

MAKING THE CONNECTION

Accessing Medical Benefits: An Overview of the ACA and Medicaid



OBJECTIVES

Understand basic eligibility rules for medical benefit programs, including Medicaid and the Marketplace

Discuss the impact of the Affordable Care Act (ACA) on medical benefit programs

Be able to explain the application and approval process for various benefit programs

Understand how to trouble shoot when there is a problem

ELIGIBILITY FOR HEALTH COVERAGES

Eligibility Determination for Medicaid and the
Marketplace

ACA Key Components

Shared responsibility among employers, government, individuals to offer/obtain insurance (*Minimum Essential Coverage*)



Created a new Health Insurance Marketplace to offer more affordable health insurance



Expanded Medicaid eligibility to low income adults earning up to 138% FPL

What are people's options for coverage?

Employer Based Coverage

Government programs

- **Medicaid** – insurance for low-income populations; ACA expanded eligibility
- **Medicare** – insurance for seniors age 65+ or those who are disabled
- **VA Healthcare** – insurance for honorably discharged

Purchase qualifying health insurance during annual enrollment period

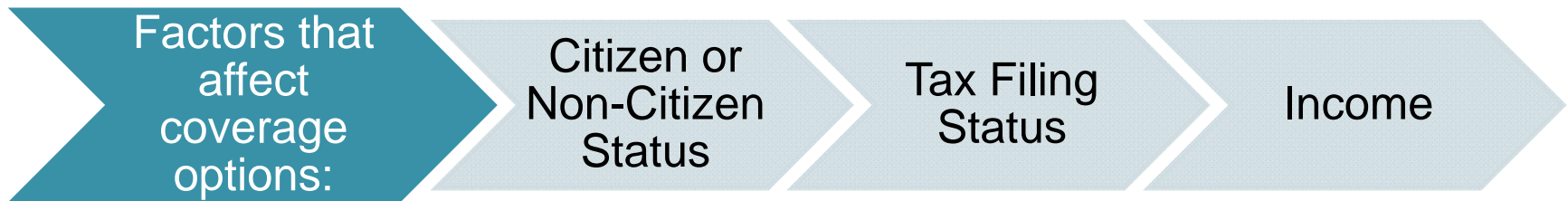
Failure to Have Coverage



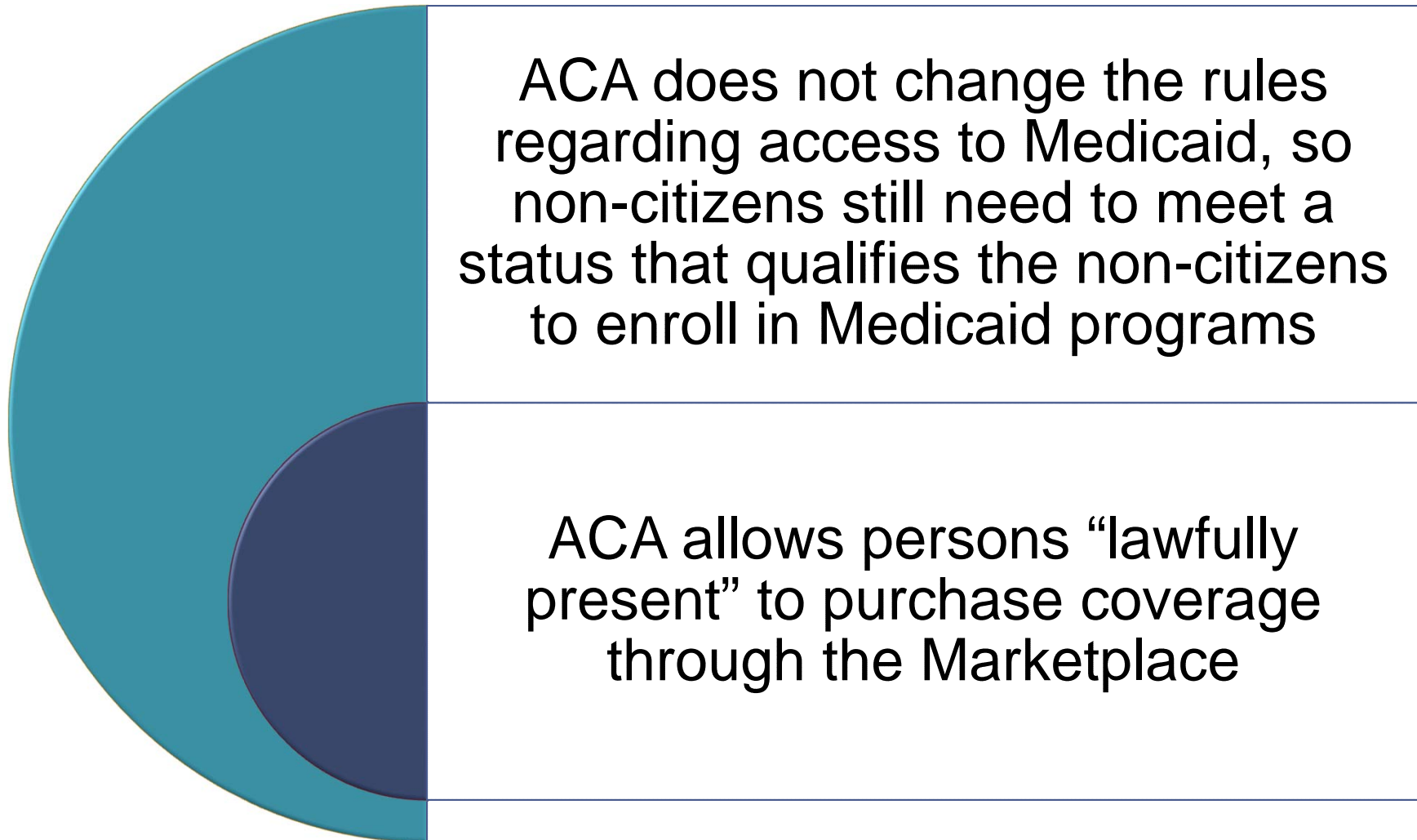
If a tax filer and dependents do not have health coverage for more than 3 months they will have to pay a tax penalty

The penalty is paid per person not insured

What Influences Coverage Options



Non-Citizen Status and ACA



Medicaid: Qualified Non-Citizens

Examples of Status that Qualifies for Medicaid

- Lawful Permanent Resident (LPR) in U.S. for **5 yrs. or more** **OR**
- Member of a special immigrant group e.g.
 - Refugee or Asylee
 - Admitted under VAWA (Violence Against Woman Act)
 - Cuban or Haitian or other humanitarian entrant
 - And More.....

Note: Does not apply if pregnant or child under age 19

Marketplace: Citizens/Non-Citizen Status

Examples of Status that Qualifies for Marketplace

- Includes all that qualify for Medicaid plus
 - Lawfully present non-citizens in U.S. **under 5 years**
 - Individuals with approved visa petitions who have applied for adjustment to LPR status
 - Non-immigrants with approved visas to live and work in the U.S. (workers, students, etc.)

<https://www.healthcare.gov/immigrants/immigration-status/>

Undocumented Non-Citizens


Cannot buy health insurance through the individual Marketplace.



Can apply for financial help for family members who are lawfully present or are US citizens.



Explicitly **excluded** from individual responsibility provision to have insurance and related tax penalty.



May be eligible for Medicaid if a child 18 or younger or a woman who is pregnant or for emergency Medicaid

What is a Tax Filer?

A tax filer is someone who expects to file a federal income tax return.

Spouses filing jointly are both considered tax filers (NOTE: spouses do not claim each other as dependents)

Some individuals may file a federal income tax return but be claimed by someone else as a dependent (e.g., a teenager with a summer job).

Who must file depends on age, filing status and income.

Some individuals should file a tax return, even if they are not required to, in order to claim tax credits or refunds.

Who is a Dependent?

Qualifying child

- The child must be....
 - a son, daughter, stepchild, foster child, or a descendant (for example grandchild) or
 - brother, sister, half sibling, step sibling, or a descendant (for example a niece or nephew)
- The child must be.....
 - under age 19 at the end of the year and younger than the tax filer or spouse OR
 - a student under 24 at the end of the year and younger than the tax filer or spouse, OR
 - permanently and totally disabled at any time during the year, regardless of age

Qualifying person

- Is not a qualifying child AND
- Lives with the tax filer all year if not related (related persons do not have to live with the tax filer) AND
- Has an income under \$3,950 AND
- The tax filer provides more than half of their support



When is a child or tax dependent required to file a tax return?

If the person is a dependent on another person's tax return the dependent needs to file a tax return if...

- Earned income is at least \$6,100 per year OR
- Countable unearned income is \$1,000 per year (such as interest income)
- Note: SSI and SSA income is generally not considered countable income so if someone has this as an income they are not required to file a tax return

If the dependent/child MUST file a tax return the income is included in eligibility

If the dependent/child is NOT required to file a tax return the income is not counted for MAGI

MAGI and Tax Filer Status

The Tax Filer Status determines whose income is considered to assess if eligible for:

- Premium Tax Credits
- Cost Sharing Reductions
- Medicaid coverage

Modified Adjusted Gross Income (MAGI)

- Determines the type of income that is considered

Income Determination: What is MAGI?

Modified Adjusted Gross Income or MAGI is a uniform way to consider income to determine eligibility for Medicaid and Advance Premium Tax Credits through the Marketplace

Generally, modified adjusted gross income is your adjusted gross income plus any tax-exempt Social Security, interest, or foreign income you have.

Income is compared to program limits to determine source of health coverage and/or level of financial assistance available.



What income is counted using MAGI?

Include in MAGI	Not included in MAGI
<ul style="list-style-type: none"> • Wages and tips, cash income • Unemployment compensation • Taxable amount of pensions, annuities, IRA distributions and Social Security benefits from retirement, disability and survivors benefits (do not include Supplemental Security Income) • Business income, farm income, capital gain, other gains (or loss) • Dividends and taxable interest • Tax exempt interest • Alimony received • Rental real estate, royalties, partnerships, trusts, etc. • Foreign income • Other income not specifically excluded 	<ul style="list-style-type: none"> • TANF, SNAP, SSI or other public benefits (LIHEAP, WIC, etc.) • Child support • Gifts • Qualified scholarships (for tuition only) • Certain salary deferrals (e.g., flexible spending plans, contributions to 401(k) plans)
	<h3 data-bbox="1094 938 1923 1008">Deductions from MAGI</h3> <ul style="list-style-type: none"> • Contributions to a health savings account • Job-related moving expenses • Student loan interest • IRA contributions • Alimony paid • Self-employment expenses • Educator expenses

Example

Margaret works and earns \$2000 a month. She receives child support of \$1500 a month. Child support is not counted under MAGI (for Medical Benefits).



Steve retired early and he gets \$1300 a month Social Security and receives a non-taxable Roth benefit of \$400 a month. His MAGI is only his Social Security.

Max works and earns \$50,000 a year. He contributes to his 403B \$10,000 a year. His MAGI is \$40,000



FPL: Income Limits for Coverage

2016 Federal Poverty Level							
	Medicaid Programs (Monthly)					Marketplace (Annual) (using 2015 FPL)	
	AABD (100% FPL)	ACA Adult FamilyCare	All Kids Level 1	Moms and Babies	All Kids Level 2	CSR	APTC
Household Size	Seniors, Persons w/ Disabilities	Adult	Child	Pregnant or child under 1	Child	250%	400%
1	\$990	\$1,366	\$2,069	-----	\$3,148	\$29,425	\$47,080
2	\$1,335	\$1,842	\$2,790	\$2,844	\$4,245	\$39,825	\$63,720
3	\$1,680	\$2,318	\$3,511	\$3,578	\$5,342	\$50,225	\$80,360
4	\$2,025	\$2,795	\$4,232	\$4,313	\$6,440	\$60,225	\$97,000

The income increases as the number of person's in the household increases.

Medicaid adjusts its income standards in February each year. The Marketplace uses the FPL that is in place at the start of Open Enrollment each year.



Example: George's Family

George and his wife have a combined income of \$65,000. They file jointly and have 4 dependents (their 3 children and George's mother).

- Eligibility for coverage is based on comparing the family income to income limits for a household of six (6).

Example: Finn, Bill and Ann

Finn is 17 and receives \$1200 a month in Social Security Survivors benefits.

Bill, and Ann (Finn's step-father and mother) claim Finn as their tax dependent. Their combined gross income is \$25,000. When you add Finn's income, the family has an income of \$39,400.

Finn is not required to file a tax return, so his Social Security is not included in the family income.

Qualifying Child Example



Sue is 22 and attends college full time. She currently earns \$7500 a year. Sue is claimed as a dependent on her parents' taxes.

- Sue has to file a return since she earns over \$6100.
- Sue does not claim a personal exemption for herself.

Sue's parents file for health coverage.

- Sue is included in their household since she is a dependent on their tax return.
- Since Sue must file a tax return, her income is added to her parents to assess eligibility for Premium Tax Credits

MEDICAID

Medicaid Programs in Illinois

ACA Adult

Family Care for
parents and other
caretakers of
children under 18

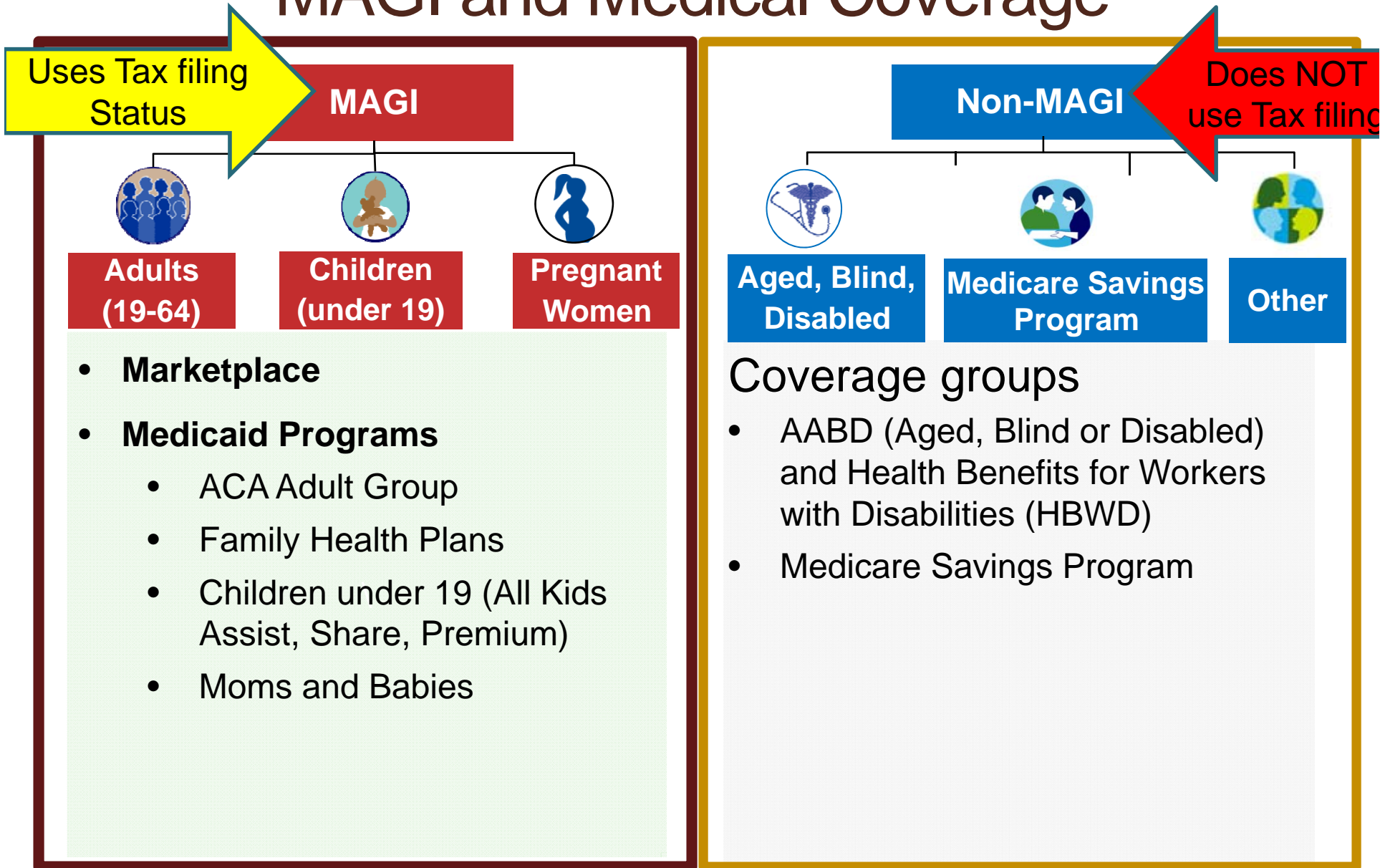
AllKids

Moms and Babies

AABD (Aid to the
Aged, Blind and
Disabled)

HBWD (Health
Benefits for
Workers with
Disabilities)

MAGI and Medical Coverage



Tax Filer Status and Medicaid

Tax Filer (MAGI Method)

Household and income used is based on tax dependency

Income used is from the

- Tax filer and spouse who file jointly, or spouse who is living in the home if not joint filers
- Biological, adopted or step children
- Anyone else claimed as a tax dependent (regardless of residence)

Resources are not counted

Non-Tax Filer (Non-MAGI Method)

Household and income used is not based on tax unit

Household and income counted for

- Individual applying, spouse living in the home
- Biological, adopted or step children

If person applying is under age 19 use the income of....

- Biological, adoptive and step parents are included if living in the home
- Biological, adoptive and step sibling are included if living in the home

Resources MAY be counted

Who Can Enroll in Medicaid?

An adult (age 19-64) can enroll if...

- A U.S. citizen or qualified non-citizen
- Illinois resident
- Income below 138% FPL

A person who is 65+(aged), blind or disabled can enroll if...

- A U.S. citizen or qualified non-citizen
- Illinois resident
- Income below 100% FPL (if over enrolled in Spend down)
- Have resources at or below \$2000 (1 person) or \$3000 for 2 persons)

An pregnant woman or child under age 1 can enroll if...

- Illinois resident
- Income below 213% FPL

A child (age 1-through 18) can enroll if...

- Illinois resident
- Income at or below 318% FPL
- When income is over 209% FPL the child has to be uninsured for 3 or more months

All Kids: Eligibility

Illinois resident under age 19

Income below 209% FPL regardless of insurance status

OR Income is between 209% FPL and 318% FPL and uninsured 3 months or meet special criteria

Child Uninsured Status

If family income over 209% FPL then child must be uninsured 3 months or more to qualify for All Kids.

Three month rule to be uninsured does not apply if.....

- Coverage ended due to loss of employment
- COBRA ended
- Policy coverage is disease specific, covers only on service or one medical condition

Example

Jill finds out her employer based coverage is going to charge full price for dependent coverage. She wants to drop the coverage due to the cost, and plans to apply for All Kids.

- If Jill's income is below 209% FPL, this decision is not a problem and she can enroll in All Kids if she meets all the other eligibility criteria
- If Jill's income is 209% FPL or more she has to wait 3 months before the child can get All Kids unless she meets an exemption

Caution: This policy is complex so no family should be advised to drop private coverage before All Kids is approved

AllKids Transition for Children Turning 19

If Medical-Only case, sent a renewal notice that they can fill out and return to be re-enrolled in ACA Adult Medicaid

If child is also in cash (TANF) or SNAP case and needs medical coverage after age 19, apply directly through ABE.

If child's income makes them eligible for Marketplace coverage:

- Special Enrollment Period to set up coverage 60 days in advance of 19th birthday to avoid coverage gap

FamilyCare: Eligibility

Illinois Resident (adult, caretaker relative of a child)

U.S. Citizen or Qualified non-citizen

Income at or below 138% FPL

Moms and Babies: Eligibility

Illinois Resident

Pregnant or Child Under 1

Income at or below 213% FPL (the number of babies expected is included in the number in the household)

ACA Adult Medicaid: Eligibility

Illinois resident age 19-64, AND



Not enrolled in Medicare, AND



Has an income below 138%
FPL

AABD Medicaid: Eligibility

Illinois resident who is aged (65+), blind or disabled (as defined by Social Security rules), AND

U.S. citizen or qualified non-citizen AND

Resources at or below \$2,000 (1) or \$3,000 (2)

Enrolled in Medicare OR

Needs community support services, nursing home care, or waiver services

AABD Medicaid and Spenddown

Aid to the Aged (65+), Blind or Disabled is the Medicaid program that covers persons...

- Enrolled in Medicare OR
- The person is a senior or person with a disability and the income is over 138% FPL (Medical Spenddown only)

Income and resources are a factor

- Income is limited to 100% FPL AND
- Resources are limited to \$2,000 (1) or \$3,000 (2)

When income and/or resources are over limits, and there is a high medical need the person is enrolled in AABD Medicaid Spenddown

ACA vs. AABD

George receives SSI and lives in an area shelter.

Not a Tax Dependent

- Approved for ACA Medicaid based on his income
- Resources not a factor

Tax Dependent

- George has to provide his parents income
- Their income will added to his to determine eligibility
- If income is over George is not eligible for ACA Medical but a separate determination will be done for AABD Medicaid
- The state will request information on resources

APPLICATION PROCESS

Medicaid and other Illinois Public Benefits

Application for Benefit Eligibility: ABE

Apply on-line via ABE at www.abe.illinois.gov

Apply via phone:
1-800-843-6154

May also apply in person, by mail or fax with
local FCRC

Application for Benefit Eligibility



[Español](#) [Login](#)

 An official site of the State of Illinois | Bruce Rauner, Governor

[What is ABE?](#) [FAQ](#) [More Options](#)

Welcome to ABE

Helping people in Illinois lead healthy and independent lives

Use this site to apply for healthcare, food, and cash assistance

[Check if I Should Apply](#)

[Apply for Benefits](#)

[ABE Partner Login >](#)

[Community Partner Registration >](#)



www.abe.illinois.gov



Help | Print

Logged in: dellington | Logout

- Start**
- People
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

Apply for Benefits

Check the boxes for the program(s) you would like to apply for.

SNAP (Supplemental Nutrition Assistance Program)
 Helps people and families buy the food they need for good health. This program used to be called Food Stamps.

Healthcare Coverage
 Helps provide healthcare benefits to low income people of all ages in Illinois. Some people know this program as Allkids or the medical card. [More information on healthcare coverage](#)

If you have unpaid medical bills for any of these months, check the box(es) to apply for help paying them.

- June
 May
 April

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

Cash Assistance
 Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of cash assistance is available to people who fit into one of these groups:

- Low income pregnant women or families with one or more dependent children in need of temporary financial and healthcare coverage
- Low income people who are age 65 or older, are blind, or are disabled
- Immigrants who are refugees and have been in the U.S. less than 8 months
- U.S. citizens referred by U.S. Department of Health and Human Services after being sent back to the U.S. from another country because they lacked money, were physically or mentally ill, or were threatened by war or other crisis.

Medicare Savings Program
 Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)

Manage My Case

- New ABE customer portal functionality
- Coming Summer 2016
- Customers will be able to login to accounts and:
 - Check Benefits
 - Report Changes
 - Renew Benefits
 - Manage Account Preferences
 - Email the local FCRC
 - Start an Appeal

Persons to Include on ABE Application

Applicant is:	Medicaid
Tax Filer and not a tax dependent	<ul style="list-style-type: none"> • Applicant and all dependents • Spouse if living together, whether filing jointly or not
Tax Dependent claimed by parent/stepparent	<ul style="list-style-type: none"> • Applicant • Tax filer • All dependents of tax filer • Tax filer's spouse if living together
<p style="text-align: center;">Not a tax filer, OR a tax dependent of someone other than parent OR Don't know if will file taxes or be claimed as tax dependent</p>	<p>Applicant and the following person who applicant lives with:</p> <ul style="list-style-type: none"> • Applicant's spouse • Biological, adopted or stepchildren under age 19 • Other parent if child in common • Any other children under age 19 for who applicant is applying

Special Rules if Applicant under 19

If the person applying is under age 19 also include:

- Siblings in the home
- Parents in the home

Star is 16 and pregnant. She lives with her parents and two brothers. Star can apply for Medicaid but she will need to provide information about her parents and her brother.



Jill and Mike

Jill needs health coverage. She lives with her boyfriend Mike. They both work and each files their own tax return.



- Each would have to complete their own ABE application since individual signatures are needed.
- Jill would provide only her information on her application, and Mike will provide only his information on his application.
- Eligibility would be determined based on their own individual income.

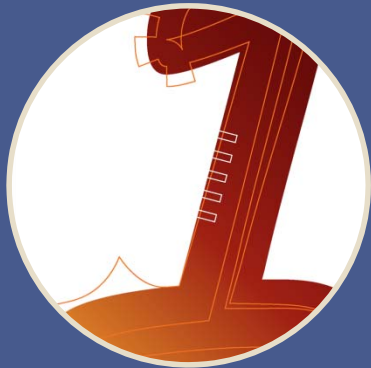
Then There Were Three: Jill, Mike and Eric

Jill and Mike have a son, Eric. Jill and Mike still file taxes separately but Jill claims Eric as a dependent on her return. She and Mike are not married.

- Jill can apply for health coverage for herself, Mike and Eric.
- She needs to provide information on the application about Mike's income.
- Since eligibility is individually determined the worker will look at each person's tax filing status to determine what income to count.

Applicant	Tax Unit Members/Parent	Whose income is used?
Jill	Jill, Eric	Jill and Eric
Mike	Mike	Mike
Eric	Eric, Jill AND Mike	Eric, Jill, and Mike

Individual Determination



Eligibility for Medicaid is individually determined.



Based on the person's tax filing status, the state determines who is in the household



The household then determines the income that is used to assess the individual's financial eligibility.



How Long Before the Person is Approved?

The time frame to receive a letter advising of the decision varies based on the program

- Medicaid can take up to 45 days
- AABD 45 days for aged and blind and 60 days if disabled

A letter is sent advising of decision

Clients Must Choose a Health Plan

Initial enrollment packet includes letter and brochure for the client's area

Goal is to have clients select a Health Plan voluntarily

Clients may change their Health Plan once during initial 90 days of enrollment

Option to change Health Plans or stay with current plan after a one-year "lock-in" period

What Plans Must Cover:

- In patient and outpatient treatment
- Chiropractic services for Enrollees under age twenty-one (21)
- Dental services, including oral surgeons
- Family planning services and supplies
- Hospital emergency room visits
- Labs and diagnostic services
- Medical supplies, equipment, prostheses and orthoses, and respiratory equipment and supplies
- Mental health services provided under the Medicaid Clinic Option, Medicaid Rehabilitation Option, and Targeted Case Management Option
- Optical services and supplies
- Pharmacy services
- Physical, Occupational and Speech Therapy services
- Subacute alcoholism and substance abuse services
- Transportation to secure Covered services



Enrollment Services

Client
Enrollment
Services



Pick a
Managed
Care Provider



enrollhfs.illinois.gov

1-877-912-8880

Verifying Eligibility

Possessing a card does not guarantee payment

- Providers have to verify eligibility on-line through MEDI or Recipient Eligibility Verification (REV) System OR
- Automated Voice Response System (AVRS) 1-800-842-1461

If person does not have the card

- They can provide their name, birthdate and SSN which provider can use or their RIN and a photo ID
- To request a replacement DHS 1-800-843-6154 or HFS 1-800-226-0768 (TTY1-877-204-1012)

Enrollment Processes

At the end of the 12 month lock-in period, an individual has a 60-day Open Enrollment period.

- An Open Enrollment period is a time the health plan can be changed.
- If no change during Open Enrollment, the person remains assigned to the Health Plan currently in.

Once enrolled individual may be required to select a primary care provider.

Action Steps When Enrolled

Contact provider
IMMEDIATELY to
schedule a new patient
appointment (if new
provider)

- Sometimes the provider does these only once a month
- Gives option to change plan in 90 day window and confirm provider is still in network



Example

Jane is enrolled in a Family Health Plan with her children. She receives a letter to select an MCO and Jane selects a plan.

She calls the doctor to schedule an appointment and learns the provider has dropped out of the MCO.

Jane asks if the doctor accepts another MCO.

Jane is in her 90 day window so she calls Client Enrollment Services and selects the plan her provider accepts.

Troubleshooting

If the person has enrolled in the past 90 days with the plan and has not already switched plans they can choose a new plan.

If it is past 90 days, they may have good cause to dis-enroll from the plan. THIS IS DIFFICULT TO DO.

They have a right to a continued course of treatment including medications, specialty care, surgery, etc. but may need to advocate.
(Transition of Care)

Additional information about MCO's

Care management offered through care coordinator

- Help navigate the health care system, make appointments, secure transportation, ensure prior approvals are authorized, and arrange for other social services

MCOs must maintain and monitor a network of affiliated providers to provide adequate access to all covered services

MCOs have access to care standards set by HFS

If concerns about coverage of care, contact the MCO

Medicaid Consumer Rights - Grievances

Complaints against health plan about an matter *other than* denied, reduced or terminated services:

- Provider or staff did not respect rights
- Trouble getting an appointment
- Unhappy with quality of care or treatment
- Provider or staff was rude/insensitive to cultural needs or other special needs

File Grievance with Health Plan via phone, mail, email, fax or on health plan website

Always start with the Health Plan. If MCO is unresponsive, then contact HFS:

- 1-800-226-0868
- HFS.CareCoord@illinois.gov

Medicaid Consumer Rights - Appeals

If challenging denial of coverage of or payment of a covered service, file an appeal with the health plan first:

- Not approving or paying for a service a provider asks for
- Stopping a service that was approved before
- Not providing the service or items in a timely manner
- Not approving a service because it was not in the health plan's network

Must be filed within 60 days

If health plan's final decision on appeal is not resolved in favor of the member, can appeal to State under the Fair Hearings system -

MEDICAID REDETERMINATIONS

Renewing Coverage

Coverage
needs to be
renewed

- Electronic data systems are used whenever possible to verify income, resources, residence and citizenship/immigrant status.
- If information not available electronically the person is contacted to reassess eligibility.

Enrolled in SNAP:

Medicaid is renewed every time the SNAP benefit is renewed

Not on SNAP:

Renewal occurs within a 2 month window before coverage ends

This renewal, also known as Redetermination, occurs even if changes occurred during the year affecting coverage

Medicaid Redetermination: Illinois Medicaid Redetermination Project

Illinois Medicaid Redetermination Project (IMRP) handles redeterminations for clients who receive Medicaid or All Kids and DO NOT HAVE SNAP or cash assistance

Redetermination is done by local DHS office when person has SNAP benefits or receives cash benefits.

Ensure IDHS always has the current address

This can be done by filing a change of address with the post office or call the DHS change line at 1-800-720-4166

Important Contacts

Illinois Medicaid Redetermination Project

Action Step	Contact Information
<p>To request more time to return information</p>	<p>1-855-458-4945 TTY: 1-855-694-5458</p>
<p>Information can be return a number of ways.</p> <div data-bbox="239 886 936 1135" style="background-color: red; color: black; padding: 10px; margin-top: 20px;"> <p>Make sure to always write their name and case number on each page of information sent.</p> </div>	<ul style="list-style-type: none"> • <u>Fax documents to 1-866-661-7025</u> (keep a copy of the fax confirmation) OR • <u>Scan and upload</u> documents to the secure website www.medredes.hfs.illinois.gov (print and keep a copy of the confirmation page) OR • <u>Mail documents</u> with redetermination form in the postage paid envelope to: Illinois Redetermination Project, PO Box 1242, Chicago, IL 60690-1242

DO NOT BRING THE DOCUMENTS TO THE LOCAL FCRC/DHS



The screenshot shows the HealthCare.gov homepage. At the top, there is a navigation bar with the logo 'HealthCare.gov', links for 'Learn', 'Get Insurance', and 'Log in', and a language selector for 'Español'. A 'HELP' icon is also present. Below the navigation bar, there are two tabs: 'Individuals & Families' (selected) and 'Small Business Owners'. The main content area features a large image of two smiling women. To the left of the image, the text reads: 'Welcome to the Marketplace', 'The Health Insurance Marketplace is open! Enroll now in a plan that covers essential benefits, pre-existing conditions, and more.', and 'Plus, see if you qualify for lower costs.' Below this text is a dropdown menu with 'Illinois' selected. To the right of the dropdown, there is a green button labeled 'APPLY NOW'. Further right, there is a small text block: 'If you live in Illinois, you'll use this website, HealthCare.gov, to apply for coverage, compare plans, and enroll. Specific plans and prices are available now and coverage can start as soon as January 1, 2014.'

MARKETPLACE

Review

Who is eligible for the Marketplace?

- Citizens, nationals, or non-citizens who are lawfully present in the United States.
- Persons who meet Illinois residency standards.
- Persons cannot be currently incarcerated.

Marketplace

Plans are offered by private insurance companies.

Benefits will be standardized and must offer the minimum standards called the Essential Health Benefits package.

Plan information and pricing can be easily compared.

Tax Credits and premium subsidies if income eligible are available to qualified persons who purchase coverage through the Marketplace

What affects the price of a QHP premium?

Demographics

- Age
- Family Size
- Tobacco Use
- Location/Zip Code (Rating Area)

Plan Factors

- Out-of-Pocket limits
- Deductibles
- Copays
- Network Choice

*** Costs can be reduced if someone qualifies for financial help (i.e., subsidies)

Two Types of Subsidies

Premium Tax Credits

- Help people pay the monthly cost to have a plan

Cost-Sharing Reductions

- Decrease the charges enrollees must pay when receiving health care services covered by the plan

Premium Tax Credit

Reduces the monthly premium an individual (or family) owes to the insurance company.

Available only for plans purchased on the Marketplace.

May be taken in advance.

- Credit is sent directly to insurer. The insured pays the insurer the balance of the premium.

Income change or other qualifying events may change the amount of the premium tax credit.

Who is eligible for premium tax credits?

Ineligible for government insurance (eg: Medicaid, Medicare, CHIP)

Not offered affordable or minimum value employer-sponsored coverage

Household income between 100% - 400% FPL, with exceptions

Get coverage through Marketplace

Part of tax filing unit. Spouses must file jointly.

Cost Sharing Reductions

Cost-sharing reduction reduces out of pocket costs:

- Deductibles, coinsurance, copayments

Eligibility for cost-sharing reductions

- Qualifies for premium tax credit
- Must be enrolled in silver plan
- Household income not over 250% FPL

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4	\$2,025	\$2,795	\$4,232	\$4,313	\$6,440	\$60,225	\$97,000

The income increases as the number of person's in the household increases.

Medicaid adjusts its income standards in February each year. The Marketplace uses the FPL that is in place at the start of Open Enrollment each year.

Estimating Costs

Consumers may enter some basic information to estimate their costs for a plan.

Does not require a full application, but is just an estimate.

<https://www.healthcare.gov/find-premium-estimates/>

General Enrollment

Open Enrollment Marketplace:

- For 2016: Nov. 01, 2015 – January 31, 2016

Medicaid, CHIP (All Kids) and SHOP

- No limited enrollment period.
- Consumers may apply at any time.

Members of federally recognized tribes and Alaska Natives may apply at any time.

Special Enrollment Periods (continued)

Even if never enrolled in the Marketplace, the person can enroll if there is a life change; loss of Minimum Essential Coverage (MEC); or in other specified situations

The person must report the reason for enrollment and request a special enrollment period.



The screenshot shows the HealthCare.gov website interface. At the top, there are navigation tabs for "Individuals & Families" and "Small Businesses", along with "Log in" and "Español" options. Below the navigation is a search bar and a main banner with the text "Open Enrollment is over. See if you can still get coverage". The banner includes a sub-message: "You can still enroll if you have a life change that gives you a Special Enrollment Period, or if you qualify for Medicaid or CHIP." A prominent green button reads "SEE IF YOU CAN GET COVERAGE". Below the banner, there is a section titled "QUESTIONS ABOUT 2014 HEALTH COVERAGE AND TAXES?" with a "GET TOOLS & ANSWERS" button. At the bottom, there are four columns of links: "GET 2014 EXEMPTIONS" (with a "FIND EXEMPTIONS" button), "UPDATE YOUR INCOME" (with an "ACT NOW" button), "FIND LOCAL HELP" (with a "SEARCH" button), and "CONTACT US" (with a "GO" button).

Or Call 1-800-318-2596 (TTY: 1-855-889-4325)

Event: 60 Days to Enroll

Individuals have 60 days from the date of the event to:

- Enroll in a QHP
- Be added to an existing QHP



Sonya becomes a citizen on June 10th. She has 60 days from the 10th to enroll in a QHP



Gene is released from prison on May 10th. He has a 60 SEP to enroll in health coverage.

Shopping for Plans

Consumers should explore:

- Deductible, co-pays, coinsurance
- Provider networks
- Prescription formulary
- Other factors of interest

Each plan has a Summary of Benefit Coverage document



RESOURCES

Get Covered Illinois



www.getcovered.illinois.gov or 866-311-1119

First stop for health coverage in Illinois

Screening tool directs consumers to the Health Insurance Marketplace or Medicaid

Answers questions on health coverage options

Allows consumers to search for in-person assistance near them

Get Covered Illinois

The screenshot shows the homepage of the Get Covered Illinois website. At the top, there is a navigation bar with a language dropdown set to 'ENGLISH', social media icons for Facebook, Twitter, and YouTube, and a search bar. Below this is a header section with a 'Need Help?' link, the 'Get Covered Illinois' logo (a stylized orange and red map of Illinois), the tagline 'The Official Health Marketplace', and a phone number '(866) 311-1119' with operating hours 'Open Monday - Saturday 8 a.m. - 8 p.m.'. A main navigation bar contains links for 'HOME', 'GET COVERED', 'STAY INFORMED', 'GET ANSWERS', and 'ABOUT'. The main content area features two promotional banners. The first banner, on an orange background, asks 'Did you pay a tax penalty for not being covered?' and provides information about eligibility for health coverage to avoid a larger fine next year, with a 'Read More' button. The second banner, on a white background with an orange text box, announces 'The Special Enrollment Period is now underway.' and includes a 'Learn More' button. The background of the lower section shows a man and a young boy smiling while riding a bicycle outdoors.

IDHS Website

www.dhs.state.il.us

- Policy Manual
- Announcements
- Applications
- And much more!

The screenshot shows the homepage of the Illinois Department of Human Services. At the top, there is a navigation bar with tabs for "for Customers", "for Providers", and "about DHS". Below this is a header with the department's name and a search bar. The main content area is divided into three columns. The left column features three sections: "for Customers" (with a family photo), "for Providers" (with a handshake photo), and "about DHS" (with a group photo). The middle column contains a list of service categories such as "Cash, Food, Child Care, Housing", "Health & Medical, Pregnancy & Parenting", and "Developmental Disability, Disability & Rehabilitation". The right column includes a "News" section with several headlines, a "DHS Features" section with links to an events calendar and newsletters, and a "State Features" section. At the bottom, there is a "DHS Office Locator" and "DHS Help Line" section with search fields for type and county.

HFS Website

- State Policy
- Care Coordination information
- Provider Notices
- And much more!

The screenshot shows the homepage of the Illinois Department of Healthcare and Family Services (HFS). At the top, there is a navigation bar with links for HFS.Illinois.gov, HFS News, Contact Us, and Illinois Home, along with a search box. Below this is a large banner image featuring a diverse group of people, including children, a nurse, and a doctor. A horizontal menu below the banner includes links for HFS Home, Agency Information, Child Support Services, Medical Programs, HFS OIG, Public Involvement, and Contact HFS.

Welcome to the Website for Healthcare and Family Services, the state agency dedicated to improving the lives of Illinois families through healthcare coverage and child support services. Our mission is to empower Illinois residents to lead healthier and more independent lives by providing adequate access to healthcare coverage at a reasonable cost, and by establishing and enforcing child support obligations. We are proud to make a positive difference in the lives of Illinoisans.

HFS Major Initiatives

- HFS Budget - Information**: Budget and Legislative Medicaid Reforms
- Medicaid Redetermination Project**: Medicaid Redetermination Project
- Accountable Care Entity (ACEs) and Care Coordination Entities (CCEs)**
- Care Coordination**
- Child Support Services**
- 1115 Waiver**
- Family Planning & Birth Control**
- Affordable Care Act**

HFS Public Involvement

- [HFS Advisory Groups](#)
- [HFS E-News and Registration](#)
- [HFS Public Notices](#)

HFS News and Announcements

- [Health Homes Concept Paper \(pdf\)](#)
- [Transplant Policy Recommendations for Comments \(pdf\)](#)
- [Potentially Preventable Readmissions \(PPR\) FY 2013 Reconciliation - Remaining Amount Owed](#)

HFS Special Projects

- [Eligibility Requirements for Long Term Care and Support Services](#)
- [Pathways to Community Living: Rebalancing Initiative](#)

Child Support Services

- [How to Apply for Child Support Services](#)
- [Child Support Application](#)

Medical Customers

- [Apply for Medical Assistance](#)
- [Apply for All Kids and FamilyCare](#)
- [Illinois Healthy Women](#)

Medical Providers

- [Medical Assistance Information for Medicaid Providers \(MEDI\)](#)
- [Provider Enrollment](#)

Office of Consumer Health Insurance

Consumer assistance office within the Illinois Department of Insurance

OCHI can:

- Explain rights as a health care consumer;
- Answer questions about health insurance
- Help consumers understand the coverage provisions of their specific health care plans
- Assist consumers when they have a problem or complaint

Contact Number 1-877-527-9431

Questions About Coverage

Medicaid Managed Care Enrollment process and questions regarding coverage and other services are handled in one location

- Client Enrollment Services (CES)
- <http://enrollhfs.illinois.gov/>
- 1-877-912-8880
- (TTY 1-866-565-8576)

Questions regarding Medicare should be referred to:

- Senior Health Insurance Program 1-800-548-9034, OR
- Medicare 1-800-MEDICARE (1-800-633-4227).

How to Report Changes

Medicaid

- Change Report Line is 1-800-720-4166
- Submit change of address on-line at www.dhs.state.il.us
- Mail or call your local FCRC
- SNAP has a separate Program Change Report form – also available on DHS website

Marketplace

- **Online**
 - Log in to account
 - Select application
 - Select “Report a life change”
- **By Phone** – call Marketplace Call Center at 1-800-318-2596
- If changes trigger SEP, 60 days to enroll in new coverage

Credit and Thanks to...



Illinois Assister
Training Program

Illinois Department of
Healthcare and Family
Services

Healthcare.gov



Questions?

Presenter Contact Information:

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