Answer Key: BRING IT ALL TOGETHER

Terry’s Tale
(Example Marketplace and small employer issues)

Terry is 46 and works for a small print shop (10 employees). Insurance is not provided by the employer. Over the years Terry has been able to save $15,000 and just recently inherited $100,000 when the spouse’s parents died (the money was in a CD and not part of a retirement plan). Terry has not had insurance for over 7 years so has not seen a doctor, even though Terry has been having severe stomach pains for the past year.

Terry was born in the U.S. and the spouse was born in Puerto Rico. Terry is of Scotch/Irish ancestry. Terry and Terry’s spouse (Jo) live with Terry’s parents. Terry has never served in the military. Terry and Jo have never had children.

Terry comes in to find out more about what help can be received even though Terry feels the family resources will disqualify them from getting help, since this is what Terry’s friends have said. Terry is also scared to apply, since Terry’s employer has said that if any employee gets health care and this causes the employer to be charged a penalty for not insuring the employees, that person will be fired.

Terry feels there is no choice since the pain in the stomach has been getting worse.

- Terry’s income tax return in 2012 shows a gross income of $40,000 a year.
- Terry lists on the tax return one dependent, a spouse, Jo.
- Jo is unemployed but a full time student studying nursing.

Desired Answer

1. Identify tax filer status for each person and whose income would be used to determine if a person is eligible
   a. Tax filer Terry with Jo as dependent and Terry’s income is used

2. Assess what you believe will be the source of the persons health coverage
   a. Based on income you know he is over 133% of FPL, so you complete an application through the Marketplace for both Terry and Jo. (FYI the income actually works out to 245% of FPL after the 5% disregard is applied).

3. Discuss how you will be able to assist the person with the application
   a. You explain and provide Terry information about his options to utilize the tax credit (advanced, partial or delayed), the way it is applied to purchase of coverage and what plans are eligible for cost sharing.
   b. You explain to Terry that any premium charged has to be paid to ensure the coverage remains in place. Tell him the insurance company will mail him a letter to advise of him of his responsibilities for paying a premium and any cost sharing involved in the plans.
   c. Make sure you take time to explain to Terry his responsibility to report changes in his family income, number of persons in the home, change of address etc. and how these changes can affect the coverage, especially the tax credit.

4. Address any other issues that you may need to tackle either through outreach or education
   a. Explain that since Terry works for a small employer with fewer than 50 employees there is no contact with the employer, so the employer will not even know that Terry has enrolled in health insurance through the Marketplace. If Terry thinks, it would be helpful you can offer to provide information for Terry to share with the employer about the possible tax credits the employer can receive if the employer decides to offer health coverage and employer options to select health coverage for all the employees through the Marketplace.
   b. If Terry is not comfortable with sharing the information, you can put this down as a potential outreach effort to contact the employer directly to provide them with accurate information.

5. Other issues/concerns?
   a. Take a moment to congratulate Terry on being able to save the money he has and let him know that resources do not affect coverage choices.
Sam’s Story
(Example QHP and All Kids, Moms and Babies)

Sam is 35 and married to Taylor, 34. Sam had recently lost a job with insurance and had to accept a job with a small employer who does not provide insurance. The employer has encouraged Sam to check out this new ObamaCare.

Sam and Taylor are expecting their third child in a few months and are panicked since they have no insurance. They already have twin children, Jack and Jill age 5.

- Sam works full time and on the 2012 tax return earned $51,000. For the purpose of this exercise, let us assume Sam’s income remains $51,000 a year for 2013.
- Taylor is a stay at home parent and has not worked outside the home since their birth.
- Sam and Taylor are both U.S. Citizens.
- Sam is an Iraqi war veteran

Desired Answer

1. Identify tax filer status for each person and whose income would be used to determine if a person is eligible
   a. Sam is the tax filer, Taylor, Jack and Jill are dependents so the only income is Sam’s

2. Assess what you believe will be the source of the persons health coverage
   a. Taylor will be assessed for eligibility through the Medicaid Moms and Babies program (the income limit for this is 200% FPL). If approved for this coverage, let Sam know that once Terry delivers the baby she will most likely need to change her coverage and enroll through the Marketplace. Let him know you will be able to help him when this change occurs and to contact you within 60 days of receiving a letter from the state saying the Medicaid coverage for Taylor is stopping.
   b. The children are going to be assessed for Medicaid. You let Sam know if approved there may be a premium charged (you know the All Kids premium program starts when income is between 150% FPL to 300% FPL).

3. Discuss how you will be able to assist the person with the application
   a. In ABE you provide information about everyone in the home, making sure you mark that Taylor is pregnant and provide the number of babies expected.
   b. You report that Sam files taxes and claims Taylor and the two children as dependents. Based on this you know when each person is assessed for eligibility everyone will be included in each other’s Eligibility Determination Group (Tax Filer rule). Since Taylor is pregnant the income is compared to the FPL for a family of 5 when assessing for Medicaid program eligibility.
   c. Since the income is over 133% FPL, Sam will be sent to the Marketplace to apply for health coverage after Medicaid determines him ineligible

4. Address any other issues that you may need to tackle either through outreach or education
   a. You explain and provide Sam information about his options to utilize the tax credit (advanced, partial or delayed), the way it is applied to purchase of coverage and what plans are eligible for cost sharing. Sam makes his decision based on what works for him.
   b. You explain to Sam that any premium charged has to be paid to ensure the coverage remains in place. Tell him the insurance company and Medicaid will mail him letters to advise of him of his responsibilities for paying a premium (if any) and any cost sharing involved in the plans.
   c. Tell Sam about the need to report changes and how it can affect coverage.

5. Other issues/concerns?
   a. Make sure you ask Sam if his income changed when he had to change jobs. If the income has changed then make sure you use the new amount.
   b. Assure Sam that there is no problem with Taylor’s pregnancy being covered since insurance that is purchased through the Marketplace and Medicaid do not restrict coverage due to pre-existing conditions.
   c. Write down the contact information for Sam’s employer so you can do some education outreach to them about benefits of using the Marketplace for a small business.
Nicky’s Narrative
(Example Newly Eligible Adult Group, SNAP and Unauthorized Immigrant)

Nicky is 25 and attends school and works part time. Nicky lives with Quinn. They met in school and Quinn who entered the U.S. on a student visa just stayed after the visa expired. Quinn dropped out of school and now works for a local Home Care service using someone else’s Social Security Number. Nicky and Quinn have not married and at this time there are no plans to marry.

- Nicky earns $14,000 a year and files taxes.
- Nicky is a U.S. Citizen.
- Quinn would like to get health care coverage as well.
- Nicky’s parents work for a large employer and can add Nicky to their insurance for only $50 extra each month.

Desired Answer

1. Identify tax filer status for each person and whose income would be used to determine if a person is eligible
   a. Nicky is the tax filer claiming his spouse so only Nicky’s income is used
2. Assess what you believe will be the source of the persons health coverage
   a. You let Nicky know that if approved for Medicaid the coverage has some co-pays, but there is no premium. The ultimate decision is up to Nicky to decide the source of health coverage (ACA Adult or being covered on the parents policy), but either choice meets the requirement to be insured.
3. Discuss how you will be able to assist the person with the application
   a. If Nicky decides to apply for health coverage complete an application through ABE for Medicaid.
   b. Provide proof of income and information about Quinn
4. Address any other issues that you may need to tackle either through outreach or education
   a. Find out if Nicky’s employer is a small business so you can do some education outreach to them about benefits of using the Marketplace for a small business.
5. Other issues/concerns?
   a. Explain to Nicky that Quinn is not able to obtain coverage through the Marketplace or Medicaid due to Quinn’s non-citizen status (Quinn is an unauthorized non-citizen).
   b. Nicky asks what other choices are available to Quinn to obtain health care. You provide Nicky information about the resource center and let Nicky know about area clinics called FQHCs (Federally Qualified Health Centers) which provide care regardless of status and based on a sliding scale fee.
   c. Tell Nicky about the need to report changes and how it affects coverage. Tell Nicky that if the income increases Nicky should contact the state to report the change. If at any time Nicky receives a letter saying Medicaid coverage is ending, to contact you so you can assist. Nicky needs to make sure that enrollment needs to be done within 60 days of loss of coverage in order to maintain coverage and be eligible for the special enrollment period through the Marketplace or the parent’s insurance.
Al’s Anecdote  
(Example All Kids, QHP, Moms and Babies, QHP, Employer Mandate large employer issue/8% of income)

Al works for a Fortune 500 company. The company offers health insurance to the employees at no cost. To obtain family coverage Al would have to pay $300 a month. Al is married to Lindsay and they have 3 children (Mary age 3 months, John age 5 and Steve age 8). Al comes in during open enrollment to see if there is a more affordable coverage option for the children.

- Al earns $45,000 a year when the 2012 taxes were filed
- Al and Lindsay are both U.S. citizens
- Lindsay works part time and earns $8,000 in 2012 but is no longer working.

Desired Response

1. Identify tax filer status for each person and whose income would be used to determine if a person is eligible
   a. Al files taxes and files jointly with Lindsay they claim 3 dependents

2. Assess what you believe will be the source of the persons health coverage
   a. The household income is 155% FPL after the 5% disregard.
   b. You know based on the income limits the children should be able to enroll in Medicaid (All Kids premium) but Al and his wife Lindsay are over the 133% FPL income limit so they are over the limits for Medicaid.

3. Discuss how you will be able to assist the person with the application
   a. Since Al works for a large employer, you enter this information.
   b. Due to income, an application is completed through ABE.

4. Address any other issues that you may need to tackle either through outreach or education
   a. He can apply for coverage for the children through the state.
   b. If he does an application for Medicaid and is approved for the coverage there is no penalty for the employer.
   c. You go to your resource center and provide Al information about the large employer coverage and affordability determination. You also provide him information about the All Kids program so he has an idea as to the premium costs and co-pays for this benefit.
   d. Recommend that Al may want to check with the employer if the premium to cover one dependent is lower than the cost for four dependents.
   e. You let Al know about his choices.

5. Other issues/concerns?
   a. Plan affordability is assessed using Al’s income only since the employer affordability is assessed based only the employees income not the spouses.
   b. The premium charged represents 8% of the employee’s income, which is under the 9.5% threshold. Based on this you are ready to tell Al that if he applies through the Marketplace he will not be eligible for tax credit or subsidy. Since his employer offers affordable coverage, he would not be eligible for tax credits or subsidy.
Val’s Vignette
(Example: All Kids/TANF, HBWD, SNAP, MSP)

Val is 66 and enrolled in Medicare. Val is finding it difficult to pay for the Medigap policy and also meet all the Medicare co-pays and deductibles. Val has $5,000 in the bank to cover the funeral and owns the home where she lives. Val also tells you a grandson, age 13 lives in the home for over 3 years. Val has been the grandson’s only support since both the parents went to prison on drug charges. Val had tried to get help years ago from the state, but was told the Social Security received was more than enough.

- Val’s income is $1240 a month from Social Security and a small job where she earns $3000 a year
- Val’s Medigap policy costs $85 a month
- The grandson has no income
- Both Val and the grandson (Jerry) are U.S. Citizens

Desired Response

1. Identify tax filer status for each person and whose income would be used to determine if a person is eligible
   a. Val reports that she does not file taxes as she is not required to do this. Based on this information the Eligibility Determination Group for the grandson consists of only the grandson (Relational rule).

2. Assess what you believe will be the source of the persons health coverage
   a. Val can apply for All Kids

3. Discuss how you will be able to assist the person with the application
   a. Since Val is having a hard time paying for her Medicare costs, ask if she is interested in applying for the Medicare Savings Program when this question is asked in ABE. Explain to Val that if approved this will help her pay the premiums for Medicare B. If approved for this help, the state will also automatically enroll her for help with paying her Part D premium. Go to the resource center and provide Val with the brochure on the Medicare Savings Program and Extra Help Program.
   b. Let Val know that after the application is submitted if the state needs more information they will mail her a list of what she needs to provide. If she needs help, she can come back to see you to help. Also let her know she will be mailed a letter for each program for which she applied (Cash, SNAP, MSP, and Medicaid).
   c. While asking Val questions, you get to the question about what is Val applying for and she tells you about her efforts to apply for cash for her grandson. Ask Val if she wants to try to apply for cash. Val says yes, so you mark this on the application (FYI her income is not a factor in determining her grandson’s eligibility for TANF). The core message is to apply for benefits the person indicates they need. If Val says she would also like to apply for food help, mark this on the application.

4. Address any other issues that you may need to tackle either through outreach or education
   a. Consider possible outreach at senior centers to see if you can connect with grandparents raising grandchildren, or through schools to ensure the children are covered

5. Other issues/concerns?
   a. You tell Val about SHIP and provide her the phone number explaining they are experts in Medicare coverage so they can help with questions about this coverage
Yannie’s Yarn
(Example All Kids, Family Health Plan, large employer)

Yannie is 31 and never been insured. Yannie lives with Sal and their baby son, Mike (age 2). Yannie and Sal are not married. Sal however is pregnant again. Last year Yannie filed the tax return claiming Mike as a dependent.

- Yannie is a U.S. citizen
- Sal is a U.S. citizen
- Yannie earns $30,000 a year at a local employer with over 100 employees. He states the employer offers health coverage but he does not want to pay the premium of $200 a month. Yannie works 35 hours a week.
- Yannie inherited $25,000 from his grandmother in 2012

Desired Response
1. Identify taxfiler status for each person and whose income would be used to determine if a person is eligible
   a. Yannie files taxes and claims one dependent
   b. Based on the Eligibility Determination Group rules:
      i. Sal: Sal does not file taxes, nor is she claimed as a dependent therefore Rule 3 (Relational Rule) applies to determining her Eligibility Determination Group. Sal’s EDG consists of Sal, her son Mike and her unborn baby for a group size of three. Income used to determine if Sal is eligible for medical will be her income and any of Mikes. Since there is no income Sal is enrolled in Family Health coverage.
      ii. Mike: Mike is claimed as a dependent on his father’s taxes. In looking at Tax Filing Rule 2 you see that Mike fits one of the exclusions so you have to use Relational rules. These require that the following persons be included in Mike’s EDG: his parents and any unborn siblings. Mike’s EDG consists of Mike, Yannie, Sal and her unborn child for a group size of four. Yannie’s income is used to determine Mike’s eligibility for health coverage. If eligible the program Mike may be enrolled in All Kids premium since Yanni’s income is over 150% FPL but under 300% FPL.

2. Assess what you believe will be the source of the persons health coverage
   a. Mike will most likely receive All Kids, Sal will enroll in Moms and Babies
   b. Since Yannie’s income is 193% FPL before the 5% disregard, he will be referred to the Marketplace for health coverage after the Medicaid decision is reached.

3. Discuss how you will be able to assist the person with the application
   a. An application is completed through ABE for everyone.
   b. Let Yannie know that if the state approves Mike and Sal a letter may be sent advising that the family may need to select a health care provider or Managed Care plan. Tell Yannie to make sure he follows any instructions given to the family in these letters.

4. Address any other issues that you may need to tackle either through outreach or education
   a. That any premium charged has to be paid to ensure the coverage remains in place. Tell him the insurance company and Medicaid will mail him letters to advise of him of his responsibilities for paying a premium and any cost sharing involved in the plans.
   b. You however need to talk with Yannie since he has told you the employer provides health coverage. You let Yannie know that he can complete an application through the Marketplace but he would not be eligible for tax credits or subsidy. This is because the plan offered by the employer is considered affordable since the premium is less than 9.5% of his income or $2850 a year (the premium is actually $2400 a year).
   c. Tell Yannie he may want to look at dependent coverage through the employer

5. Other issues/concerns?
   a. Tell Yannie about the need to report changes and how it can affect coverage. When the baby is born, Yannie can call the state to report the birth so medical coverage for the newborn can start. Sometimes the hospital will also contact the state to report the birth, but let him know he is also responsible to notify them.