

Affordable Care Act FAQs

1. What is the Patient Protection and Affordable Care Act?

The Patient Protection and Affordable Care Act (also known as the PPACA, Affordable Care Act [ACA], or Obamacare) became federal law on March 23, 2010. The goal of the Patient Protection and Affordable Care Act is to increase health insurance coverage for uninsured and underinsured Americans. The PPACA attempts to meet this goal by increasing availability, setting coverage mandates, and providing subsidies and tax credits for the purchase of health insurance.

2. How does the Patient Protection and Affordable Care Act affect Virginians?

- **The Federal Health Insurance Marketplace**
 - The Patient Protection and Affordable Care Act requires individuals have access to an online marketplace of private insurance plans
 - For the second open enrollment period, Virginia residents will be able to access the Federal Health Insurance Marketplace to compare and shop for insurance starting November 15, 2014 and ending February 15, 2015. Cover Virginia (www.coverva.org) is a great place to start to get answers to questions.
 - Virginians will be able to use the Marketplace to determine if they qualify for federal subsidies to help offset the cost of Marketplace insurance plans.
- **Coverage options for young adults**
 - Health plans are required to allow parents to keep their dependent children under age 26 without employer-provided coverage on their family plan.
- **Coverage options for individuals with pre-existing conditions**
 - No health insurance plan can deny coverage to an individual due to a pre-existing condition.
- **Coverage for preventive services with no deductible or co-pay**
 - The Patient Protection and Affordable Care Act requires most insurance plans to offer coverage for a variety of preventive services without the enrollee being responsible for a co-pay. Examples include colonoscopy screenings, Pap smears, mammograms, well-child visits, and flu shots.
 - A number of preventive services are now free for most people receiving Medicare as well.
- **Medicaid and FAMIS impact**
 - Enrollees in Virginia will feel very little impact on current Medicaid or FAMIS.
 - With few exceptions, individuals currently eligible for Medicaid or FAMIS have remained eligible, despite a change in the methodology for eligibility.
 - When a current enrollee's case is up for renewal, the Local Department of Social Services will review the case and contact the enrollee if more information is needed and if any changes are made.
- **Expanded prescription drug coverage for seniors**

- Coverage for brand name and generic drugs is expected to increase as the federal government contributes more to the cost of prescription drugs incrementally over the next seven years until the gap is closed.
- Insurance availability for employees
 - Starting in 2015, the federal government may require businesses with 50 or more full-time employees who do not provide affordable health insurance for their employees to pay a fine.

3. How does Virginia interact with the Affordable Care Act's health care Marketplace?

- Virginia uses the CoverVa.org website and call center to help guide individuals and families to the most appropriate coverage for their needs. The website includes several tools to help Virginians understand their options, information about the Marketplace, and a direct link to the Marketplace for those who decide they're ready to apply.
- On the CoverVa.org website, Virginians will find information about many different health care options available in the Commonwealth: Federal Marketplace plans, Medicaid and FAMIS, the Governor's Access Plan for uninsured Virginians with serious mental illness, and veteran's care.
- At the CoverVa Call Center, reachable at (855) 242-8282, Virginians can use their information look up where to find local assistance with a Marketplace application or even walk through a Medicaid application over the phone.

4. How does the Patient Protection and Affordable Care Act affect medical assistance eligibility for Medicaid and FAMIS?

- The PPACA introduced a new assistance program in the form of the Advanced Premium Tax Credit (APTC). The APTC, along with Medicaid and Family Access to Medical Insurance Security (FAMIS), are called Insurance Affordability Programs
- The PPACA requires a "no wrong door" approach to eligibility. There is now a single application used to determine eligibility for all three Insurance Eligibility Programs so that Virginia can electronically transfer applications and verifications for individuals who are not eligible for Medicaid or FAMIS to the Federal Health Insurance Marketplace without any action on the applicant's part. In order to encourage the "right door" the first time, the Cover Virginia website (www.coverva.org) is a great first step for Virginians to look at which program is most likely the best fit for their needs.
- Because the same application is used, Virginia is required to use the Modified Adjusted Gross Income (MAGI) methodology to calculate an individual's income. The PPACA changes the way eligibility for Medicaid (primarily impacting pregnant women, children under age 19, and parents of dependent children under age 19) and FAMIS is determined.

5. How does this affect Plan First?

- Plan First is a program for eligible men and women that covers birth control and services to help prevent unplanned pregnancies.
- The income limit for Plan First was reduced to 100% of the Federal Poverty Level (FPL) effective January 1, 2014.
 - This reduction occurred because individuals above 100% FPL are generally eligible for purchase of subsidized private coverage.

6. What is MAGI?

- Since January 1, 2014, Medicaid (primarily impacting pregnant women, children under age 19, and parents of dependent children under age 19) and FAMIS eligibility have been determined using Modified Adjusted Gross Income (MAGI), a new methodology defined in the Federal Tax Code.
 - Modified means that income will be the adjusted gross income as reported on the previous year's federal tax return, plus any non-taxable interest or foreign earnings.
 - Child support income and certain disability benefits paid through the Department of Veterans' Affairs benefits will not be counted.
- MAGI simplified the eligibility determination for most Medicaid and FAMIS populations by eliminating many disregards and deductions that reduce countable income
- Medicaid and FAMIS eligibility are determined on the individual level, and the filing of assistance will be based on tax units. This means that groups of people who file or are claimed as dependents on tax returns, including individuals living outside the home, will determine the family size and what income is counted for each individual. There are also rules for those who do not file income taxes.
- Many of the verifications needed to determine eligibility are obtained using electronic data exchanges or based on an applicant's statement. The PPACA mandates adults under age 26 who age out of Foster Care in Virginia are eligible.

7. Who can help?

- With the implementation of the PPACA, there are resources to help individuals understand their coverage options and apply.
- Outside of the Commonwealth resources for assistance (local Departments of Social Services and the Cover Virginia website), additional resources have been established in the form of Navigators, In-Person Assisters, Certified Application Counselors, Brokers and Agents, and Community Partners.

Navigators, In-Person Assisters, and Certified Application Counselors

- **Navigators, In-Person Assisters, and Certified Application Counselors** are resources available to help individuals understand and apply for health care coverage.
- Virginia has two organizations that are federally-funded **Navigators**:
 - The Virginia Poverty Law Center has about 20 Navigators working statewide to identify and assist uninsured Virginians who may qualify for new health insurance through their “ENROLL Virginia” project (www.ENROLL-Virginia.com).
 - Advanced Patient Advocacy LLC works out of specific hospitals to assist patients and others interested in applying for health insurance (www.enrollapa.com).
- **Navigators** are trained and certified to provide unbiased information in a culturally competent manner to consumers about health insurance, the Federal Health Insurance Marketplace, qualified health plans and public programs including Medicaid and FAMIS. Navigators also help Virginians prepare electronic and paper applications to the Federal Health Insurance Marketplace. They will refer individuals to health insurance ombudsman and consumer assistance programs when necessary.
- Virginia also has several organizations acting as **In-Person Assisters**. Their function is the same as Navigators, though they are funded through the state rather than the federal government. They will be located throughout the state at community health centers, community organizations, and alongside Navigators in some cases.
- **Certified Application Counselors** are volunteers within organizations across the commonwealth who are certified to assist applicants with the process.

Brokers and Agents

- Commercial health insurance brokers and agents are trained on working with the Federal Health Insurance Marketplace and are available to any one ineligible for Medicaid or FAMIS to assist in the application process. The service fee for using a broker or agent will not be paid by the applicant.

Existing Community Partners

- The existing community partners that provide assistance to Medicaid and FAMIS applicants will continue to offer their valuable assistance.