

How the Health Care Law is Making a Difference for the People of Michigan

The Affordable Care Act is working to make health care more affordable, accessible, and high quality for the people of Michigan by:

Better Options

[The Health Insurance Marketplace](#)

Through the Health Insurance Marketplace Michiganders can compare qualified health plans, get answers to questions, find out if they are eligible for lower costs for private insurance or health programs like Medicaid and the Children's Health Insurance Program (CHIP), and enroll in health coverage.

At the end of the first annual open enrollment period, enrollment in the Marketplace surged to eight million people nationwide. In Michigan alone, 272,539 individuals [selected a Marketplace plan](#) between October 1, 2013 and March 31, 2014 (including additional special enrollment period activity through April 19, 2014).

Of the 272,539 Michiganders who selected a plan:

- 54% are female and 46% are male;
- 35% are under age 35;
- 29% are between the ages of 18 and 34;
- 75% selected a Silver plan, while 13% selected a Bronze plan; and,
- 87% selected a plan with financial assistance.

Although open enrollment for 2014 coverage is over, the [next open enrollment period](#) begins on November 15, 2014 for coverage that can begin as early as January 1, 2015. Click [here](#) to learn more about your coverage options outside of open enrollment.

Michigan has received \$41,517,021 in [grants](#) for research, planning, information technology development, and implementation of its Marketplace.

[Medicaid](#)

Thanks to the Affordable Care Act, states have new opportunities to [expand Medicaid coverage](#) to individuals with family incomes at or below 133 percent of the federal poverty level (generally \$31,322 for a family of four in 2013). This expansion includes non-elderly adults without dependent children, who have not previously been eligible for Medicaid in most states.

Michigan has seized this opportunity to expand Medicaid and, as of this July, more than 285,811 Michiganders have gained Medicaid or Children's Health Insurance Program (CHIP) coverage since the beginning of the Health Insurance Marketplace's first open enrollment period in October, 2013. Across the nation, 8 million more Americans are now enrolled in Medicaid and CHIP.

Mental Health

The Affordable Care Act increases access to comprehensive coverage by requiring most health plans to cover ten essential health benefit categories, to include hospitalization, prescription drugs, maternity and newborn care, and mental health and substance use disorder services. The health care law expands mental health and substance use disorder benefits and federal parity protections for [62 million](#) Americans nationwide, including 1,806,347 Michiganders.

New coverage options for young adults

Under the health care law, if your plan covers children, you can now add or keep your children on your health insurance policy until they turn 26 years old. Thanks to this provision, over [3 million](#) young people who would otherwise have been uninsured have gained coverage nationwide, including 94,000 young adults in Michigan.

Ending discrimination for pre-existing conditions

As many as 4,394,173 non-elderly Michiganders have some type of pre-existing health condition, including 556,167 children. Today, most insurers can no longer deny coverage to anyone because of a pre-existing condition, like asthma or diabetes, under the health care law. And they can no longer charge women more because of their gender.

Better Value

Providing better value for your premium dollar through the 80/20 Rule

Health insurance companies now have to spend at least 80 cents of your premium dollar on health care or improvements to care, rather than administrative costs like salaries or marketing, or they have to provide you a refund. This means that 184,297 Michiganders with private insurance coverage benefited from \$13,189,718 in refunds from insurance companies, for an average refund of \$118 per family because of the Affordable Care Act.

Scrutinizing unreasonable premium increases

In every State and for the first time under Federal law, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. Michigan has received \$8,365,541 under the new law to help fight unreasonable premium increases. Since implementing the law, the fraction of requests for insurance premium increases of 10 percent or more has dropped dramatically, [from 75 percent to 14 percent](#) nationally. To date, the rate review program has helped save Americans an estimated [\\$1 billion](#).

Removing lifetime limits on health benefits

The law bans insurance companies from imposing lifetime dollar limits on health benefits – freeing cancer patients and individuals suffering from other chronic diseases from having to worry about going without treatment because of their lifetime limits. Already, 3,547,000 people in Michigan, including 1,315,000 women and 977,000 children, are free from worrying about lifetime limits on coverage. The law also restricts the use of annual limits and bans them completely starting in 2014.

Better Health

[Covering preventive services with no deductible or co-pay](#)

The health care law requires many insurance plans to provide coverage without cost sharing to enrollees for a variety of preventive health services, such as colonoscopy screening for colon cancer, Pap smears and mammograms for women, well-child visits, and flu shots for all children and adults.

Because of the Affordable Care Act, [76 million](#) Americans with private health insurance gained preventive service coverage with no cost-sharing, including 2,518,000 in Michigan. And women can now get coverage without cost-sharing of even more [preventive services](#) they need. Of the 76 million Americans with expanded access to free preventive services, [29.7 million are women](#), including 983,000 in Michigan receiving expanded preventive services without cost-sharing.

[Increasing support for community health centers](#)

The Affordable Care Act increases the funding available to community health centers nationwide. Health Center grantees in Michigan have received \$168,732,457 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.

Of the \$168,732,457 awarded to Michigan, \$5,800,944 was awarded to Michigan health centers to help enroll uninsured Americans in the Health Insurance Marketplace. Michigan health centers used these funds to train 380 outreach and enrollment assistance workers who helped more than 135,870 Michigan residents with enrollment into affordable health insurance coverage. These investments ensure that health centers continue to be a trusted resource for assistance with enrollment in the Marketplace, Medicaid and CHIP in Michigan.

In Michigan, 36 health centers operate 201 sites, providing preventive and primary health care services to 558,059 Michiganders, including 77,726 Latinos and 158,903 African Americans.

[Investing in the primary care workforce](#)

As a result of historic investments through the health care law and the Recovery Act, the numbers of clinicians in the National Health Service Corps are near all-time highs with 8,900 Corps clinicians providing care to more than 9.3 million people who live in rural, urban, and frontier communities. The National Health Service Corps repays educational loans and provides scholarships to primary care physicians, dentists, nurse practitioners, physician assistants, behavioral health providers, and other primary care providers who practice in areas of the country that have too few health care professionals to serve the people who live there. As of September 30,

2013, there were 309 Corps clinicians providing primary care services in Michigan, compared to 162 in 2008.

[Preventing illness and promoting health](#)

Through Fiscal Year 2013, Michigan has received \$41,578,132 in grants from the Prevention and Public Health Fund created by the health care law. This fund was created to support effective policies in Michigan and nationwide, such as initiatives focused on tobacco cessation, obesity prevention, health coverage enrollment assistance, and increasing the primary care and public health workforce, so that all Americans can lead longer, more productive lives.

A Stronger Medicare Program

[Making prescription drugs affordable for seniors](#)

In Michigan, people with Medicare have saved nearly \$423,340,438 on prescription drugs because of the Affordable Care Act. In 2013 alone, 178,697 individuals in Michigan saved over \$188,248,200, or an average of \$1,053 per beneficiary. In 2014, people with Medicare in the “donut hole” received a 53 percent discount on covered brand name drugs and a 28 percent discount on generic drugs. And thanks to the health care law, coverage for both brand name and generic drugs will continue to increase over time until the coverage gap is closed. Nationally, over 8.2 million people with Medicare have saved over \$11.5 billion on prescription drugs since the law’s enactment, for an average savings of \$1,407 per beneficiary.

[Covering preventive services with no deductible or co-pay](#)

With no deductibles or co-pays, cost is no longer a barrier for seniors and people with disabilities who want to stay healthy by detecting and treating health problems early. In 2013 alone, an estimated 37.2 million people benefited from Medicare’s coverage of preventive services with no cost-sharing. In Michigan, 1,374,574 individuals with Medicare used one or more free preventive service in 2013.

[Protecting Medicare’s solvency](#)

Medicare is stronger today because of the Affordable Care Act. The [Medicare Trustees](#) projected that the trust fund that finances Medicare’s hospital insurance coverage will remain solvent until 2030, four years beyond what was projected in last year’s report. Just a few years ago, the Medicare Trust Fund was projected to run out of money by 2017.

The health care law helps stop fraud with tougher screening procedures, stronger penalties, and new technology. Over the last five years, the administration’s fraud enforcement efforts have recovered [\\$19.2 billion](#) from fraudsters. For every dollar spent on health care-related fraud and abuse activities in the last three years the administration has returned \$8.10.