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INSTITUTE ON REHABILITATION ISSUES

UNDERSTANDING THE AFFORDABLE CARE ACT: A TOOLKIT FOR VR COUNSELORS

REHABILITATION SERVICES ADMINISTRATION
U.S. DEPARTMENT OF EDUCATION

THE COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION

THE GEORGE WASHINGTON UNIVERSITY

NOTE: This toolkit is designed to help you understand how the changes in our health care system can provide additional opportunities for people and businesses to get health care coverage.

By the using this tool kit, you will be able to:

- Better understand how the ACA may affect your clients
- Refer your clients to experts for help
- Include health coverage in a plan for education or employment

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HEALTH INSURANCE TERMS TO KNOW

ACA Marketplace: A resource where individuals, families, and small businesses can learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage.

The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage, including programs such as Medicaid and the Children's Health Insurance Program (CHIP). The Marketplace is accessible through websites, call centers, and in-person assistance. Find someone nearby to help you apply, for free: https://localhelp.healthcare.gov/.

Co-Insurance: The consumer's share of the costs of a covered healthcare service. It is usually calculated as a percent of the allowed amount.

Co-payment: The dollar amount consumers may be required to pay as their share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription.

Deductible: The amount consumers owe for health care services before their health insurer begins to pay.

Long-term services and supports (LTSS): The services and supports used by individuals of all ages with functional limitations and chronic illnesses who need assistance to perform routine daily activities such as bathing, dressing, preparing meals, and administering medications.

Medicaid Expansion: Also called the "New Adult Group". Each state has the authority to expand Medicaid eligibility up to 138% of the federal poverty guidelines to cover more low-income people.

Network: A provider network is a list of the doctors, hospitals, and other healthcare providers that an insurance plan has contracted with to provide medical care to its members. Consumers should contact their insurance company to learn if a doctor is in-network before they receive services from that provider.

Out-of-Network: A provider that is not contracted with a consumer's health insurer. Consumers can get services from an out-of-network provider, but they will pay more to do so.

Out-of-Pocket Maximum: The most a consumer will pay during a policy period before the health insurance plan pays 100% of the covered services.

Premium: The amount consumers pay to their insurance plan on a monthly, quarterly, or yearly basis. Consumers must pay their premium to keep their coverage.

FEDERAL POVERTY GUIDELINES

Federal poverty guidelines (FPL) are a simplification of poverty thresholds used to determine financial eligibility for certain federal programs, including Medicaid and CHIP. These numbers are updated annually.

CHART: Federal Poverty Guidelines—2015

http://familiesusa.org/product/federal-poverty-guidelines

Household Size	100%	133%	150%	200%	250%	300%	400%
1	$11,770	$15,654	$17,655	$23,540	$29,425	$35,310	$47,080
2	15,930	21,187	23,895	31,860	39,825	47,790	63,720
3	20,090	26,720	30,135	40,180	50,225	60,270	80,360
4	24,250	32,253	36,375	48,500	60,625	72,750	97,000
5	28,410	37,785	42,615	56,820	71,025	85,230	113,640
6	32,570	43,318	48,855	65,140	81,425	97,710	130,280
7	36,730	48,851	55,095	73,460	91,825	110,190	146,920
8	40,890	54,384	61,335	81,780	102,225	122,670	163,560

SSA-Funded Resources: Return to Work

The Social Security Administration (SSA) offers important resources that can help individual clients by examining the effect of work effort on benefits, such as cash and health care coverage.

Area Work Incentives Coordinator (AWIC): An experienced employment support expert who conducts public outreach on work incentives and provides training on SSA's employment support programs.

Find a local AWIC: www.socialsecurity.gov/regions/

Benefits Planning Query (BPQY): A report that provides important information about a beneficiary's disability cash benefits, health insurance, scheduled continuing disability reviews and work history, as stored in SSA's electronic records.

Community Work Incentives Coordinator (CWIC): A certified professional who provides free, in-depth counseling about benefits and the effect of work on those benefits for SSA beneficiaries.

Find a local CWIC: www.chooseworkttw.net/findhelp/

Ticket to Work: Service providers that offer free job support to Social Security disability beneficiaries (persons who receive SSI or SSDI), age 18 through 64, who want to work. Services offered may include job coaching, job counseling, training, benefits counseling and job placement.

Learn more about Ticket to Work service providers:
www.chooseworkttw.net/about/meet-your-employment-team/index.html

Find a local Ticket to Work provider: www.chooseworkttw.net/findhelp/

Work Incentive Liaison (WIL): An employee in each local Social Security office is available to provide advice and information about SSA work incentive provisions and employee support programs.

Work Incentives Planning and Assistance (WIPA) Projects: Community-based organizations that provide all SSA beneficiaries with free access to work incentives planning and assistance. WIPA is available in every state, DC, and the US Territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands.

Find a local WIPA: www.socialsecurity.gov/work

PROVISIONS OF THE AFFORDABLE CARE ACT

In March 2010, the Affordable Care Act (ACA) was signed into law; since then, some new rules have gone into effect.

Basic provisions within the ACA include the following:

- An individual mandate to have health coverage.
- An employer shared responsibility mandate.
- New consumer protections.
- Improved quality of insurance product.
- Increased accountability for insurance companies.
- New health care coverage options, including expanded Medicaid eligibility and a new online insurance "marketplace" with insurance products.

Did you know?

Health care and employment go hand-in-hand.

- For people with disabilities, having access to health care is often a key factor in making work possible.
- Policies that required a person with a disability to choose between access to needed benefits and employment are slowly changing. The ACA opens another path for people to purchase adequate, affordable health care coverage.
- Some employment-related health services may be covered through health insurance.

Successful education and employment outcomes can depend on an individual's ability to maintain a working connection to the health care system.

How does the ACA Affect VR Clients?

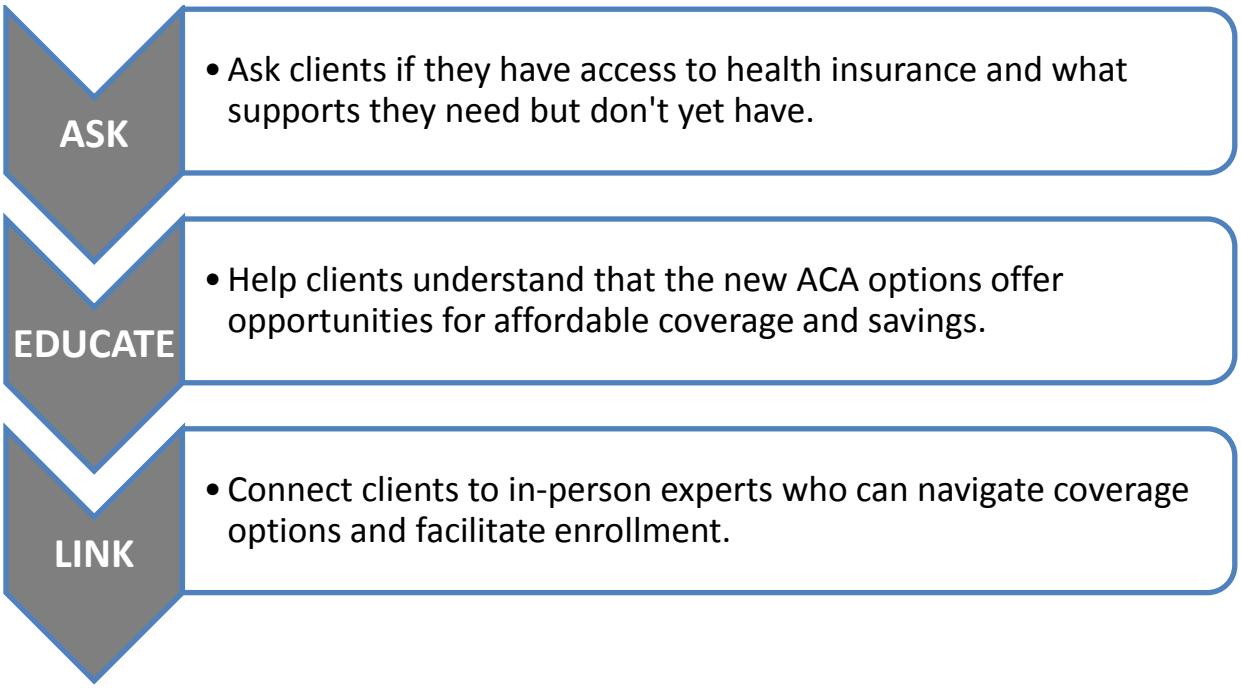
- The ACA improved the quality of insurance available for individuals and businesses through new industry regulations.
- The ACA allowed states to expand Medicaid coverage for individuals at higher income levels.
- The ACA created a new health insurance "marketplace" for individuals and businesses to shop, compare, and purchase health plans.
- The ACA established tax credits and subsidies for low- to moderate-income individuals to help ensure affordable premiums and coverage.
- The ACA created a new Small Business Health Options Program (SHOP) to assist small business owners who want to offer coverage to their employees.

The ACA offers new opportunities for everyone:

For the Insured	For the Uninsured	For Businesses
► New consumer protections	► Medicaid Expansion: New Adult Group	► Tax credits
► Marketplace to shop plans	► Marketplace to shop plans	► SHOP marketplace for small businesses
► Higher quality, better benefits	► Financial help to get coverage	► Financial incentives for offering adequate, affordable coverage

How can I help my clients with the ACA?

Vocational Rehabilitation counselors can play an important role as both **connector** and **educator** for individuals and businesses. Even if you are not an expert on the specifics, you can:



Did you know?

Your clients can talk to someone about coverage options for free. Each state has trained individuals (sometimes called navigators) available to help connect individuals and businesses with information about securing health coverage. If you are unfamiliar with local resources, refer your clients to the HealthCare.gov Local Help site https://localhelp.healthcare.gov/.

LINK TO RESOURCES: BUSINESS CLIENTS

Small Business

The ACA established several health care coverage options that may be of interest to employees of a small business, such as:

- ACA Medicaid expansion (also called the "New Adult Group"): Some states have expanded Medicaid eligibility, which offers free comprehensive health care coverage for low-wage earners up to about $32,913/year for a family of four.
- The health insurance Marketplace: Anyone can compare and purchase a qualified health plan through the Marketplace.

Small business employers can encourage employees to find local, free, in-person help to get enrolled in coverage: https://localhelp.healthcare.gov/.

Small business employers can also visit the Small Business Health Options Program (SHOP) to explore opportunities to offer coverage to employees.

- The SHOP is open year round and online.
- SHOP resources include an FTE calculator, a tax credit estimator, and other tools that can help.

Visit the SHOP: www.healthcare.gov/small-businesses/employers/, or call the Marketplace Shop Center: https://www.healthcare.gov/contact-us/.

All Business

- Employers can encourage employees to find local, free, in-person help to get enrolled in coverage: https://localhelp.healthcare.gov/.
- Any business can reach out to a health insurance agent/broker for free assistance.

ACA: EFFECT ON INDIVIDUALS

The ACA mandates that all people with legal status in the United States purchase health insurance. People who already get insurance on the job or are Social Security Administration (SSA) eligible won't have to change their coverage.

Health insurance includes:

- Insurance you may get through your employer,
- Private insurance you may purchase through the new health insurance Marketplace, and
- Coverage you may be eligible for through Medicaid or other state medical programs.

Did you know?

Some VR services that help a person find work and stay employed might be available through health insurance coverage.

Meeting the Individual Mandate

People meet the individual mandate if they:

- Have insurance through an employer;
- Purchase individual insurance;
- Have insurance through Medicaid, Medicare, CHIP, or Veteran's Administration and/or Tricare for active duty and retired military; or
- Have coverage through Indian Health Services.

People are exempt from the mandate if they:

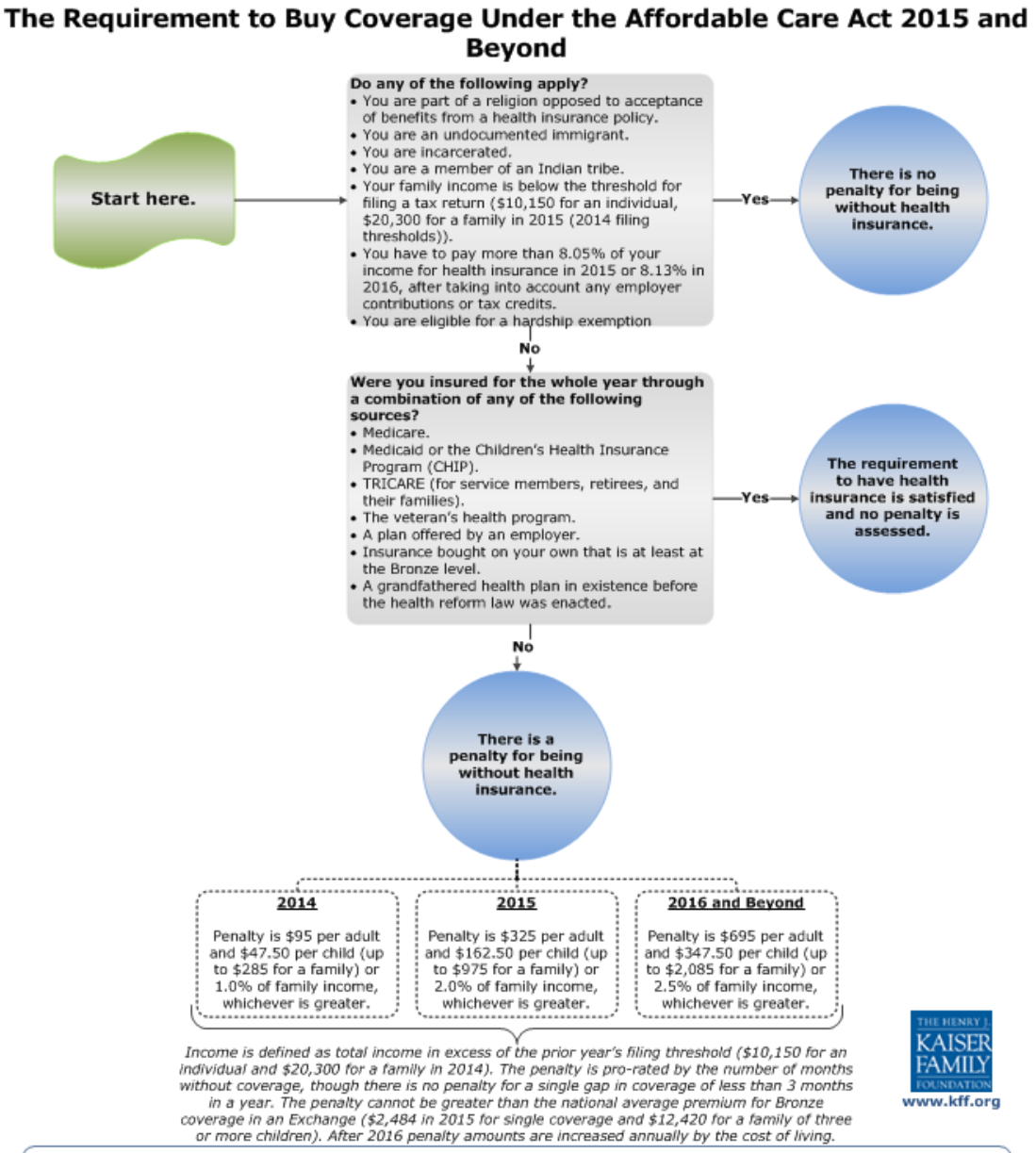
- Would have to spend more than 8% of household income on the cheapest qualifying health insurance plan (even after tax credits and subsidies);
- Have income below the threshold for filing federal income tax; or
- Are undocumented or not a lawfully permanent resident.

For Individuals: Penalties for No Coverage

If they are not exempt and do not have health coverage in 2016, they will pay a penalty of either 2.5% of income or $695 per adult ($347.50 per child), whichever is higher.

GRAPHIC: The Requirement to Buy Coverage under the Affordable Care Act Beginning in 2014

http://kff.org/infographic/the-requirement-to-buy-coverage-under-the-affordable-care-act/



VETERANS: ACA OPTIONS FOR ACCESS TO HEALTH CARE

ACA does not change existing military health care systems, but it does provide veterans and their families with more options for coverage.

Enrollment in care through the Veterans Administration ("VA care") meets the individual mandate under the ACA.

Coverage options established by the ACA can promote greater choice, increase access to care, and more effectively connect veterans (and their families) with other important benefits such as job placement and educational or housing assistance.

Veterans with incomes below 138% FPL may be eligible for health care at no cost through Medicaid and VA care.

Veterans with incomes above 138% FPL need information about VA care and purchasing insurance through the Marketplace.

Note: Veterans enrolled in VA care will not qualify for a subsidy in the Marketplace.

MIGRANT WORKERS: ACA OPTIONS FOR ACCESS TO HEALTH CARE

All persons who are lawfully present in the United States are ACA eligible, which includes some migrant workers, such as:

- Survivors of trafficking (with T-visa) or domestic violence (with U-visa), nonimmigrant visa holders (with H2-A or H2-B visas), refugees or asylees, or persons granted Temporary Protected Status (TPS).
- Farmworker Justice can answer additional questions at 1-800-318-2596 in English or Spanish.

Migrant Health Centers will continue to be an important safety net. The ACA provides $11 billion in dedicated funding for community health centers—the National Association of Health Centers believes this will allow migrant health centers to almost double their capacity.

LEGAL PERMANENT RESIDENTS: ACA OPTIONS FOR ACCESS TO HEALTH CARE

A legal permanent resident (LPR) or "green card" recipient is defined by immigration law as a person who has been granted lawful permanent residence in the United States. Permanent resident status confers certain rights and responsibilities.

Legal permanent residents to the United States may qualify for health care options established by the Affordable Care Act and will be subject to the rules defined in the ACA for residents of the United States:

- Individual is eligible to purchase insurance from the state health insurance exchange.
- Individual is eligible for premium tax credits.
- They must be (or is reasonably expected) to be lawfully present during entire period of enrollment.
- They will be subject to the individual mandate for health care coverage.
- An individual with income below 138% FPL, who has been in the United States for at least five years, will become eligible for Medicaid.

Residents who are not legal permanent residents are explicitly excluded from the health insurance benefits made available under the ACA.

AMERICAN INDIANS & ALASKA NATIVES: ACA OPTIONS FOR ACCESS TO HEALTH CARE

The ACA makes the Indian Health Care Improvement Act Reauthorization permanent and authorizes new programs within Indian Health Services (IHS):

- Expanded services available through IHS, including mental and behavioral health.
- Increased clinician recruitment and retention in Tribally Operated Health Programs.
- Access to the Federal Employees Health Benefits program.
- Reauthorized agreements between IHS and the VA for reimbursement of direct care services for eligible veterans.
- Opened Partnerships to Improve Community Health grants, authorized major investments to improve the quality of care management of chronic diseases.

ACA: Effect on Business

The ACA does not require businesses to provide health benefits to their workers, but applicable large employers may face penalties if they don't make affordable coverage available.

All businesses must inform employees of the availability of a health insurance marketplace by October 1 of every year.

Visit: www.dol.gov/ebsa/pdf/FLSAwithoutplans.pdf

Did you know?

Businesses, especially small business owners, can get help providing health care coverage options to their employees OR connect their employees to the kinds of coverage they need to stay on the job by working through SHOP resources or by contacting an agent/broker.

Visit: www.healthcare.gov/small-businesses/employers/

Meeting the Business Mandate

Beginning in 2016:

Businesses with 50-99 employees must offer health insurance coverage or face a penalty, called the "Employer Shared Responsibility Payment."

- Coverage must meet minimum value: the plan's share of the total costs of covered services is *at least* 60%.
- Coverage must be affordable: the employee's share of the premium costs *less than* 9.5% of their yearly household income.

Businesses with 100 employees or more must provide health insurance to 95% of their employees or incur a penalty.

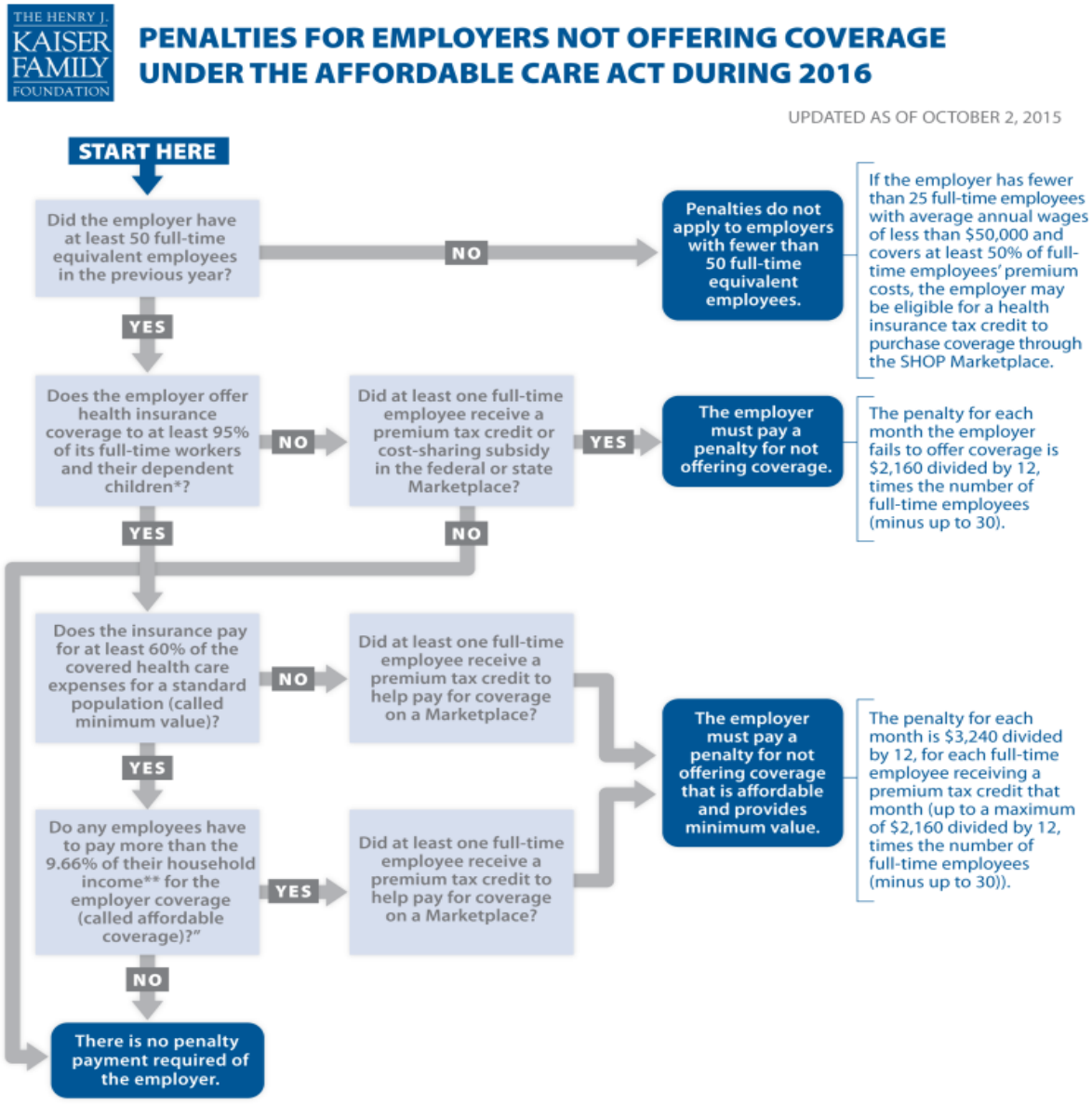
Businesses with fewer than 50 employees are *not* required to provide health care coverage and will not incur a penalty if they choose not to offer coverage.

Understanding Penalties for Employers

- Failure to offer coverage: $2,000 for each full time employee per year, excluding the first 30 full time employees.
- Failure to offer affordable coverage that provides minimum value: $3,000 per year for each full-time employee receiving federal financial assistance through the ACA Marketplace.

GRAPHIC: Penalties for Employers Not Offering Coverage under the Affordable Care Act During 2016

http://kff.org/infographic/employer-responsibility-under-the-affordable-care-act/



NEW CONSUMER PROTECTIONS ESTABLISHED BY THE ACA

There are several new ways the ACA improves consumer protections regarding the purchase of health insurance:

- Insurance companies can no longer deny coverage or charge higher premiums because of a pre-existing condition.
- Insurance companies can no longer charge higher premiums to women simply because they are women.
- The ACA eliminated lifetime limits (the dollar limit a health plan would spend on covered benefits during the entire time enrolled in the plan) and annual limits (annual limit on spending for covered benefits) on care. The ACA established new out-of-pocket, maximum annual caps—$6,000 for an individual and $13,200 for a family plan.
- Insurance companies can no longer drop coverage for any reason *except* fraud or intentional misrepresentation.

IMPROVED QUALITY OF INSURANCE PRODUCT ESTABLISHED BY THE ACA

- The ACA requires insurance plans to cover Essential Health Benefits (EHB). Essential Health Benefits is a comprehensive package of items and services that insurance policies must cover.
- The ACA allows young adults to stay on their parents' coverage plans until age 26 (age 30 if they are veterans).

Visit: www.dol.gov/ebsa/newsroom/fsdependentcoverage.html

- The ACA requires most health plans to provide free preventive and wellness services.

ESSENTIAL HEALTH BENEFITS

The ACA requires insurance plans cover Essential Health Benefits (EHB). EHB is a comprehensive package of items and services including coverage for items and services within at least the following 10 categories:

GRAPHIC: Essential Health Benefits



*Note: Long-term support services are *not included* in essential health benefits.

What's Tricky about Essential Health Benefits for People with Disabilities?

- EHB sets a foundation of service coverage for everyone but remains without a federal standard or federal definitions.
- States can choose between different options, resulting in great variance in the *scope* and *duration* of coverage for services.
- Habilitation and rehabilitation are often critical services for people to examine since there is no requirement for *what* services under habilitation and rehabilitation are to be provided and *how long* these services are to be provided.

Bottom Line:

Insurance coverage for specific services that a person with a disability needs (such as habilitation or rehabilitation) can greatly vary not only from state-to-state, but also from plan-to-plan. Connect your client to a trained ACA navigator or go to HealthCare.gov Local Help site https://localhelp.healthcare.gov.

PREVENTIVE SERVICES

All Marketplace health plans, expanded Medicaid programs, and many private plans must cover *preventive services* without a copayment, deductible, or co-insurance.

Preventive services are critically important for people with disabilities. Receiving services such as annual check-ups with a primary care physician who is familiar with health history and routine care can result in vastly improved care coordination.

GRAPHIC: Preventive Services

https://kaiserfamilyfoundation.files.wordpress.com/2015/08/8219-04-preventive-services-covered-by-privat_e-health-plans-under-the-affordable-care-act_tables.pdf

Adult Preventive Services to be Covered by Private Plans Without Cost Sharing

Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy-Related**	Reproductive Health
✓Breast Cancer – Mammography for women 40+* – Genetic (BRCA) screening and counseling – Preventive medication counseling ✓Cervical Cancer – Pap testing (women 21+) – High-risk HPV DNA testing ♀ ✓Colorectal Cancer - One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy	✓Cardiovascular health - Hypertension screening - Lipid disorders screenings - Aspirin ✓Type 2 Diabetes screening (adults w/ elevated blood pressure) ✓Depression screening (adults, when follow up supports available) ✓Osteoporosis screening (all women 65+, women 60+ at high risk) ✓Obesity Screening (all adults), Counseling, and behavioral interventions (obese adults)	✓Td booster, Tdap ✓MMR ✓Meningococcal ✓ Hepatitis A, B ✓Pneumococcal ✓Zoster ✓Influenza ✓Varicella ✓HPV (women and men 19-26)	✓Alcohol misuse screening and counseling (all adults) ✓Intensive healthy diet counseling (adults w/high cholesterol, CVD risk factors, diet-related chronic disease) ✓Tobacco counseling and cessation interventions (all adults) ✓Interpersonal and domestic violence screening and counseling (women 18-64)♀ ✓Well-woman visits (women 18-64) ♀	✓Tobacco and cessation interventions ✓Alcohol misuse screening/counseling ✓Rh incompatibility screening ✓ Gestational diabetes screenings♀ - 24-28 weeks gestation - First prenatal visit (women at high risk for diabetes) ✓Screenings - Hepatitis B - Chlamydia (<24, hi risk) - Gonorrhea - Syphilis - Bacteriurea ✓Folic acid supplements (women w/repro capacity) ✓Iron deficiency anemia screening ✓Breastfeeding Supports - Counseling - Consultations with trained provider♀ - Equipment rental♀	✓STI and HIV counseling (adults at high risk; all sexually-active women♀) ✓Screenings - Chlamydia (sexually active women ≤24, older women at high risk) - Gonorrhea (sexually active women at high risk) - Syphilis (adults at high risk) - HIV (adults at high risk; all sexually active women♀) ✓Contraception*** (women w/repro capacity) ♀ - All FDA approved methods as prescribed, - Sterilization procedures - Patient education and counseling

Notes: Age ranges are meant to encompass the broadest range possible. Each service may only be covered for certain age groups or based on risk factors. For specific details on recommendations, please consult the websites listed below. *The ACA defines the recommendations of the USPSTF regarding breast cancer services to "the most current other than those issued in or around November 2009." Thus, coverage for mammography is guided by the 2002 USPSTF guideline. **Services in this column apply to all pregnant or lactating women, unless otherwise specified. ***Certain religious employers exempt from this requirement. † Recommendation from HRSA Women's Preventive Services. Coverage without cost sharing in "non grandfathered" plans began Aug. 1, 2012. Coverage without cost sharing for other services began Sep. 23, 2010.

SOURCE: U.S. DHHS, "Recommended Preventive Services." Available at http://www.healthcare.gov/center/regulations/prevention/recommendations.html. More information about each of the services in this table, including details on periodicity, risk factors, and specific test and procedures are available at the following websites: USPSTF: http://www.uspreventiveservicestaskforce.org/recommendations.htm ACIP: http://www.cdc.gov/vaccines/pubs/ACIP-list.html#comp HRSA Women's Preventive Services: http://www.hrsa.gov/womensguidelines/

THE HENRY J. KAISER FAMILY FOUNDATION

ACA Eliminates the Medicare Donut Hole

Medicare is a health insurance program for people 65 or older, people under 65 with certain disabilities, and people with end-stage renal disease (permanent kidney failure). People with Medicare have the option of paying a monthly premium for outpatient prescription drug coverage (called Medicare Part D).

Medicare Part D coverage included a “coverage gap” which left people with high prescription drug costs responsible for paying 100% of their drug costs. The ACA will eliminate this gap to make prescriptions more affordable.

INCREASED ACCOUNTABILITY FOR INSURANCE COMPANIES

The ACA requires insurance companies to meet new accountability standards, such as:

- Medical Loss Ratio: Insurers must spend at least 80-85 cents of every dollar collected in premiums on health care and quality–not on profits, marketing, or administration.
- Health insurance plans must submit justification for premium rate increase of more than 10%. The Department of Insurance reviews and approves the rate increases.
- Premiums may be based on only age, tobacco use, geographic area, and family size.

NEW HEALTH CARE COVERAGE OPTIONS

The ACA offers new coverage options to increase the number of people with insurance:

- Young people can stay on their parent's insurance plan to age 26.
- States can expand Medicaid eligibility to include people up to 138% FPL.
- Everyone can shop for new health insurance products through the health insurance Marketplace.
- People with low- and moderate-income can get financial help to pay premiums for a plan purchased through the Marketplace.

THE MARKETPLACE: QUALIFIED HEALTH PLANS

The ACA Marketplace is a one-stop shop for all insurance options where individuals, families, and small businesses can learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage.

Insurance plans in the Marketplace are offered by private companies. All plans cover essential health benefits, and many cover preventive services at no cost.

The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage, including information about other programs, such as Medicaid and CHIP. The Marketplace is accessible through websites, call centers, and in-person assistance.

Find someone nearby to help them apply, for free: https://localhelp.healthcare.gov/

Marketplace annual open enrollment dates: November 1–December 31

Marketplace: Individual VR Clients

As part of the work you do with individual clients, it is important to ask about how the individual is meeting their health coverage needs. The Marketplace may be a valuable tool that you can refer a client to for unmet coverage needs.

Clients without health insurance through a job, Medicare, Medicaid, CHIP, or another source that provides qualifying coverage, may be able to purchase coverage through the Marketplace.

Clients with job-based insurance can buy a plan through the Marketplace, but will pay full price unless the employer's insurance doesn't meet certain standards (most job-based plans *do* meet minimum coverage requirements).

Clients with Medicare *cannot* switch to Marketplace insurance, supplement coverage with a Marketplace plan, or buy a Marketplace dental plan. (Clients in the Medicare waiting period *can*.)

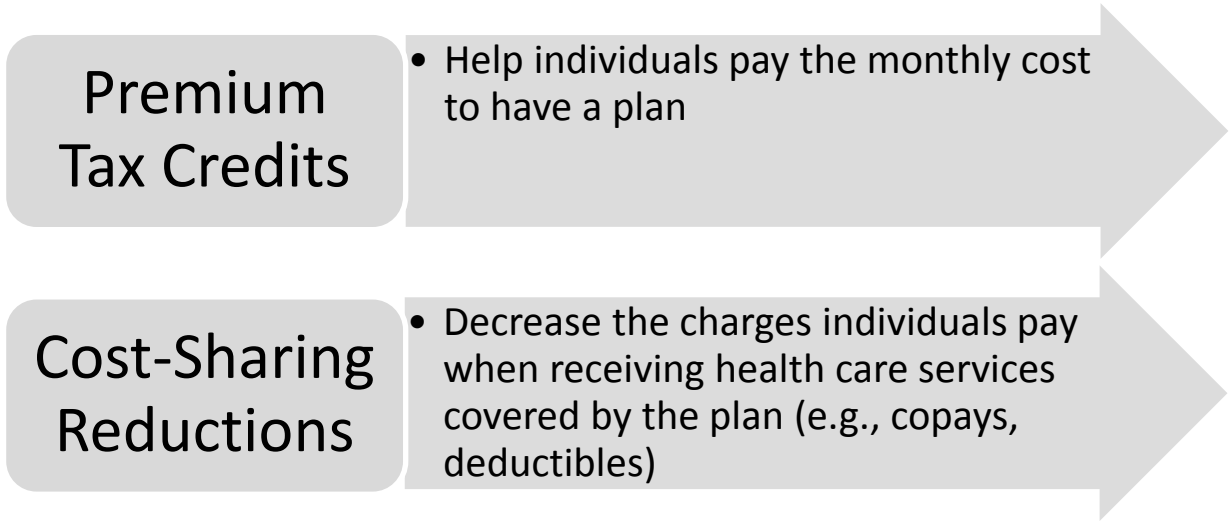
Get individual clients connected to free, in-person help here:
https://localhelp.healthcare.gov/

Learn more about the Marketplace here:
www.healthcare.gov/quick-guide/one-page-guide-to-the-marketplace/

MARKETPLACE COVERAGE: FEDERAL FINANCIAL ASSISTANCE

VR clients with income between 138-400% FPL may qualify for federal financial assistance to help pay the cost of their premium.

The following types of federal financial assistance are available:



WHICH VR CLIENTS MAY BE A GOOD FIT FOR MARKETPLACE COVERAGE?

Some of your clients might benefit from exploring the Marketplace:

- Individuals who have never sought or obtained a disability determination for Social Security or Medicaid.
- People with medical conditions that do not meet the Social Security definition of disability.
- People with pending Social Security applications.
- People with Social Security Disability Insurance (SSDI) in the Medicare waiting period.
- People without insurance through an employer.

Did you know?

Connecting your VR client to health care coverage can help someone get and keep a job or meet an individualized education or employment goal.

Which makes more sense for my clients: Employer, Marketplace, or Medicaid coverage?

If your client needs long-term support services, such as attendant care, "classic" Medicaid and the Medicaid Buy-In (MBI) program may be the only options.

If your client has insurance through an employer, an additional option to consider may be the MBI program.

Connect the client to a CWIC at:
www.chooseworkttw.net/findhelp/

MEDICAID BUY-IN PROGRAMS

If your client has insurance through an employer, an additional option to consider may be the Medicaid Buy-In (MBI) program.

MBI programs can offer health care coverage for VR clients that meet the SSA definition of disability and any state-specific MBI program eligibility requirements.

A VR client with employer-sponsored insurance can use the MBI for "wrap around" coverage for services that an employer-sponsored plan won't cover—such as attendant care or other long-term support services.

A VR client without employer-sponsored insurance can use the MBI for comprehensive health care coverage.

- 46 states have Medicaid Buy-In programs in place, allowing workers with disabilities who meet the SSA's definition of disability to work and purchase Medicaid coverage.
- States determine the specific income and asset eligibility.

Connect your client to a CWIC for assistance with the Medicaid Buy-In program at: www.chooseworkttw.net/findhelp/.

LINK TO RESOURCES: INDIVIDUAL CLIENTS

People are more likely to get enrolled in health insurance coverage if they receive in-person help with investigating coverage options and enrolling in a plan. There are several key connections you can make to ensure your client gets in-person help:

Refer to an Agent/Broker:

www.nahu.org/consumer/findagent2.cfm

- Agents/brokers are licensed professionals who are registered with the Marketplace and may assist consumers in applying for healthcare coverage and financial help, including premium tax credits and cost-sharing reductions.
- Agents/brokers can help consumers, no matter what state the consumers live in, as they apply for and choose insurance options.

What to Bring to a Meeting with an Agent/Broker:

- Names, ages, Social Security numbers, and W-2s for them and other members of their household.
- Information about any disability-related eligibility other household members may have.
- Any specialists who provide care.
- Primary care physicians.
- Pharmacies.

Refer to a Navigator:

www.healthcare.gov/contact-us/

- Navigators are specially trained counselors who are available to help answer questions, find coverage for individuals and families, and complete eligibility or enrollment forms.
- Navigators are required to be unbiased and their services are free to consumers.

What to Bring to a Meeting with a Navigator:

- Names, ages, Social Security numbers, and W-2s for you and other members of your household.
- Information about any disability related eligibility other household members may have.
- Any specialists who provide care.
- Primary care physicians.
- Pharmacies.

Refer to a CWIC:

www.chooseworkttw.net/findhelp/

Trained professionals can provide free, ongoing, comprehensive work incentive monitoring and management to SSA beneficiaries who are employed or are seeking employment. Available in all 50 states.

What to Bring to a Meeting with a CWIC:

- A Benefits Planning Query from SSA
- A paystub or estimate of earnings from employment

Any receipts or estimates of items or services you pay for out-of-pocket, are not reimbursed, and are required in order for you to work

HELP BUSINESSES GET COVERAGE

Businesses, especially small businesses, are more likely to explore health coverage for themselves and their employees if they receive in-person help. There are several key connections you can make to ensure your business client gets in-person help:

Refer to an Agent/Broker:

www.nahu.org/consumer/findagent2.cfm

- You can work with any licensed insurance agent/broker in the Small Business Health Options Program (SHOP) Marketplace — your current one, someone you locate through the SHOP Marketplace agent/broker search service, or one you find another way.
- SHOP Marketplace-registered agents/brokers can help you with some enrollment tasks or handle the whole process for you.
- You won't pay more for SHOP insurance if you use an agent/broker.

Refer to the SHOP:

www.healthcare.gov/small-businesses/

- Contact the SHOP Call Center at 1-800-706-7893 (TTY: 711) weekdays from 9 a.m. to 7 p.m. ET.

Refer to a Navigator:

www.healthcare.gov/contact-us/

- A navigator is an individual or organization trained to help you and your employees look for health coverage options through the SHOP Marketplace.
- A navigator can help you with your SHOP Marketplace application, but can't complete all steps in the SHOP enrollment process, like recommending a plan for you or your employees.
- Navigators don't work for insurance companies and must always give information to those they help in a fair, accurate, and unbiased manner.

Visit: https://marketplace.cms.gov/outreach-and-education/getting-help-in-shop.pdf

WHAT IS AN INSURANCE BROKER?

An agent/broker that is registered with the Marketplace is a person or business who can help individuals apply for help paying for coverage and enroll them in a qualified health plan (QHP) through the Marketplaces.

- An agent/broker can make specific recommendations and tailor plans to suit your special needs and budgets.
- An agent/broker acts as an advisor and advocate with insurance companies, hospitals, doctors, and public agencies regarding claims, services, regulations, coverage, etc.
- Agents/brokers are licensed and regulated by states and typically get payments, or commissions, from health plans for enrolling a consumer into their plan.
- Some agents/brokers may only be able to sell plans from specific health plans.
- An agent/broker must complete training before assisting consumers.

The National Association of Health Underwriters (NAHU) represents licensed health insurance agents/brokers, consultants, and benefit professionals who serve the health insurance needs of employers and individuals seeking health insurance coverage.

Find a local agent/broker here:
www.nahu.org/consumer/findagent2.cfm.

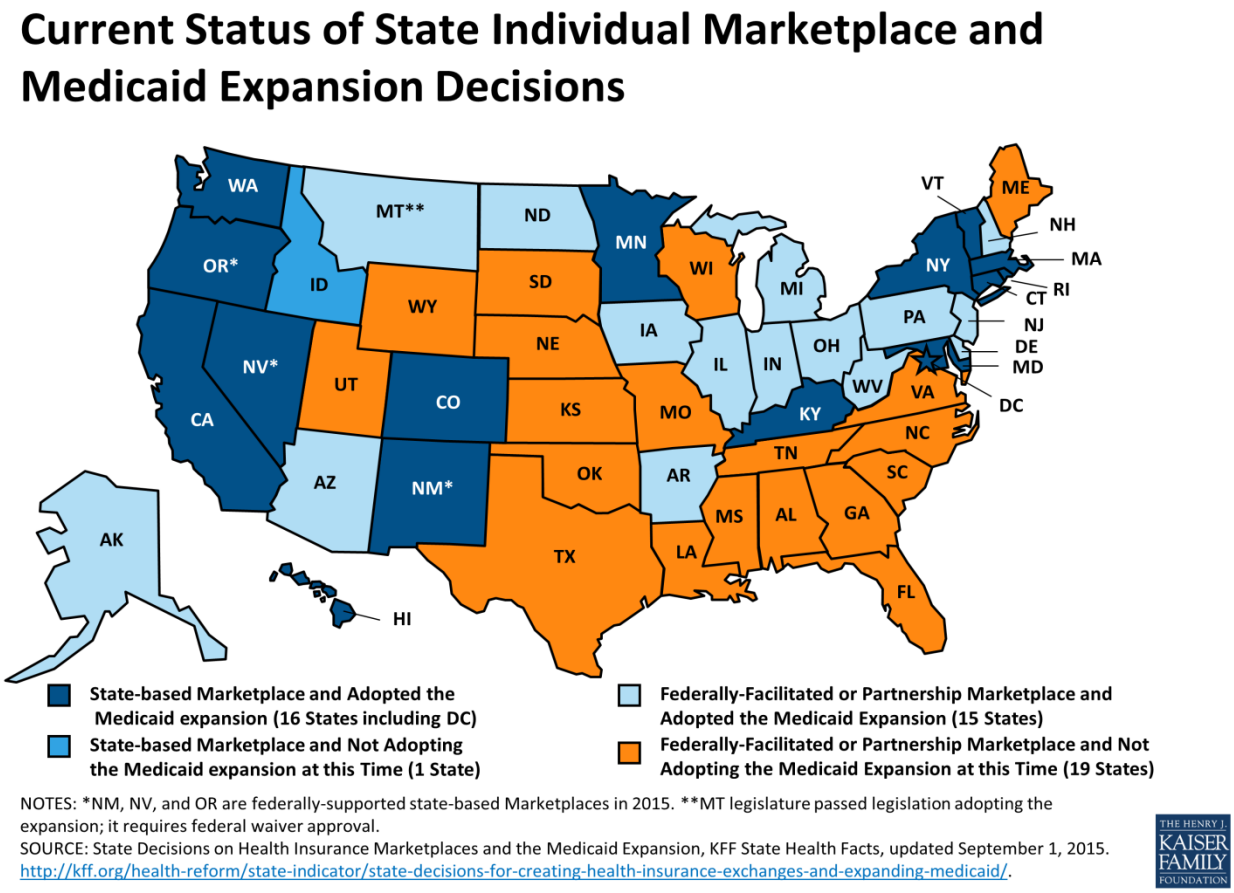
EXPANDED MEDICAID: NEW ADULT GROUP COVERAGE

Through the ACA, many states expanded Medicaid to cover people under 138% of the federal poverty level (about $16,105/year for an individual). This coverage is often called the "New Adult Group".

- Individual income is calculated using the Modified Adjusted Gross Income ("MAGI") tax methodology. It is determined by the IRS, based on tax returns.
  - MAGI is calculated for the "household" and is based on earnings listed on the W-2.
  - MAGI does not consider assets.
  - MAGI may be applied to all applicants at the time of enrollment through the simplified single point of entry system.
- Individuals must be a U.S. citizen or legal permanent resident (LPR) of 5 years or more to qualify for coverage.

GRAPHIC: States with Expanded Medicaid Coverage

http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/



NOTES: *NM, NV, and OR are federally-supported state-based Marketplaces in 2015. **MT legislature passed legislation adopting the expansion; it requires federal waiver approval.
SOURCE: State Decisions on Health Insurance Marketplaces and the Medicaid Expansion, KFF State Health Facts, updated September 1, 2015. http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/.

EXPANDED MEDICAID: VR CLIENTS

Applications for Medicaid eligibility are accepted year round with no open enrollment periods.

What's different?

- If a client previously was not eligible for Medicaid due to income or because the client did not meet the federal definition of disability, they *may* qualify for coverage now.
- The expanded Medicaid, the New Adult Group, now offers free coverage if their income is below 138% FPL.
- Connect your client to the local Medicaid eligibility office to apply.

What if my client needs long-term support services?

- The New Adult Group may not offer the same comprehensive coverage as the state's regular Medicaid program. If your client needs long-term support services, such as attendant care, the Medicaid Buy-In program or another Medicaid program may be the best option to help with long-term care needs.

Connect your client to a CWIC if they need long-term support services:
www.chooseworkttw.net/findhelp/.

ACA EFFECT: WORK INCENTIVES

The Social Security Administration (SSA) operates two disability benefit programs: Social Security Disability Insurance (SSDI), and Supplemental Security Income (SSI).

The ACA's greatest effect on work incentives is the opportunity to expand access to health coverage to individuals who **do not need access to long-term care**, providing transitional health insurance for individuals who work their way off SSA programs. Keep in mind that SSA beneficiaries who are already receiving health care **are not** eligible for coverage under the ACA.

Remember:

- SSA beneficiaries are likely receiving health care coverage based on the program they are participating in:
  - SSI is a safety net for individuals who are both medically and financially eligible. SSI beneficiaries are eligible for Medicaid.
  - SSDI beneficiaries are eligible based on work credits and are eligible for Medicare, following a 24-month waiting period from their application date.
  - Individuals with low enough SSDI payments may be eligible for both SSI and SSDI and receive both Medicare and Medicaid.

All customers should verify the program they are in and eligibility by requesting a Benefits Planning Query (BPQY) from SSA by calling SSA at 1-800-772-1213.

Interaction between ACA and SSA's Work Incentives

Checklists are available in subsequent pages of this Toolkit; however, it is important to remember that *ALL* VR customers who are thinking about working or are going to work should meet with a CWIC so they are well informed about how earnings will affect their benefits and health care.

ACA Effect on Individual Education and Employment Plans

- Include access to health insurance coverage in your coordination of services.
- Health care should be part of the planning process before transitions occur—including youth to adult systems, high school to post-secondary, school-to-work, etc.

Remember:

- Young adults may now stay on their parent's insurance coverage until age 26.
- SSA work incentives for students can help with keeping access to health benefits while working or participating in an internship.

SSA Eligible	Not SSA Eligible
Refer to a benefits planner to look at options for continued eligibility or the Medicaid Buy-In program	Connect client to a navigator to help explore insurance options through the Marketplace

KEY CONSIDERATIONS: INDIVIDUAL CLIENTS

1. **Does your client need long-term support services?**
   - The Marketplace offers new insurance options, but private plans still don't cover long-term care.
   - Consumers must shop plans and compare benefits based on their own specific needs. Details matter.
   - Expanded Medicaid through the New Adult Group offered increased income limits, but may not cover long-term support services.

2. **Have you connected your client to an expert?**
   - If your client is SSA-eligible, connect them to a CWIC.
   - If your client receives any Medicaid-funded service, connect them to their caseworker (or a CWIC if SSA-eligible).
   - If your client is looking for Marketplace plans, connect them to in-person help with a navigator or agent/broker.

3. **Is the Marketplace in your state connected electronically to other state eligibility programs?**
   - This can make it easier for your clients to apply for multiple programs at the same portal.

CHECK LISTS

CHECK LIST: INDIVIDUAL DOES NOT GET SSI OR SSDI

The basics:

- SSDI beneficiaries have roughly 93 months of Medicare eligibility from the first day of work, but may choose to continue their Medicare by buying Medicare beyond their 93 months. SSDI beneficiaries should see a CWIC to make sure they understand their health care options.

If the individual meets the federal disability standard:

- Do they need long-term care services and supports?
  - If yes, does your state have a Medicaid Buy-In program? Check state-specific eligibility requirements.
  - If they are not eligible for a Medicaid Buy-In program:
    - Can they be eligible for Medicaid Waiver programs?
    - Investigate: What is the scope of duration of services covered under Rehabilitation and Habilitation services through an insurance plan?
- If they do not need long-term care services and supports:
  - Do they have access to an employer sponsored coverage plan? If yes, enroll!
  - If they do not have access to an employer sponsored plan:
    - Investigate: Which plan is more advantageous—expanded Medicaid, or, an ACA Marketplace plan?
    - Refer the client to a navigator, certified application counselor, or agent/broker to get help with enrollment.

CHECK LIST: INDIVIDUAL ON SSI

The client has earnings above the Medicaid income threshold and needs long-term care services

- Check for continued Medicaid Eligibility, also known as Section 1619(b):
  - Individual has been eligible for SSI cash payment for at least one month and has gross earnings that are insufficient to replace SSI, Medicaid and publicly funded attendant care services
  - Refer to a CWIC.

The client has earnings above the Medicaid income threshold and does NOT need long-term care services

- Check for eligibility for ACA Medicaid or ACA Marketplace plan.
- Refer the client for in-person enrollment help–a navigator, certified application counselor, or insurance agent/broker.

CHECK LIST: INDIVIDUAL IS ON SSDI

Individual is in their 24-month waiting period with no employer coverage and needs long-term care services and supports (LTSS)

- Check for a Medicaid Buy-In program:
  - If no MBI program, investigate whether individual can access Home and Community Based Services (HCBS). Refer client to either CWIC or Medicaid agency.
  - If there is an MBI program, but earnings too high for MBI or HCBS, refer client to in person assistance. Suggest individual check Rehabilitation and Habilitation services offered under ACA Medicaid or in ACA Marketplace plans.

Individual does not need LTSS

- Refer to in-person enrollment assistance with a navigator, certified application counselor, or insurance agent/broker.

CHECK LIST: INDIVIDUAL IS ON SSDI WITH MEDICARE

Individual has Medicare and is working:

- Make sure your client has details on how long they have been working and had Medicare and refer to a CWIC for consult on best next steps.

Individual is working and has exhausted premium-free Medicare coverage due to work:

- Pay a premium to participate in state Medicaid Buy-In. Refer to a CWIC.
- Purchase a health plan in the ACA Marketplace. Refer to in-person enrollment assistance with a navigator, certified application counselor, or insurance agent/broker.
- Purchase Medicare and pay a premium. Refer to a CWIC.

KEY CONSIDERATIONS FOR INDIVIDUALS BETWEEN 138%-400% FPL: ACA MARKETPLACE

Individuals can qualify for subsidies and tax credits to ensure coverage plans are affordable

Subsidies reduce out-of-pocket costs on point of service payments to providers.

Examples of subsidies:

- Reduced office co-pay.
- Reduced prescription co-pay.
- Reduced lab co-pay.

Premium Tax Credits limit premium contributions in the form of a refundable or upfront tax credit based on a family percentage of FPL.

- Tax credits may be refundable or advanceable (which means you get the credit when the premium is due, rather than filing for it as a part of your tax return).
- Refundable tax credits are received in conjunction with filing annual taxes.
- Advanceable tax credits are refunded at the time insurance is purchased at the exchange, eliminating the need to wait for the return until tax season.

MARKETPLACE: COVERAGE PLANS AVAILABLE

The Marketplace offers four tiers of packages: bronze, silver, gold, and platinum. Plans are categorized by these four "metallic" categories based on how the plan splits the financial options for an individual's purchasing healthcare.

- The lower the metallic tier, the lower the premiums…, ***but*** the higher the deductible.
- Premiums are the monthly amount paid to maintain health coverage on a monthly basis.
- Deductibles are the amount individual's pay for health services ***before*** the health insurance plan begins to pay.

Did you know?

A cheaper monthly plan likely means individuals pay a higher out-of-pocket deductible before the health insurance plan picks up higher costs.

- The higher the metallic plan, the less out-of-pocket deductible individuals pay.
- The lower the metallic plan, the higher financial responsibility an individual pays before insurance.
  - This means lower monthly premiums of bronze plans may end up costing more than a silver plan in the long run.
  - Silver plans have additional cost-saving reductions, which can make a higher-tiered plan more affordable depending on family income.
  - One way to help cover the cost of deductibles is to create a Health Savings Account.
    - Health Saving Accounts allow individuals to save part of pretax income in an account that can be used to pay for healthcare needs, like meeting a deductible.
    - Health Savings Accounts are a good idea if the family will have high out-of-pocket costs.

Did you know?

Make sure a healthcare plan covers the doctors and specialists an individual needs to stay healthy. Plans have a range of networks that cover any doctor or healthcare facility, *or* a specific set of doctors within a restricted network.

RESOURCES

Healthcare.gov

www.healthcare.gov

Kaiser Family Foundation

http://healthreform.kff.org

Get Covered America

www.getcoveredamerica.org

FIVE SCENARIOS FOR USING THE INFORMATION IN THIS TOOLKIT

SCENARIO 1:
CUSTOMER IS SSI ELIGIBLE AND BEGINNING EMPLOYMENT, POST-GRADUATION

Michelle has been going to school for the last four years and has just graduated with a degree in engineering. She has a couple of job offers and will be accepting one soon.

What kind of information would you put in her Individualized Plan for Employment (IPE) regarding healthcare coverage?

Key Considerations:

Does Michelle have health coverage?

Yes. As an SSI beneficiary, Michelle is highly likely to be receiving Medicaid if she meets or equals a federal disability standard. SSI beneficiaries in most states are automatically enrolled in Medicaid, but not all states … so it is worth checking.

How do you verify Michelle has SSI and Medicaid?

You can refer Michelle to a CWIC to help her verify her income and health care eligibility. If you do not have access to a CWIC, you can suggest that Michelle request a Benefits Planning Query from the local SSA office or call the Social Security national number toll-free at 1-800-772-1213 (TTY 1-800-325-0778). SSA can mail or fax Michelle or you a copy. The BPQY will verify what benefits Michelle receives and how much.

Are there Social Security Work Incentives that will affect Michelle? Will working affect Michelle's healthcare when she accepts a job?

Yes. The most important thing for Michelle to know is that almost every SSI beneficiary is better off working. There are very few scenarios where employment will cause a negative financial effect for an SSI beneficiary.

When Michelle begins working, SSI has a number of work incentives that will be very beneficial in making a smooth transition to employment. However, the rules are complex and change based on the amount of income and assets she has. Your best next step is to have Michelle talk to a trained professional who can advise her as to the specific options for her unique situation. Michelle should make an appointment with a CWIC to make sure she understands how earnings will affect her SSI and Medicaid (refer to the glossary to learn more about how Michelle can find or access a CWIC).

What if Michelle's employer offers her coverage under the business's health plan?

As a Medicaid beneficiary, Michelle can participate in both her employer's private coverage and continue coverage under Medicaid. Medicaid is the payer of last resort and will "wrap around" any employer insurance plan. If Michelle needs long-term care services and supports, or other health related supports specific to her disability, that are not available in her employer's plan, Medicaid would like provide coverage for these services. It's a good idea for Michelle to consult with the Medicaid agency and carefully compare what is covered under her employer's plan to make sure it meets her health care needs.

Did you know?

Young adults can get coverage under their parent's health insurance, and some state Medicaid programs will pay the premium for private insurance plan.

The ACA extended coverage for adult children to age 26 under their parent's health insurance plans. Therefore, SSI beneficiaries ages 18–26 may receive primary coverage from their parents' health insurance plan and use Medicaid as wrap around coverage. After turning 26, young adults will continue Medicaid eligibility as long as they remain SSI eligible.

Further, in some states, Medicaid will pay Michelle's private insurance premiums with a program called Health Insurance Premium Payments (HIPP). The Medicaid agency or your local CWIC program will be able to advise you if HIPP is an option in your state.

SCENARIO 2:

CUSTOMER IS SSDI ELIGIBLE AND BEGINNING EMPLOYMENT AFTER YEARS OF REHABILITATION

Jessica had an injury and medical setbacks that left her unable to return to work for a number of years. During that time, she became eligible for Security Disability Insurance (SSDI) based on her previous work history as a sales associate. Following a number of years in rehabilitation, she has now maximized the recovery, applied for a position as a pharmaceutical associate, and was hired. A small business with five employees, the pharmacy is not required to provide insurance, so Jessica will need to find coverage on her own.

Key Considerations:

Does Jessica have healthcare coverage?

Yes. Jessica surpassed the 24-month waiting period for SSDI beneficiaries and is eligible for full coverage through Medicare. Medicare is considered "creditable" coverage, meaning Jessica can participate in private insurance if her employer decides to provide it later, but she already meets the individual mandate to have health insurance established under the ACA.

How do we help verify Jessica's health insurance coverage?

You can refer Jessica to a CWIC to help verify her cash benefit and healthcare coverage. If you do not have access to a CWIC, you can suggest that Jessica request a Benefits Planning Query from the local SSA office or call the Social Security national number toll-free at 1-800-722-1213 (TTY 1-800-325-0778). SSA can mail or fax a copy of the BPQY to Jessica or both of you. The BPQY will verify what benefits Jessica receives, as well as what work incentives are available.

Are there other Social Security Work Incentives that will affect Jessica? Will working affect Jessica's healthcare in the future?

Yes. The most important thing for Jessica to know is that SSDI benefits are not affected whatsoever during the first 12 months of returning to work. Jessica will also have 11 years of connection to Medicare before exhausting her eligibility. However, there are a number of complex rules that change based on the timing of the amount of income earned. Your best next step is to have Jessica talk to a trained professional who can advise her as to the specific options for her unique situation. Jessica should make an appointment with a CWIC to make sure she understands how earnings will affect her SSDI and her Medicare (refer to the glossary to learn more about how Jessica can find or access a CWIC).

If Jessica's condition worsens and she requires access to long-term care, will it be covered by Medicare?

No. However, if Jessica's condition worsens, she may be able to participate in a Medicaid Buy-In program. Available in 46 states, Medicaid Buy-In programs offer Medicaid coverage workers with disabilities with earnings in excess of traditional Medicaid rules. Jessica should contact her local CWIC to discuss this option.

SCENARIO 3:
CUSTOMER IS NOT ELIGIBLE FOR SOCIAL SECURITY DISABILITY PROGRAMS

George's employment ended when his employer eliminated his division in the company. He has a disability but is not on Social Security disability programs. He is starting his own business with no employees.

What information could you put in his IPE regarding health coverage?

Key Considerations:

Is George paying a health insurance premium to continue to get his health coverage through his former employer?

Yes. George may be participating in COBRA, which is a provision that allows you to continue to participate in an employer sponsored health plan for a set period of time by paying the full premium. The premium can be very expensive, and often times individuals drop the coverage due to the high out of pocket costs—bad idea. George risks incurring a penalty under the ACA individual mandate if he drops his coverage. George should continue to pay that premium and should be connected to a navigator or insurance agent/broker to get concrete advice on other coverage options.

Opportunities for George to transition to another form of health care coverage:

If your state has expanded Medicaid and George's income is below 138% of the federal poverty level (about $16,106 in 2015–check with the state Medicaid agency), he can apply for a health coverage in the ACA Adult Medicaid program. Medicaid applications are taken 365 days a year. Refer George to a navigator, the Medicaid agency, or a CWIC for help.

If your state has one, George may be eligible for the Medicaid Buy-In program. Check with your Medicaid agency. If he meets income and asset eligibility requirements, he could drop his COBRA coverage and enroll in the Medicaid Buy-In. Refer George to the Medicaid agency or a CWIC.

If George's income is above 138% of the federal poverty level and the Medicaid Buy-In program is not an option, he could potentially select a plan in the ACA Marketplace *BUT ONLY* during the

ACA Open Enrollment period (November 1-December 31). COBRA provisions and the interaction with the ACA is tricky, so George should definitely see a Navigator or insurance agent/broker for help determining when his COBRA coverage ends and when he can enroll in the Marketplace. You should advise George that dropping COBRA coverage does not give an individual a Special Enrollment Period (SEP), so without replacement coverage, he could incur a fine under the individual mandate.

If George's income is above 138% of the federal poverty level, and the Medicaid Buy-In is not an option, he can drop COBRA and select a Marketplace plan during ACA Open Enrollment period. You should refer him to a Navigator or he should find a health insurance agent/broker.

Learn more about COBRA and the ACA Marketplace at: http://kff.org/health-reform/faq/health-reform-frequently-asked-questions/#question-im-leaving-my-job-and-will-be-eligible-for-cobra-can-i-shop-for-coverage-on-the-marketplace-instead .

If George does not have health coverage and his income is at 138% of the federal poverty level or below (about $16,106 in 2015—check with the Medicaid agency) you should refer him to a Navigator or the Medicaid agency. Depending on his income, he may be eligible for the ACA Adult Medicaid program (if your state has one) or the Medicaid Buy-In (again, if your state has one).

If George's income is above 138% of the federal poverty level, refer him to a Navigator or a health insurance agent/broker for help. Depending on the situation, he may be eligible to enroll in the ACA Marketplace.

Did you know?

Before the passage of the ACA:

- COBRA was often the only option for people to access health coverage when they left employer sponsored health coverage. Learn more about COBRA at: http://www.dol.gov/ebsa/faqs/faq_compliance_cobra.html .
- Medicaid Buy-In is an optional Medicaid program for workers with disabilities who have earnings in excess of traditional Medicaid rules. Individuals with disabilities who would be ineligible for Medicaid because of earnings can work and access the services and supports they need. Available in 46 states, the Medicaid Buy-In program requires that individuals meet or equal the federal disability standard. The income and asset requirements vary from state to state. To learn more about the Medicaid Buy-In programs you can go to: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Grant-Programs/Employment-Initiatives.html .

SCENARIO 4:

YOUNG ADULT WITH A DISABILITY STILL LIVING AT HOME

Susana is an 18-year-old with a disability and is living at home. She is interested in getting a job. How should you advise Susana in her IPE regarding health coverage?

Key Considerations*:*

Does Susana have health coverage now?

Yes. Susana is currently covered under her parent's health plan. The ACA extended coverage for adult children to age 26 under their parent's insurance plans. If the coverage is a private plan, Susana will have coverage until the month she turns 26, when she will incur eligibility for a Special Enrollment Period. Susana will need to enroll in the ACA Marketplace or, if she is employed, and her employer offers coverage, in her employer's health plan. If her parent's health coverage is through the ACA Marketplace, Susana can stay on her parent's plan until the end of the plan year (December 31) the year she turns 26. Learn more about rules around staying on parent's coverage at: https://www.healthcare.gov/turning-26/.

Yes. Susana is on the state's Children's Medicaid program and she has SSI. She will need to apply for different Medicaid coverage when she turns 19. You should refer her to a CWIC or the Medicaid agency to help determine which Medicaid program will best meet her needs.

No. Susana does not have health care coverage. She should be referred to the Medicaid agency, a CWIC, or a navigator.

SCENARIO 5:
A SMALL BUSINESS WANTS TO HIRE

Jerry is a veterinarian with a small practice. He is interested in hiring one of your candidates, but does not currently offer health coverage. He mentions to you that he knows that offering health coverage to his employees will help with recruitment and retention, and asks you questions about how he can get coverage for his employees.

NOTE: While it is not the job of VR to advise small businesses, the VR Business Relations Units can be a resource for small businesses and you can connect them with navigators or the state's Department of Insurance for more help. This scenario is designed to give you a "conversational knowledge" of the ACA as it affects small businesses and you should be clear to your business customers that you are not giving them advice or counsel on what to do regarding offering health care to their employees.

Key Considerations:

How many employees does Jerry have?

Jerry has 12 employees, and four of them are part time. Jerry does not need to offer health coverage to his employees and his business will not be subject to the employer mandate under the ACA. However, a navigator, the state Department of Insurance, Healthcare.gov, or a health insurance agent/broker can help Jerry understand his options.

Some small businesses are eligible for tax credits if they contribute toward their employees' health coverage in the Small Business Health Options Program (SHOP). You can suggest to Jerry that he meet with either a Navigator or health insurance agent/broker to learn if he's eligible for any help in providing coverage to his employees.

What about Jerry's potential employee?

You should make sure the candidate with a disability has seen a CWIC or a Navigator and understands the best path to health coverage with their new job.

Learn more about the ACA & Small Businesses at:
https://www.healthcare.gov/small-businesses/

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