

# WHAT YOU NEED TO KNOW: HEALTHCARE

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# Medicaid & CHIP Eligibility Basics

# PROGRAM BASICS

- Federally run by Centers for Medicare & Medicaid Services (CMS)
- State administered by Va. Departments of Medical Assistance Service & Social Services (VDSS does application processing and case management)
- There are multiple categories within Medicaid/CHIP (kids, pregnant women, adults, etc.) and each category has different financial and non-financial eligibility rules such as:
  - Age
  - Immigration status & date of entry
  - Pregnancy or parent
  - Other special factors (ex. Foster care, SSI recipient, disability)
  - Income & Resources
- Eligibility may be different for each household member
- Annual renewal must be completed to maintain coverage
  - Suspended during the federal COVID-19 Public Health Emergency

Many complexities and rules often change!

# MEDICAID & CHIP CATEGORIES: CHILDREN, FAMILIES & EXPANSION

CHIP programs and Medicaid for children under 19 are called Family Access to Medicaid Insurance Security (FAMIS) in VA

## Children and Families

- Children (FAMIS Plus & FAMIS)
- Pregnant persons (Medicaid for Pregnant Women, FAMIS MOMS, & Prenatal FAMIS)
- Low Income Families and Children (LIFC)
- Foster Care and Adoption Assistance and Children up to 21
- Former Foster Care Youth

## Medicaid Expansion

# CHILDREN'S COVERAGE

## **FAMIS Plus (Medicaid) & FAMIS (CHIP)**

- Children < 19
- Income under 205% FPL
  - FAMIS Plus - income  $\leq$  148% FPL
  - FAMIS – income 149% - 205% FPL
- No resource requirement
- Must be uninsured at the time of application to be eligible for FAMIS

## **Former Foster Care Up to Age 26**

- In foster care on their 18<sup>th</sup> birthday (in any state)
- No income requirement
- No resource requirement

# PREGNANCY-RELATED COVERAGE

## Medicaid for Pregnant Women (MPW), FAMIS MOMS, & FAMIS Prenatal

- Income  $\leq$  205% FPL (Modified Adjusted Gross Income)
  - Medicaid for Pregnant Women: income  $\leq$  148% FPL
  - FAMIS MOMS: income 149% - 205% FPL
  - FAMIS Prenatal: income  $\leq$  205% FPL, regardless of immigration status
- No resource requirement
- MPW & FAMIS MOMS provide “continuous coverage” through 12-months post-partum (even if income goes up)
  - FAMIS Prenatal provides “continuous coverage” through 60-days post-partum
- Newborn children are “deemed” eligible for 1 year
- Must be uninsured at the time of application to be eligible for FAMIS MOMS and FAMIS Prenatal

# MEDICAID EXPANSION

- Began in January 2019
- Ages 19 through 64
- Not eligible for Medicare
- Income up to 138% FPL (Modified Adjusted Gross Income)
- No resource requirement
- Covers 671,654 adults as of July 1, 2022

# MODIFIED ADJUSTED GROSS INCOME (MAGI) HOUSEHOLD

## MAGI Household – Tax filers

- Tax filer household is always the tax filing household using IRS rules
- Three exceptions for tax dependents (exception only applies to the household of the dependent, not the tax filer)
  1. Individuals other than biological, adopted, or stepchildren claimed as tax dependents (grandparent, older sibling, etc.)
  2. Children claimed by a noncustodial parent
  3. Children living with both parents who are not expected to file a joint return
- A pregnant person counts as at least 2 people, more if multiple births are expected

## MAGI Household – Non-filers

- Parents, including stepparents, if living in the home
- Children under age 19, including step and half siblings if living in the home
- Spouse if living in the home



# MODIFIED ADJUSTED GROSS INCOME (MAGI) INCOME

**MAGI = Adjusted Gross Income (all taxable income) + Social Security Income + Non-taxable interest + Foreign Income**

## Count

- Wages/salary/bonuses
- Profit from self-employment
- Tips/gratuities
- Social Security benefits (SSDI, retirement)
- Unemployment benefits
- Most retirement pensions (including VA pensions)
- Interest (including tax-exempt interest)
- Rental income

## Don't Count

- Child support received
- TANF payments
- Supplemental Security Income (SSI)
- Workers' compensation payments
- Proceeds from loans
- Veterans' benefits (service-related disability)
- Gifts/inheritances (if not taxable)
- Pre-tax deductions (IRAs, childcare, health)
- **Social Security of dependents who aren't required to file taxes**

	<b>New Health Coverage for Adults</b>  <i>up to 138% FPL**</i> <b>Gross Income</b>		<b>FAMIS Plus &amp; Medicaid for Pregnant Women</b>  <i>up to 148% FPL**</i> <b>Gross Income</b>		<b>FAMIS, FAMIS MOMS, FAMIS Prenatal Coverage &amp; Plan First</b>  <i>up to 205% FPL**</i> <b>Gross Income</b>	
<b>Household Size</b>	<b>Monthly</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Yearly</b>
<b>1</b>	\$1,563	\$18,755	\$1,677	\$20,114	\$2,322	\$27,860
<b>2</b>	\$2,106	\$25,269	\$2,259	\$27,100	\$3,128	\$37,536
<b>3</b>	\$2,649	\$31,782	\$2,841	\$34,085	\$3,935	\$47,212
<b>4</b>	\$3,192	\$38,296	\$3,423	\$41,071	\$4,741	\$56,888
<b>5</b>	\$3,735	\$44,810	\$4,005	\$48,057	\$5,547	\$66,564
<b>6</b>	\$4,277	\$51,323	\$4,587	\$55,042	\$6,354	\$76,240
<b>7</b>	\$4,820	\$57,837	\$5,169	\$62,028	\$7,160	\$85,916
<b>8</b>	\$5,363	\$64,350	\$5,752	\$69,013	\$7,966	\$95,592
<b>Additional person add</b>	\$543	\$6,514	\$583	\$6,986	\$807	\$9,676
<b>Income Guidelines</b>						

**Children - birth through age 18.**

Virginia Health Care Foundation, Sign Up Now. <https://www.vhcf.org/wp-content/uploads/2022/01/Income-Card-Including-MedEx-and-Prenatal-1-18-22.pdf>

# MEDICAID & CHIP CATEGORIES: ELDERLY AND DISABLED

- Aged (65+), Blind, and Disabled (ABD), income under 80% FPL
  - Covers most SSI recipients
- Certain former SSI recipients
- Individuals receiving long-term care (nursing home or community-based services)
- Residents in licensed adult care facilities receiving Auxiliary Grants

Income (non-MAGI!) and resource requirements vary by category.

# ABD, INCOME UNDER 80%

- Income under 80% FPL
  - \$906/month for an individual; \$1,221/month for a couples  
Notes: SSI check doesn't count; subtract \$20 disregard from income; disregard \$65 and ½ of earned income if working.
  - Not MAGI!
- Resource Limit
  - \$2,000 for an individual; \$3,000 for a couple
  - Follows SSI rules
  - Disabled adults under 65 and not eligible for Medicare may still be eligible for Medicaid Expansion with no resource test
- “Disability” uses SSI definition, disability determination required

# MEDICAID & CHIP CATEGORIES: LIMITED BENEFIT CATEGORIES

- Plan First, Family planning services only, 205% FPL
- Breast & Cervical Cancer Treatment
- Spend-down
- Medicare Savings Programs, income limits vary by program + asset limit
- Emergency Medicaid

# ELIGIBILITY RULES FOR NON-CITIZENS

These rules are very complicated! Eligibility will depend on date of entry to U.S., specific immigrant status, and Medicaid/CHIP coverage category.

Qualified Immigrants who arrived before or after 8/22/96 are eligible (if they meet other requirements)

- LPR, refugee/asylee, parolee, Cuban or Haitian entrant, battered alien, Afghan or Iraqi special immigrant, victim of trafficking.

Most who arrived after 8/22/96 are barred for at least 5 years, **except:**

- Certain veteran/active-duty immigrants and their family members
- Special rules for recent Afghan and Ukrainian parolees
- Special 7-year coverage groups: refugees & asylees, deportation being withheld, Cuban or Haitian entrant, trafficking victims.
- **“Legally Residing” immigrants under 19 years old**
  - Includes visa holders
- **Pregnant coverage provided regardless of status (FAMIS Prenatal)**

# APPLICATIONS

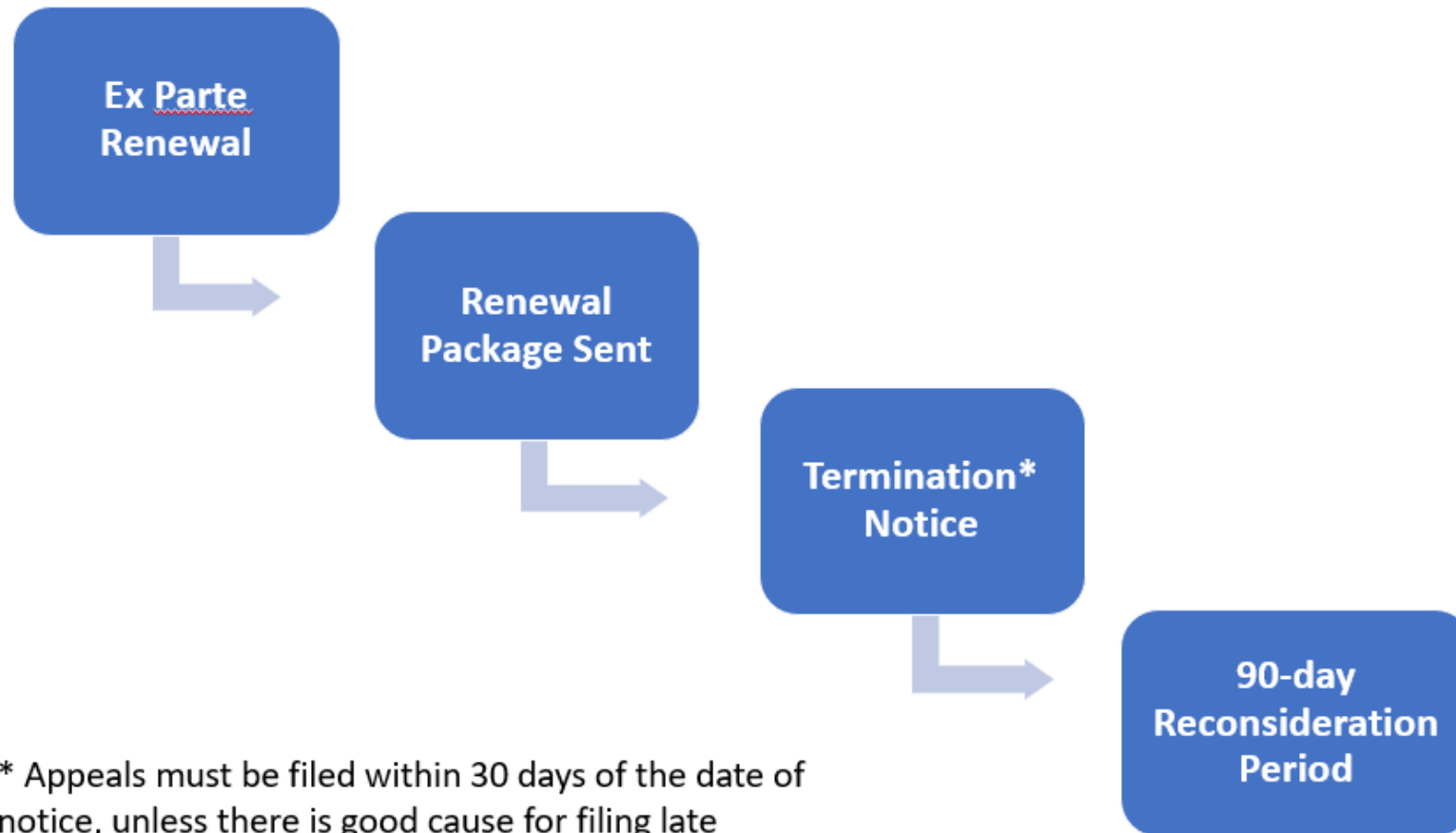
**Online:** [www.commonhelp.Virginia.gov](http://www.commonhelp.Virginia.gov)

**Phone, CoverVA call center:** 1-833-5CALLVA

**In-person:** Local DSS

- Application time limits:
  - 7 days for pregnancy coverage
  - 90 days when disability determination is necessary
  - 45 days for all others
- If approved, coverage is effective the first of the month that the application was submitted.
- 3-months of retroactive coverage is available for Medicaid categories (except QMB) if eligible during that time.

# ANNUAL RENEWAL PROCESS





# Affordable Care Act (ACA) Basics

# ACA MARKETPLACE

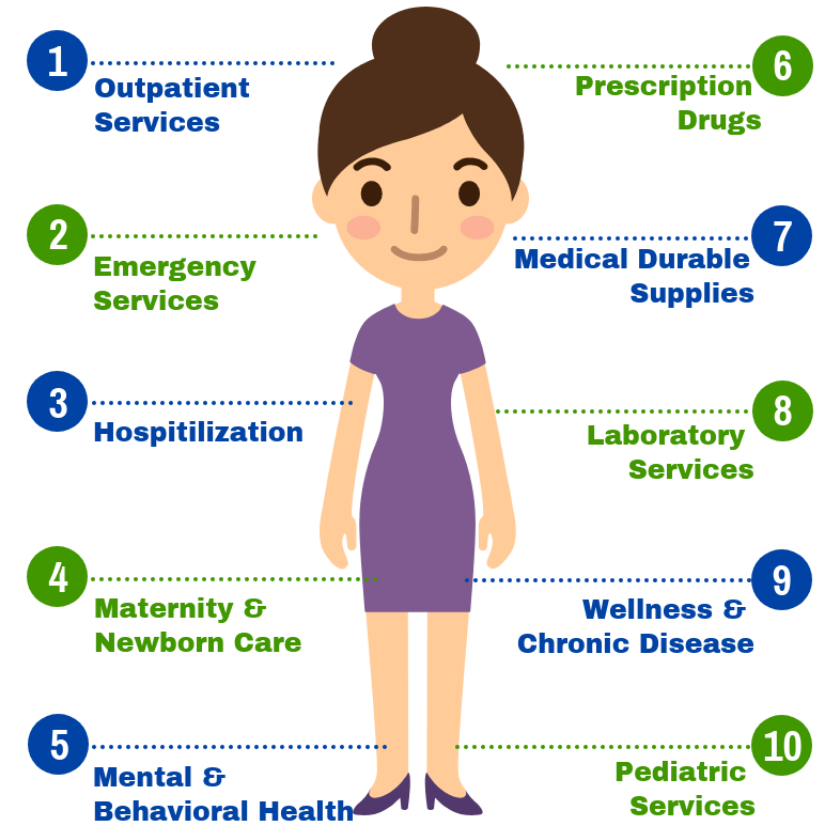
- VA uses the Federally Facilitated Marketplace at [www.healthcare.gov](http://www.healthcare.gov), will transition to a state-based exchange in 2023
- Individuals and families can shop and compare Qualified Health Plans (QHP)
- Uses plain language to explain coverage options
- Financial assistance available only through the Marketplace
- No obligation to enroll in a health plan after applying
- Conducts both a Medicaid and Marketplace eligibility assessment
  - Applicants determined or assessed Medicaid eligible are sent to VA to complete the Medicaid eligibility determination and/or enrollment

# ACA IMPACTS ON THE INDIVIDUAL MARKET

## Consumer Protections

- Guarantee issue and renewal (no denials for preexisting condition)
- Medical Loss Ratios (limits insurer profit)
- Require coverage for 10 Essential Health Benefits and preventative services for free
- Banned caps on coverage and instituted out-of-pocket maximums
- Banned discrimination in premium rates (community rating) and plan design
- Allow children to remain on their parent's plan until age 26

## The 10 Essential<sup>X</sup> HEALTH BENEFITS



Exchange.Healthcare

# ELIGIBILITY FOR MARKETPLACE INSURANCE

## **To purchase insurance on the Marketplace:**

- Live in its service area
- Be a U.S. citizen or national, or be a non-citizen who is lawfully present in the U.S.
- Not be incarcerated

## **To get financial assistance:**

- Not have access to other affordable and adequate insurance (full-benefit Medicaid, Medicare Premium Free Part A, employer-based coverage, etc.)
  - Even if not enrolled!
- Have income above 100% federal poverty guidelines\*
- Additional financial assistance for those between 100% and 250% FPL

\*Special rule for certain non-citizens with income below 100% FPL

# ELIGIBILITY FOR NON-CITIZENS

“Legally Residing” Immigrants are eligible for ACA coverage if they meet other eligibility criteria

- Excludes those with DACA status and undocumented individuals
- If ineligible for Medicaid due to immigration status, can get financial assistance with income below 100% FPL (only group that can get this)
- No waiting period (ex. 5-year bar)

# ACA FINANCIAL ASSISTANCE: PREMIUM TAX CREDITS

- Subsidy amount based on Modified Adjusted Gross Income
  - Household size is determined using tax filing principles, no exceptions!
  - Must file taxes
  - Married filers must file jointly
- Calculated using projected annual income
- Can be applied to any Marketplace plan except Catastrophic Plans
- Subsidies are reconciled on the enrollee's taxes at the end of the year

# ACA SUBSIDY SCALE BEFORE AND AFTER THE AMERICAN RESCUE PLAN ACT

Percent of Income Paid for Marketplace Benchmark Plan, by Income

Household Income as % of FPL	Before ARPA	After ARPA (2021-2022)
Under 100%	Not eligible for subsidies*	Not eligible for subsidies*
100% - 138%	2.07%	0.0%
138% - 150%	3.10% - 4.14%	0.0%
150% - 200%	4.14% - 6.52%	0.0% - 2.0%
200% - 250%	6.52% - 8.33%	2.0% - 4.0%
250% - 300%	8.33% - 9.83%	4.0% - 6.0%
300% - 400%	9.83%	6.0% - 8.5%
Over 400%	Not eligible for subsidies	8.5%

\*Legally Residing immigrants are eligible for subsidies if their income is below 100% FPL and they are ineligible for Medicaid due to their immigration status.

# ACA FINANCIAL ASSISTANCE: COST-SHARING REDUCTIONS

- Lowers deductibles, out-of-pocket maximums, and other cost-sharing
- Only available in Silver Plans
- Three levels of assistance

Example: Anthem HealthKeepers Silver X 6250

FPL	Actuarial Value	Deductible	Out of Pocket Maximum
100% - 150%	94%	\$50	\$1,400
150% - 200%	87%	\$550	\$2,850
200% - 250%	73%	\$2,400	\$6,800
Above 250%	70% (standard)	\$6,250	\$8,550



# OPEN ENROLLMENT AND SPECIAL ENROLLMENT PERIODS

## Open Enrollment

- November 1 – January 15
- Must apply and enroll by December 15 for coverage to begin January 1!

## Special Enrollment Periods

- Available all year long to those who experience a “qualifying life event”
  - Loss of coverage
  - Marriage, requires one spouse to have had prior coverage
  - Birth of child or adoption (Not necessarily an SEP for the parents)
  - Permanent move to a location with different plan options, requires prior coverage
  - Release from incarceration
  - Change in immigration status that makes you newly eligible for Marketplace coverage
  - Household income below 150% FPL
- Must apply within 60 days of the qualifying life event

<https://www.healthreformbeyondthebasics.org/sep-reference-chart/>

# INFORMATION NEEDED TO APPLY

Information needed for all household members, even if they are not applying:

- Name
- Address
- Social security number
- Immigration status, document type, and corresponding numbers
- Projected annual income for year of enrollment
- Availability of employer-based coverage
- Information on qualifying life event if applying outside Open Enrollment

# APPLICATION PORTALS

Online: [www.healthcare.gov](http://www.healthcare.gov)

Phone: 1-800-318-2596

## Local Navigators:

Jessica Conley

276-229-9388

[Jessica@vplc.org](mailto:Jessica@vplc.org)

Rhonda Seltz

540-525-5924

[Rhonda@vplc.org](mailto:Rhonda@vplc.org)

# ENROLL VIRGINIA

Assistance from an Enroll Virginia navigator is **free and unbiased**. We work in communities across Virginia to connect people with affordable health coverage.

Hotline – 1-888-392-5132

Online – [enrollva.org/get-help](http://enrollva.org/get-help)



# The Federal Public Health Emergency

# MEDICAID & THE PUBLIC HEALTH EMERGENCY

The Families First Coronavirus Response Act gave states extra Medicaid funding if they met certain requirements during the federal public health emergency (PHE):

1. No new restrictive eligibility rules or procedures
2. No new or increased premiums
3. Not disenroll or reduce coverage for any individual enrolled in Medicaid at the beginning of or during the PHE (since March 18, 2020)
4. Cover COVID-19 testing, treatment and vaccines

As a result, over 2 million people are enrolled in VA Medicaid.

[CMS FAQ: COVID-19 Frequently Asked Questions \(FAQs\) for State Medicaid and Children's Health Insurance Program \(CHIP\) Agencies](#), Last Updated 1/6/2021.

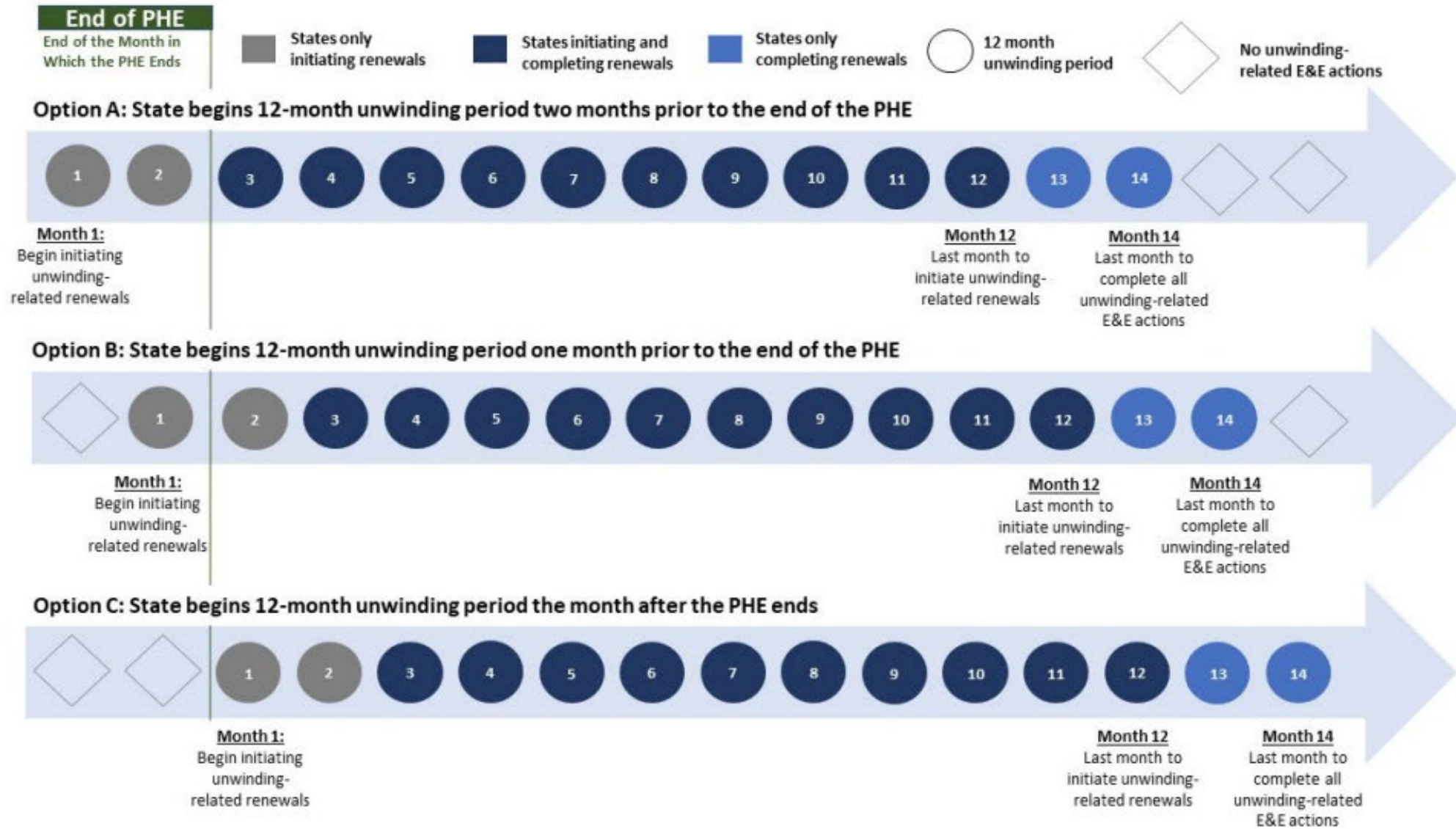
# CMS GUIDANCE ON ENDING THE MOE

- The MOE ends at the end of the month in which the federal PHE ends.
- The additional federal funding ends at the end of the quarter in which the federal PHE ends.
- At that time, all overdue cases will need to be processed and current cases will need to be maintained - often called "unwinding" or "retuning to normal enrollment"
- Terminations cannot occur without a **full renewal** being completed first.
  - Exception: Partial reviews done when a change is reported can result in a termination if a successful eligibility determination or renewal was done in the previous 12 months.
- Changes in circumstance can be held until a pending renewal date.

# CMS GUIDANCE ON ENDING THE MOE

- States will have 12 months to initiate all overdue renewals and 14 months to complete them.
- States can initiate renewals two months prior to the end of the month in which the PHE ends.
- Terminations may not occur until the month after PHE ends.
- States *should* distribute renewals through the year and initiate no more than 1/9<sup>th</sup> of the total case load in any one month.
- CMS will monitor states, require monthly reports, and may require a corrective action plan if a state is not in compliance with unwinding guidance or other Medicaid laws and regulations.





VA's Plan

CMS SHO# 22-001 RE: Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>. Retrieved 4/29/2022

## WHEN THE PHE ENDS...

We don't know when the PHE will end, but when it does:

- DMAS estimates that between 14% and 20% (up to 400,000) individuals will lose coverage during the unwinding period.
- An additional 4% will lose and regain coverage within one to six months after closure of the unwinding period.



# LIKELY COMMON SCENARIOS

## Renewal Pathways

1. Renewed in the same coverage category
2. Renewed in a different, full-benefit coverage category
  - Countable income and resources may be different in different category.
3. Renewed in a limited benefit category
  - Eligible for the Marketplace MP

## Terminations

1. Improperly terminated or reduced
2. Ineligible and must reestablish eligibility
  - Properly dispose of resources to re-enroll in Medicaid
  - Reestablish a spenddown
3. Ineligible and must transition to new coverage
  - Marketplace
  - Employer
  - Medicare

# WHAT CAN WE DO NOW?

- Encourage members to update their contact information, especially their address!
- Help those who will have to transition plan now.
- Reach out to and educate partners, especially those serving vulnerable communities.
- Plan member outreach and education.
- Stay up-to-date.

# Thank You!

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