BRIC
Building Refugee and Immigrant Communities

Training for Community Based Organizations Serving Immigrant Communities
“Your Questions, Answered”

February 27, 2014

Funded through Blue Cross & Blue Shield of Illinois Community Grant, this workshop is a partnership between the Asian Health Coalition, EverThrive Illinois, the Illinois Coalition for Immigrant and Refugee Rights & the Sargent Shriver National Center on Poverty Law
Webinar Agenda and Structure

• 5 minutes: Welcome & Introductions
• 40 minutes: Review of Questions/Answers since January Training. Provide case examples where helpful
• 45 minutes: Live Q&A: Ask your questions
• Follow up survey to address additional issues in future in person training and webinar
• Webinar will be recorded for future distribution.
Q&A Regarding Immigrant Families
Will the Get Covered Illinois (GCI) Screening Tool add the Immigration Question?

- GCI Screening Tool does not include any questions about immigration/non-citizen status and, therefore, some people who have income below the Medicaid level but are not eligible for Medicaid due to their immigration status are sent to apply for Medicaid by mistake.

- At this time, GCI does not plan to add an immigration question to the screening tool because it is too difficult to distinguish between eligible and ineligible non-citizen categories in a all purpose screening tool.
Using GCI Screening Tool for Immigrants

- The screening tool may not be as helpful for a non-citizen or immigrant who would be eligible for Medicaid except for their immigration status.
- In this case, you should apply directly to the Marketplace (understanding that currently the “LPR glitch” may cause them to get sent back to Medicaid.)
- Remember that children and pregnant women are eligible for Medicaid regardless of immigration status.
How do I get a specific language translator at the Marketplace?

• When calling the state or federal hotline, ask for a translator that can provide services in a specific language.

• Each hotline uses a translation service providing support in many languages: healthcare.gov has over 150 languages and the ABE Call center has over 80 languages. ABE Call Center may need to call you back if a translator isn’t immediately available.

• If you have problems with getting translation or the accuracy of translation or translated materials, please post to HelpHub so we can communicate this with CMS, the Marketplace team or the specific insurance company.

  — (Example – BCBS Spanish Line)
Will Legal Permanent Residents (LPRs) who have not been able to get insurance through the Marketplace receive a special enrollment period?

- CMS has not yet indicated that LPRs will be given a Special Enrollment Period past March 31 or be exempt from an individual responsibility provision because of the delays in enrollment caused by the federal Marketplace.

- At this point, CMS knows about the LPR issues and is trying to fix them as soon as possible. Many national and local groups are advocating for a Special Enrollment Period for LPRs and/or an automatic exemption from the penalty.

- Also, remember that many people will have low enough income to be below the tax filing threshold and therefore not subject to a penalty. See 2014 thresholds here (and chart on next page): [http://helphub.illinoishealthmatters.org/documents/4335#](http://helphub.illinoishealthmatters.org/documents/4335#)
## Who Must File a Tax Return?

<table>
<thead>
<tr>
<th>Filing Status</th>
<th>Age</th>
<th>Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Under 65</td>
<td>$10,000</td>
</tr>
<tr>
<td>Single</td>
<td>65 or older</td>
<td>$11,500</td>
</tr>
<tr>
<td>Married Filing Jointly</td>
<td>Under 65 (both spouses)</td>
<td>$20,000</td>
</tr>
<tr>
<td>Married Filing Jointly</td>
<td>65 or older (one spouse)</td>
<td>$21,200</td>
</tr>
<tr>
<td>Married Filing Jointly</td>
<td>65 or older (both spouses)</td>
<td>$22,400</td>
</tr>
<tr>
<td>Married Filing Separately</td>
<td>Any</td>
<td>$3,900</td>
</tr>
<tr>
<td>Head of household</td>
<td>Under 65</td>
<td>$12,850</td>
</tr>
<tr>
<td>Head of household</td>
<td>65 or older</td>
<td>$14,350</td>
</tr>
<tr>
<td>Qualifying Widow(er) with dependent child</td>
<td>Under 65</td>
<td>$16,100</td>
</tr>
<tr>
<td>Qualifying Widow(er) with dependent child</td>
<td>65 or older</td>
<td>$17,300</td>
</tr>
</tbody>
</table>
Practice Tips for Dealing with LPR Marketplace Glitch

• If Client has already been denied Medicaid, there is new button on Marketplace application to indicate Medicaid denial: https://www.healthcare.gov/help/found-not-eligible-for-medicaid/
  – We’ve heard that some Navigators have experienced success using this!

• If income for 2014 is predicted to be close to 138% FPL, can re-apply with income over the Medicaid threshold to avoid a transfer to ABE.

• Can use Healthcare.gov Call Center to enroll by phone.

• Should now *upload* verification documents instead of mailing to address in Kentucky and if previously mailed, go back and upload.

• **TIP*** If given incorrect information from call center staff – ask for person’s name and send to gov.ilmarketplace@illinois.gov

• **TIP*** If healthcare.gov is still giving you glitches/error screens – take screen shots and send with App ID to: gov.ilmarketplace@illinois.gov
More Practice Tips for Dealing with LPR Marketplace Glitch

- After applicant checks that they are not a US Citizen or National, a drop down box asks for various immigration statuses, numbers and documents. Input all available numbers and upload all available documents.

- If applicant does not have one of the statuses listed (for example, does not have a permanent resident card “Green Card” I-551) or only has an Alien Number or I-94 Card (which has their date of entry), select “other document or status type” and upload any document available. Keep checking “other” and typing in whatever available status or documentation the applicant has including all available numbers. From: CMS Feb 25 Weekly Newsletter Posted on HelpHub: http://helphub.illinoishealthmatters.org/documents/4880#
What if my client has only had a green card or been an LPR for 2 years but has been in the country longer?

• The federal rule is that the person must have been in “qualified status” (i.e., an LPR) for 5 years so the time in the US without legal status does not count.

• However, Illinois uses a slightly different definition of “entered the United States” or “residing in the United States” and applicants may be eligible for Medicaid if they have been in the country under another legal status for more than five years.

• See DHS Policy Manual: http://www.dhs.state.il.us/page.aspx?item=13183
Latest Immigration and Identity Verification Resources from HHS

• Citizenship and Immigration Status Questions on the Marketplace Application


• FAQ on Remote Identity Proofing, Remote Identity Proofing Failures and Application Inconsistencies (Federally-facilitated Marketplace)


What if I have sent in documents but I have not yet received a notice informing me that my identity verification has been processed?

• Please contact the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325) to ask for an update.

• The Call Center will ask for some information, such as your name and date of birth, and should be able to provide you with an update. In the event the Call Center is not able to provide a status update, the Call Center will contact an advanced casework team to look into the status of your case and the Marketplace will be in touch with you once your case has been reviewed.

I continue to have issues verifying my identity; how can I apply for coverage?

• If, after following the instructions provided during the RIDP process you continue to have issues verifying your identity you can:
  
  ▪ Call the Call Center and you can complete the online application with a Call Center Representative, or
  
  ▪ Mail in a paper application to the Marketplace. See above for the Marketplace address.
• ABE application asks questions about sponsors primarily to assess eligibility for SNAP, TANF and AABD Cash only.
• Illinois does not deem or count a sponsor’s income toward Medicaid eligibility.
• Even if a sponsor signs an enforceable affidavit of support (I-864-EZ), they will not be responsible for paying back any costs for health care provided to a pregnant women or child or any emergency care.
• Other costs for Medicaid recipients sponsored under an enforceable affidavit (LPRs in US over 5 years) may be subject to reimbursement.

See this document from the National Immigration Law Center (NILC):
http://www.nilc.org/sponsoredimms&bens-na-2009-08.html
What should I do if a DACA is mistakenly enrolled in the Marketplace?

• DACA or persons in deferred status under the Dream Act are specifically not eligible for the Marketplace (and not eligible for Medicaid except kids under age 19 or pregnant women.)

• The application should be denied after immigration status is verified and prior to enrollment. However, the applicant should preemptively remove the application from the Marketplace to avoid any problems.
• ABE application asks questions about sponsors primarily to assess eligibility for SNAP, TANF and AABD Cash only.
• Illinois does not deem or count a sponsor’s income toward Medicaid eligibility.
• Even if a sponsor signs an enforceable affidavit of support (I-864-EZ), they will not be responsible for paying back any costs for health care provided to a pregnant women or child or any emergency care.

See this document from the National Immigration Law Center (NILC):

http://www.nilc.org/sponsoredimms&bens-na-2009-08.html
Q&A Regarding Medicaid
When does Medicaid begin after an application is approved and can eligibility be backdated?

- Adult ACA (just like other Medicaid programs) is effective the date the application is completed but if someone has medical bills in the three months prior to application, they are also eligible to get those medical bills covered.

- For the new ACA adult group in any area of the state outside of Cook County, there cannot be any backdating before 1/1/2014 because they could not have been eligible before the program started. If they live in Cook County only and, if they enrolled in CountyCare, they may be eligible for backdating before 1/1/2014.

- The only exception to backdating is the Premium Level part of the All Kids program. These programs work like insurance and the child is not eligible until after the application is approved and a premium is paid. However, a child may be able to get Medicaid with a spenddown prior to premium level coverage beginning.
• 20 year old without a disability applies for Medicaid on February 3, 2014.
• If Medicaid is approved on April 16, 2014, the medical card will be automatically backdated to the month of application and he will get a card for February, March, April and beyond.
• If he presents medical bills for January 2014 and was income eligible in January, he will receive backdated eligibility for January and his medical providers can bill for services provided to him during January.
• If he went to the hospital in December, he cannot get that bill paid because ACA Adult did not begin until January 2014 (unless he was in the CountyCare program in Cook County.)
All Kids Premium Level Programs and Backdating Medical Coverage

- All Kids is a more complicated program than other Medicaid programs because it is a combination of Medicaid and a premium level program.
- There are uninsured requirements and premiums required at the higher income levels.
- There are also exceptions to the uninsured requirement if a child loses insurance coverage in the 12 months prior to applying for All Kids.
- If a child is eligible for All Kids, they are not eligible to purchase insurance in the Marketplace with an APTC.
- Families may have split coverage between All Kids for the children and the Marketplace for the parents.
- Even if a child is not eligible for regular Medicaid and backdating, they may be eligible for spenddown if they had a large medical bill prior to being covered.
HFS Chart on All Kids Presumptive Eligibility and Backdating

- See this chart on HelpHub which answers questions on AllKids’ eligibility and gives helpful case examples:
  [http://helphub.illinoishealthmatters.org/documents/4647#comment-4734](http://helphub.illinoishealthmatters.org/documents/4647#comment-4734)

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### Illinois All Kids Eligibility and Coverage Start Dates – January 2014

<table>
<thead>
<tr>
<th>Family Size</th>
<th>All Kids Assist - age 18 or younger - family income</th>
<th>All Kids Share - age 18 or younger - family income</th>
<th>All Kids Premium Level 1 - age 18 or younger - family income</th>
<th>All Kids Premium Level 2 - age 18 or younger - family income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to $1,408 per month</td>
<td>$1,409 - $1,503 per month</td>
<td>$1,504 - $2,001 per month</td>
<td>$2,002 - $3,045 per month</td>
</tr>
<tr>
<td>2</td>
<td>Up to $1,900 per month</td>
<td>$1,901 - 2,029 per month</td>
<td>$2,030 - 2,701 per month</td>
<td>$2,702 - 4,110 per month</td>
</tr>
<tr>
<td>3</td>
<td>Up to $2,392 per month</td>
<td>$2,393 - 2,555 per month</td>
<td>$2,556 - 3,401 per month</td>
<td>$3,402 - 5,175 per month</td>
</tr>
<tr>
<td>4</td>
<td>Up to $2,885 per month</td>
<td>$2,886 - 3,081 per month</td>
<td>$3,082 - 4,102 per month</td>
<td>$4,103 - 6,241 per month</td>
</tr>
<tr>
<td>5</td>
<td>Up to $3,377 per month</td>
<td>$3,378 - 3,607 per month</td>
<td>$3,608 - 4,802 per month</td>
<td>$4,803 - 7,306 per month</td>
</tr>
</tbody>
</table>
Backdating Example: AllKids Premium Level II

- 14 year old applies for All Kids on December 13, 2013. Her family income is 250% FPL and she has not been insured in the past 12 months.
- Her application is approved on February 3, 2014 and her first premium is paid for March 2014.
- Her All Kids insurance coverage begins on March 1, 2014.
- She went to the doctor in February 2014 for a check up. That service cannot be billed to Medicaid; however, she may be eligible for spenddown prior to the insured date if she has a major medical expense such as a hospitalization.
How does someone get enrolled through Medicaid Presumptive Eligibility (MPE)

Pregnant women can get coverage immediately to start getting prenatal care before a full Medicaid application is approved.

- HFS/DHS Description of MPE Program  

- If pregnant, ask provider if they are a MPE provider. If need to find a provider call All Kids Hotline at 1-866-255-5437.

- DHS Rules for MPE Providers  
  [http://www.dhs.state.il.us/page.aspx?item=14060](http://www.dhs.state.il.us/page.aspx?item=14060)

- If MPE eligibility runs out before Medicaid approved, send us e-mail or post to HelpHub so we can send to DHS for expedited processing.

- Practice Tip: Apply through ABE by phone.
What happened with the SNAP auto-enrollment for ACA Adult Medicaid?

Many people were enrolled but some people have not yet have heard from DHS and they can check on the status of their application (or SNAP auto-enrollment) at the ABE (Application for Benefits Eligibility) Customer Call Center, at 1-800-843-6154:

The ABE Call Center can also assist individuals who wish to:

- Change addresses
- Request medical cards
- Complete an ABE application
- Request cancellations
- Add a baby
- Learn the status of an application

*TIP:* To check the status of an application submitted through ABE, you must either log back into ABE and check the status or call the Call Center & speak to a caseworker. Do not use the automated “check case status” option. Instead follow prompts to apply or get general information for Cash, SNAP and Health coverage and have the tracking number available. A caseworker will be able to tell you whether an application is submitted, in process, or denied/approved only.
HFS published a good Q&A on Feb 19, which can be found on HelpHub:  
http://helphub.illinoishealthmatters.org/documents/4733#comment-4761

It includes the following Q&A:

- I applied for health coverage at the Marketplace (healthcare.gov). They said they transferred my application to the state. When will I hear something?

- I applied for Medicaid through ABE but haven’t heard anything. What should I do?

- How long will it take to process my application?/How can I be sure you have my application?

- I got a letter that said I was approved for Medicaid, now what?

- If I already receive SNAP benefits, but want to apply for Medicaid, what should I do?
If your application for Medicaid is denied for eligibility reasons, you will be allowed to purchase a Marketplace plan even after Open Enrollment ends March 31, 2014 since you applied for coverage during open enrollment. A Medicaid denial for eligibility reasons include:

• Income is too high for Medicaid or All Kids
• **Immigration status does not meet Medicaid requirements**
• A child at certain income levels needs to wait for a month or more before starting All Kids coverage because of previous insurance coverage.
• Eligibility reasons do **NOT** include things like being denied because someone did not turn in paperwork or applied for coverage before October 1, 2013, the first date that Illinois began accepting applications for new adult coverage beginning January 1, 2014. These are procedural reasons.
Q&A Regarding Private Insurance, Marketplace and SHOP
Can Brokers Charge a Fee to a Consumer?

• There is no law that specifically prohibits brokers from charging consumers when they assist with enrollment through the Marketplace.
• Most brokers are compensated via commission or another agreement with one or more insurance carriers.
• It is likely that you will not be charged a fee, but consumers should ask about fees before entering into any agreement or using the services of a broker.
*TIP: You can search by zip code AND ACA certified in the 2nd broker link National Association of Health Underwriters
• To look up the certification/license of a broker, check here: https://sbs-il.naic.org/Lion-Web/jsp/sbsreports/AgentLookup.jsp
When should I refer a client to a Broker?

• Anyone can use a broker but brokers typically work with small businesses.

• You may want to refer a business owner to a broker to understand their options to provide insurance to their employees and for themselves.

• An individual who wants specific guidance or advice on which insurance plan to choose may want to consult with a broker who can advise to choose a specific insurance plan (a Navigator cannot provide this type of counseling).
How does a small business access the SHOP?

- At this point, a small business must enroll in the SHOP through a Marketplace registered broker who could access the small business tax credit for them if eligible and who could help them understand the best strategy for their business.
- For example, it may be best for the employer to not offer coverage so that employees can access premium tax credits through the individual Marketplace.
- On the other hand, the employer may determine that their employees are not eligible for financial assistance through the Marketplace and would like to provide a employer contribution toward the employee insurance. In this case, it may be better to use the SHOP or another small group insurance product.
- In either case, you should refer the business to a broker through getcoveredillinois.gov for counseling.
For preventive services, how do I know if there will be a co-pay or if the service will be provided with no cost-sharing?

- The list of preventative care services which are provided with no cost-sharing (or co-pay) is on Healthcare.gov [https://www.healthcare.gov/what-are-my-preventive-care-benefits/](https://www.healthcare.gov/what-are-my-preventive-care-benefits/) and is updated regularly.
- The patient should also check with their provider and insurance company prior to accessing care if they want to confirm that a particular service is covered at no cost as a preventative service.
- The patient should be aware that some follow up services or tests performed at a preventative care visit may require a co-payment.
- If the patient wants to contest a charge, they can appeal the claim with their insurance company or file a complaint with the Department of Insurance at: [https://mc.insurance.illinois.gov/messagecenter.nsf](https://mc.insurance.illinois.gov/messagecenter.nsf)
People who are married and file taxes separately are ineligible for premium tax credits in the Marketplace. You have to file taxes jointly in order to access the tax credits.

If someone’s spouse lives in another country, they may be eligible to file taxes as “Head of Household (HOH)” instead of Married filed separately. With the HOH determination, the person CAN qualify for premium tax credits.

*TIP The latest Assister newsletter (posted on HelpHub) tells Navigators to call the Marketplace if they want to file as HOH.

*TIP For free tax help, contact the Center for Economic Progress: http://www.economicprogress.org/clients/free-tax-help
or IRS Free Tax Help: http://www.irs.gov/Individuals/Find-a-Location-for-Free-Tax-Prep
What should my clients expect to pay every month?

<table>
<thead>
<tr>
<th>27 Year Old in Chicago, Before Tax Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Bronze</td>
</tr>
<tr>
<td>$134</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>27 Year Old in Chicago, with Income of $25K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Bronze</td>
</tr>
<tr>
<td>$96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family of 4 in Chicago, with an Income of $50K</th>
</tr>
</thead>
<tbody>
<tr>
<td>$106</td>
</tr>
</tbody>
</table>

Source: ASPE Office of Health Policy, Sept. 2013
Credit amount = Cost of benchmark plan - Expected premium contribution

Credit amount affected by:
- Individual or family’s expected contribution based on their income
- Premium cost for benchmark plan
## Expected Contributions at Certain Income Levels

<table>
<thead>
<tr>
<th>Annual Household Income</th>
<th>Expected Premium Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of FPL</td>
<td>Income Amount¹</td>
</tr>
<tr>
<td>&lt; 133%³</td>
<td>&lt; $15,282</td>
</tr>
<tr>
<td>133 - 150%</td>
<td>$15,282 - $17,235</td>
</tr>
<tr>
<td>150 - 200%</td>
<td>$17,235 - $22,980</td>
</tr>
<tr>
<td>200 - 250%</td>
<td>$22,980 - $28,725</td>
</tr>
<tr>
<td>250 - 300%</td>
<td>$28,725 - $34,470</td>
</tr>
<tr>
<td>300 - 350%</td>
<td>$34,470 - $40,215</td>
</tr>
<tr>
<td>350 - 400%</td>
<td>$40,215 - $45,960</td>
</tr>
<tr>
<td>&gt; 400%</td>
<td>&gt; $45,960</td>
</tr>
</tbody>
</table>

¹ for a household of one (i.e. an individual)

² based on second-lowest priced SILVER health plan in the Exchange

³ residents <133% FPL that would be eligible for Medicaid are ineligible for tax credits
Example: Single Individual

John:
- 24 years old
- Income of 22,980 (200% FPL)
- Expected contribution: 6.3% or $1,448

3 Lowest Cost Silver Plans Covering John:
- Plan A: $4,800
- Plan B: $5,000  ← Benchmark
- Plan C: $5,200

Premium Credit:
$5,000 - $1,448 = $3,552
### John:
- **Income:** 22,980 (200% FPL)
- **Expected Contribution:** 6.3% or $1,448

<table>
<thead>
<tr>
<th></th>
<th>Age 24</th>
<th>Age 64</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium</strong></td>
<td>$5,000</td>
<td>$15,000</td>
</tr>
<tr>
<td><strong>Premium Credit</strong></td>
<td>$3,552</td>
<td>$13,552</td>
</tr>
</tbody>
</table>

- **Bar Chart:**
  - **Contribution:**
    - 24 Years Old: $1,448
    - 64 Years Old: $1,448
  - **Federal Premium Credit:**
    - 24 Years Old: $3,552
    - 64 Years Old: $13,552
Impact of Plan Choice on What People Pay

**John:**

Eligible for premium credit of $3,552
New Tool for IL Marketplace Plan Comparisons: “Consumers’ Checkbook Plan Comparison Tool”

www.healthplanratings.org

<table>
<thead>
<tr>
<th>Plan</th>
<th>Yearly Cost Estimate</th>
<th>Cost in a Bad Year</th>
<th>Quality</th>
<th>Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Precision Silver HMO 002</td>
<td>$1,572</td>
<td>$2,282</td>
<td>★★★★</td>
<td>NONE FOUND</td>
</tr>
<tr>
<td>Blue Choice Silver PPO 003</td>
<td>$1,680</td>
<td>$2,520</td>
<td>★★★★</td>
<td>NONE FOUND</td>
</tr>
<tr>
<td>Blue Choice Silver PPO 004</td>
<td>$1,720</td>
<td>$2,640</td>
<td>★★★★</td>
<td>NONE FOUND</td>
</tr>
<tr>
<td>Blue Choice Bronze PPO 005</td>
<td>$1,818</td>
<td>$6,658</td>
<td>★★★★</td>
<td>NONE FOUND</td>
</tr>
<tr>
<td>Blue Precision Bronze HMO 003</td>
<td>$1,818</td>
<td>$6,778</td>
<td>★★★★</td>
<td>NONE FOUND</td>
</tr>
</tbody>
</table>
How do I tell if the plan includes cost sharing reductions?

For plans with a cost sharing reduction, plan compare does not display the savings in the same way it shows the tax credit. Instead, plans with the cost sharing reduction applied simply have a sentence which shows "reduced costs" as you can see in the red oval here. For comparison, I circled the bronze plan in yellow above, which does not have that text.
How do I tell if the plan includes cost sharing reductions?

You can also narrow your results to only show plans with the cost sharing reduction by scrolling down and clicking the arrow which says "CHANGE" next to "cost sharing reduction plans. This will show only the plans which include the CSR (so all of the silver plans).
### Maximum Out of Pocket Limits for Those Under 250% FPL ($28,725/year)

<table>
<thead>
<tr>
<th></th>
<th>Standard Silver – No CSR</th>
<th>up to 150% FPL (up to $17,235)</th>
<th>151-200% FPL ($17,236-$22,980)</th>
<th>201-250% FPL ($22,981-$28,725)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduction</strong></td>
<td>2/3</td>
<td>2/3</td>
<td>1/5</td>
<td></td>
</tr>
<tr>
<td><strong>Actuarial Value</strong></td>
<td>70%</td>
<td>94%</td>
<td>87%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Maximum OOP limit (Individual)</strong></td>
<td>$6,350</td>
<td>$2,117</td>
<td>$2,117</td>
<td>$5,080</td>
</tr>
</tbody>
</table>

**Remember:** Cost Sharing Reduction is based on how much you use. You don’t have to use this much.

**TIP:** If you see out of pocket limit at ABOVE $5,080, you are not looking at a cost-sharing reduction plan.
New Language Resources on IHM
http://illinoishealthmatters.org/languages/

- Asian Health Coalition translated ACA fact sheets in many different languages such as Tagalog, Nepali, Arabic
March 5, 2014: 10-11:30 am
Blue Cross Blue Shield of Illinois Walks You Through Their Marketplace Plans & Answers Your Questions
http://illinoishealthmatters.org/ai1ec_event/webinar-blue-cross-blue-shield-of-illinois-on-their-marketplace-plans/

March 11, 2014: 1-2pm:
Starting Strong for Community Health! Webinar Tour a New Tool to Help Illinois Consumers
The developers of HealthPlanRatings.org. will provide a tour and answer questions about their free tool designed specifically for Illinois Marketplace consumers.
https://www3.gotomeeting.com/register/447933782

March 25, 2014 2:00 p.m.– 3:00 pm:
Starting Strong for Community Health! Webinar Alternative Benefit Plan & Care Coordination
Guest speakers from Healthcare & Family Services (HFS) will review who qualifies for and what is in the Alternative Benefit Plan Package; information on client enrollment into care coordination as well as solutions for commonly asked questions.
https://www3.gotomeeting.com/register/570173734
Now’s the time for more questions:

• Type your question in the Chat Box
• We will read out questions that we can answer now and answer them for you
• If we can’t answer them right away, we will research them and make sure they get sent to the group

Thanks for your participation!
Q: For people who currently receive full coverage under Care Link with CCHHS, but are ineligible for Medicaid due to the 5 year bar, is there any way for these people to avoid paying the penalty if they still file taxes?

A: In general, Charity Care programs such as CareLink do not meet the Minimum Essential Health Benefits definition under the IRS http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision. Therefore, they do not exempt someone from the penalty; however, in many cases, the person receiving only charity care assistance may be exempt from the penalty due to other factors such as a hardship exemption.

Q: I had an applicant whose results stated she was eligible for emergency Medicaid. Is that considered covered or will she have to pay a penalty?

A: Emergency Medicaid has been included by the IRS in the list of services that can be considered transitional coverage and meet minimum essential health coverage. http://www.irs.gov/pub/irs-drop/n-14-10.pdf. However, if an undocumented non-citizen is receiving emergency medicaid, they are not subject to the penalty in any case because of their immigration status.
Q: Can international students get health care coverage through the marketplace? If they have been here for 5 years.

A: Any lawfully present immigrant is eligible to purchase insurance through the Marketplace during open enrollment or if there is a qualifying event. There is no 5 year bar to purchasing insurance through the Marketplace (the 5 year bar only applies to some lawfully present immigrants who may qualify for Medicaid). International students in valid and unexpired student visa status (usually an F-1 student visa) granted by the Department of Homeland Security are considered lawfully present and qualify to purchase insurance through the Marketplace.

Q: What if client is over 65 but doesn’t qualify for Medicare?

A: If a client is over age 65 but does not qualify for free Medicare Part A, they can apply for and be eligible for either Medicaid (AABD not ACA Medicaid) or the Marketplace with premium tax credits and cost-sharing depending upon their income.
Q: What happens when an employee can no longer take the employer sponsored insurance (ESI) because they missed the deadline because they were waiting on the marketplace to compare plans? When filling out the application and they ask if they are offered coverage through an employer would they answer “yes” or “no”?

A: Unfortunately, many consumers may have declined ESI before fully understanding the consequences or without having access to information about insurance coverage (i.e., plans, costs) through the Marketplace. If they had an offer of coverage but turned it down, they would have to answer “yes”. If a consumer had an ESI for a plan covering calendar year 2014 or spanning 2013 and 2014 and did not enroll, he will not be eligible for APTCs or CSRs (this assumes ESI coverage meets affordability and minimum essential value tests).

However, the law provides some transitional relief for the penalty. For a consumer who had an offer of ESI that began in 2013 and ends in 2014 and did not accept the coverage, she will not be penalized for the months in 2014 that she would have been covered had she accepted ESI. For example, let’s say a consumer had an offer of ESI from August 2013 to July 2014 but did not enroll. The consumer will be exempt from the mandate for the months of January through July - this is referred to as “transition relief.” Since the ESI plan ends July 31st 2014, only five months (August through December) will be used to determine if the consumer is subject to the penalty. The consumer can then avoid a penalty by enrolling in a plan at that time.
Q: There are clients who have started to receive Medicaid denials. We then go back to marketplace and once again are sent to adult Medicaid. What can we do for them?

A: You can now check a button on the Marketplace application that indicates that a person has been "found not eligible for Medicaid" ([https://www.healthcare.gov/help/found-not-eligible-for-medicaid/](https://www.healthcare.gov/help/found-not-eligible-for-medicaid/)) and then you should be able to proceed with the application. If you are still having problems, please send the Application ID#s to us.

Q: I have a client that applied through the Marketplace and was eligible for coverage but not tax credits. We thought that it was due to his job that he could not get tax credits but at work they do not provide him coverage, so we tried the application for the second time but the client still did not get tax credits. What can we do in this case?

A: Some LPRs under 5 years are still having trouble getting assessed for tax credits and cost sharing reductions. Try contacting the Marketplace Call Center to do the application. If that still is not successful, please email us the Application ID #.
Contact Information for Today’s Webinar

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