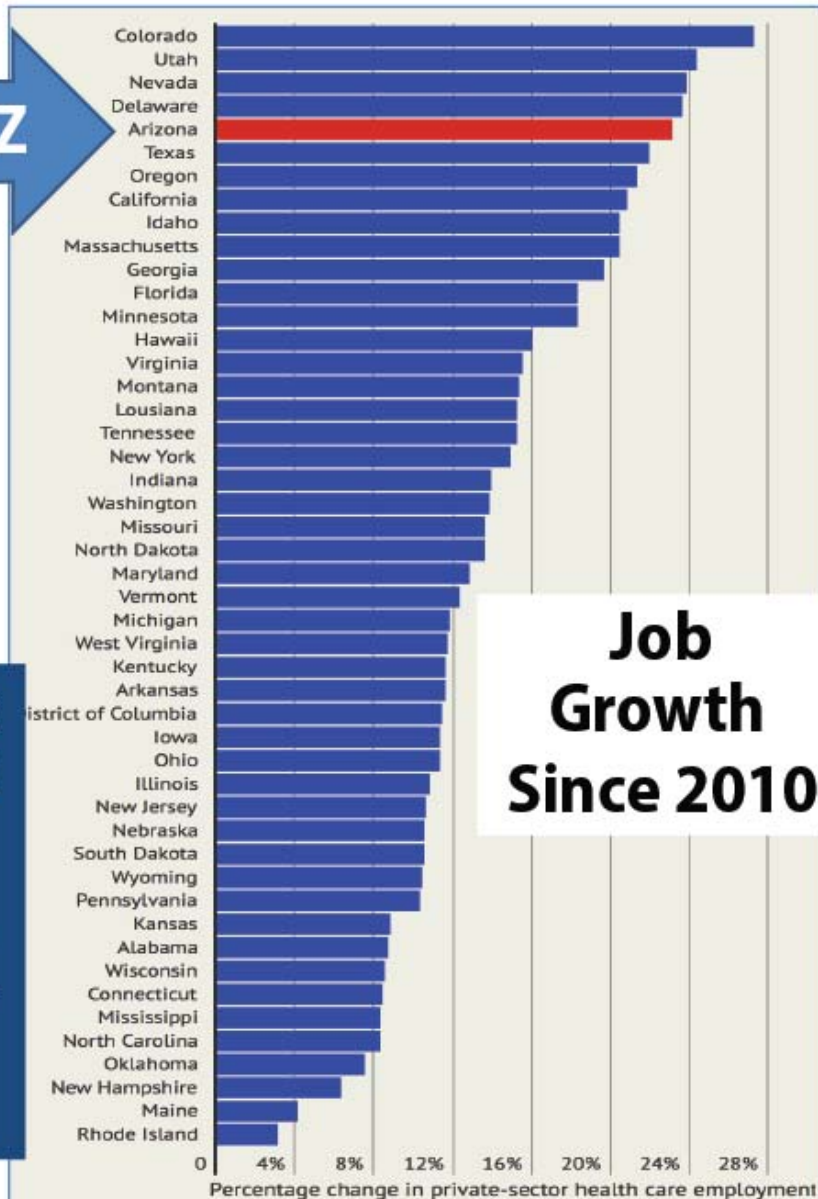
**AZ unemployment fell from 11.2% in 2009 to 4.8% Dec 2016**

**Education and Health Services accounted for 14,300 of 32,000 AZ jobs gained in 2016**

Source: U.S. Census Bureau, American Community Survey data, 2009 and 2015

# Job Growth

**#5 AZ**



**Job Growth Since 2010**

# Access & Eligibility 2017

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AHCCCs, KidsCare, Marketplace



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<https://www.azahcccs.gov/Members/Downloads/EligibilityRequirements.pdf>

Presenter Name

# Coverage Options: Family of Four in 2017



**AHCCCS**  
<138%\* FPL  
<\$33,948

**KidsCare**  
138\*-200% FPL  
\$33,948-\$49,200

**Marketplace**  
(Financial Assist.)  
To 400% FPL  
\$98,400

\*There is a 5% income disregard, which is considered here (133% vs. 138% FPL) and may change eligibility for consumers. Visit [healthearizonaplus.gov](https://www.azahcccs.gov/Members/Downloads/EligibilityRequirements.pdf) or <https://www.azahcccs.gov/Members/Downloads/EligibilityRequirements.pdf> for more information.  
<https://aspe.hhs.gov/poverty-guidelines>

Alyssa Padilla, MPH



# AHCCCS



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Arizona Health  
Care Cost  
Containment  
System

For low income  
individuals &  
families

Low or no out-  
of-pocket cost







# AHCCCS Eligibility 2017

- U.S. Citizens or
- Legal Permanent Resident  
5 yr. residency  
Green Card Holder
- Arizona Resident
- Other qualified immigrant  
Refugees
- Cannot be incarcerated
- Must meet income limits



<https://www.azahcccs.gov/Members/Downloads/EligibilityRequirements.pdf>

# KidsCare in Arizona = CHIP



- Children's Health Insurance Program
- Low-cost health insurance for children not eligible for AHCCCS
- For low income children 18 & under <200% FPL (household income)
- Monthly Premium (despite # of kids) \$10-\$70 (income-based)
- Congress must reauthorize CHIP in 2017
- [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov)

# Year-round Enrollment





# KidsCare Eligibility 2017

- Is an Arizona resident
  - Is not currently covered
  - Has a Social Security # or applies for one
- 
- Is a United States citizen or a qualified immigrant
  - Does not qualify for coverage through a state agency employee
  - Is not eligible to receive AHCCCS (Medicaid) coverage
  - Is a member of a household that is willing to pay a premium

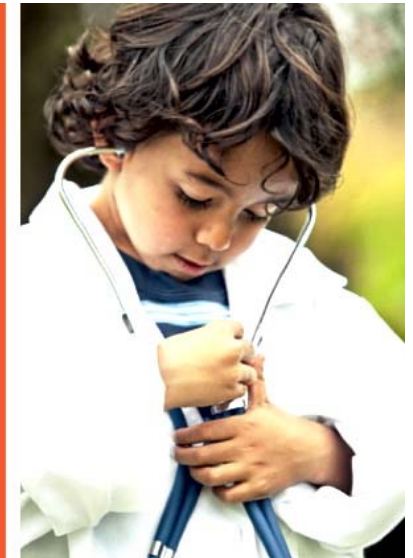
**HAVE YOU HEARD?**  
**KidsCare**  
**HEALTH**  
**COVERAGE**  
**is back!**

We can help you find low- or  
no-cost health insurance for  
your family

**CALL 1.800.377.3536**

to set up a convenient  
appointment with someone who  
can help you apply

Or visit [www.CoverAZ.org/connector](http://www.CoverAZ.org/connector)







# KidsCare

- Has not been reauthorized at the federal level
- Reauthorization was due Sept 30
- KidsCare in AZ currently covers 22,389 children
- Az Leg requires AHCCCS to halt new enrollment if federal funding is eliminated
- State has sufficient funding through the end of the year

# The Marketplace

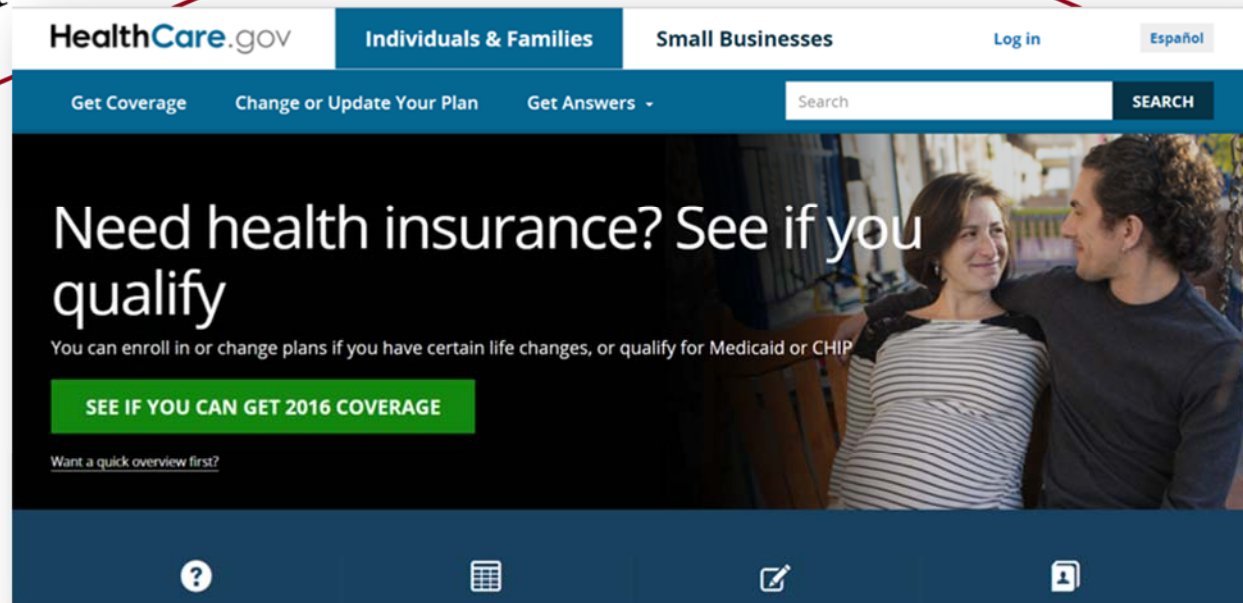


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Federally  
Facilitated  
Marketplace

One stop shop  
for private  
health insurance

Financial  
Assistance is  
Available



**Marketplace Enrollment: Nov. 1, 2017 to Dec. 15, 2017**



# Marketplace Participation

- Similar insurer participation as last year
  1. Healthnet in Pima and Maricopa
  2. BCBS in all other counties
- No BCBS catastrophic plan offered in Pima, County
- Both HMO



FROM |  Health Net®



**BlueCross  
BlueShield  
of Arizona**





# Open Enrollment Comparison

## AZ Marketplace 2014-15 (OE-2)



## AZ Marketplace 11/1/17-12/15/18 (OE-5)

### Maricopa & Pima County



### 13 Other AZ Counties





# Marketplace Eligibility



Must live in the U.S.



Must be a U.S. citizen/national or a Lawfully Permanent Resident (Green Card)

- Qualified non citizen immigration status
- Valid non immigrant visas (H1, H-2A, H2-B), Student Visas
- Humanitarian statuses (refugee, asylee, victim of trafficking/crime)



Cannot be currently incarcerated



# How the Marketplace Assists Native American Populations



- Members of federally recognized tribes with income 100-300% FPL may have **zero out of pocket costs** (copays, deductibles, coinsurance)
- Members can enroll in the Marketplace at any time.
- Enrollment in the Marketplace and Medicaid strengthens IHS programs & services in Tribal communities

[www.Tribalhealthcare.org](http://www.Tribalhealthcare.org)





# Financial Assistance

## Based on household size & income

1. **Advanced Premium Tax Credits**-lowers monthly premium
2. **Cost Sharing Reduction**-Lowers out of pocket costs (deductible, co-pay, coinsurance)

## The Marketplace

Household Size	Household Income* (250% FPL, 2017)	
	<i>Monthly Income</i>	<i>Annual Income</i>
1	\$2,513	\$30,150
2	\$3,383	\$40,600
3	\$4,254	\$51,050
4	\$5,125	\$61,500
5	\$5,996	\$71,950

\*All numbers are approximate. Consumers should apply to [healthcare.gov](http://healthcare.gov) to confirm eligibility and financial assistance, or schedule an appointment with a FREE Certified Assister at <http://coveraz.org/connector/>. Estimates based on the *U.S. Federal Poverty Guidelines Used To Determine Financial Eligibility For Certain Federal Programs* located here: <https://aspe.hhs.gov/poverty-guidelines>, January 26, 2017.

**FPL**-Federal Poverty Level



# Recap: Family of Four AHCCCS, KidsCare, & The Marketplace

Healthearizonaplus.gov

**AHCCCS**  
<138%\* FPL  
<\$33,948

**KidsCare**  
138\*-200% FPL  
\$33,948-\$49,200

**Marketplace**  
(Financial Assist.)

To 400% FPL  
\$98,400

Healthcare.gov

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<https://aspe.hhs.gov/poverty-guidelines>

# Resources for the Uninsured



Dental Schools: [www.atsudental.com](http://www.atsudental.com)

Hope Fest Events (annual, dates TBD)



Prescription Discount: Copper Card

[www.azgovernor.gov/governor/copper-card](http://www.azgovernor.gov/governor/copper-card)



Community Health Centers, Free Community Clinics, Mobile Health Programs, Hope Fest, CAP-Community Action Programs, Health Depts.



Behavioral Health:

<https://www.samhsa.gov/find-help>



Arizona 2-1-1 <http://www.211arizona.org/>

Phone: Dial 2-1-1





# Key Takeaways

- Health Insurance protects from unexpected, high medical costs.
- No one plans to get sick or hurt.
- Coverage offers **FREE** preventive services.
- Special Enrollment Periods exist for life changes.
- Everyone must be insured or pay a tax penalty.
- Some individuals may be exempt from the tax penalty.
- There is financial assistance available (income-based).
- AHCCCS/KidsCare Enrollment year-round
- Many people are eligible for either Medicaid or Marketplace!

**Marketplace Enrollment: Nov. 1, 2017 to Dec. 15, 2017**

# Key changes to the ACA

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Possible impact on enrollment & the market



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# Marketplace Changes

- No changes via repeal/replace legislation, all through EO & administrative rule processes
- Increased restrictions on Special Enrollment Periods (SEPs)
  - Must enroll in a plan within 60 days of a qualifying event
  - Have 30 days to **PROVE** the SEP (documentation can be difficult for some populations and communities)
- Requirement that consumers pay past-due amounts before enrolling in a plan for 2018
  - If a consumer dropped a plan, must pay back any unpaid premiums
  - Insurers can choose not to enforce





# Marketplace Changes

- Premium changes
  - BCBS -3.1% to 9.8%
  - Healthnet -9.0% to 3.6%
  - Rates for children increasing on top of the plan increase
    - Children under 14 - 20% increase
    - Children 15-20 30-50% increase
- Families under 250% and between 250-400% of FPL should be mostly shielded from increases based on financial assistance formula

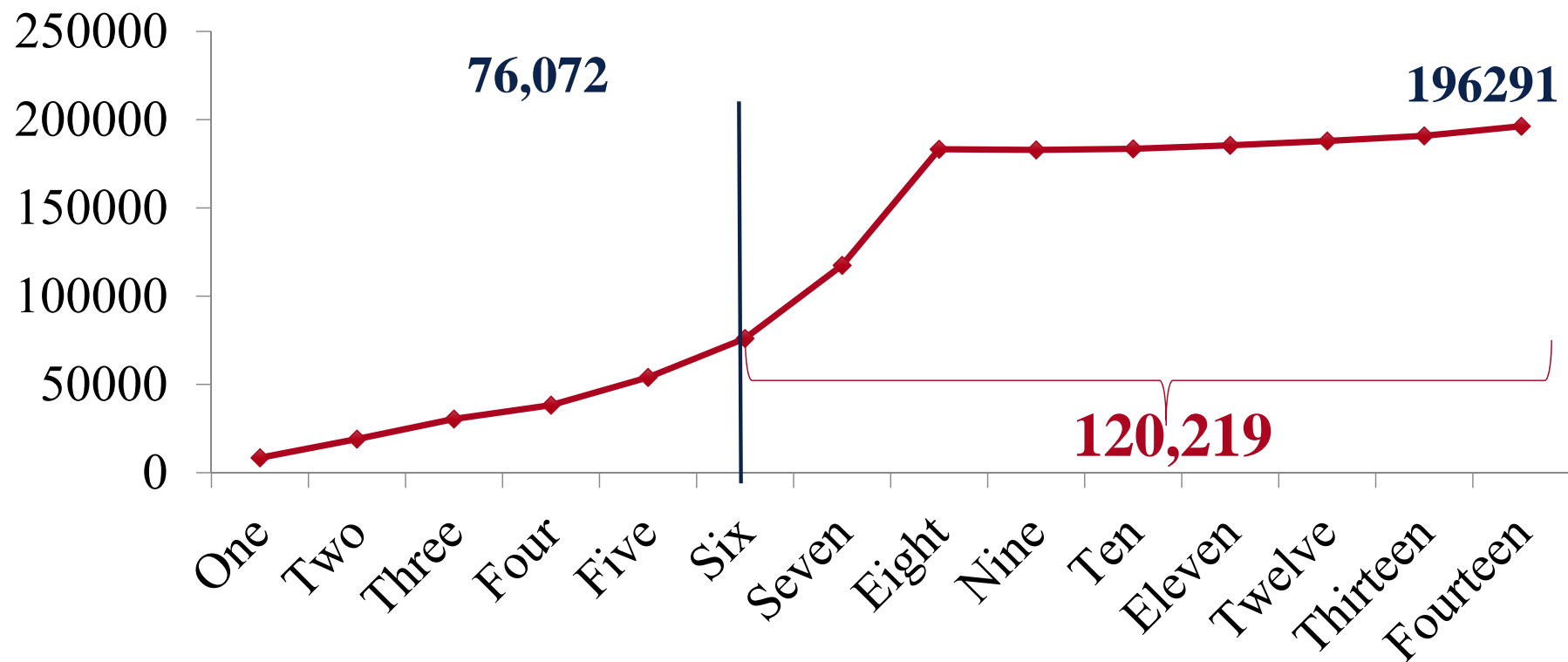
**Shortened Open Enrollment from 12 weeks to six weeks**

# Marketplace Changes & Enrollment



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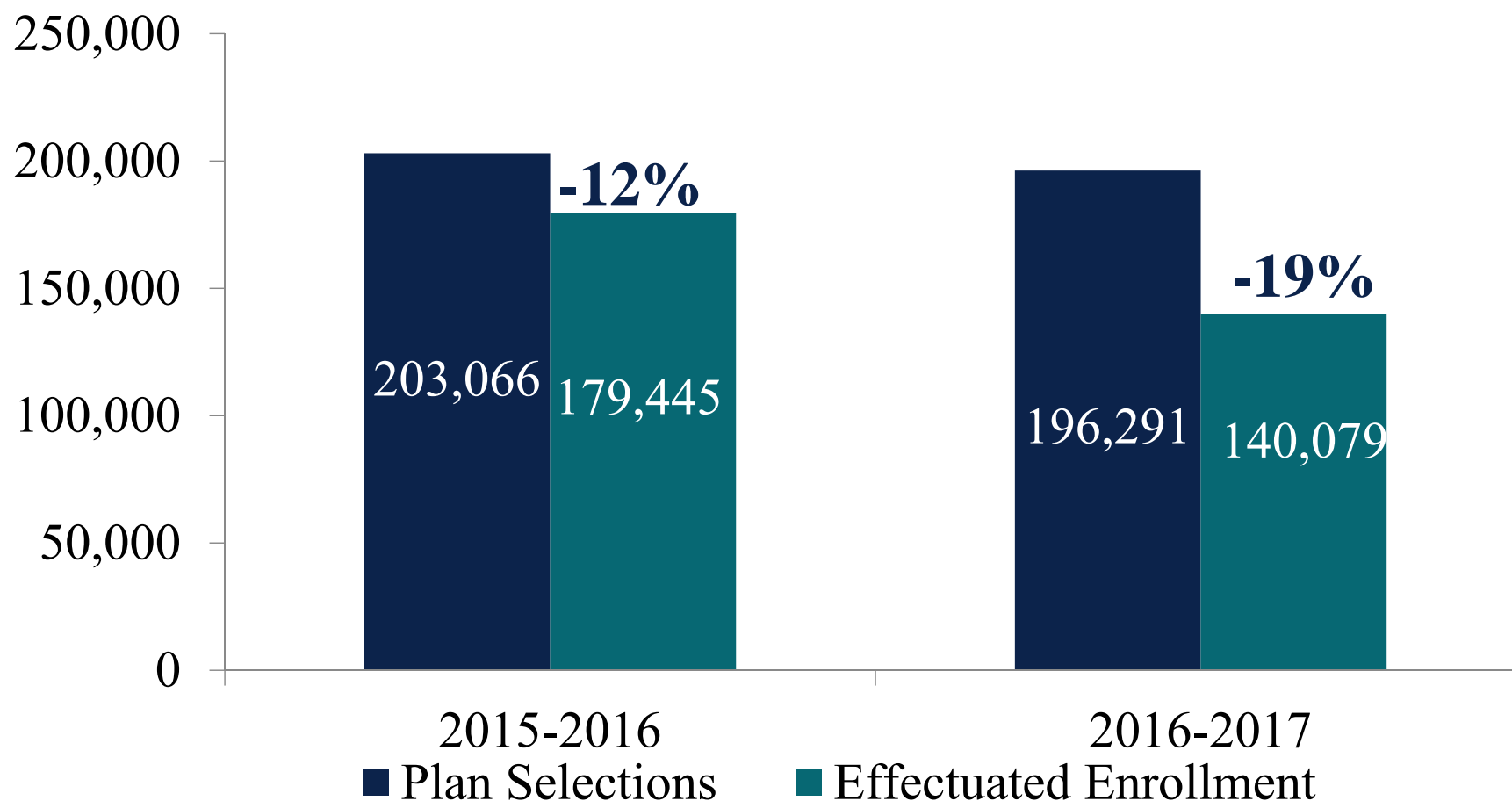
Last open enrollment shows the **greatest increase in enrollment AFTER week 6.**



# Marketplace Changes & Enrollment



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# Enrollment Impact

- Report from DHHS
- Likely that cost and insurer changes contributed to consumers ending coverage after first month premium
  - Consumers with higher premiums were more likely to terminate or cancel coverage
  - Consumers listed affordability as one of the common reasons for not paying for the first month's coverage
  - Consumers without financial assistance were more likely to terminate or cancel coverage



# Executive Order 10/12

- Main components – general and operational
- General
  - Calls on agencies to work to expand competition and choice and reduce reporting requirements and report every 180 days on steps taken in this area
- Operational
  - Depts of Treasury, Labor and HHS to change regulation to permit 1) more employers to join association health plans 2) expand the maximum length of short-term limited duration coverage & permit renewal by consumer, and 3) expand use of Health Reimbursement Arrangements by expanding employers ability to offer HRAs and use in conjunction with nongroup coverage



# Implications

- Association Health Plans
- Use of AHPs could undermine marketplace by cherry-picking healthy individuals and causing adverse selection
- AHP coverage opposed by [National Association of Insurance Commissioners](#) and critiqued by the [American Association of Actuaries](#) “tendency to segment individual market, undermine consumer protections and lead to fraud and insolvency”





# Implications

- Short Term Coverage - used to provide coverage in a coverage gaps (e.g., between jobs or school and job)
- Generally skimpy on coverage and cheap for consumer, but very profitable for insurers
- Allows what was limited to 3 months (in 2016) to extend to one-year
- ACA allowed continued use of short term coverage, but if an individual only had short term coverage during the year, they did not meet definition of MEC and would have to pay the share responsibility payment



# Implications

- Allows cherry picking of health consumers and could cause adverse selection driving up premiums in marketplace plans
- Short-term plans don't have to abide by same consumer protections. Don't have to cover consumers with pre-existing conditions (nearly always exclude) or cover the Essential Health Benefits (EHBs)
- Consumers with short-term coverage (extended) would not be able to use a special enrollment period to apply to marketplace if they decided they wanted better coverage



# Implications

- Health Reimbursement Arrangements (HRAs)
- HRA allows employers to fund medical care expenses for employees pre-tax, considered part of a group health plan
- ACA said HRAs must comply with ACA requirements (covering preventive services, no annual limits), cannot use to pay for premiums in the individual market. Can only be pre-tax if part of ACA compliant group plan
- Limited exception for small employers CAN use pre-tax funds to help off set premiums on individual market
- Possible to shift unhealthy employees to marketplaces and use the HRA to help pay premiums – adverse selection





# Summary

- Undermining consumer protections (junk plans at low cost and high profit), for short term coverage can exclude consumers with pre-existing conditions & not required to cover 10 EHBs
- Allow cherry-picking of healthy consumers, cause adverse selection in marketplaces resulting less healthy risk pool and in higher premiums.
- Could cause insurers to withdrawal from marketplace



# Ending CSR Payment

- Announced as of 10/12/2017
- Cost Sharing Reductions available to consumers between 100-250% FPL (\$61,500 for family of 4) on marketplace silver plans
- Are paid directly to the insurers by federal government
- Currently costs \$7 billion (covers 6 million Americans)
  - For context, the total amount of the Employer Sponsored Insurance tax exclusion was \$260 billion in 2017 ([the single largest tax expenditure](#))
- Some insurers/states prepared for this by raising premiums for 17-18
- Lawsuit from House (House v. Price) still pending



# Implications

- The impact of ending CSRs has been analyzed
- Insurers can raise premiums, but this is offset by the Advanced Premium Tax Credit (APTC) part of the ACA
- “Indeed, the government will probably pay more in premium tax credits than it saves in cost-sharing reduction payments”
- Mostly will impact consumers over 400% FPL (\$98,400 for family of 4) who are not eligible to receive APTC
- Could cause insurers to leave marketplaces, request a mid-year premium increase or exit marketplace
- States might sue





# How can we work together?

- Join county and statewide enrollment coalitions to coordinate and reduce duplication:
  - Pima County Enrollment Coalition
  - Cover AZ Coalition
- Know your countywide Certified Assisters and Benefit Coordinators
- Coordinate event staffing
- Refer to each other
- Forward resources and trainings





# Major Dates

- **Wednesday, November 1, 2017:**

Enroll in the Health Insurance Marketplace on  
<https://www.healthcare.gov/>

- **Friday, December 15, 2017:**

Last day to enroll in the Marketplace for Coverage

<https://www.healthcare.gov/quick-guide/dates-and-deadlines/>



# Key Messages

- Open Enrollment is shorter than last year, make an appointment with a Navigator or Assister ASAP
- ACA is still the law
- Financial assistance is available
- The best thing to do if you have questions is make an appointment with an assister or navigator





## FIND LOCAL HELP

Need help with your health insurance application? Enter your ZIP code below to find appointments with local application assisters.

Enter Your ZIP Code:

Search Within:

Language:

Search For Help

Brought to you by



[Questions?](#) | [Privacy Policy](#) | [Terms of Service](#) | [Report a Problem](#)

© 2014, Enroll America

# 1-800-377-3536

# Or

# Call me at

# (520)343-9821

# [www.coveraz.org/connector](http://www.coveraz.org/connector)



Thank you  
Questions?



# **Your opinion is valuable to us Please participate in this brief survey:**

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