

**MEETING THE LEGAL NEEDS OF INDIVIDUALS
FACING SERIOUS ILLNESS THROUGH PRO BONO**

**PART 3 – HEALTH INSURANCE ISSUES
(MEDICARE, MEDICAID AND THE ACA)**

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- [Virginia Legal Aid Society](#) – (434) 528-4722 (main office in Lynchburg, offices in Danville, Emporia, Farmville, and Suffolk)

About Our Presenter – Jill A. Hanken, Esq.

- Health Law Staff Attorney, Virginia Poverty Law Center
- At VPLC, Ms. Hanken provides technical assistance, training, and legislative and administrative advocacy on developing and improving public health insurance programs for the poor.
- Former Administrative Law Judge for the Virginia Department of Medical Assistance Services
- Graduate of Boston College Law School
- Recipient of Virginia State Bar's Legal Aid Award in 2006
- Virginia Lawyers Media named her to the 2013 Class of "Leaders in the Law" for setting the standard for other lawyers in Virginia

About the Virginia Poverty Law Center

The Virginia Poverty Law Center (VPLC) is a non-profit organization concentrating in various areas of civil law that affect Virginia's low-income families. Established in 1978, VPLC advocates for the legal rights of Virginia's poor on issues of statewide importance. In addition to legislative and administrative work and litigation, VPLC provides publications and training for legal aid, pro bono and private bar attorneys in the substantive areas of health care, consumer law, elder rights, family, housing and public benefits law. <http://www.vplc.org>

Topics

- Medicare
- Medicaid
- Affordable Care Act – Private Insurance Plans

- Many complexities and rules change often!
- We can only cover the basics today.
- Please see reference material at end

MEDICARE

- A national health insurance program administered by the Centers for Medicare and Medicaid Services (CMS).
- Enroll online (www.socialsecurity.gov) or at Social Security office.
- Generally must enroll when first eligible to avoid penalties.

Medicare Eligibility

Individuals 65 years of age and older:

- Entitled to Social Security Retirement or Railroad Retirement (Generally means that individual and spouse worked for at least 10 years in Medicare-covered employment)
- Government employees who have paid Medicare taxes for a sufficient period of time.
- Others who purchase coverage by paying monthly premiums.

Medicare Eligibility

Individuals under 65:

- Who are disabled and entitled to Social Security Disability benefits or Railroad Retirement Disability benefits for 24 months.
- Who have chronic kidney disease
- Who have ALS (Lou Gehrig's) disease.

Medicare Part A

Hospital Insurance - inpatient hospital, skilled nursing facilities, home health services and hospice care.

- Part A premium is usually free, but ineligible people can enroll and pay monthly premiums.
- Part A premium (2014) - \$426 / month (less than 30 quarters) or \$234 / month (30-39 quarters of coverage).
- Deductibles / co-insurance for services (2014).
 - Hospital Services - \$1,216 deductible for each “benefit period” and co-insurance after 60 days.
 - Skilled Nursing - \$152/day co-insurance after 20 days. Maximum coverage 100 days.

Medicare Part B

- Optional Medical Insurance - physician services, outpatient hospital services, medical equipment and supplies and other health services and supplies.
- Part B monthly premium is now based on income. 2014 premiums - \$104.90 (people with higher income pay more: Individuals \geq \$85,000, couples \geq \$170,000)
- After a \$147 deductible (2014), Part B generally pays 80% of the “Medicare-approved amount” for services.

Medicare Part C

- “Medicare Advantage Plans” - beneficiaries may join certain managed care plans
- Often includes Parts A, B & D
- MAPs can enhance service package and reduce out-of-pocket expenses.
- But they typically have network restrictions and some service limitations.



Medicare Part D – Prescription Drug Benefit

- Added in 2006
- Private companies offer Part D Plans
 - Stand-alone Prescription Drug Plans (PDP)
 - Part of most Medicare Advantage Plans (Part C)
- Medicare Beneficiary must select a plan each year
 - Premiums
 - adjusted for higher income people.
 - Single people with income over \$85,000
 - Couple with income over \$170,000
 - Annual Deductible
 - Co-payments / Co-insurance
 - Gap in coverage (Donut Hole)
 - Catastrophic Coverage
- Low-Income Subsidy (“Extra Help”) reduces above costs

Part D Enrollment

- Initial Enrollment Period
 - From 3 months before and 3 months after month of 65th birthday.
 - When disabled person notified of Medicare eligibility and 3 months after.
 - Late enrollment penalties
- Annual Election Period to join or change plan - 10/15 - 12/7
- Medicare Advantage Disenrollment

Part D Enrollment

- Special Enrollment Periods for e.g.:
 - People eligible for Low Income Subsidy (LIS)
 - People who lose Medicaid eligibility or LIS
 - People moving in or out of nursing home/institution
 - People moving out of plans service area
 - People who lose or gain other creditable coverage
- Not required to enroll if you already have “creditable” prescription drug coverage. (e.g. TriCare, VA benefits, Federal employee group health)
- Medicare beneficiaries must enroll in Part D if they are on Medicaid, SSI, eligible for Low Income Subsidy or Medicare Savings Programs.



Part D Standard Benefit in 2014

4 Stages have Different Cost-Sharing

- Stage 1: \$310 Deductible
- Stage 2: Pay 25% of the next \$2540 (\$635) in formulary drugs
- Stage 3 - Donut Hole – Pay 100% of next \$3605 in formulary drugs [brand discount of 52.5%, generic discount 21%]
- Stage 4 – After \$4550 paid of “true out-of-pocket costs” (TrOOP), catastrophic coverage for remainder of calendar year. Beneficiary pays higher of 5% of cost or \$2.55 for generics, \$6.35 for brand name drugs.



Low Income Subsidy – “Extra Help”

- To help pay for Part D premiums, co-pays, coverage during the donut hole
- Automatic (deemed) LIS eligibles:
 - Medicaid and Medicare (full duals)
 - Medicare Savings Programs (QMB, SLMB, QI) (partial duals)
 - SSI people on Medicare
- Extra Help available to deemed LIS eligible:
 - \$0 premium for “benchmark” coverage (can chose to pay more for “enhanced coverage”)
 - \$0 annual deductible
 - \$0 or very low co-pays initial coverage period and donut hole
 - \$0 co-pays in Catastrophic Coverage

Low Income Subsidy – “Extra Help”

- If not automatic/deemed LIS, individual must apply at DSS or SSA to get LIS/Extra help.
- Two groups:
 - Up to 135% FPL income & countable resources up to \$8,580 (single) \$13,620 (couple)
 - Same benefits as deemed
 - Up to 150% FPL income and countable resources up to \$13,300 (single) \$26,580 (couple)
 - Sliding scale premium
 - \$63 deductible
 - 15% co-pays initial and donut hole
 - Low co-pays in Catastrophic Coverage

Medicare Appeals

- Each component of Medicare offers a separate multi-level appeals process with time limits and amounts in controversy requirements.

Questions on Medicare?

MEDICAID

- Title XIX of the Social Security Act
- Administered by CMS
- Va. Departments of Medical Assistance Service & Social Services (applications)
- Eligibility is limited to persons "linked" to certain categories
- Financial eligibility varies, depending on category
- Virginia's program considered "lean" compared to other states
 - 1 million enrollees in Virginia
 - ≈ \$8 billion/year - 50% federal match

Applications

- Application Time limits (M0130.100, 42 CFR §435.911)
 - 10 days pregnant women
 - 90 days when disability determination
 - Can't require or wait for SSA decision first. (M0270.300.C)
 - 45 days all others
- 3 months retroactive coverage available if eligible (M1510.101, 42 CFR §435.914)
- SSI & Social Security Disability Applicants must apply separately for Medicaid
 - DSS independent disability assessment required unless “binding” decision from SSA. (M0310.112)

Notice and Hearings

42 CFR 431.200 et seq., 12 VAC 30-110, Part I, Policy Manual M1510.200, M1520.400, M1600

- 10-day advanced notice required for adverse actions
- Appeal Request within 30-days
 - **If a hearing is requested **before the date of intended action**, coverage continues pending appeal.
 - Decision in 90-days
- Judicial Review Va. Code §2.2-4025.B

Non-Citizen Eligibility

M0220.200 -.700

Will depend upon date of entry to U.S. and immigration status.

- “Qualified Aliens” who arrived before/after 8/22/96.
- If after 8/22/96 most barred for at least 5 years:
 - Except legally residing immigrants under 19 years old or pregnant are eligible during & after the 5-year bar
 - Virginia uses restrictive rules even after the 5-year bar
 - Requires 40 quarters of work (counting spouse, dependents), or
 - Connection to U.S. Military

Emergency Medicaid Services

M0220.700, Hospital Provider Manual, Chap. IV pp 29-32

- Available to all “otherwise eligible” non-citizens
 - Meet a category
 - Meet financial requirements for that category
- Legal or undocumented
- Emergency includes
 - Labor & Delivery
 - Other hospital ER
 - Dialysis

Categories of Eligibility for Families and Children

12 VAC 30-40-345, M0320.304

Low Income Families and Children (LIFC)

- Very low income parents, caretaker relatives
 - E.g. \$764/month for a family of 4 (38% poverty)
- Resources don't count
- “Transitional” coverage when income goes up

Medically Indigent Children

M0320.303

- Children under age 19
 - Income under 143% FPL
 - e.g. \$2,941/month family of 4
- No resource test
- Note: Title XXI “FAMIS” for children under 19 with family income \leq 200% FPL (slide#29)

Medically Indigent Pregnant Women

M0320.301

- Income under 143% FPL (Medicaid)
- A pregnant woman counts as 2 people (or more) in assistance unit
- Coverage continues until 60 days post-partum (**Even if income goes up**)
- No resource test
- Newborn “deemed” eligible for 1 year.
 - also applies to babies of Emergency Service aliens.

Other Groups of Families and Children

- Certain children in foster care and adoption assistance
- NEW (effective Jan. 2014) - Former foster care children who were in Virginia foster care on their 18th birthday. (eligible up to age 26 with no income/resource requirements)

INCOME FOR FAMILIES AND CHILDREN

Chapters M04, M06 & M07

- Modified Adjusted Gross Income “MAGI”
- New income methodology required by Affordable Care Act
 - Household size depends on whether taxes are filed
 - Income rules follows IRS policy

Services for Families and Children

- No co-pays for children & pregnant women
- Medically necessary transportation
- Most families/children are enrolled in Managed Care Plans

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- Medicaid children under 21
- Requires periodic screenings
- Must provide State Plan services and all other necessary health care, diagnostic services, treatment, and other measures "*...to correct and ameliorate defects and physical and mental illnesses and conditions discovered by the screening services whether or not such services are covered under the state plan.*"

42 U.S.C. §1396d(r)(5)

FAMILY ACCESS TO MEDICAL INSURANCE SECURITY

“FAMIS”

42 USC §1397aa *et seq.*, 42 CFR §457.1 *et seq.*, Va. Code §32.1-351, 12 VAC 30-140-10, Chapter M21

- State Children’s Health Insurance Program (SCHIP) - Title XXI of the Social Security Act
- For uninsured children in families with MAGI_income under 200% of the poverty line
 - E.g. \$3975 for family of 4
- Covers children ages 0 through 18
- NEW (effective 7/1/2014) - No waiting period if insurance dropped

Breast & Cervical Cancer Prevention & Treatment

- Screened by CDC
 - CDC income eligibility rules apply – 200% fpl
 - Locations www.vahealth.org/ewl/
- Age 18 through 64
- No health insurance
- May receive Medicaid for treatment
- 12 VAC 30-30-20(11), M0320.312

Eligibility Categories

Aged, Blind, and Disabled

M320.100 -.200

- Aged, Blind and Disabled with Income under 80% FPL
 - \$778 /mo. Individual, \$1049/mo. Couple
(note: subtract \$20 disregard from income)
 - “Aged” - over 65
 - "Disabled" same as SSI
 - Category covers most SSI recipients (not some SSI couples)

Eligibility Categories Aged, Blind, and Disabled

- Certain former SSI recipients (protected cases)
 - Pickle Amendment – would be eligible for SSI if OASDI cost-of-living increases (COLA) since 4/77 were disregarded.
 - Disabled widows (and widowers).
 - Former disabled children
 - Qualified Severely Impaired Individuals - §1619(b)
Ineligible for SSI due to earnings

Eligibility Categories Aged, Blind, and Disabled

- Community-based-care, nursing home residents, and hospice patients with income less than 300% SSI (\$2163/month in 2014)
- Residents in licensed adult care facilities receiving Auxiliary Grant

Medicare Savings Programs (Medically Indigent)

Qualified Medicare Beneficiaries (QMB).

- Medicare Part A beneficiaries
- Income at or below 100% FPL
- Resources
 - \$7,160 (individual)
 - \$10,750 (couple)
- Medicaid covers only the Medicare premiums, deductibles and co-insurance payments
- People without Medicare Part A may apply between 1/1 and 3/31 each year (can “conditionally” apply for Part A, dependent upon their certification as a QMB).

Specified Low-Income Medicare beneficiaries (SLMBs)

- Meet all QMB requirements except income
- Income between 100% and 120% FPL
- Medicaid pays Medicare Part B premium only.

Qualifying Individuals (QI-1s)

- Meet all QMB eligibility requirements except income
- Income between 120% and 135% FPL
- Medicaid pays Medicare Part B premium only.
- QI-1 coverage is limited by the availability of funds.

Qualified Disabled and Working Individuals.

- Working disabled individuals who lose their extended Medicare coverage after a "trial work period" of 48 months.
- Income at or below 200% FPL
- Resources at or below twice the SSI standard
- Medicaid covers only their Medicare Part A premiums.

Note: All dual eligibles, including ABD enrolled as medically indigent, automatically qualify for Low Income Subsidy for Medicare Part D.



“Medicare Savings Programs”

	1 person monthly	1 person yearly	Couple monthly	Couple yearly
QMB 100% FPL	\$973	\$11,670	\$1,311	\$15,730
SLMB 120% FPL	\$1,167	\$14,004	\$1,573	\$18,876
QI 135% FPL	\$1,313	\$15,755	\$1,770	\$21,236
QDWI 200% FPL	\$1,945	\$23,340	\$2,622	\$31,460

Medicaid

Medically Needy "Spend-down"

M0330.000

- Aged, blind, disabled, children & pregnant women whose income exceeds the level for automatic eligibility.
- Must meet resource requirements
- Reduce countable income by "spending down" (like insurance deductible).
- Multiply income by 6 and compare to 6-month MNIL.
- Difference between the numbers is the spend-down

Spenddown Example

Couple in Richmond – Group II

Income \$1520 / month

Disregard - 20

\$1500

x 6 months

\$9000

MNIL - 2563

Spend-down \$6437

Meeting the Spenddown

- Count incurred medical expenses (don't have to be paid)
 - Bills of financially responsible relatives
 - Expenses paid by a non-legally liable third party (family members) or reimbursed under state and local programs. (CSBs)
 - Old bills that remain a current liability of the applicant or payments on those bills may be deducted in concurrent spend-down periods
- Eligible for rest of 6 month period.

Resource Requirements for ABD

Chap. M11, S11

- Only “available income and resources” must be “reasonably” evaluated
 - 42 USC §1396a(a)(17)(B) and (C)
- Determined by Category
 - 80% and Medically Indigent – SSI rules
 - Medically Needy and 300% - restrictive rules
 - All categories (except QDWI) – “more liberal” rules

Resource Requirements for ABD

- Most ABD categories use SSI limit on countable resources
 - \$2,000 for an individual
 - \$3,000 for a couple
- 80% and Medically Indigent Categories follows SSI rules on what resources count
 - SSI regulations - 20 CFR §416.1201 - .1266
 - SSA "Program Operation Manual" (POMS) - <http://policy.ssa.gov/poms.nsf/aboutpoms>

Restrictive Resource Rules for Medically Needy & 300% SSI Group

12 VAC 30-40-240

- Contiguous Property
 - SSI exempts all land around “Home”
 - MN & 300% SSI exempt only \$5,000 of property around the home lot (more, if “essential to the dwelling”)
- Unprobated estates
 - SSI excludes
 - MN/300% count

Restrictive Resource Rules for Medically Needy & 300% SSI Group

- Institutionalized person's former home
 - SSI excludes so long as any dependent relative resides there, or NH patient “intends to return home”
 - MN/300% excludes for 6 months; longer if spouse, dependent child, disabled parent/child live there
- Co-owned property
 - SSI excludes if co-owner is dependent on it for housing
 - MN/300% counts / requires sale or partition

ABD Resource Rules that are “More Liberal” than SSI

12 VAC 30-40-290

- “Reasonable effort to sell” rules
 - Following criteria carefully → enrollment
 - M1130.140 (real estate)
- Life estates created before 8/27/2008 or after 2/24/2009 are exempt.
- \$3500 in burial contracts or accounts is exempt
- One automobile is exempt

Trusts

42 USC §1396p(d), 12 VAC 30-40-110, 30-40-320, M1120.200, M1140.400

- Availability of trust corpus / income
- Can trigger transfer of assets penalty
- Can be exempt resource and avoid TOA if:
 - “Special Needs Trusts” for disabled individuals under age 65
 - “Pooled Trusts” for disabled person of any age
 - Upon death – trust reimburses Medicaid

Medicaid Services

VAC & Provider Manuals

- **Amount, Duration and Scope of Services**
(42 CFR §440.230)
 - Must be "sufficient to reasonably achieve their purpose."
 - States may not "arbitrarily deny or reduce the amount, duration, or scope of services solely because of the diagnosis, type of illness, or condition."
 - States "may place appropriate limits on a service based on medical necessity or utilization control procedures."

- Cost-Sharing
 - not imposed on certain people/services
 - Providers can bill, but may not turn away Medicaid patients who do not have the co-payments.
- Medicaid is “payment in full” for covered services
 - **No balance billing!**
 - 42 CFR §447.15
- Adult dental - emergency extractions
- Transportation
- Prescription Drugs
 - Coverage for Dual Eligibles – Must use Part D
 - Formulary limitations – “medically necessary” test applies to all Medicaid – fee-for-service and managed care

Long Term Care Issues

Pre-admission Screening for Nursing Home or Community Based Care

12 VAC 30-60-300 et seq., Preadmission Screening Manual, UAI Users Guide, Policy Manual M1420.

- Virginia Uniform Assessment Instrument
- Activities of Daily Living (ADLs)
- Medical needs.
- Issues for persons with "severe" mental illness or mental retardation, who require "active treatment".
- ICF/MR criteria - 12 VAC 30-60-360 and 30-130-430 et seq.



Community Based Long-Term Care

M1440, 12 VAC 30 Chap.120

Waivers for in-home services for individuals who would otherwise require institutional care.

- Elderly or Disabled Consumer Directed Waiver (EDCD)
- Community Based Care for the Intellectually Disabled (ID)
- Technology Assisted Waiver
- Waiver for Developmentally Disabled (DD)
- Day Support Waiver
- Alzheimer's Assisted Living

American with Disabilities Act – requires care in most integrated setting. Virginia settlement with Dept. of Justice requires transitions from state facilities for ID to community based care.

Financial Eligibility for Long Term Care

- Eligibility Categories
 - 80% FPL
 - 300% SSI
 - Medically Needy - for nursing home and most waivers
- Transfer of Assets Penalties
- Substantial home equity \geq \$536,000 not eligible for LTC
- Special financial rules for married persons
 - “Spousal Impoverishment”
- Post-Eligibility Rules – Patient Pay
- LTC Insurance Partnership (relaxes resources rules)

Medicaid Transfers of Assets

M1450

- Rule applies only to people seeking long term care services.
- Different rules apply, depending on date property was transferred
- Look back period (for transfers made on or after 2/8/06)
 - 60 months for all transfers

Medicaid Transfers of Assets

- Disqualification = number of months resulting from dividing uncompensated transfer by the monthly private pay rate.
 - Improper transfer of \$180,000 home \approx 30 month disqualification
- Disqualification begins on the date the individual is otherwise eligible for Medicaid LTC

Exceptions to Transfer Penalties

- Certain trusts, e.g. trusts for the transferor's child under 21, or disabled persons under 65.
- Transfers directly to, or for the benefit of, spouses and transfers directly to disabled children
- The transfer of a home to the
 - spouse
 - a dependent or disabled child
 - a sibling with an equity interest who resided in home for one year before applicant's admission to LTC
 - son or daughter who lived in home and cared for parent for two years prior to institutionalization

More TOA Exceptions

- The individual intended to dispose of the asset either at fair market value, or for other valuable consideration
- The asset was transferred exclusively for a purpose other than to qualify for medical assistance.
- Undue hardship if Medicaid denied
- See also – transferee liability (Va. Code §20-88.02), purchase of term life insurance (Va. Code §32.1-325.01)

LTC - Post Eligibility

M1470

- Patient Pay = Income over “Personal Maintenance Allowance” (PMA)
- Certain earned income disregards
- Deductions for
 - home maintenance
 - dependents
 - non-covered medical / remedial expenses
- Different amounts for single / married persons
- PMA in Nursing Homes = \$40/ month
- PMA for CBC = 165% SSI (\$1190/mo.)

Spousal Impoverishment

M1480

- Married individual in nursing home or CBC
- If the community spouse cannot be located or refuses to cooperate, undue hardship rules apply.

Resources:

- Community spouse keeps combined countable assets of \$23,184 or 1/2 of couple's combined assets, whichever is greater, but not >\$115,920.
 - Combined resources are computed in a "snapshot" at first continuous period of institutionalization.
 - SSI rules apply in determining which resources are counted.

Spousal Impoverishment- Income

- The "community spouse" keeps income up to \$1,939.
- More can be protected for shelter costs, up to \$2,898.
- Family members' maintenance allowance equals 30% of spouse's minimum allowance.
- Additional income / resources may be protected for "exceptional circumstances" or by court order.

Questions on Medicaid?

AFFORDABLE CARE ACT

- Health Insurance for more Americans
 - Extend coverage to adult children up to age 26
 - End denials for preexisting conditions
 - Prohibit annual & lifetime limits
 - Marketplace – Private Insurance with tax credits
 - Medicaid Expansion
 - Ongoing debate in Virginia

ACA Tax Credits

- Not receiving or eligible for “minimum essential coverage” (Medicaid, FAMIS, Medicare)
- No “affordable” job-based coverage (Unaffordable if employee-only plan costs \uparrow 9.5% family income; covers \downarrow 60% costs)
- Income is between 100% and 400% of federal poverty line
 - “Household” is Tax Filing Unit
 - “MAGI Income” is IRS Adjusted Gross Income (+ Social Security + tax exempt interest and foreign income)
- Contribution toward premium ranges from 2%-9.5% income – tax credit makes up the difference

ACA Marketplace

- **Standardized coverage –**
 - “*Essential Health Benefits*” - hospital, ER, mental health/substance abuse, maternity, Rx, preventive care, chronic disease management, pediatric (oral/vision) and more.
- **Standardized Plans - 4 Tiers of Coverage**
 - Bronze, Silver, Gold, Platinum
 - Households with income \leq 250% fpl entitled to cost-sharing reductions – **IF** a silver plan selected
 - Catastrophic coverage for people under age 30 & people exempt from requirement to have insurance
- **Open Enrollment** 10/01/2013 – 03/31/2014 [next 11/15/14 – 2/15/15]
 - 216,000 Virginians enrolled
- **Special Enrollments** possible after 03/31

ACA Minimum Coverage Requirements

- **Affordability** requires spreading risk over large pool that includes healthy people
- **Mandates Apply to Individuals**
 - [& Large Employers -over 50 full-time employees – after 2015]
- **Who Is Exempt from Individual Mandate?**
 - Lowest-price Exchange plan costs > 8% of family income
 - Income below 2014 tax filing threshold (e.g. \$10,150 single/\$20,300 married filing jointly)
 - Excused for other financial hardship
 - Religious objectors
 - Native Americans
 - Undocumented immigrants
 - Incarcerated persons
 - Those uninsured for less than 3 months.

ACA Tax Penalties

- **Individual / Family penalty** is usually much less than cost of insurance.
 - 2014 – *higher of \$95 /adult or 1% family income*
 - 2015 – *higher of \$325/adult or 2% family income*
 - 2016 – *higher of \$695/adult; \$375/child or 2.5% family income (max. \$2085/family)*
- **Large Employer Penalty in 2015** if affordable coverage not offered.

Questions on the ACA?

Medicare Resources

- Title XVIII of the Social Security Act – 42 USC §1395 *et seq.*
- 42 CFR Parts 400 - 424
- U.S. Government Website – www.medicare.gov
- “Medicare & You 2008” - www.medicare.gov/spotlights.asp#medicare2008
- Center for Medicare Advocacy - www.medicareadvocacy.org
- Virginia Insurance Counseling and Assistance Program - www.vda.virginia.gov/vicap2.asp

Medicaid Resources

STATUTES

- 42 U.S.C. §1396 et seq.
- Code of Virginia §32.1-325 et seq.

REGULATIONS

- 42 C.F.R. §431.1 et seq. <http://www.medicaid.gov/> (federal guidance)
- Virginia State Plan, 12 VAC 30-10-10, et seq. (as amended through the Va. Administrative Process Act) <http://lis.virginia.gov/000/reg/TOC12030.HTM>

POLICY

- Medicaid Policy Manual – DSS Social Services Manual Vol. XIII
http://www.dss.virginia.gov/benefit/medical_assistance/manual.cgi
- Provider Manuals published by DMAS (e.g. Dental, Personal Care, Prescreening, Home Health, Durable Medical Equipment, Nursing Home) <http://www.dmas.virginia.gov/> ;
<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

AN ADVOCATES GUIDE TO THE MEDICAID PROGRAM, National Health Law Program,
www.healthlaw.org

ACA Enrollment Assistance

- **Official Gov't Website** – www.healthcare.gov
- **Federal Call Center** – 1-800-318-2596
- **State** – www.coverva.org
- **State Call Center** – 1-855-242-8282
- **Navigators** - www.enroll-virginia.com , 888-392-5132
- **Subsidy Calculator** - <http://kff.org/interactive/subsidy-calculator/>

Upcoming VSB/LINC Webinars

- **Meeting the Legal Needs of Individuals Facing Serious Illness Through Pro Bono: Part 4 - Social Security Benefits**, Thursday, June 19, 2014 @2:00 pm,
<https://attendee.gotowebinar.com/register/5830824869726828545>
- **Part 5: Housing Law (Landlord –Tenant)**, July 23, 2014
- **Part 6: Housing Law (Foreclosure)**, Date TBD
- For more information go to http://www.vsb.org/site/pro_bono/resources-for-attorneys