

Affordable Care Act

MEDICAID OPTIONS



The mission of the Department of Health Care Finance is to improve health outcomes by providing access to comprehensive, cost-effective and quality health care services for residents of the District of Columbia.

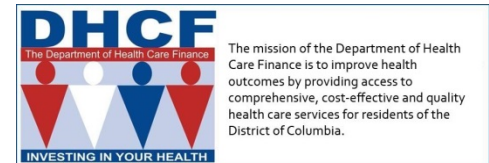
What is Medicaid?

- Provides health care coverage for low-income and disabled individuals and families
- Medicaid covers many services to include doctor visits, hospital care, prescriptions, and other services
- 1 out of every 3 District residents receive quality health care through Medicaid.
- Individuals and families can apply at anytime of the year.
No Open Enrollment Period
- Coverage begins the 1st day of the month of application
 - Submit application Oct 31-coverage begins Oct. 1st

Medicaid Under the ACA

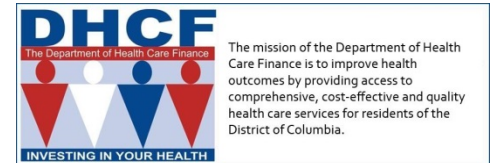
Expands Access to Affordable Coverage

- Creates new eligibility group for childless adults aged 19-64 with income up to 133% of the Federal Poverty Level (FPL)
 - Implemented July 2010
- Creates new mandatory eligibility group for foster care youth who age out of the system – they will be eligible for Medicaid coverage up to age 26
 - Effective January 1, 2014



Medicaid Under the ACA: *Simplifies Medicaid and CHIP*

- Replaces complex income rules in place today for non-disabled parents, children, pregnant women, and childless adults
- Modernizes eligibility verification rules to rely primarily on electronic data
- Passive renewals-Effective April 2014- based on application date



New Income and Household Rules

- Rules put people in one of three categories –
 - **Adult tax filer:** Your household includes you, your spouse, and any tax dependents
 - **Tax dependents:** Your household is the same as the person claiming you (with some limited exceptions)
 - **Non-filers:** Your household includes yourself and (if living with you) your spouse, children (natural, adopted, or step), and, if under 19, any siblings also under 19

Note: You do not have to file taxes in order to apply for or receive Medicaid

Income Levels for Medicaid

There is no resource test

Across the board 5% income disregard

Uses MAGI income methodology


- Parent/caretaker and Childless adults (age 21-64): 200% FPL**
- Family: 200% FPL**
- Pregnant women and Children: 300% FPL**

Threshold in FPL	For 1 person household, monthly	For 2 person household, monthly	For 3 person household, monthly	For 4 person household, monthly
200	\$1,915	\$2,585	\$3,255	\$3,925
300	\$2,873	\$3,878	\$4,883	\$5,888



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Individuals Receiving Medicare: Extra Help

- District residents can apply for the QMB program to help with Medicare premiums and cost-sharing. The program also helps pay for Medicare Part D prescriptions.
- QMB Plus enrollees also receive full Medicaid benefits
- To enroll in either program, you must
 - Be eligible for Medicare Part A
 - Be a District resident
 - Be at or below the income threshold 

Program	Income threshold (FPL)	Income threshold (dollars)
QMB Plus	100% FPL	\$958.00
QMB	300% FPL	\$2,873.00

Income thresholds for DC QMB and QMB Plus Programs for 2013

DC Healthcare Alliance

- The Healthcare Alliance is a locally funded for individuals not eligible for Medicaid
- 200% FPL

Threshold in FPL	1 person	2 person	3 person
200% FPL	\$1,915	\$2,585	\$3, 255

- A face-to-face interview is required at initial application and renewal Alliance coverage
- Does not meet minimum essential coverage (MEC) requirements

What you Need to Know: Recap

- If you have Medicaid or Medicare, you do not have to do anything.
- Coverage for current beneficiaries will continue just as before.
- Streamlined application and renewal process
 - Can apply online, by phone, in person, by fax and by mail
 - Effective April, 2014: Passive renewals
- Resources are available to help you!

Questions?

For further information, please contact:

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Affordable Care Act

ELIGIBILITY

OPTIONS



New Application Process

Effective October 1, 2013:

- Online
- By phone
- By mail, fax, or email
- In-person with a DHS eligibility worker at service centers
- With a community assistor or broker

Many ways to apply – “No wrong door”



Will The Application Process Be Different?

- YES!
 - **My Account**- status of case, notifications and account information
 - **Real time** eligibility determination for most
 - **Streamlined** medical insurance application
 - **Electronic** and paper applications and notices
 - **Digital imaging**- scan and upload or fax document



Things You Should Know

- October 1, 2013- September 30, 2014 you will have to submit a separate application for Medical insurance than for other public benefits(SNAP, TANF).
- In order to receive help with paying your insurance premiums, you must request financial help for insurance on the online application.



Things You Should Know

- In Fiscal Year 2015 -DHS will add all benefit programs- Only enter information 1 time
- In Fiscal Year 2016 there is a plan to add child care subsidy, LIHEAP, and WIC

