The Affordable Care Act and Medicaid Eligibility
“An Overview”
March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA) into law.

The law made changes to eligibility for family related Medicaid groups and the Children’s Health Insurance Program (CHIP), and provided cost sharing and tax credits to assist in purchasing health insurance by income qualified individuals. Collectively, these programs are called Insurance Affordability Programs, or IAPs.

The law provides a number of mechanisms, including mandates, subsidies, and tax credits to both employers and individuals.

Additional reforms focus on streamlining the delivery of health care and improving health care outcomes.
Florida ACA Coverage Partners

Three partners determine eligibility for health care coverage for Floridians. They are:

- **The Department of Children and Families (DCF)** will determine eligibility for Medicaid. The ACA rules affect Medicaid eligibility for children, parents/caretakers and pregnant women. Income limits are based on the *individual* being tested.

- **Florida Healthy Kids (FHK)** will continue to determine CHIP eligibility for children under 19 whose family income is above the Medicaid income limit for children. CHIP eligibility rules will be the same as Medicaid and eligibility will be completed using the new rules engine within the FLORIDA system.

- **Federally Facilitated Marketplace (FFM)** determines eligibility for the Insurance Premium Assistance Programs for adults with income above 100% and below 400% of the FPL and for children whose family income is too high to qualify for the Florida KidCare Program.
Insurance Affordability Programs (IAPs)

Access to Insurance Affordability Programs

- Individuals can apply for IAPs online, by paper, or by telephone.
  - There is a common application used by all partners
  - Applications submitted to any partner will be routed to the correct program
  - Data sharing technologies will be used between partners through different interfaces
Enrollment

- Coverage begins January 1, 2014.

- Medicaid and KidCare applications after January 1, 2014, will use the new eligibility rules.

- Individuals currently enrolled in Medicaid or KidCare will be evaluated using the new rules at their first review after March 2014.

NOTE: Medicaid and Florida KidCare will continue open enrollment all year.
Medicaid and Florida KidCare Changes

Changes to eligibility for Medicaid and CHIP include:

- How applications are received and processed
- What types of income are considered when calculating eligibility
- Whose income is used when calculating eligibility
- Interaction between the Department of Children and Families (DCF), Florida Healthy Kids (FHK) and the Federally Facilitated Marketplace (FFM)
System Changes to Accommodate ACA

- To meet the minimum ACA eligibility business requirements, The Department of Children and Families:
  - Developed a new web portal containing an ACA compliant application which will collect information for all IAPs.
  - Increased its ability to share application data (electronically) with ACA partners through interfaces.
  - Reprogrammed eligibility systems to use new household and budgeting rules. Applications will be “no touch” to the highest degree possible.
  - Reviewed all secondary systems to ensure interoperability with the updated eligibility system and interfaces.
Additional Interfaces

In addition to interfaces with Florida Healthy Kids (FHK) and the FFM, DCF has access to additional electronic federal data for use in determining Medicaid eligibility. Sources through the federal hub include:

- Social Security – Citizenship, identity, income and disability status
- Homeland Security – Immigration Status
- Electronically reported employee management services (limited earnings info)

Real time state verifications include State Wage Data and Unemployment Data. All current data exchanges will also be maintained.
An application is submitted to any IAP partner where it is screened for eligibility. Potentially Medicaid eligible applications received by the FFM or Florida Healthy Kids will be electronically routed to DCF for eligibility determination, and vice versa.

Upon receipt, the system will:
- Check for current benefits
- Screen for appropriate benefits based on household composition and income
- Check the federal data hub and other data sources for verifications
- Process and approve the application without worker intervention, whenever possible ("no touch")
Process Flow Continued:

- If the system does not have enough information to process the application on its own, the application will be routed to an eligibility worker who will obtain needed verification and process the application.

- If households or individuals are over income for Medicaid, the application, and all associated verifications, will be electronically routed to the appropriate partner program(s) for determination.

- Applications coming through the Florida Healthy Kids portal will be treated the same way.

- Customers will not have to submit new applications or provide the same verifications to the other partner programs.
Verification Requirements

- ACA simplifies the verification requirements to minimize effort by families, and to speed up the approval process, to ensure benefits are provided as quickly as possible.

- Other than proof of citizenship, identity and immigration status (if applicable) a customer’s statement (called self-attestation) will generally be accepted when processing an application.

- The idea is that most verifications can be obtained electronically through the hub in real time prior to authorization.
Verification Requirements Continued:

- If electronic income data matches are not exactly the same, but match within a predetermined amount, they are considered to be “reasonably compatible” and no further documentation is required.

- Information that cannot be electronically verified, is questionable or is not “reasonably compatible” with information received through the federal hub will require secondary documentation.
Medicaid Income Limits

<table>
<thead>
<tr>
<th>Category</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Under Age 1</td>
<td>200% FPL</td>
</tr>
<tr>
<td>Children 1 through 18</td>
<td>133% FPL</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>185% FPL</td>
</tr>
<tr>
<td>Parents, Caretakers, Children 19-20</td>
<td>19% FPL</td>
</tr>
</tbody>
</table>

- Because the new income rules do not take into account any deductions currently allowed (child care expenses, child support paid out, standard disregards), two new disregards will be applied.

- A new “standard” disregard, which varies depending on the coverage group, is applied. If the individual still fails eligibility for a Medicaid coverage group, an additional 5% (MAGI disregard) will be applied and the income tested again.

Florida has opted not to expand Medicaid to the new adult group of 19 to 64 year olds without children.
Note: Children 19-20 may continue to be covered by Medicaid.
These figures reflect an expansion of Medicaid to children aged 6 to 18 with incomes up to 133% of the Federal Poverty Level (previously capped at 100% FPL).

The income standards for parents, caretakers and pregnant women have not changed.

In addition, the ACA

Extends Medicaid coverage for children aging out of foster care up to age 26.*

*This change corresponds to the ACA Dependent Care provision which allows dependents to remain on their parent’s health insurance through age 26.
How is the Medicaid Household Determined?

- As of January 2014, family-related Medicaid and Florida KidCare eligibility will be based on IRS rules governing an individual’s tax household and income.

- IAPs will determine financial eligibility using the Modified Adjusted Gross income (MAGI).
MAGI

- MAGI is the new method for determining eligibility for family-based Medicaid coverage.
- Use of MAGI simplifies the eligibility process by standardizing countable income across all IAPs, removing the various income disregards and replacing them with standardized disregards.
- MAGI looks at the income of all members included in an applicant’s tax household.
- There are special rules depending on whether the individual is the taxpayer, a tax dependent, or someone who doesn’t file federal income tax returns.
Federally Facilitated Marketplace (FFM) Call Center

- July 1, 2013, the FFM Call Center opened nationwide to answer questions and provide information about ACA and the FFM.
- The ACA established the FFM so that consumers could shop for private insurance plans.
- The FFM offers assistance to help people with health coverage options and selecting the plan that meets their needs.
- Health insurance plans available through the FFM are also known as Qualified Health Plans.
- The FFM offers a single application that determines eligibility for the Qualified Health Plans, Medicaid, or Florida KidCare.
Important Phone Numbers and Web sites

Contact the FFM Call Center:
1-800-318-2596, 24 hours, 7 days
Deaf and Hard of Hearing: 1-888-871-6594

Marketplace Web site:
www.healthcare.gov
How the Affordable Care Act May Affect Florida Customers

Do you have Health Care coverage?

No

You must purchase insurance, or be covered by Medicaid or CHIP in 2014. Do you plan to seek or purchase coverage?

Yes

Does your household contain members that are dependent children under 21, parents or caretakers of children under 19 or pregnant women?

No

You may face a penalty of $95 or 1% of your income (whichever is higher) in 2015 and $695 in 2016. Families will not pay more than $2,085.

Yes

They may qualify for Florida Medicaid or CHIP. To apply, visit www.myflorida.com/accessflorida or www.floridakidcare.org

Who are you insured by?

No

You may buy insurance from the Federally Facilitated Marketplace.

Yes

You may also use the Federally Facilitated Marketplace

These Coverage Types Meet the ACA Requirements

Employer Sponsored Private Plan
You may keep your current plan.

Medicaid or Florida KidCare
You may stay on the program.

Private Health Insurance
You may keep your plan. This includes adult children less than 26 years-of-age covered by their parent’s private plan.

For More Information

www.healthcare.gov

http://kff.org/health-reform/


Note: This diagram provides a general description for how most people may be affected by the ACA. It does not represent all situations for all individuals. The information is current as of 6/21/13.
Questions?
Family Medicaid

Links

Web Application
http://www.myflorida.com/accessflorida/

Information Page
http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid

Fact Sheet
http://www.dcf.state.fl.us/programs/access/docs/Family-RelatedMedicaidFactSheet.pdf