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PENNSYLVANIA: BASELINE REPORT

State-Level Field Network Study of the Implementation of the Affordable Care Act

January 2015

**Rockefeller Institute of Government
State University of New York**

The Brookings Institution

**Fels Institute of Government
University of Pennsylvania**

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Contents

PENNSYLVANIA

BASELINE REPORT

State-Level Field Network Study of the Implementation of the Affordable Care Act

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Part 1 – Setting the State Context

1.1. Decisions to Date

In December 2012, Pennsylvania opted to participate in the federally facilitated exchange (FFE) rather than develop a state-run marketplace or participate in a federal-state partnership. However, prior to selecting a federally facilitated exchange, the Pennsylvania Insurance Department (PID) led a planning effort for implementing a state-run exchange.

In January 2012, PID released a conceptual draft for proposed legislation, entitled "The Commonwealth Health Insurance Marketplace and Exchange Access Act," which granted the Commonwealth of Pennsylvania sovereignty over the regulation of health insurance in the state by establishing the Commonwealth Health Insurance Marketplace.[1] In May 2012, the PID issued a "Request for Quotations for Pennsylvania Insurance Exchange Planning and Implementation" to continue planning for the development of a Pennsylvania exchange by expanding off of previous research-supported efforts.[2] According to the document,

> Provided that the ACA [Affordable Care Act] is not repealed or otherwise rendered invalid (in whole or in part), the Issuing Office will continue its efforts to explore the development of a state-operated health insurance exchange, but the Department might redirect (or even altogether abandon) this Project (or individual tasks or components thereof) depending upon any number of factors.[3]

Given the broad scope of planning a potential health insurance online marketplace, PID solicited contractors for multiple

services required to develop a state exchange, including planning, financial management, and insurance processes.[4]

Pennsylvania received two federal grants to assist with the research and implementation of a state exchange marketplace. In September 2010, PID applied for a $1 million State Planning Grant to fund the initial steps of creating a statewide exchange.[5] Governor Ed Rendell, who was nearing the end of his second and final term in office, endorsed the application and supported the creation of a state exchange.[6] The State Planning Grant was used, in part, to hire KPMG to "produce a comprehensive report on the insurance market, uninsured populations, various Exchange models, and a cost analysis of program integration."[7]

Later, in December 2011, PID applied for a Level I Establishment Grant, awarded by U.S. Department of Health and Human Services (HHS) to states in order to aid in their development of health insurance exchanges.[8] In a letter to HHS Secretary Kathleen Sebelius, Governor Tom Corbett, a Republican who assumed office in 2011, articulated his support for Pennsylvania's proposal for a Level 1 Establishment Grant, noting that "the activities outlined in the proposal will allow Pennsylvania to continue its efforts to examine the issues surrounding health exchanges and, where appropriate, to begin initial development efforts to establish a state-operated, health insurance exchange."[9] In February 2012, Pennsylvania was awarded a $33.8 million Level 1 Establishment Grant. However, because Corbett announced in December 2012 his decision to opt into a federally funded exchange, the Establishment Grant funding was never received by PID.[10]

In a press release issued by Corbett's office, the governor said the federal government provided little guidance throughout Pennsylvania's planning process for administering a state exchange. In an effort to avoid "haphazard planning" and carry out a strong plan that "responsibly uses taxpayer dollars," Corbett declared that Pennsylvania would no longer pursue a state-based health insurance exchange.[11] Another reason given for Pennsylvania's choice to opt for a federally facilitated marketplace (FFM) had to do with fraud prevention. State officials were concerned that running an exchange would require constant, real-time contact with officials in the federal Department of State and the Internal Revenue Service to verify citizenship and the tax subsidy status, respectively, of Pennsylvanians seeking to enter the exchange. Officials said that the state did not have the organizational capabilities to maintain that type of constant contact. "The IT program hasn't even been beta tested yet," noted one GOP house staffer.

Medicaid Expansion

While Pennsylvania has expressed interest in using federal funding to expand Medicaid, this expansion will not go into effect on January 1. As it stands now, one in six Pennsylvanians (2.2 million people) are enrolled in Medicaid.[12] Medicaid eligibility in

Pennsylvania is presently set at 38 percent of the federal poverty level (FPL) for parents. "Able-bodied" singles are not eligible at any income. Roughly $19 billion in federal and state funding is spent on the program annually.[13]

Corbett is seeking to make extensive changes to Medicaid through his *Healthy Pennsylvania (Healthy PA) Medicaid Modernization Plan*. This plan represents the most expansive, and many would argue the most extreme, Medicare waiver proposal crafted by any state thus far. First released in September 2013, the Healthy PA plan seeks to both reform Pennsylvania's current Medicaid program and extend coverage to more than 500,000 uninsured Pennsylvanians. To implement this plan, the Corbett administration plans to request twenty-three different waivers from the federal government, more than any other state.[14]

In framing the benefits of its Healthy PA plan, the Corbett administration has said that the plan will "increase access to health care; promote healthy behaviors, improve health outcomes and increase personal responsibility; better align benefits to match health care needs; and implement a strategy for sustainability by aligning the current Medicaid program with private coverage."[15] Consistent with its concern for Medicaid's sustainability, the administration's press releases and publications consistently point out that Medicaid currently accounts for 27 percent of the commonwealth's general fund budget, with costs expected to rise by hundreds of millions of dollars annually.[16] According to the state Department of Public Welfare (DPW), even though the federal government has said it will cover all Medicaid expansion costs through 2016, this federal funding will, in fact, not cover the additional cost of insuring current enrollees, new enrollees currently eligible for the program, and new enrollees who enter the program after their employers cancel their coverage. Indeed, DPW estimates that expanding the state's Medicaid program in line with the ACA's guidance would cost the state $1 billion over three years.[*,17]

Similar to the Medicaid waiver proposals submitted by Iowa and Arkansas, Pennsylvania's Healthy PA plan seeks to use federal funding to subsidize private insurance for those earning less than 133 percent of the FPL.[**] Newly eligible adults would receive subsidies that they could use to purchase health insurance through Pennsylvania's federally facilitated marketplace or the competitive market. Adults who were deemed medically frail would be able to choose whether they wanted to obtain insurance

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*   According to DPW, Pennsylvania would be subject to additional Medicaid expenses because the additional federal funding does not apply to 1) current Medicaid recipients, 2) "woodwork" (new enrollees who were eligible under Pennsylvania's current rules), and 3) "droppers," defined as "individuals who are currently insured but who could enter the program (Medicaid) as a result of their employer dropping their insurance or a personal choice to drop coverage because they would be eligible to enroll in benefits fully paid for by the taxpayers." (Source: Pennsylvania Department of Public Welfare. Fact Sheet: Medicaid Expansion and Pennsylvania. http://www.portal.state.pa.us/portal/server.pt/document/1320335-aca-ma_expansion_sheet_pdf)

**   Specifically, the plan would cover all childless adults earning less than 133 percent of the FPL and parents and caretakers who earn between 33 percent and 133 percent of the FPL. In Pennsylvania, parents who earn less than 33 percent of the FPL already quality for Medicaid coverage.

through a private coverage option or through a simplified version of Pennsylvania's current Medicaid program.

While Pennsylvania's proposal to use federal Medicaid funding to subsidize private insurance for individuals is not unique, several other elements of the Healthy PA plan are unique. For instance, under this plan, Pennsylvania would become the first state to require individuals to either work or engage in job search activities in order to obtain health care coverage.[18] To justify this requirement, administration officials have argued that incentivizing employment will improve health outcomes because employed individuals are "physically and mentally healthier."[19]

Under the Healthy PA plan, Pennsylvania would also become one of a few states that require Medicaid enrollees to pay health insurance premiums. Families earning between 50 percent and 130 percent of the FPL would have to pay premiums based on a sliding scale of up to $25 per adult or $35 per family. As part of the Corbett administration's efforts to incentivize healthy lifestyles, families that work at least twenty hours a week and engage in healthy behaviors could reduce their premiums by up to 50 percent. If individuals miss their premium payments for three consecutive months, their coverage would be cancelled.

While Healthy PA's work requirements and health insurance premiums have gained the most press attention, Pennsylvania's Medicaid waiver requests contain several other noteworthy changes. These changes include requesting permission to not cover wraparound benefits for individuals enrolled in a private coverage option; charging families a $10 copayment to discourage them from making nonemergency visits to the emergency room; and ceasing to pay for nonemergency transportation for Medicaid recipients.

In addition to extending health care coverage to individuals who are currently uninsured, Pennsylvania's Healthy PA plan would also modify Medicaid coverage for existing enrollees. Instead of being able to choose from fourteen different benefit packages, Pennsylvania's Medicaid beneficiaries would now have two options: a high-risk benefit plan for those with significant health care needs and a low-risk benefit plan for individuals needing less-extensive care. The Corbett administration argues that reforming Medicaid's benefit structure in this way will "better align benefits to match health care needs."[20]

Many Pennsylvania politicians and health care advocates have criticized the Healthy PA plan. During the public comment period, the Pennsylvania Budget and Policy Center noted, "enhanced administrative review and new compliance requirements have been demonstrated here in Pennsylvania to deter [eligible] individuals from obtaining public benefits … or be dropped from the Medicaid roles*[sic]*."[21] The Center also expresses concern over cost-sharing, citing research demonstrating that even small increases in out-of-pocket costs reduce access to primary and preventive care.

Several Senate Democrats — including Senate Democratic leader Jay Costa (D-Allegheny), Democratic Appropriations Committee Chair Vincent J. Hughes (D-Philadelphia), Democratic Health and Welfare Committee Chair Shirley Kitchen (D-Philadelphia,) and Democratic Chair of the Banking and Insurance Committee Mike Stack (D-Philadelphia) — have also criticized Corbett's plan, as evidenced by the following portion of their joint statement on the proposal:

> Senate Democrats welcome the discussion about health-care access and affordability now that Governor Corbett has outlined his plan and vision for providing health insurance to 600,000 working Pennsylvanians.… We remain convinced that the best and most effective option is to enroll newly eligible individuals into Pennsylvania's existing Medicaid program. Our plan, expanding the current Medicaid program, would allow 600,000 Pennsylvanians to have access to health insurance on January 1, save taxpayers $400 million annually and create more than 35,000 jobs. This is the cost-and-effectiveness standard by which the Corbett initiative will be measured.[22]

1.2. Goal Alignment

To date, Pennsylvania can best be described as having taken an initially lukewarm and recently oppositional approach to working with the federal government to facilitate the ACA's implementation. Corbett has been a vocal critic of the ACA. Indeed, Corbett's office emailed the following to constituents who had contacted his office about the health care exchange:

> Affordable health insurance is an important issue for all Pennsylvanian families. As Governor, I continue to strive to ensure that high quality, affordable health care is available to all of our residents. However, Pennsylvania, not Washington D.C., is in the best position to address these issues for our citizens, and the ACA's one-size-fits-all approach is not the right solution.[23]

While Corbett has expressed interest in accepting billions of dollars in federal funding to expand Medicaid in Pennsylvania, his Medicaid reform plan seeks more waivers from the federal government than any other state. The far-reaching nature of Corbett's Medicaid reform proposal is reflective of his belief that the states, and not the federal government, should take the lead in health care innovation.

Pennsylvania's wariness towards the ACA can be seen, in part, by how the Pennsylvania Insurance Department has responded to the law. For example, a state House committee staff member disclosed that as of July 2013, PID had not hired additional staff to certify the medical plans that will be part of the exchange. However, a representative from a stakeholder insurance

company in Pennsylvania revealed that PID approved its insurance plan in April 2013, presumably without a particularly rigorous review, and passed the plan along to the federal government for approval.

PID does run its own website (www.pahealthoptions.com) to inform Pennsylvanians of their health insurance options. The department said that it created this site to respond to consumers' questions and to help prevent fraud. In July 2013, the site did not include any information on the creation of the federally facilitated marketplace or the phase out of programs. Indeed, staff to a Republican member of the state House reported that PID had the option of updating its website to direct the public to HealthCare.gov but had not done so as of July. By September 2013, PID had significantly increased the information available on its website. The site offers a primer on the federal marketplace and extensive information on how a consumer can select a health plan.

The Department of Public Welfare went through a similar transition in regards to providing information related to the ACA. In July 2013, DPW's website (www.dpw.state.pa.us) included a large icon with "Affordable Care Act News" written in red. At the time, the icon redirected viewers to a page that only linked to ACA-related letters and press releases to and from Corbett. By mid-September 2013, the DPW had added considerably more information related to the ACA and the governor's plan to reform Medicaid and expand eligibility. Visitors to the site who clicked on the Affordable Care Act News icon would see a modest introduction to the ACA with links to the PID website and to the U.S. Department of Health and Human Services (HHS) website. In addition, a link to Corbett's proposed Medicaid changes was prominently displayed on the homepage.

Part 2 – Implementation Tasks

2.1. Exchange Priorities

Pennsylvania is participating in the federally facilitated marketplace, for which the federal government conducts many of the major implementation tasks.

2.2. Leadership – Who Governs?

As is the case in other states, the Centers for Medicare & Medicaid Services' (CMS) Center for Consumer Information and Insurance Oversight (CCIIO) is in charge of overseeing Pennsylvania's federally facilitated marketplace. Pennsylvania has a CCIIO project officer, located in Washington, DC, who acts as the primary point of contact between CCIIO and state agencies.[24]

The DPW and the PID are the primary state agencies in charge of implementing the Affordable Care Act in Pennsylvania and have worked closely with CCIIO. Pennsylvania's Department of Health, which regulates Pennsylvania's health care facilities and advances public health and prevention initiatives, also plays a key

role in shaping the state's health care policies. The leaders of these agencies have a mixture of public, private, and nonprofit experience.

Michael F. Consedine, Pennsylvania's insurance commissioner, has led the PID since 2011. Consedine worked as the agency's counsel from 1995 to 1999. He then worked in private practice, serving as partner and vice chair of Saul Ewing LLP's Insurance Practice Group. Consedine currently serves as the vice president of the National Association of Insurance Commissioners (NAIC).[25] In his congressional testimonies and public statements, Consedine has echoed Corbett's concerns that the federal government has repeatedly failed to offer states sufficient and timely guidance regarding the ACA's requirements and impact.[26]

Beverly Mackereth has served as the secretary of the DPW since June 2013. Mackereth has a range of legislative, executive, and nonprofit experience. In addition to serving as DPW's deputy secretary of the Office of Children, Youth and Families from 2011 to 2013, Mackereth was the mayor of Spring Grove fo from 1996 to 2000 and was a member of the Pennsylvania House of Representatives from 2001 to 2008. Mackereth also served as the executive director of the York County Human Services Department.[27]

While he was not officially confirmed as secretary until May 2013, Michael Wolf began to lead Pennsylvania's Department of Health in December 2012. Before joining the department, Wolf worked as the director of worldwide public affairs and policy for Pfizer, managing the company's relationships with leaders in Pennsylvania and the surrounding states. Wolf also has previous experience in state government, having worked for Pennsylvania Governor Tom Ridge for eight years as the secretary of the Office of International Business Development.[28]

2.3 Staffing

Although Pennsylvania does not have its own state exchange, the PID used a consumer assistance grant from HHS to create a consumer health unit to answer residents' questions in light of the ACA's implementation. According to PID, this unit has received between fifty and seventy calls a day from residents seeking information about how to access the federal health care exchange, clarification regarding coverage changes, and updates on health insurance ID cards and plan costs. This unit opened in December 2011 and currently has five employees. Due to the fact that the unit is supposed to be a "temporary unit," limited-term staff members were hired for these positions.[29]

The PID also worked with Pavone, an outside vendor, to create the website PAHealthOptions.com, which provides residents with an overview of Pennsylvania's private insurance market and information on the federally facilitated marketplace (for more information, see Section 2.4).

2.4 Outreach and Consumer Education

Education and Outreach by Government Organizations

Federal Government

HHS awarded $6,390,303 ($4,196,333 in FY 2013 plus $2,193,970 in FY 2014) to thirty-eight community health centers in Pennsylvania with the expectation that these awards will enable centers to assist 75,000 Pennsylvanians with enrollment.[30] (Community health centers are further discussed below.) Additionally, HHS has awarded $2,071,458 in the form of navigator grants.[31]

Apart from these measures of federal support, the Obama administration has been actively engaged in driving enrollment throughout the state. In particular, the administration has concentrated on Philadelphia and Pittsburgh.[32] Due to Pennsylvania's population size, the state has been identified by the Obama administration and ACA advocates as especially critical in achieving the seven million enrollment target by the March 31, 2014, deadline.[33] Given that the Corbett administration has engaged in limited outreach activities to encourage Pennsylvanians to sign up for coverage, the Obama administration is left to employ strategies to fill the vacuum created by an oppositional governor. The Obama administration's reliance on Enroll America, "a nonprofit, nonpartisan 501(c)(3) organization focused on … maximizing the number of Americans who are enrolled in and retain health coverage," can be viewed as one such strategy.[34] According to *The New York Times*, "Enroll America is led by veterans of the Obama White House and Mr. Obama's presidential campaigns and will use campaign-style techniques to locate the uninsured."[35] HHS Secretary Sebelius has made fund-raising pitches to solicit donations for Enroll America.[36]

State Government

Led by a Republican governor and legislature, Pennsylvania has engaged in limited outreach efforts to educate residents about the ACA in general and the recently opened federally facilitated marketplace in particular. The *Patriot News* in Harrisburg reported that "Pennsylvania, where Gov. Tom Corbett has been a critic of the ACA, has 'taken a very hands-off approach' toward promoting the exchange."[37] Instead, Corbett canvassed the state visiting hospitals to promote Healthy Pennsylvania, his alternative plan to expanding Medicaid.

In keeping with this relatively "hands off" approach, the homepage of the Pennsylvania state government's website has very little information about HealthCare.gov. Visitors can see either a link to the Healthy Pennsylvania plan or the PA Health Options website, which is billed as "The Pennsylvania Insurance Department's Unbiased Guide to Understanding Health Insurance." The site provides information on purchasing insurance through either the federally facilitated marketplace or the private

insurance market. According to PID, during the FFM's open enrollment period, approximately 100,000 people visited PA Health Options. PID spokeswoman Roseanne Placey noted that Pennsylvania's site was operational even when HealthCare.gov was not: "When the FFM was not functioning, this site was the 'little engine that could' in many ways. Consumers visited our site for the proper background so that when the FFM was again functioning, they were better prepared to shop and apply."[38] Although PA Health Options is a state-sponsored resource, Antoinette Krause, director of the Pennsylvania Health Network, noted that PA Health Options, "seems tilted toward private health insurance plans which won't allow people to tap ACA subsidies to help pay for them."[39]

While Pennsylvania has not taken an active role in encouraging residents to sign up for the ACA, state officials have shown a desire to educate consumers to prevent fraud. Indeed, the office of Pennsylvania Attorney General Kathleen G. Kane issued a press release on October 1, 2013, to alert consumers to potential schemes perpetrated by fraudulent navigational assistance providers.[40] The release contains warnings that the commencement of the open enrollment period might be accompanied by a proliferation of financial, medical, or other identity theft scams.

Local Government

On the local government level, health departments have begun efforts to provide assistance to consumers. In fact, if one searches for "Pennsylvania" on the local help section of HealthCare.gov, both the Bethlehem Health Bureau and the Philadelphia Department of Behavioral Health & Intellectual Disability Services appear in the results.

A few municipal and county governments — many of which are not listed on HealthCare.gov — have begun to conduct their own education and outreach campaigns. Local governments in Pennsylvania's urban areas have been more proactive than other municipal governments in encouraging residents to purchase health insurance through the federal exchange. Allegheny County, which encompasses the City of Pittsburgh, organized "Allegheny Activates for Health Care Access" to facilitate access to HealthCare.gov. The site advertises a number of ACA assistance events, including enrollment fairs and information sessions held at public libraries throughout the city.[41] Pennsylvania State Representative Dan Frankel (D-Allegheny) is also sponsoring a number of the information sessions. Additionally, Pennsylvania State Representative Erin Molchany (D-Allegheny) hosted an information session in Pittsburgh for community leaders to learn more about the insurance marketplace.[42]

Although the City of Philadelphia has not been as active in promoting enrollment in the health exchange as Allegheny County, it has created online resources to assist its residents. The Philadelphia Department of Public Health created a web

page that contains information about the law, including links to additional resources and videos (http://www.phila.gov/health/commissioner/healthreform.html). However, the page relies heavily upon materials that are only available on the HealthCare.gov site. Additionally, Philadelphia Mayor Michael Nutter held a press conference in City Hall on September 30, 2013, with city Health Commissioner Dr. Donald Schwartz to announce the opening of the enrollment period for the health insurance marketplace.[43] Despite its strong web presence, Philadelphia has not sponsored any enrollment fairs or conducted personal outreach and education within the city.

Many other municipalities and counties in Pennsylvania, including Harrisburg, Allentown, Erie, Bethlehem, Lancaster, Dauphin County, Erie County, Montgomery County, and Lancaster County, have not coordinated or advertised any ACA education and outreach events.[44]

Education and Outreach by Health Care-Related Companies and Institutions

Community Health Centers

Thirty-eight health centers with a total of 250 locations throughout Pennsylvania received funding from the Health Resources and Services Administration (HRSA) to conduct ACA education and outreach. The vast majority of these centers are actively engaged in conducting consumer outreach.[45] Some health centers are hiring new personnel to coordinate their outreach and assistance efforts.[46] Most were partnering with other institutions in the community, including pharmacies, libraries, churches, community colleges, the offices of state representatives, and government agencies serving low-income people, to host educational events or distribute literature. Others focused on community partners likely to refer individuals for assistance, including crisis centers, WIC (Special Supplemental Nutrition Program forWomen, Infants and Children) offices, department of public welfare offices, and local housing authorities. Very few have pursued paid advertising as a publicity strategy.

A member of the education and outreach team at one center, the UPMC Matilda Theiss Health Center in Pittsburgh, indicated that she and her colleagues participate in a monthly networking phone call with similar personnel at other health centers around the state. This call is hosted by the Pennsylvania Association of Community Health Centers (PACHC). PACHC has created a designated outreach and education page on its website, which reads, in part:

> PACHC, with the support of key partners, is committed to providing technical assistance and resources in a "lead navigator" capacity to support Navigators, Certified Application Counselors and other in-person patient enrollment assisters currently employed by Pennsylvania's

> FQHCs [Federally Qualified Health Centers], FQHC
> Look-Alikes, and Rural Health Clinics.[47]

In addition to providing support to application counselors, PACHC lists among its goals: "Through central coordination of the efforts across the state's health centers, be able to provide a comprehensive picture of enrollment efforts and outcomes, effective inreach and outreach strategies, and the effectiveness of a co-ordinated, connected and networked approach." The staff of the UPMC Matilda Theiss Health Center reported that they and other member centers were reporting their efforts and enrollment numbers to PACHC, presumably in service of this goal.[48] PACHC's report, which will likely be delayed at least until after the initial enrollment season concludes so as to include information about results, will be a useful source of data about successful and unsuccessful outreach strategies.

Hospitals

Early indications suggest that many hospitals are taking a "wait-and-see" approach to determining their exact role in the health care enrollment process. In late September, the Healthcare Financial Management Association cited the "slow trickle of information from regulators" as a major factor in this reluctance.[49]

As of November 19, 2013, nineteen Pennsylvania hospitals were listed on HealthCare.gov as providing assistance with health insurance enrollment on the new exchange, up from nine on October 21, 2013.[50] Unlike community health centers, which seemed to uniformly be attempting to reach and educate their local populations about available services, hospitals were largely focused on assisting their existing patients in applying for health insurance. They considered outreach to be secondary to this goal, even if they did plan to invest effort into reaching the wider community.

■ Staff members at three hospitals (Barnes-Kasson Community Hospital in Susquehanna; St. Luke's-Miners Memorial Hospital in Bethlehem; and University of Pittsburgh Medical Center) reported that their goal is only to aid their own patients — many of whom are uninsured and some of whom were previously enrolled in plans that no longer meet federal regulations — in applying for new insurance plans. The hospitals noted that while they are willing to provide help to any others who happen to come into the hospitals seeking assistance,[51] they do not plan to conduct active outreach. The staff at Barnes-Kasson noted that this new work is simply an extension of work that hospital staff members already do: assisting patients in completing Medicare and Medicaid applications.

■ Two hospitals, Soldiers + Sailors Memorial Hospital in Wellsboro (located in Tioga County, in the northeastern part of the state) and Kensington Hospital in Philadelphia, reported that they both plan to assist existing patients and

conduct outreach to the wider community, but they have not yet begun to do so.[52] "It's been a bit of a difficult journey because the [health insurance exchange] website isn't working that well," explained one Soldiers + Sailors employee. He explained that the hospital would advertise its counselors' availability when the Heathcare.gov website was running properly, because until that occurred, the hospital could be of little help. Kensington Hospital noted that given that it serves a population that was largely without internet access at home, the hospital's role would mostly be to facilitate online applications.

■ Jennersville Regional Hospital in West Grove (located in Chester County, a suburb of Wilmington, Delaware, close to the Pennsylvania state line) reported that it has put off extensive publicity measures while its counselors "wait and see what happens with the website" so as not to create demand for a service they could not effectively provide.[53] However, Jennersville has taken more steps to publicize the service than the other hospitals we spoke to, including placing brochures in the hospital lobby, adding information to the hospital's website and newsletter, and giving printed materials to various local institutions, including a school district, a community center, and the Chamber of Commerce, for distribution. A local newspaper has also reported on the availability of application counselors at the hospital.

Local Media Coverage of ACA Implementation

Local media coverage of the ACA's implementation has focused on the technical difficulties encountered by HealthCare.gov and the general uncertainty regarding the future of health care. The state's most widely circulated newspapers and local television stations have, for the most part, covered issues with the health care website. However, toward the end of October, they began focusing on the concerns of citizens who received notices indicating that their plans were inadequate under the ACA. Coverage of the implementation differed between mediums and markets.

Newspaper Coverage

Newspaper coverage of the ACA differed significantly from city to city and even between newspapers within one city. This analysis covers newspaper articles from the beginning of implementation on October 1, 2013, to November 21, 2013. The news articles strictly cover ACA implementation in Pennsylvania and are published in local newspapers throughout the state. As such, national articles and newspapers from outside of Pennsylvania were excluded from this analysis. The following newspapers were analyzed as they are among the most popular in the state: *Philadelphia Inquirer, Pittsburgh Post-Gazette, Pittsburgh Tribune-Review, Patriot-News (Harrisburg), and Reading Eagle.*

Analysis reveals that the tone of coverage of ACA implementation in Pennsylvania is largely negative. No news articles had strictly positive content or headlines. Negative presentation constituted roughly one-third of all articles. Much of the neutral content featured a long list of negative paragraphs followed by a smaller number of positive paragraphs. If news articles in Pennsylvania are the only indication used, ACA implementation in the state is not faring well.

Education was not a major component of these articles, constituting less than one-fifth of all articles. Newspapers occasionally had national educational pieces, but rarely did they include information tailored to Pennsylvanians. Education and community outreach was prominent in some papers, such as the *Pittsburgh Tribune-Review,* while other newspapers did not appear to make this a priority. Each paper paid at least some attention to the difficulties individuals have faced in enrolling because of glitches on HealthCare.gov.

Television News Coverage

Local television news coverage of the ACA did not differ as significantly by market as print coverage did. As with newspapers, our analysis of television coverage of the implementation extends from October 1, 2013, to November 21, 2013.

Within the twenty-five analyzed videos, trends emerge across stations. Over half of the television news stories centered on HealthCare.gov and its failures. At the same time, news stations were more likely than newspapers to provide educational content. As with newspapers, however, only certain outlets were providing the vast majority of educational material. The implementation process would benefit from more educational pieces on the local news, such as those produced by WCAU-TV of Philadelphia or WJET-TV in Erie. Every news outlet analyzed provided some sort of information regarding navigators or organizations and individuals dedicated to helping Pennsylvanians better understand the changing landscape of health care. In addition, each station referred viewers to its website to find more information about the law.

Radio News Coverage

A large part of the federal government's marketing budget was intended to be used to purchase media ads; however, due to HealthCare.gov's sluggish performance, the aggressive media buy was put on hold during the first days of the open enrollment period. HHS started to run radio ads during November. In Pennsylvania, ads eventually ran on radio stations in all major media markets.

2.5. Navigational Assistance

What Types of Assistance Are Available in Pennsylvania?

Several different types of entities are providing on-the-ground assistance to Pennsylvania consumers who seek to enroll in health insurance through the federally facilitated marketplace that opened in October. While federally designated "navigators" have received the bulk of public and media attention for their role in facilitating consumer enrollment, navigators comprise just one of four categories of what CMS defines as "in-person assistance." Other categories include certified assistance counselors, agents and brokers, and nonnavigator assistance personnel (which do not exist in states without state exchanges).[54]

Navigators

The Centers for Medicaid & Medicare Services (CMS), which oversees the health care exchanges, awarded $67 million in navigator grants on August 15, 2013. CMS made these grants to more than 100 organizations in the thirty-four states that are using the federally facilitated or federal-state partnership exchange marketplaces.[55] The following four organizations in Pennsylvania were awarded navigator grants, which total $2.71 million:[56]

Table 2.1. Federal Navigator Grant Recipients in Pennsylvania			
Organization	**Award**	**Service Area**	**Sub-Grantee/Partners**
Resources for Human Development, Inc.	$997,801	Philadelphia, Allegheny, Bucks, Chester, Delaware, Montgomery, Lancaster, Berks, Lehie counties	None
Pennsylvania Association of Community Health Centers	$739,005	50 of 67 counties	Health Federation of Philadelphia, Pennsylvania Health Law Project, PA Office of Rural Health, Federally Qualified Health Centers
Mental Health America	$547,754	Bucks, Chester, Delaware, Montgomery, Philadelphia counties	Mental Health America (National office/lead applicant), Mental Health Association of Southeastern Pennsylvania
Pennsylvania Mental Health Consumers' Association	$424,625	Statewide	Pennsylvania Mental Health Consumers Association, Metal Health Association in PA, Mental Health America Westmoreland County
Source: CMS			

Also of note, in June 2013, the Republican-controlled House Health Committee approved House Bill 1522, which would require Pennsylvania's navigators to pass criminal background checks.[57] According to multiple reports, this bill would also place restrictions on individuals or entities that sell, solicit, or negotiate health insurance.[58,59] The state Senate and full House have not taken any further action on this proposed legislation.

Certified Assistance Counselors (CAC)

Organizations that were not awarded a federal navigator grant can still assist consumers with enrollment by becoming certified assistance counselors (CACs). Unlike navigators, CACs are more narrowly focused on the enrollment process (as opposed to outreach) and provide more limited services. CACs do not receive any government funding for their participation, and a CAC cannot charge consumers for its assistance, as can agents and brokers.[60]

It is possible that the lower barriers to entry for potential CACs in Pennsylvania, including less stringent training requirements and a narrower focus, explain the extent to which Pennsylvania has an abundance of CACs (210 appear in HealthCare.gov search results as of November 19, 2013), while there are only four official navigators in the state.

Agents and Brokers

The Affordable Care Act envisions a role for existing registered insurance agents and brokers in helping customers purchase health care plans through the exchange. In Pennsylvania, agents and brokers can use two different "paths" to sell plans through the exchange, which CMS refers to as "issuer-based" and "exchange-based" paths.

- *Issuer-based:* In this path, the agent/broker starts on the website of a specific insurance issuer and enters consumer information. The agent/broker is then redirected to HealthCare.gov to register the consumer and to determine the consumer's eligibility for plans and subsidies. Finally, the agent/broker is redirected back to the issuer website to compare plans and enroll the consumer.

- *Exchange-based:* In this path, all steps (consumer information, eligibility, and enrollment) take place within the federal exchange. Agents/brokers using this path are required to show consumers all available plans, not just those for which the broker receives a commission.

Who Is Offering In-Person Navigational Assistance in Pennsylvania?

Pennsylvania consumers can utilize the "Find Local Help" feature on HealthCare.gov to locate navigational assistance providers. A search for "Pennsylvania" conducted on November 19, 2013, yielded 214 results for organizations in the state (up from 140 results on October 21, 189 on October 28, and 197 on November 1, 2013).

It is noteworthy that while the search for "Pennsylvania" on the "Find Local Help" section of HealthCare.gov only returns results for entities that are physically located within Pennsylvania, searches for individual Pennsylvania towns, cities, and ZIP codes return results for organizations located outside the state. Conversations with navigational assistance organizations in other states suggest that these out-of-state entities are unable to assist Pennsylvania residents with enrollment, despite being listed in the results.

A search for "Philadelphia" on November 19 returned 273 results, only 122 of which are located in Pennsylvania. One hundred and twenty-two are located in New Jersey (which is also a federally facilitated exchange state) and nineteen are located in Delaware (which is a federal-state partnership exchange state). A search for "Pittsburgh" on November 19th returned 120 results, only sixty-nine of which are located in Pennsylvania. Thirty-one are located in Ohio (a federally facilitated marketplace state) and thirty-eight are located in West Virginia (a federal-state partnership state).

The neighboring states of New York and Maryland have state-run exchanges. Navigational assistance provider information for those states does not appear in search results, as it is unlikely that this information exists within the federal database on HealthCare.gov.

Distribution of Navigators/CACs

Distribution by Geography

Certified navigational assistance entities are not evenly distributed throughout the state. The map below plots the location of the organizations with Pennsylvania addresses listed on HealthCare.gov:

Figure 2.1. Distribution of Navigational Assistance Providers in Pennsylvania (Navigators and CACs Listed on HealthCare.gov)
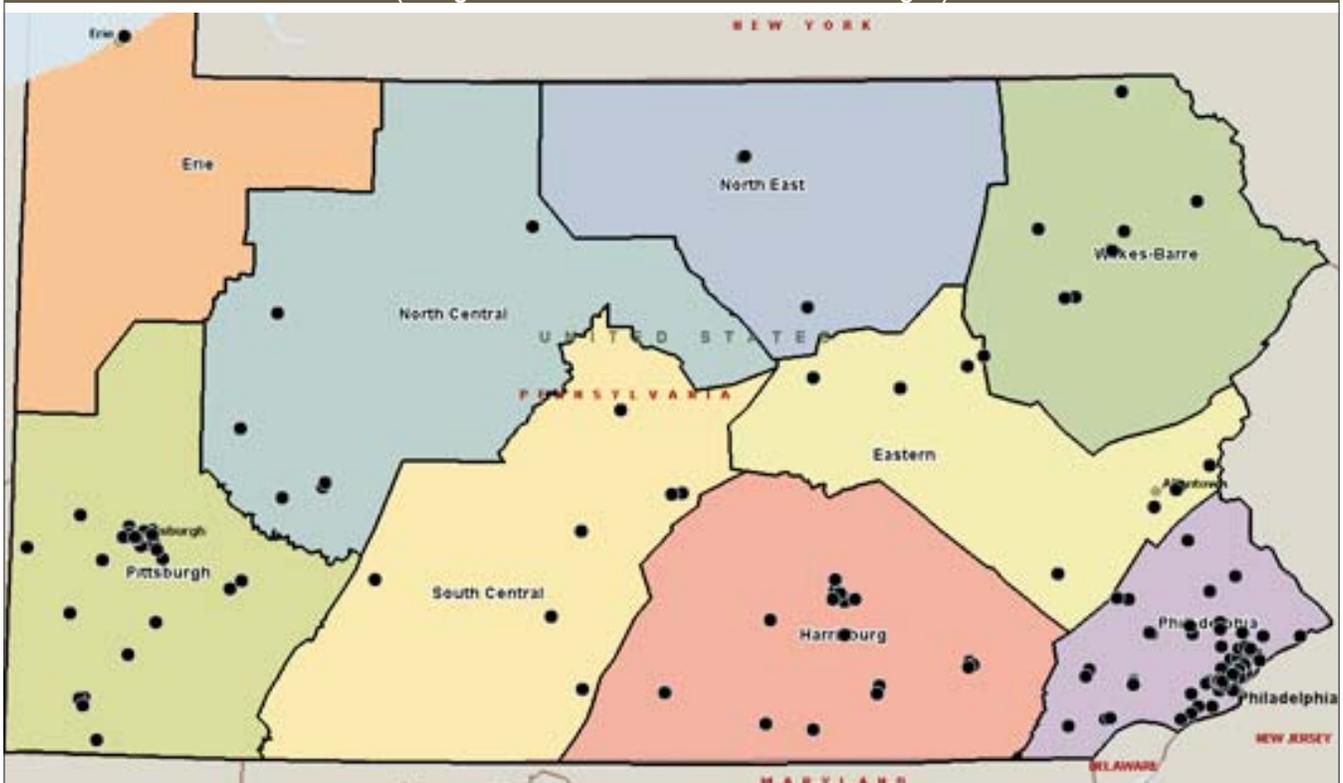
Source: HealthCare.gov Search Results as of 11/19/2013

Data from the 2008 Pennsylvania Insurance Department survey allows for a geographic comparison of Pennsylvania's uninsured population (as of 2008) to where navigational assistance is available.[61] The report provides an estimate of the uninsured population for each county in Pennsylvania and it divides those counties into nine regions.[62] If one repeats this process using available data for navigational assistance organizations, it yields the following distribution of counselors to uninsured individuals:

Table 2.2. Pennsylvania Uninsured and Number of Navigators and Certified Application Counselors (CACs) by Region (Navigators and CACs Listed on HealthCare.gov)						
Region (Sample County)	**Uninsured Population (2008)**	**% of Population Uninsured**	**% of Total PA Uninsured**	**Navigators / CACs**	**% of Total PA Navigators / CACs**	**Uninsured per Navigator / CAC**
Philadelphia (Philadelphia)	313,900	8.1%	31%	102	48%	3,100
Pittsburgh (Allegheny)	164,200	7.0%	16%	42	20%	3,900
Harrisburg (Dauphin)	164,000	9.0%	16%	27	13%	6,100
Eastern (Lehigh)	110,800	8.2%	11%	11	5%	10,100
Wilkes-Barre (Lackawanna)	89,800	9.0%	9%	12	6%	7,500
South Central (Mifflin)	57,300	8.8%	6%	7	3%	8,200
Erie (Erie)	55,600	8.2%	5%	1	0%	55,600
North Central (Elk)	41,800	9.2%	4%	7	3%	6,000
Northeast (Lycoming)	23,400	9.6%	2%	4	2%	5,900
TOTAL	**1,020,800**	**8.2%**	**100%**	**213**	**100%**	**4,800**

Sources: Pennsylvania Insurance Department,[63] HealthCare.gov search results as of 11/19/2013

The Philadelphia region has about 30 percent of the state's uninsured population, but is served by nearly 50 percent of the state's navigational assistance organizations. Philadelphia's number of uninsured residents per navigational assistance provider is just over 3,000; this is the lowest ratio among all nine regions.

The Pittsburgh region has significantly more navigational assistance providers than the Harrisburg region, despite the fact that the two regions have a nearly identical number of uninsured residents. Pittsburgh has the second lowest number of uninsured residents per navigational assistance provider in Pennsylvania, at nearly 4,000, while Harrisburg has approximately 6,000 residents per provider.
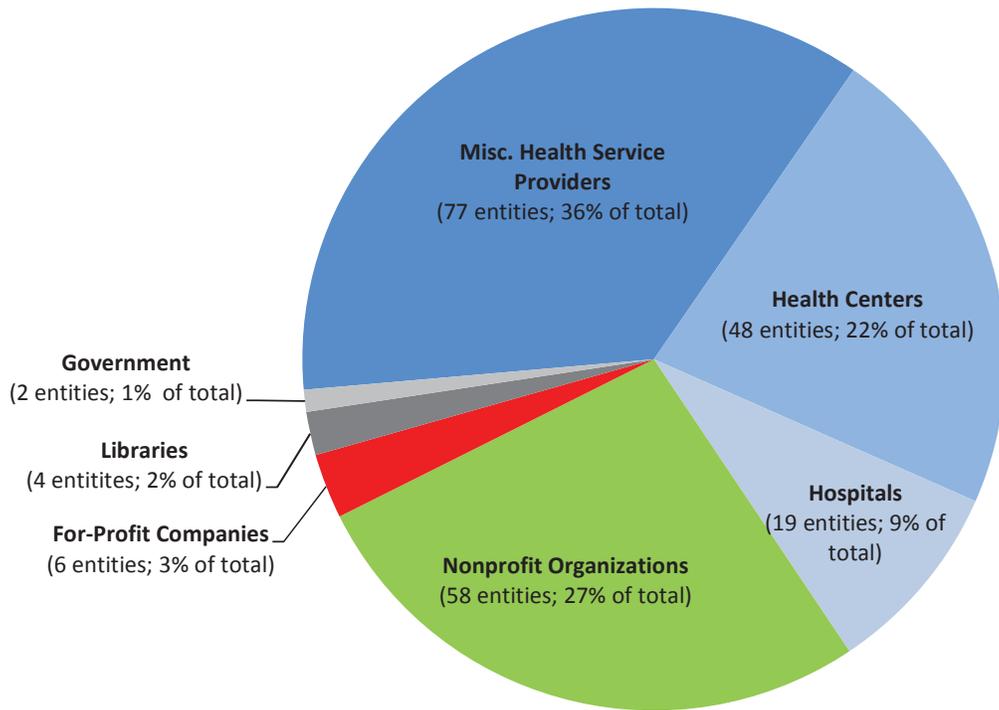
The more rural regions of the state have less access to navigational assistance per residents than the Philadelphia and Pittsburgh areas. The most glaring example is the Erie region in the

Northwest: this region features only one navigational assistance organization for an uninsured population of more than 55,000 people.

The navigational assistance organizations can also be categorized based on their primary function. This distribution in Pennsylvania is represented in the pie chart below.

Organizations that deliver health services (health centers, hospitals, and other health service providers) make up the majority of Pennsylvania navigational assistance organizations (67 percent).

Figure 2.2. Types of Entities Providing Navigational Assistance in Pennsylvania (Navigators and CACs Listed on HealthCare.gov)

Misc. Health Service Providers
(77 entities; 36% of total)

Health Centers
(48 entities; 22% of total)

Government
(2 entities; 1% of total)

Libraries
(4 entitites; 2% of total)

For-Profit Companies
(6 entities; 3% of total)

Hospitals
(19 entities; 9% of total)

Nonprofit Organizations
(58 entities; 27% of total)

Source: HealthCare.gov search results as of 11/19/2013

Nonprofit organizations make up the next largest group, at 27 percent. Many of these organizations provide a variety of services and assistance to low-income communities, which often includes benefit enrollment for other government programs. Six for-profit companies are CACs, comprising 3 percent of the total. Libraries (four branches of the Free Library of Philadelphia) and government agencies (Bethlehem Health Bureau and Philadelphia Department of Behavioral Health and Intellectual Disability Services) make up the smallest group, a combined 3 percent.

The Health Resources and Services Administration (HRSA) has awarded more than $4 million in outreach and enrollment funding to thirty-eight health centers with a combined 250 sites in Pennsylvania.[64] These centers reach consumers directly and, as a

result, are poised to prove critical in reaching consumers who seek to enroll in qualified health plans. These centers served nearly 700,000 patients last year, nearly 30 percent of whom were uninsured, and the centers anticipate hiring seventy-six additional workers with the incoming grant funds.[65] As of November 19th, thirty-two of the grant recipients (84 percent) appeared on HealthCare.gov as certified navigational assistance organizations, but six did not.

It is also worth noting that ten of the 214 entities that came up in search results on November 19th have known religious affiliations; these entities represent just under 5 percent of the total number of Pennsylvania entities that provide navigational assistance to consumers.

2.6 Interagency and Intergovernmental Relations

CMS's Center for Consumer Information and Insurance Oversight (CCIIO), which is responsible for overseeing the federal health insurance exchange in Pennsylvania, has worked with several state agencies to implement the Affordable Care Act. These agencies primarily include the Pennsylvania Department of Public Welfare, which oversees the state's Medicaid program, and the Pennsylvania Insurance Department, which administers the state's Children's Health Insurance Program (CHIP), reviews insurance plans, and licenses insurance brokers.

To facilitate coordination between federal and state officials, CMS has held weekly, all-state topic-based calls as well as bimonthly meetings dealing with changes to Medicaid, CHIP, the health insurance marketplace, and system implementation issues (via the state operations technical assistance team). CMS also maintains frequent (at least bimonthly) calls with Pennsylvania's eligibility and enrollment team regarding IT project implementation. It began coordinating IT Stage Gate reviews in April 2013.[66]

Despite working closely with the federal government on many initiatives, several members of the Corbett administration have repeatedly expressed frustration with the federal government's implementation of the ACA. In his testimony before a congressional hearing in September 2012, Pennsylvania Insurance Commissioner Michael Consedine strongly criticized the federal government for failing to provide adequate guidance to states in a timely fashion: "We still lack clear direction and the flexibility promised us has not materialized."[67] Another PID representative recently echoed Consedine's frustrations in an email to the author: "We came to our work with HHS with a very open mind, but shortly into our work together, we recognized a somewhat concerning trend — that their guidance or direction was not consistent. One consistency, unfortunately, appears to be their ongoing lack of detailed responses, as well as ever-changing deadlines and policies."[68]

Reflective of his skepticism and dislike of the Affordable Care Act, the governor has requested flexibility in meeting several of the ACA's requirements. For instance, Corbett asked that children

whose families earn between 100 percent and 133 percent of the FPL be given a choice as to whether they wanted to receive insurance through Pennsylvania's Children's Health Insurance Program or Medicaid. While CMS denied Corbett's request to allow these children to remain on CHIP permanently, it did give Pennsylvania until the end of 2014 to move these families over to Medicaid.

Most significantly, Corbett's Healthy PA plan represents the most expansive Medicaid waiver proposal crafted by any state thus far. First released in September 2013, this plan seeks to both reform Pennsylvania's current Medicaid program and extend health insurance to more than 500,000 uninsured Pennsylvanians. To implement this plan, the Corbett administration plans to request twenty-three different waivers from the federal government.[69]

Several elements of the Healthy PA plan are unique. Like Arkansas and Iowa, Pennsylvania proposes to use federal Medicaid dollars to subsidize private health insurance for uninsured residents. However, unlike these states, or any other state, Corbett's plan would require new enrollees to show that they are working or have engaged in job search activities in order to obtain coverage. Under Healthy PA, Pennsylvania would also charge new enrollees premiums for their coverage. Other controversial elements of the plan include the Corbett administration's proposal to simplify current Medicaid benefits into a low-risk and a high-risk plan and its proposal to stop providing nonemergency transportation to help Medicaid beneficiaries go to the doctor. Several analysts have predicted that Pennsylvania's Medicaid waiver proposals, and in particular its proposed work/ job search and its attempt to alter benefits for current beneficiaries, will not be accepted by the Obama administration.

2.6(c) Federal Coordination. While the Centers for Medicaid & Medicare Services has taken the lead in implementing the Affordable Care Act in Pennsylvania, a number of other federal agencies have been involved as well. In keeping with its national responsibilities, the Internal Revenue Service (IRS) has verified individuals' incomes and will eventually calculate and collect penalties and fees. The Social Security Administration has helped verify applicants' identities to ensure they are eligible for benefits. Offices in HHS have also played important roles. For instance, HHS's Health Resources and Services Administration oversees the state's Federally Qualified Health Centers, which have actively engaged in consumer outreach. According to CMS representatives, there has not been anything particularly unique about federal agencies' coordination in Pennsylvania.[70]

2.7 QHP Availability and Program Articulation.

2.7(a) Qualified Health Plans (QHPs)

Insurance Plans Offered in Pennsylvania

As listed in HealthCare.gov's comprehensive database in November 2013, there are currently 2,995 individual health insurance

plans in Pennsylvania offered by ten insurance companies.[71] Focusing on six specific counties (Allegheny, Dauphin, Erie, Lackawanna, Lehigh, and Philadelphia), there appears to be little, if any, correlation between the extensive availability of plans and lower insurance costs to consumers. However, there are exceptions to this. While there is less competition among insurance companies in Philadelphia, premium prices are, in fact, higher in this county. As shown in the charts on the following page, Dauphin offers a wider variety of silver plans (twenty-three) than Philadelphia (seven). However, on average, a twenty-seven-year-old individual's premium for a silver plan in Philadelphia ($259.87) would be 20 percent higher than his/her premium for a silver plan in Dauphin ($219.10).[72] It is noteworthy, however, that considering the lack of correlation throughout the HealthCare.gov's health insurance database, these data may likely be the result of some other factor.

No major research has been published that explicitly concludes that competition is reducing the average health insurance premiums in Pennsylvania. However, Robert J. Town, associate professor of health care management at the University of Pennsylvania, has stated, "It is still very early in the rollout of Obamacare, but I believe the Pennsylvania premiums will eventually go down. We have not seen a lot more competition in the insurance side, particularly in the federally run exchanges, but I think going forward we are likely to see more entry. There are some large insurers that are standing by seeing how this all shakes out before entering the marketplace."[73]

Comparing Insurance Plans in Pennsylvania Using Premiums and Subsidies

According to HHS, individuals with incomes between 100 and 400 percent of the FPL may be eligible for federal premium tax subsidies to help pay for private health insurance through the federally facilitated marketplace under the ACA. Individuals with incomes between 100 and 250 percent of the FPL may also be eligible for additional cost-sharing reductions (CSR) to help lower their out-of-pocket expenses (e.g., copays and deductibles). Under the ACA, in Pennsylvania, half (50 percent) of currently uninsured nonelderly people are eligible for financial assistance in gaining coverage.[74] Roughly 482,000 uninsured Pennsylvanians are eligible for premium tax credits to help them purchase coverage in the marketplace.[75]

When shopping for health insurance plans, most consumers concern themselves with the monthly premium price, since it is the amount they are responsible for regardless of usage. In order to make comparison shopping easier, the ACA delineated a tiered "metal" system (catastrophic, bronze, silver, gold, and platinum). Since bronze plans cover a lower percentage of overall cost, a logical corollary is that those plans have cheaper monthly premium costs (both before and after premium subsidies are applied). A

Figure 2.3. Total Number of Companies Offering Health Insurance Plans for Selected Pennsylvanian Counties, November 2013
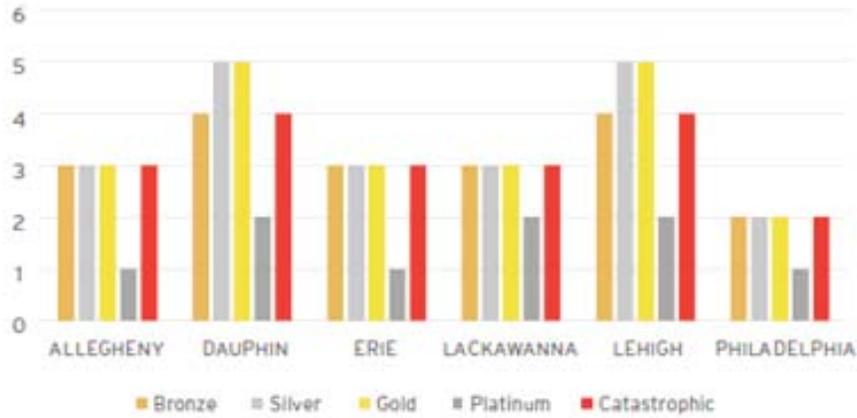

Figure 2.4. Average Total Number of Health Insurance Plans for Selected Pennsylvanian Counties, November 2013.
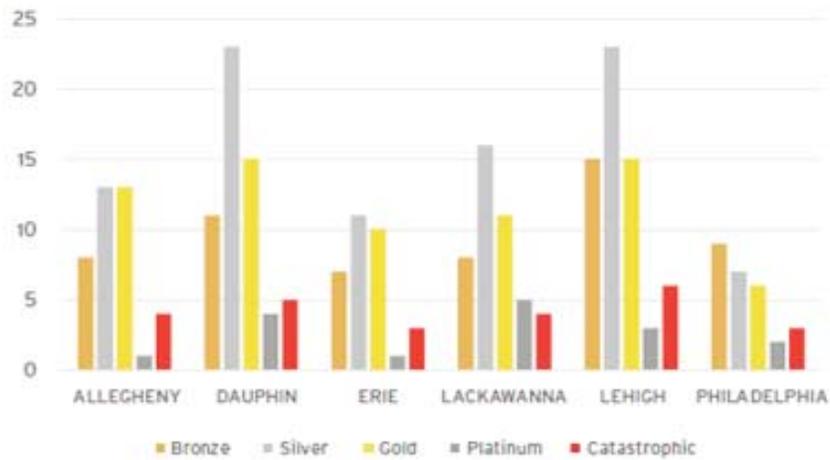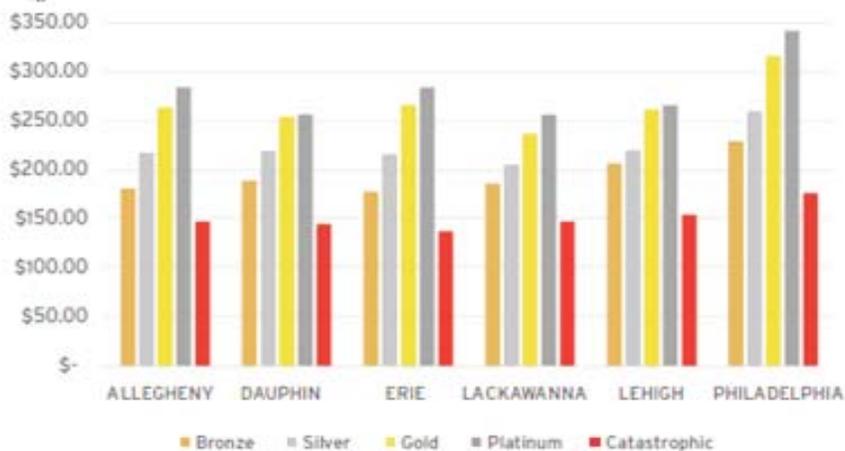

Figure 2.5: Average Monthly Premium by Metal Type for a Single Twenty-Seven-Year-Old in Selected Pennsylvanian Counties, November 2013.

random bronze and silver sampling of Pennsylvania plans from the six select counties (Allegheny, Dauphin, Erie, Lackawanna, Lehigh, and Philadelphia) shows that some bronze plans had higher premium costs than silver plans within the same county. The table below shows that a twenty-seven-year-old shopper in Allegheny County could come up against this problem in his/her quest to purchase health insurance. Had the individual received a quote from UPMC health insurance company, it would be reasonable for him/her to assume that this bronze plan is cheaper than silver plans both within this company and when compared with silver plans from other companies. Our research has shown, however, that in Allegheny County there are instances where silver plans have less expensive monthly premiums than do bronze plans.

When analyzing selected plans, the same phenomenon occurred in Lehigh County and Dauphin County. Having only selected random silver and bronze plans, it would be impertinent to suggest that these incidences constitute a trend; in fact, most plans analyzed behaved as expected, with silver plans having higher premium costs than bronze plans. What can be said with cer-

Table 2.3. Price of Two Randomly Selected Health Care Plans in Allegheny County (ZIP Code 15237) for a Single Twenty-Seven-Year-Old at 200 Percent of the Federal Poverty Level.[76]						
Plan	**Metal Level**	**Monthly Premium After Subsidy**	**Annual Premium After Subsidy**	**As % of Income****	**100% Out-of-Pocket Max After Subsidy + Annual Premium After Subsidy**	**As % of Income**
UPMC Health Plan, UPMC Advantage Premium Bronze	Bronze	$217.33	$2,607.96	11.30%	$8,957.96	38.98%
Highmark Health Services, Shared Cost Blue PPO 2650 Community Blue Plan	Silver	$120.64	$1,447.68	6.30%	$2,959.68	12.88%

tainty, however, is that the bronze classification does not guarantee cheaper monthly premiums (when compared with other insurance company options).

Another significant factor Pennsylvanians must consider is that cost-sharing reduction subsidies are only available for consumers who choose silver plans.[77] The CSR subsidies can be applied to defray the costs of deductibles, copayments, coinsurance, or out-of-pocket maximums for individuals and families living at 250 percent of the poverty level or below. This aspect of the legislation was designed to encourage low-income consumers to obtain more complete coverage by choosing silver plans over bronze. However, this provision can instead result in consumers who choose bronze plans for their presumed affordability paying significantly higher total sums and proportions of their household budgets for health care than consumers who choose silver plans. This effect is especially pronounced for consumers who actually use health care

services as opposed to those who simply pay monthly premiums.

For example, in Table 2.4 below, a twenty-seven-year-old living in Philadelphia at 200 percent of the FPL who chooses a bronze plan will face a deductible of $5,500 and an out-of-pocket maximum of $6,350. If that individual chooses a silver plan, he/she will face an out-of-pocket max of only $1,714. Similarly in Table 2.5, a single parent with two children living at the same 200 percent of the FPL in Allegheny County faces a $10,000 deductible and $12,700 out-of-pocket maximum with a bronze plan and a $3,024 out-of-pocket maximum with a silver plan. It should be noted that in both of these instances, the out-of-pocket maximums are in compliance with ACA standards — $6,350 for an individual and $12,700 for a family.

Tables 2.6 and 2.7 also demonstrate the significance of this CSR discrepancy across tiers with regard to the percentage of a household's budget spent on care. In Dauphin County, a fifty-year-old adult at 200 percent of the FPL who chooses a bronze plan and hits his/her out-of-pocket maximum while paying the annual cost of premiums will spend approximately 40

Table 2.4. Price of Two Randomly Selected Health Care Plans in Philadelphia (ZIP code 19102) for a Twenty-Seven-Year-Old at 200 Percent of the Federal Poverty Level[78]							
	Metal Level	Premium	Premium After Subsidy	Deductible	Deductible After Subsidy	Out-of-Pocket Max	Out-of-Pocket Max After Subsidy
Aetna, Aetna AdvantagePlus 5500PD	Bronze	$241	$115.52	$5,500	$5,500	$6,350	$6,350
Independence Blue Cross, Personal Choice PPO Silver Reserve	Silver	$250.77	$125.30	$2,000	$540	$6,350	$1,714.50
*200% FPL for a single 27-year-old is roughly equivalent to $22,980							

Table 2.5: Price of Two Randomly Selected Health Care Plans in Allegheny County (ZIP Code 15237) for a Thirty-Five-Year-Old Single Parent With Two Children at 200 Percent of the Federal Poverty Level[79]							
Plan	Metal Level	Premium	Premium After Subsidy	Deductible	Deductible After Subsidy	Out-of-Pocket Max	Out-of-Pocket Max After Subsidy
UPMC Health Plan, UPMC Advantage Premium Bronze	Bronze	$561.34	$434.98	$10,000	$10,000	$12,700	$12,700
Highmark Health Services, Shared Cost Blue PPO 2650 a Community Blue Plan	Silver	$331.43	$205.07	$5,300	$1,431	$11,200	$3,024
*200% FPL for a three-person family is roughly equivalent to $39,060							

percent of his/her income on health care. If that adult had chosen a silver plan, he/she would spend only 17 percent of his/her income. In Lehigh County, he/she would spend 34 percent and 14 percent, respectively.

Pennsylvanian consumers who choose bronze plans over silver and access health care services are potentially leaving significant amounts of cash on the table.

2.7(c) Clearinghouse or Active Purchaser Exchange. Pennsylvania participates in the federally facilitated marketplace, a clearinghouse model exchange.

2.7(d) Medicaid. Under the Corbett administration, Pennsylvania is one of six states that has neither expanded Medicaid nor opted out. Rather, in September 2013, Corbett submitted an alternative plan, Healthy Pennsylvania, to increase coverage for low-income residents. Even if approved by CMS, this alternative policy would not take effect until January 15, 2015. Until a resolution is achieved between the

Table 2.6: Price of Two Randomly Selected Health Care Plans in Dauphin County (ZIP Code 17120) for a Fifty Year-Old at 200 Percent of the Federal Poverty Level[80]						
Plan	Metal Level	Monthly Premium After Subsidy	Annual Premium After Subsidy	As % of Income	100% Out-of-Pocket Max After Subsidy + Annual Premium After Subsidy	As % of Income
Keystone Health Plan Central, A Capital BlueCross Company; Healthy Benefits Value HMO 6000	Bronze	$242.50	$2,910.00	12.66%	$9,260.00	40.30%
Geisinger Health Plan, Marketplace Direct 9	Silver	$192.73	$2,312.76	10.06%	$3,932.76	17.11%

*200% FPL for single adult (age 50) is $22,980
Keystone out-of-pocket max = $6,350
Geisinger out-of-pocket max = $6,000

Table 2.7: Price of Two Randomly Selected Health Care Plans in Lehigh County (ZIP Code 18105) for a Twenty-Seven-Year-Old at 200 Percent of the Federal Poverty Level[81]						
Plan	Metal Level	Monthly Premium After Subsidy	Annual Premium After Subsidy	As % of Income	100% Out-of-Pocket Max After Subsidy + Annual Premium After Subsidy	As % of Income
Geisinger Health Plans, Marketplace Solutions 12	Bronze	$130.54	$1,566.48	6.82%	$7,906.48	34.40%
Highmark Health Services, Health Savings Blue PPO 1700 a Community Blue Plan	Silver	$120.64	$1,447.68	6.30%	$3,162.18	13.76%

200% FPL for single adult (age 27) is $22,980
Geisinger out-of-pocket max = $6,350
Highmark out-of-pocket max = $6,350

state and federal agencies, 218,000 Pennsylvanians remain in a coverage gap, neither eligible for Medicaid nor eligible to receive assistance with premiums and cost-sharing through the federal exchange.*,[82]

In Pennsylvania, parents become eligible for Medicaid at 38 percent or below the federal poverty level, or about $9,000 per year for a family of four.[83] "Able-bodied" adults without dependent children are not eligible for Medicaid, regardless of income. Since the ACA was written to expand Medicaid coverage for parents and singles up to 138 percent of the FPL, and only individuals with incomes above 100 percent of the FPL are eligible for a government subsidy to purchase health insurance on the exchange, roughly 20 percent of the 1.4 million uninsured Pennsylvanians fall into the aforementioned gap.[84] (See Figures 2.6a and Figure 2.6b.) Approximately 482,000 uninsured Pennsylvanians are eligible for premium tax credits through the exchange.

Undocumented immigrants remain ineligible for Medicaid. Because all states expanded Medicaid and CHIP eligibility for children — including children with family incomes up to 319 percent of the FPL — children do not presently fall into a gap.

To illustrate the effect of this conflict in federal and state policy, consider the following example. According to HHS's *2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia*,[87] the federal poverty level is equivalent to $11,490 for one individual. If an individual's annual household income equals or exceeds this amount, he/she is eligible for a tax credit on the exchange to lower the cost of the premium. In Alleghany County (ZIP code 15237), then, a randomly selected bronze plan, UPMC Advantage Premium Bronze, requires a monthly premium of $116 for an individual earning $11,500. This same plan costs $236 for an individual earning $20 less annually ($11,480), because this individual does not earn enough to qualify for premium subsidies.[88] The plan carries a $5,000 deductible and 10 percent coinsurance, and, as a bronze plan, offers no cost-sharing subsidies for out-of-pocket expenses. Premium costs alone would consume 12 percent and 25 percent, respectively, of the individual's monthly income (around $960 a month).

2.8. Data Systems and Reporting

Pennsylvania has experienced some IT difficulties related to health care reform. For example, Pennsylvania's public benefits website — COMPASS — and HealthCare.gov have had difficulty sharing information. As a result of this, Pennsylvania faced a

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*   There is disagreement across sources — elected officials, journalists, policy researchers — as to the total number of residents left without coverage as a result of the state's failure to expand Medicaid. Many of these sources place the number closer to 500,000. Some of this confusion is no doubt the result of the overlap between eligibility for Medicaid and for subsidy and tax credit assistance through the federal exchange, which begins at 100 percent of the FPL.

**Figure 2.6a: Income Eligibility Levels for Medicaid/CHIP
and Marketplace Tax Credits in Pennsylvania as of 2014**
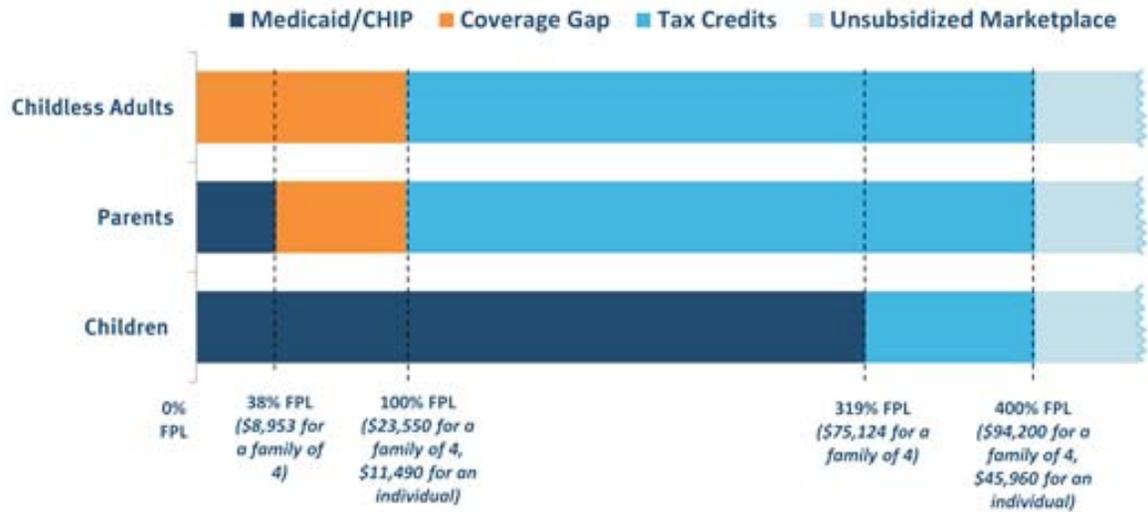
Notes: Medicaid eligibility is based on current Medicaid eligibility rules converted to MAGI. Applies only to MAGI populations. Medicaid eligibility levels as a share of poverty vary slightly by family size; levels shown are for a family of four. People who have an affordable offer of coverage through their employer or other source of public coverage (such as Medicare or CHAMPUS) are ineligible for tax credits. Unauthorized immigrants are ineligible for either Medicaid/CHIP or Marketplace coverage.
Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels.

Source: Kaiser Family Foundation[85]

**Figure 2.6b: Income Eligibility Levels for Medicaid/CHIP and Marketplace Tax Credits
as of 2014 Among Currently Uninsured Pennsylvanian**
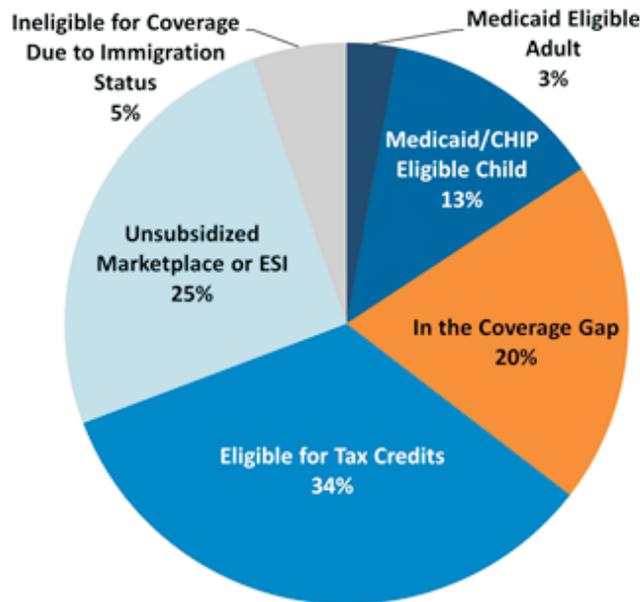
Total = 1.4 Million Uninsured Nonelderly Pennsylvanians

Notes: People who have an affordable offer of coverage through their employer or other source of public coverage (such as Medicare or CHAMPUS) are ineligible for tax credits. Unauthorized immigrants are ineligible for either Medicaid/CHIP or Marketplace coverage.
SOURCE: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey.

Source: Kaiser Family Foundation ("ESI denotes employer-subsidized insurance.[86]

backlog in processing approximately 50,000 Medicaid applications that had originally been submitted through HealthCare.gov but had not been successfully transferred over to the state. In December, CMS began to contact approximately 20,000 Pennsylvanians who had been deemed potentially eligible for Medicaid through HealthCare.gov to tell them that they needed to reapply for Medicaid directly through the state. The Pennsylvania Department of Public Welfare issued a consumer alert to notify potential enrollees as well.[89]

Part 3 – Supplement on Small Business Exchanges

3.1 Organization of Small Business Exchanges

The ACA legislation mandates that each state either create its own Small Business Health Options Program (SHOP) exchange or participate in the federally operated SHOP marketplace, which is managed by the CMS.[90] Pennsylvania chose the latter of the two options. Under this option, the state serves as a facilitative body, assisting the federal government in marketing the program and aiding businesses through the enrollment process. To date, however, Pennsylvania has had limited involvement with the implementation of the program. Additionally, due to many implementation hurdles on the individual insurance exchanges, SHOP's full operation was delayed three times, and the website intended to manage the marketplace is now planned to be operational in fall 2014. The promotion of the SHOP marketplace in Pennsylvania has been described as fragile and targeting only select segments of the population. Valuable information on the program has been underused, largely because the public is unaware such resources exists.[91]

Currently, the Pennsylvania Insurance Department has limited involvement in publicizing information about the SHOP marketplace. Although its website, PAHealthOptions.com provides information on the SHOP marketplace, much of the information is rather general. For example, the website includes a section on how to evaluate the ACA's effects on an individual's current coverage. But this section simply provides information on whether an individual's current insurance will stay the same or change based on whether he/she is employed by a large business, a small business, or are seeking coverage through the individual marketplace. The website also provides a comparison of the federally operated SHOP marketplace and the private marketplace; this does include some information helpful to small business owners, particularly regarding participation eligibility. However, in the subsection on small employer insurance, the site states "if you work for a small employer (currently fifty or fewer employees) and have health insurance through your work, you may experience small changes to your coverage." This information does not mention the SHOP marketplace and is very vague. Any individual who is looking for more specific information would need to go elsewhere. Links to

the federally operated website, HealthCare.gov, are provided on the Pennsylvania Insurance Department's website, which will direct individuals to a source of more detailed information.

Despite the larger role that the PID played in the past regarding health insurance, the agency appears to have limited information and resources regarding the SHOP marketplace and the ACA. Unexpected outcomes from the individual marketplace have appeared to capture the state government's attention rather than SHOP. Moreover, since the SHOP marketplace is an optional program, it has received little to no media attention. Between the months of June and November, there were only thirteen media reports on the SHOP marketplace, and none stated strictly negative comments. This evidence supports the lack of pressure from Pennsylvania constituents for the state and federal government to address and fix the current and prospective issues concerning the SHOP marketplace.[92]

Part 4 – Summary Analysis

4.1 Policy Implications

Although the ACA will no doubt have real financial consequences for insurers, hospitals, and health care providers, at this early stage in implementation, it is difficult to calculate precise gains and losses. For example, the Hospital Association of Pennsylvania supported the ACA, believing, in part, that reform was necessary to reduce current levels of uncompensated care and to reduce reliance on emergency care for patients who put off treatment for as long as possible to avoid out-of-pocket costs.[93] The association agreed to significant cuts in Medicare and Medicaid to support the bill's passage. However, because cost savings from universal coverage have not yet been realized, hospitals reported cutting staff in April 2014 to offset the loss of Medicaid and Medicare funding. Safety net hospitals, which are required to serve all populations, seem especially affected, as many of their patients who fall into the Medicaid coverage gap are still showing up in emergency rooms without insurance.

Indeed, the 218,000 Pennsylvanians, mostly singles with incomes at or below 100 percent of the FPL, and parents with incomes below 38 percent of the FPL, are unequivocally the biggest losers in Pennsylvania health reform. Some experts estimate that as many as 500,000 residents fall into this category.[*,94] As negotiations ensue between Harrisburg and Washington regarding the conditions of Pennsylvania's Medicaid waiver, these individuals are neither able to afford care through Medicaid nor to receive

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*   A recent article in *Kaiser Health News,* working in partnership with the *Philadelphia Inquirer,* stated, "The delay will cost Pennsylvania hundreds of millions if not billions in Medicaid dollars this year and leaves an estimated 500,000 low income residents without health coverage for the first year of the program." Additionally, press releases by the Corbett administration report that Healthy PA will extend coverage to around 500,000 residents. However, *Kaiser* also explicitly states on its Pennsylvania Fact Sheet cited earlier in the report that 218,000 uninsured residents fall in the coverage gap.

subsidies to offset the cost of purchasing a private plan on the exchange. Even if Healthy PA were approved, the subsidies to purchase private plans would not be available until January 2015. This delay is said to cost the state millions, if not billions, in federal Medicaid dollars.[95]

4.2 Possible Management Changes and Their Policy Consequences

Pennsylvania's 2014 gubernatorial election could have a significant influence on how the ACA is implemented in the state. Early polls show that Corbett may have a tough time getting elected for a second term. If one of Corbett's Democratic challengers wins, the commonwealth's position in regards to the ACA is likely to change. For example, none of Corbett's Democratic challengers support his Healthy PA Medicaid reform proposal. Indeed, after Corbett unveiled his plan, candidate Tom Wolf said that it "puts political posturing over people."[96] Instead of the Healthy PA plan, Democratic candidates have said that they would like to expand Medicaid in line with the ACA's provisions. While it is still very early in the 2014 election cycle, there is no doubt that if a Democratic candidate wins in November, Pennsylvania's orientation towards the ACA will change.

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