



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

***Affordable Care Act  
Frequently Asked Questions  
(ACA FAQ)***

## Table of Contents

Introduction .....	3
Affordable Care Act (ACA).....	4
Eligibility .....	7
Automatic Eligibility Determination.....	10
FFM Automatic Eligibility Determination .....	13
Enrollment.....	14
Federally-Facilitated Marketplace (FFM) Special Enrollment Period .....	17
Coverage .....	19
Federally-Facilitated Exchange (FFE/Exchange).....	24
Referrals.....	31
Medicaid Expansion .....	31

## **Introduction**

On March 23, 2010, the federal healthcare reform law was signed into law by President Barack Obama. This law is known by many names; officially as the Patient Protection and Affordable Care Act (PPACA), but often referred to simply as the Affordable Care Act (ACA), or Obamacare. This comprehensive law has provisions to expand coverage, control healthcare costs and improve health care delivery.

In preparation of many questions deriving from the ACA, Frequently Asked Questions (ACA FAQs) have been developed as a valuable resource.

The ACA FAQs can be utilized as a reference guide to assist numerous entities with addressing the most common questions being asked in regarding the ACA.

The ACA FAQs are organized in the document by topic area. These topic areas; e.g. ACA, Eligibility, Enrollment, etc., serve as a guide to allow the reader to easily navigate through the document and to respond to questions more efficiently.

## Affordable Care Act (ACA)

### Q. What is the Affordable Care Act (ACA)?

A. The ACA is the nation's health reform law that was enacted by President Barack Obama on March 23, 2010. The comprehensive law has provisions to control health care costs and improve health care delivery by providing affordable health care to citizens that qualify.

### Q. How will ACA affect me?

A. It depends:

- For individual's currently receiving services and supports, there may not be any impact.
- For individuals who are not currently insured, health insurance coverage will be available via the Federally-Facilitated Exchange (FFE).
- More information can be found on [www.pahealthoptions.com](http://www.pahealthoptions.com).

### Q. Where can I go to read more about the ACA?

A. [www.HealthCare.gov](http://www.HealthCare.gov) is the federal website that provides details about the ACA.

### Q. When is the open enrollment period for 2014 coverage?

A. Open enrollment to obtain health insurance coverage for 2014 runs from October 1, 2013, through March 31, 2014. After open enrollment ends on March 31, 2014, individuals will not be able to get health coverage through the Federally-Facilitated Exchange (FFE) until the next annual enrollment period, unless they have a qualifying life event. For more information on the upcoming open enrollment period, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### Q. When does coverage begin?

## Affordable Care Act (ACA)

- A. If you enroll on or before December 15, 2013, your new health insurance coverage begins on January 1, 2014. During the rest of open enrollment (October 1, 2013- March 31, 2014), if you enroll between the 1<sup>st</sup> and 15<sup>th</sup> day of the month and pay your premium, your coverage begins the first day of the next month. If you enroll between the 16<sup>th</sup> and the last day of the month and pay your premium, your effective date of coverage will be the first day of the second following month.

### Q. What is the Modified Adjusted Gross Income (MAGI)?

- A. Modified Adjusted Gross Income or MAGI is a methodology that uses federal income tax rules and concepts to determine income.

### Q. If I don't get health insurance will I be fined?

- A. If you don't get qualifying health insurance in 2014 you may have to pay a fine on your 2014 federal tax return.

### Q. What is the fine I will have to pay if I don't get health insurance coverage in 2014?

- A. Beginning in 2014, an individual without qualifying health coverage must pay either 1% of his/her yearly income or \$95 per person for the year, whichever is higher.

### Q. When will I have to pay the fine for being uninsured?

- A. An uninsured person will have to pay the fee for 2014 in 2015, when he or she files a federal income tax return.

### Q. Are there liens, levies, or criminal penalties for not paying the fees for being uninsured?

- A. There are no liens, levies, or criminal penalties for failing to pay the fee. The Internal Revenue Service (IRS) will hold back the amount of the fee from any future tax return refunds.

### Q. How can I avoid the fee in 2014?

## Affordable Care Act (ACA)

A. You can avoid paying a fee by enrolling in a health insurance plan that qualifies as minimum essential coverage.

### **Q. I am disabled. How will this new law help me?**

A. The health care law prohibits most insurance plans from denying you coverage or charging you more because you have a disability. Also, insurance companies can no longer impose a lifetime dollar limit on your coverage. Visit the federal website [www.HealthCare.gov](http://www.HealthCare.gov) for additional information.

### **Q. How can I remain “in-the-know” about this topic?**

A. For the latest information on the ACA, visit the federal website at [www.HealthCare.gov](http://www.HealthCare.gov).

### **Q. What are the new rights and protections offered by the new health care law?**

A. To review the rights and responsibilities of the new health care law, please visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Q. Do you have to be a U.S. citizen to be eligible for coverage under the ACA?**

A. Yes, you must be a U.S. citizen or legal resident to be eligible for benefits under the ACA.

### **Q. Will there still be Children’s Health Insurance Program (CHIP) after the ACA goes into effect? My kids have CHIP and we are pleased with CHIP. I am on Medical Assistance (MA). Will I lose my MA and be forced to have another kind of insurance?**

A. The CHIP program will still be in place after the ACA takes effect, and so will the Medical Assistance (MA/Medicaid) programs. You will not be required to sign up for other coverage for your children if they currently receive CHIP benefits or for yourself if you currently receive MA benefits. A caseworker at your local County Assistance Office (CAO) or CHIP health plan will review your eligibility at renewal time. You will still be required to renew your CHIP or MA benefits, as you do now.

## Affordable Care Act (ACA)

**Q. I am a U.S. citizen living abroad. Do I have to buy health insurance through the Federally-Facilitated Exchange (FFE)?**

A. If you are a U.S. citizen living in a foreign country, you are not required to get health insurance coverage under the ACA.

## Eligibility

**Q. Is Student Loan Interest paid throughout the year a deduction under MAGI?**

A. Yes, it is a deduction under the Modified Adjusted Gross Income (MAGI) process.

**Q. Do I get a deduction for my Health Savings Account?**

A. Yes, it is a deduction under the Modified Adjusted Gross Income (MAGI) process.

**Q. Is my self-employment income counted when determining eligibility for ACA?**

A. Yes.

**Q. Is my child's income counted in the eligibility determination for ACA?**

A. Yes, if you are required to file a tax return for that income.

**Q. Does my unemployment income count when determining eligibility for ACA?**

## Eligibility

A. Yes.

**Q. Are my Veteran's Benefits counted when determining eligibility for ACA?**

A. No, Veteran's benefits are not counted.

**Q. Are my Social Security Benefits counted when determining eligibility for ACA?**

A. Yes, Social Security (Retirement, Survivors and Disability) is considered when determining your eligibility for ACA.

**Q. Does the Child Support I receive count in determining my eligibility for ACA?**

A. No, child support is not considered when determining your eligibility for ACA.

**Q. Does the Alimony I receive count when determining eligibility for ACA?**

A. Yes, it is counted when determining your eligibility for ACA.

**Q. Will I need to verify my pregnancy?**

A. No. You will need to provide a statement informing the state that you are pregnant and the number of babies expected.

**Q. I have shared custody with my son, whom I include on my income tax return, but he lives full time with his father. Do I have to include him on my application?**

A. Yes, if an individual has a tax-relationship to you but doesn't live in your household, the child must be included.

**Q. How do I know if I am self-employed?**

## Eligibility

A. If you operate an income-generating business with no employees, then you are self-employed.

### Q. How will I be notified when my application for Medical Assistance (MA) is approved?

A. If you are approved for MA, you will receive a letter in the mail from your local County Assistance Office (CAO) with a list of the benefits for which you are eligible.

### Q. Am I eligible?

A. The easiest way to find out what health insurance you qualify for is to apply online through Commonwealth of Pennsylvania Access to Social Services (COMPASS) at [www.compass.state.pa.us](http://www.compass.state.pa.us). If you are pre-qualified for the services offered by the Federally-Facilitated Exchange (FFE), the County Assistance Office (CAO) will automatically refer you.

### Q. Why am I not eligible for Medical Assistance (MA)?

A. There are different eligibility criteria for different categories of MA. If you are found ineligible for MA, you will be automatically referred to the Federally-Facilitated Exchange (FFE) where you can find low cost health coverage for you and your family.

### Q. Why do I have to send in documentation?

A. To be able to determine eligibility for Medical Assistance (MA), we are required by law to obtain documentation to prove that you meet the eligibility requirements – assuming we are not able to verify the information electronically.

### Q. Will I be informed which documents are needed to complete my application?

A. Yes, you will receive a checklist telling you what documentation is required to process your application.

### Q. Do I have to send my whole tax return? Which one?

## Eligibility

A. You will receive a letter, called a pending verification checklist, which tells you what documentation is required to process your application.

### **Q. How much earned income can I make in order to be eligible for benefits?**

A. The income limits vary depending on the benefit program. The best way to determine if you are eligible is to apply online through Commonwealth of Pennsylvania Access to Social Services (COMPASS) at [www.compass.state.pa.us](http://www.compass.state.pa.us).

### **Q. Are resources counted in this determination? If so which ones?**

A. The letter you will receive determining your eligibility will also include information on the resources that were counted in determining your eligibility. Resources are not considered when determining eligibility for Medical Assistance under the Modified Adjusted Gross Income (MAGI) rules.

## Automatic Eligibility Determination

### **Q. If I do not receive an automatic eligibility determination, will I need to call a County Assistance Office (CAO)?**

A. You will not need to call a County Assistance Office if your application does not receive an automatic eligibility determination. Your application will be routed to a CAO for processing to determine eligibility. They will be in contact with you if needed.

### **Q. When do these changes take effect?**

A. These changes will be implemented the weekend of July 26, through July 27, 2014, with final implementation on July 27, 2014.

### **Q. Will these changes affect my current benefits?**

A. If you are already enrolled, your benefits will not change. If you submit an application with changes to your income or other household changes, it is possible that this could affect your benefits once the County Assistance Office reviews

## Automatic Eligibility Determination

your application.

### **Q. How long does it take to receive an automatic eligibility determination?**

A. It should take between 20 to 45 minutes to complete this application. The exact length of time will depend on the benefits you select and the number of people in the household. Once the application is completed, you may receive an eligibility decision within a few minutes.

### **Q. How do I receive an automatic eligibility determination?**

A. Apply online through Commonwealth of Pennsylvania Access to Social Services (COMPASS) at [www.compass.state.pa.us](http://www.compass.state.pa.us) or through a registered community partner.

### **Q. What should I do if I am determined not eligible for benefits?**

A. Your application will be referred to the Health Insurance Marketplace (also known as the Federally Facilitated Marketplace (FFM)) to obtain health insurance.

### **Q. Why did I not receive an automatic eligibility determination? (Ex. My Neighbor, Relative, Friend received an automatic decision but I did not.)**

A. There are times when more questions need to be answered and those applications are sent to the County Assistance Office for review. They will be in contact with you.

### **Q. How can I qualify immediately for benefits?**

A. If you qualify, you will find out at the end of the process. If follow up is needed, your application will be sent to the County Assistance Office.

### **Q. How do I appeal an automatic eligibility determination result?**

A. You will receive a notice in the mail that will include information on how to appeal.

### **Q. Will automatic eligibility determination also work for my Cash, SNAP/food stamps and/or LIHEAP Benefits?**

A. Not at this time. The system is currently designed to provide a possible immediate decision for health care (Medical

## Automatic Eligibility Determination

Assistance and CHIP).

### **Q. What will I see after I submit my application?**

A. Your application is not fully submitted until you reach the Confirmation page. The Confirmation page will provide you with the summary of the application you submitted, your eligibility results (if available), and a list of any additional verification needed to process your application.

### **Q. What if I decide not to complete the identity verification when I'm completing my application? Can I still be considered for an automatic eligibility determination?**

A. You can choose to skip the identity verification during your application. If you choose to skip the identity verification, you will not receive an automatic determination and your application will be sent to the County Assistance Office.

### **Q. The health care coverage results on my confirmation page are not correct. Who can I contact to resolve this problem?**

A. The eligibility results in COMPASS will not provide the specific details your notice will provide. You may wait until your notice arrives for more details. If you read your notice and still have questions, you may contact the Customer Service Center at 1-877-305-8930 (or 1-215-560-7226 if you live in Philadelphia).

### **Q. Can a temporary alien or an undocumented alien apply for benefits and receive an automatic eligibility determination?**

A. No. Applications containing any non-citizen require additional information and will be sent to a local County Assistance Office for processing.

### **Q. I was in the process of completing my application and the system timed out. Will I still be able to receive an automatic eligibility determination?**

A. Yes, your application will be automatically saved. It will be posted in your 'My COMPASS Account' where you can access your application to make changes and continue the process.

### **Q. If I'm already receiving benefits and want to apply for Medical Assistance, will the automatic eligibility determination provide a faster way to receive Medical Assistance?**

A. No. If you are already receiving benefits, your application will be sent to a CAO for processing in order to add

## Automatic Eligibility Determination

additional benefits.

### **Q. Is there a limit to how many benefits I can apply for with this new automatic eligibility determination?**

A. No, there is no limit; however, the system is currently designed to only provide a possible immediate decision for health care (Medical Assistance and CHIP).

### **Q. I was unable to prove my identity in COMPASS when I submitted my application. Am I still eligible for an automatic eligibility determination?**

A. No, your application will go to a County Assistance Office for processing.

### **Q. I am determined eligible on the submission screen in COMPASS. How do I know what level of benefits I will receive?**

A. You will receive an Eligibility Notice in the mail with detailed information about your benefit package.

### **Q. If I save an application to return at a later date, will I be eligible to receive an automatic eligibility determination?**

A. Yes, your application may still be eligible for an automatic eligibility determination if you complete the process and submit your application. If further questions need to be answered, it will be routed to the County Assistance Office for processing.

## FFM Automatic Eligibility Determination

### **Q. If I apply online from the Health Insurance Marketplace (also known as the FFM), can I still receive an automatic eligibility determination?**

A. Yes, it doesn't matter if you apply through COMPASS or through the Health Insurance Marketplace; your application will be reviewed online for a possible automatic eligibility determination for health care (Medical Assistance and CHIP).

## FFM Automatic Eligibility Determination

### Q. What is the fastest way for me to get an answer if I apply for health care (Medical Assistance and CHIP)?

A. You may either apply through COMPASS at [www.compass.state.pa.us](http://www.compass.state.pa.us) or visit the federal website at [www.healthcare.gov](http://www.healthcare.gov) for online eligibility.

## Enrollment

### Q. I don't have any health insurance. What is my first step?

A. Your first step is to complete an application. Your options for completing an application are online through the Commonwealth of Pennsylvania Access to Social Services (COMPASS) at [www.compass.state.pa.us](http://www.compass.state.pa.us), in person at your local County Assistance Office (CAO), by mail, or by telephone. If you use the COMPASS website and you need to be referred to the Federally-Facilitated Exchange (FFE), COMPASS will directly refer you to the FFE.

### Q. What do I do if I'm currently without health insurance and need to see a doctor?

A. Community health centers may be available in your area that may provide free or low-cost health and dental care. If you do not have coverage, please apply online through Commonwealth of Pennsylvania Access to Social Services (COMPASS) at [www.compass.state.pa.us](http://www.compass.state.pa.us). You might qualify for Medical Assistance (MA) or coverage available at through the Federally-Facilitated Exchange (FFE).

### Q. What is a Flexible Spending Account (FSA)?

A. FSAs are employer sponsored accounts whose funds can be used to reimburse participants for qualified medical expenses. Contact your employer for additional information.

### Q. What is the penalty fee if my children don't have health insurance in 2014?

## Enrollment

A. The fee for uninsured children is \$47.50 per child. The most a family would have to pay is \$285. If your kids are uninsured, please apply online through Commonwealth of Pennsylvania Access to Social Services (COMPASS) at [www.compass.state.pa.us](http://www.compass.state.pa.us). Your children may be eligible for Medical Assistance or low-cost coverage through CHIP.

### **Q. Am I able to keep my Triple Option Benefit Plan (TRICARE) for military families or do I need coverage under ACA?**

A. ACA does not affect your eligibility for TRICARE or your access to care.

### **Q. I am currently enrolled in the Veterans Affairs (VA) health care program; do I need to enroll in coverage under ACA?**

A. If you are currently enrolled in the VA health care program you do not need to enroll in coverage under the ACA. The health care law does not change your VA benefits or out-of-pocket costs.

### **Q. What do I do if I want to apply for medical insurance but I need Food Stamps or school lunch assistance, too?**

A. You can apply for these benefits at one time through the COMPASS website at [www.compass.state.pa.us](http://www.compass.state.pa.us). You can also request a paper application from your local County Assistance Office (CAO).

### **Q. How can I find out more about what I need to know before open enrollment begins?**

A. There are things you can do to prepare ahead of time for open enrollment. You can sign up for e-mail or text updates through the Federally-Facilitated Exchange (FFE), at [www.healthcare.gov](http://www.healthcare.gov), for important information and reminders about upcoming deadlines. You can also follow the FFE on Twitter@HealthCare.gov or connect to the FFE via Facebook.

### **Q. How do I apply for health insurance through the Federally-Facilitated Exchange (FFE)?**

## Enrollment

- A. Open enrollment for 2014 coverage begins October 1, 2013. You can get ready ahead of time by gathering together your household income, making a list of questions you have before you choose a plan, and visiting [www.healthcare.gov](http://www.healthcare.gov) to learn more. When enrollment begins you can find and submit an application online, over the phone, or by mailing it to the FFE. On October 1, 2013 the website will show a list of in-person help in your area that will be available to you.

### **Q. How can I make sure that I don't have to pay a fee when I sign up for coverage?**

- A. To avoid a fee in 2014, you need insurance that qualifies as "minimum essential coverage." Apply for coverage via [www.compass.state.pa.us](http://www.compass.state.pa.us).

If you are covered by any of the options below in 2014, you are considered covered and won't have to pay a fee:

- Any Federally-Facilitated Exchange (FFE) plan, or individual insurance plan you already have
- Any employer plan including COBRA, with or without grandfathered status, including retiree plans
- Medicare
- Medical Assistance (MA/Medicaid)
- Children's Health Insurance Program (CHIP)
- Veterans Affairs (VA) health program
- Peace Corps Volunteer plans
- Other plans may also qualify; ask your health coverage provider to see if your plan qualifies as minimum essential coverage.

### **Q. What should I do if I am contacted by an individual or company that is offering to help me figure out all the new health insurance information and/or assist me with selecting a plan? What if they also request personal identity information?**

- A. You should never give any personal information such as Social Security Number (SSN), credit card account numbers, or personal health information to anyone who calls and/or emails you and asks for this information. If you suspect someone has attempted to commit fraud, please call 1-800-318-2596.

If you need help applying for health coverage, apply online through COMPASS at [www.compass.state.pa.us](http://www.compass.state.pa.us); COMPASS will walk you through the process step by step. You can also visit [www.healthcare.gov](http://www.healthcare.gov) for upcoming information on help in your area, call your local Career Link or your local County Assistance Office (CAO).

## Enrollment

### **Q. What if I already have insurance through my employer; do I still need to go to the Federally-Facilitated Exchange (FFE)?**

- A. If you currently have insurance through an employer, the health care law does not require you to change plans or switch doctors. However, you may choose instead to buy coverage through the FFE. The plan for which you may qualify will depend in part on whether the health insurance your employer offers meets certain standards for cost and coverage. Your employer should provide you with the information to help determine whether the plan it offers meets those standards. If you choose a plan other than the one offered by your employer, your employer does not have to contribute to your premiums.

## Federally Facilitated Marketplace (FFM) Special Enrollment Period

### **Q. What can I do if I missed the deadline date of March 31, 2014, to apply for healthcare (Obamacare)?**

- A. You may still get health coverage after the deadline if you qualify for a Special Enrollment Period. Go to [Healthcare.gov](http://Healthcare.gov) for additional information.

### **Q. If I don't qualify for Medicaid and missed the open enrollment, is there any other option to obtain coverage?**

- A. Yes. The FFM is offering coverage through a special enrollment period. Access [Healthcare.gov](http://Healthcare.gov) for more information about how to qualify for the special enrollment period.

### **Q. How about if I started enrolling for healthcare but I didn't finish by the deadline? What can I do?**

- A. If you started to apply but didn't complete your application by the deadline, you can visit [Healthcare.gov](http://Healthcare.gov) to find out about the special enrollment period. It gives you information on how you may be eligible for an extension.

### **Q. If I missed the deadline to apply for healthcare at Healthcare.gov is there a limited enrollment period for Medicaid?**

- A. If you missed the deadline, there is no limited enrollment period for Medicaid. You and your family can apply for Medicaid any time during the year. Apply online at [www.COMPASS.state.pa.us](http://www.COMPASS.state.pa.us), go to [www.dpw.state.pa.us](http://www.dpw.state.pa.us) to

## Federally Facilitated Marketplace (FFM) Special Enrollment Period

download a paper application or contact the PA Consumer Service Center at 1-866-550-4355.

### **Q. What if I decide not to get healthcare coverage at all from Healthcare.gov or Medicaid?**

A. It's required by federal law for you to have health care coverage (minimum essential coverage) which can be obtained through sources such as an employer, Healthcare.gov, Medicaid or you may privately purchase coverage on your own. If you don't get at least minimum essential coverage, you must either pay a penalty or have an exemption from paying the penalty. Learn more about the minimum essential coverage and applying for an exemption by going to the Healthcare.gov website.

### **Q. If I need to apply for Medicaid, how do I go about it?**

A. You can apply for Medicaid in several ways: apply online at [www.COMPASS.state.pa.us](http://www.COMPASS.state.pa.us), go to [www.dpw.state.pa.us](http://www.dpw.state.pa.us) to download a paper application or contact the PA Consumer Service Center at 1-866-550-4355.

### **Q. How can I get coverage outside of applying during the special enrollment period or Medicaid?**

A. In some limited cases some insurance companies may sell private health plan outside the FFM that count as minimum essential coverage. These plans should meet all the requirements of the healthcare law. Go to Healthcare.gov for additional information.

### **Q. If I have not enrolled for health insurance for 2014, will I have another opportunity to enroll in 2015?**

A. Yes. If you have not enrolled in 2014 and none of the options offered worked for you, the open enrollment period for 2015 coverage begins on November 15, 2014.

### **Q. When does the special enrollment period end?**

A. There is no end date for the special enrollment period. The special enrollment period continues until the next open enrollment begins on November 15, 2014.

### **Q. Will I have to pay a penalty if I miss the open enrollment period?**

A. No, you will not have to pay a penalty if you miss the open enrollment period. But, you will have to pay a penalty if you don't enroll in an insurance plan that is considered (minimum essential coverage) in 2014. Access Healthcare.gov for more information about the penalty and minimum essential coverage.

## Federally Facilitated Marketplace (FFM) Special Enrollment Period

### Q. Can I still get subsidies if I missed the open enrollment period deadline?

A. If you missed the open enrollment period and you do not qualify for a Special Enrollment Period, the subsidies (Premium Tax Credit) will not be offered. If you complete the enrollment process through the special enrollment period, you may still qualify for subsidies (Premium Tax Credit). Access [Healthcare.gov](http://Healthcare.gov) for additional information regarding subsidies and the special enrollment period.

## Coverage

### Q. What is a copayment (co-pay)?

A. A copayment (co-pay) is a flat fee you pay each time you see a doctor or receive other medical services.

### Q. What is a deductible?

A. A deductible is a yearly amount you pay for care before the insurance company starts to pay its share.

### Q. What is coinsurance?

A. Coinsurance is similar to co-pay, except it's a percentage of costs you pay once you have met your deductible.

### Q. What do I do if my doctor doesn't accept my Medical Assistance (MA) insurance/Federally-Facilitated Exchange (FFE) insurance?

A. In order for the doctor's visit to be covered by your insurer, you must see a doctor within your designated network. Check with your doctor before purchasing coverage to find out what coverage they accept. If your doctor is not in the network under your coverage you may be required to pay the full cost of care.

### Q. How do I get a list of providers that accept my Medical Assistance (MA) insurance/ Federally-Facilitated Exchange (FFE) insurance?

## Coverage

A. Your healthcare insurance company will provide you with a list of doctors that accept your coverage. You can also call your doctor's office to request this information.

**Q. How much will a hospital stay cost me with my Medical Assistance (MA)/ Federally-Facilitated Exchange (FFE) insurance plan?**

A. Your health insurance company will explain your Copayments (co-pays).

**Q. Is an Emergency Room visit covered under my Medical Assistance (MA) insurance plan/ Federally-Facilitated Exchange (FFE) insurance plan?**

A. No hospital can turn you away in an emergency; contact your health insurance provider to explain your coverage.

**Q. What is my out-of-pocket maximum for the Federally-Facilitated Exchange (FFE) insurance plan?**

A. That is the maximum amount you need to pay each year before your health insurance plan pays 100% of your bill. To find out about your out-of-pocket maximum, please contact your health insurance company.

**Q. Is my FFE insurance a Health Maintenance Organization (HMO)? Is it Preferred Provider Organization (PPO)? Is it a Point-of-Service (POS) plan? Is it a high deductible plan? Is it a catastrophic health Insurance plan?**

A. Contact your health care insurer and they will provide you with the information you need.

**Q. I don't know what coverage I currently have, what do I do?**

A. Contact your health care insurer and they will provide you with a summary of your health plan benefits.

**Q. What is Cost-Sharing Reduction?**

## Coverage

A. Cost Sharing Reduction (CSR) is a discount that lowers the amount you have to pay out-of-pocket for deductibles, coinsurance, and copayments. Please visit [www.healthcare.gov](http://www.healthcare.gov) for additional information.

### Q. If I have a pre-existing condition, will I be able to get coverage?

A. Under the new law, health insurance plans cannot refuse to cover you or charge you more just because you have a pre-existing health condition.

### Q. If I get my insurance through the Federally-Facilitated Exchange (FFE), are there services the insurance must cover?

A. Yes, essential health care services required to be covered include:

- Ambulatory services, such as doctor or clinic visits
- Emergency services
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Laboratory services
- Preventative and wellness services, i.e. tests and blood work.
- Pediatric and children's services, including oral and vision
- Mental health and substance abuse disorders
- Rehabilitative services

### Q. How do I know if my insurance is "grandfathered" into ACA?

A. If your health insurance existed before March 23, 2010, your plan may be "grandfathered". Check with your insurance company or employer to find out whether your plan is grandfathered.

### Q. Will the ACA change my Medicare coverage?

A. No, your existing Medicare coverage will not be reduced or taken away. For questions about Medicare please visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE.

## Coverage

### Q. What is preventive care?

A. Preventive care refers to measures taken to prevent diseases or injuries. A full list of preventative services is available at [www.healthcare.gov](http://www.healthcare.gov).

### Q. I am having problems with my current insurance, what do I do?

A. Contact your insurer's customer service department. The contact information can be found in your health insurance plan's summary of benefits and coverage or on the back of your insurance card.

### Q. What is Medicaid?

A. Medicaid, also known as Medical Assistance and MA, is a state-run program that provides health coverage for qualified individuals, families, children, the elderly, and people with disabilities.

### Q. What is COBRA?

A. COBRA, also known as the Consolidated Omnibus Budget Reconciliation Act, is a federal law that lets you and your family keep your employee health insurance for a limited time (usually 18 months) after your employment ends or you otherwise lose coverage.

### Q. What is a Qualified Health Plan (QHP)?

A. Under ACA, starting in 2014, a QHP is a certified health insurance plan approved to be sold through the Federally-Facilitated Exchange (FFE). QHPs provide essential health benefits (EHBs), follow established limits on cost-sharing (like deductibles, co-pays, and out-of-pocket maximum amounts), and meet other requirements.

### Q. If I have Medicare will the health care act affect me in any way? Will it help me save money on prescriptions?

## Coverage

- A. If you have Medicare, the health care law can help you save money on drugs. If you're in the prescription drug "donut hole" you will save on Part D-covered brand name prescription drugs and on generic drugs. Visit [www.healthcare.gov](http://www.healthcare.gov) to sign up for email updates.

### Q. How will I know which health insurance plan is best for me?

- A. The ACA requires health insurance companies to provide you with a summary of your health plan's benefits and coverage. All health plans must provide you with certain information for you to make comparisons.

### Q. I currently have Medical Assistance (MA); does the ACA change my coverage?

- A. No, if you currently have MA the ACA will not affect your level of coverage.

In rare instances and depending on your circumstances, MA coverage may change when the Modified Adjusted Gross Income (MAGI) rules are applied.

### Q. Do I currently have Copayments (co-pays)?

- A. Your insurance company is the best source of information regarding copayments (co-pays), coverage, deductibles, network members and other provider specific information. The number for your insurance company should be on the back of your insurance card.

### Q. Is there a list of doctors that accept Medical Assistance (MA)/Federally-Facilitated Exchange (FFE) insurance coverage?

- A. Contact your insurance company to get a list of doctors that accept your insurance plan.

### Q. Is being on Medical Assistance (MA) considered Welfare?

## Coverage

- A. You can get low-cost individual and family health insurance through government programs. CHIP (Children’s Health Insurance Program) covers uninsured children and teens up to age 19 in Pennsylvania. Medical Assistance (also called MA and/or Medicaid) covers low-income adults and their families. If you’re a Veteran, you and your dependents may be eligible for benefits through TRICARE or the Veterans Administration (VA). Not all government-sponsored insurance is considered welfare.

Insurance plans offered through the Federally-Facilitated Exchange (FFE) are provided by private insurance companies and are not considered welfare.

### Q. What medical services am I eligible for?

- A. Your insurance provider is the best source of information regarding copayments (co-pays), coverage, deductibles, network members and other provider specific information. The telephone number should be on the back of your insurance card.

### Q. What does my Medical Assistance /FFE insurance plan cover?

- A. Your insurance company or agent is the best source of information regarding copayments (co-pays), coverage, deductibles, network members and other provider specific information. The telephone number should be on the back of your insurance card.

### Q. Do I have vision and dental with my Medical Assistance/ FFE insurance plan?

- A. Contact your health insurance company using the number on the back of your insurance card. They can tell you what your coverage includes.

## Federally Facilitated Exchange (FFE/Exchange)

### Q. What is the Federally-Facilitated Exchange (FFE/ Exchange)?

- A. The Federally Facilitated Exchange (FFE/ Exchange), also commonly referred to as the Federally Facilitated Marketplace (FFM/ Marketplace) or the Health Insurance Marketplace, is an online

## Federally Facilitated Exchange (FFE/Exchange)

option to buy health insurance for both individuals and small businesses that provide insurance for their employees. Through the Exchange, individuals and small businesses can compare health plans, get answers to questions, determine eligibility for lower out-of-pocket costs and enroll in health plans. For more information, visit [www.healthcare.gov](http://www.healthcare.gov) or call the Federal government hotline at 1-800-318-2596.

### Q. Who can use and browse the Federally Facilitated Exchange (FFE/Exchange)?

A. Anyone can use and browse the Exchange to compare benefits, search for Qualified Health Plans (QHP) and compare plan prices.

### Q. Will I have to pay to use the Federally Facilitated Exchange (FFE/Exchange)?

A. No, there is no cost to compare plans or to apply for benefits. If you choose to select a plan, individual plans will vary in costs. You can compare and choose the coverage that best meets you and your family's needs.

### Q. How do I find the Federally Facilitated Exchange (FFE/Exchange)?

A. The FFE offers different types of health insurance plans to meet different needs. Beginning October 1, 2013, many resources became available to help you choose the plan that's right for you and your family. You can locate these resources by visiting the federal website [www.healthcare.gov](http://www.healthcare.gov).

### Q. How does the Federally Facilitated Exchange (FFE/Exchange) work?

A. When you use the FFE, you will fill out an application and find out if you can get lower costs on your monthly premiums for private insurance plans. You'll find out if you qualify for lower out-of-pocket costs. The Exchange will also tell you if you qualify for free or low-cost coverage available through Pennsylvania's Medical Assistance or the Children's Health Insurance Program (CHIP).

### Q. What if I try to get health insurance from the Federally Facilitated Exchange (FFE/Exchange) but I get denied because I'm too old or have too many health problems?

A. When you buy health insurance through the FFE you cannot be denied coverage based on your age, gender, or health status, even if you have a pre-existing condition. You can apply for health

## Federally Facilitated Exchange (FFE/Exchange)

insurance through the FFE during the designated open enrollment period which began October 1, 2013 and will continue through March 31, 2014.

### **Q. Do you have to be a U.S. citizen to have health insurance through the Federally Facilitated Exchange (FFE/ Exchange)?**

A. To be eligible to purchase and be covered by health insurance through the FFE you must be a U.S. citizen or a legal resident. If you are not a citizen, you must be a legal resident in the U.S. for the entire time you plan to be covered by health insurance.

### **Q. What if I start an application through the Federally Facilitated Exchange (FFE/ Exchange) but I have to stop part way through? Can I save it in the website?**

A. Yes, the application keeps track of where you are and guides you through to the end, but if you have to stop your application and come back later, the FFE lets you re-start where you left off.

### **Q. How is my completed application being transferred from HealthCare.gov (the FFE/ Exchange) to the Commonwealth?**

A. The applications submitted through HealthCare.gov (FFE/ Exchange) will be transferred to the Commonwealth electronically.

### **Q. If I applied for insurance through the Federally Facilitated Exchange (FFE/ Exchange) and I qualify for Medical Assistance, when will my application be transferred to the Commonwealth?**

A. Due to technical issues encountered through the federal website, HealthCare.gov, the transfers of applications from the Exchange to the Commonwealth have been delayed. The anticipated timeline for applications to begin being transferred from the FFE to the Commonwealth is now February 2014. DPW encourages any Pennsylvanian who believes he/she may qualify for Medicaid coverage to contact DPW directly to apply at 1-866-550-4355.

### **Q. If I've applied for Medical Assistance at the state and I'm determined ineligible, when will my application be transferred from the Commonwealth to the Federally Facilitated Exchange (FFE/**

## Federally Facilitated Exchange (FFE/Exchange)

**Exchange) for consideration?**

A. If you applied through the Commonwealth for Medicaid or CHIP and were found ineligible, you were notified by the commonwealth that your application was referred to the FFE/Exchange for health insurance. If you haven't already, you will be contacted by the FFE/Exchange, also referred to as the Health Insurance Marketplace, with more information and next steps.

**Q. When the Commonwealth receives my application from the Federally Facilitated Exchange (FFE/Exchange), will I be notified by the Commonwealth that my application was received?**

A. Yes. The Commonwealth is responsible for providing a decision response for all incoming applications.

**Q. I applied for health insurance through the FFE and I haven't received my insurance cards or any information regarding when my coverage will be effective. What should I do?**

A. Contact the insurance carrier that is listed on your eligibility notice for assistance.

**Q. I applied through the FFE for health insurance. Why am I receiving a notice from the Department of Public Welfare about medical assistance?**

A. The FFE is an exchange through which a citizen may apply for health insurance. Once the FFE determines that you are eligible for health insurance through Pennsylvania's Medicaid or CHIP program, DPW will receive your application from the FFE once they send it and will complete the process. Then, an eligibility notice is sent to the applicant from DPW providing your health insurance information. For additional information, contact the DPW Helpline at 1-800-842-2020.

**Q. It's been publicized that CMS has transferred applications to the states for individuals that applied for health insurance through the FFE and I haven't heard anything from the Department of Welfare (DPW). When will I receive information from DPW about my insurance?**

A. You may contact the PA Consumer Service Center at 1-866-550-4355 to inquire about the status of

## Federally Facilitated Exchange (FFE/Exchange)

your application.

**Q. If I haven't applied for health insurance through the FFE or DPW by December 24, 2013, is it too late for me to enroll now?**

A. No, it's not too late. In order to receive coverage beginning January 1, 2014, it would have been necessary to apply by December 24, 2013. However, you may want to contact the Federal Government hotline at 1-800-318-2596 to explore your options.

**Q. I didn't hear anything about having to enroll for health insurance before December 24, 2013, where do I have to enroll at the FFE or DPW?**

A. It was not a requirement to apply or enroll for health insurance before December 24, 2013; it was only a requirement if you wanted to sign up for coverage beginning January 1, 2014. You may apply for 2014 health plans until March 31, 2014.

If you wish to apply for private coverage, you should apply at [HealthCare.gov](http://HealthCare.gov), or call a private insurance company directly to enroll (tax subsidies may not be available if you enroll directly through a private company). If you believe you may qualify for Medicaid or CHIP coverage, contact the PA Consumer Service Center to apply at 1-866-550-4355.

**Q. I just lost my health insurance through my employer. Should I apply for health insurance through the FFE or the Commonwealth?**

A. If you believe you may qualify for Medicaid or CHIP coverage, contact the PA Consumer Service Center to apply at 1-866-550-4355. If you wish to apply for private coverage, you should apply at [HealthCare.gov](http://HealthCare.gov), or call a private insurance company directly to enroll (tax subsidies may not be available if you enroll directly through a private company).

**Q. I received two notices, one from the FFE and the other from DPW, and I'm unable to understand them. I don't know what to do next if anything. Can someone at the County Assistance Office (CAO) help me to interpret these notices so I can ensure I'm going to receive health insurance by January 1, 2014?**

## Federally Facilitated Exchange (FFE/Exchange)

A. You may contact your local County Assistance Office or the DPW Helpline at 1-800-842-2020 if you have questions pertaining to a notice you've received from DPW. If you have questions regarding a notice that's been received by the FFE/ Health Insurance Marketplace, contact the Federal Government hotline at 1-800-318-2596 to discuss with one of their representatives.

**Q. I attempted to apply for health insurance by calling the FFE Health Insurance Marketplace 24 hour service line and was unable to get through to speak to someone. I'm approaching the deadline to apply. Who can help me to apply for health insurance?**

A. You may try your call again or apply through the federal website [www.Healthcare.gov](http://www.Healthcare.gov). If you think you may be eligible for Medicaid coverage, DPW encourages you to contact the PA Consumer Service Center at 1-866-550-4355 and apply.

**Q. I attempted to complete an online application for health insurance through Healthcare.gov website and I was unable to complete an application. Can the Commonwealth help me to complete an application?**

A. For assistance with completing an application, contact the PA Consumer Service Center at 1-866-550-4355. If you are found ineligible for Medicaid or CHIP benefits, the Commonwealth will electronically transfer your application to the FFE for review and processing.

**Q. Will the coverage through FFM be only for medical coverage and not prescriptions?**

A. No; minimal essential coverage is required with the Affordable Care Act. Each health plan will provide a summary of benefits.

**Q. If an applicant applies for Medicaid and is rejected for excess income will they find out that they have been referred to the FFM?**

A. Yes, a client will receive a notice letting them know that they were referred to the FFM.

## Federally Facilitated Exchange (FFE/Exchange)

**Q. If a customer wishes to speak with an FFM representative, either by phone or in person, what FFM telephone number can we provide and to where can we re-direct the customer to meet face-to-face with an FFM representative?**

A. Redirect the customer to the Healthcare.gov website, or the FFM telephone number 1- 800-318-2596. There is also a link to the FFM website on COMPASS.

**Q. For FFM applications, is it possible that they might get sent back to the FFM again, if they're rejected at DPW?**

A. Yes, it is possible for a rejected application to be referred back to the FFM again if it is rejected at DPW.

**Q. If the customer is determined not eligible, will they get a notice?**

A. Yes, the customer will receive a notice.

**Q. With the other benefits I received, I must renew. Will this apply to my Obamacare?**

A. Yes, if you were determined eligible at the CAO.

**Q. If a customer has private insurance can they still apply for health care at the FFM?**

A. Yes, they can apply; but, the customer should check with their health care carrier for their current level of coverage.

**Q. If I apply for health care, do I need to submit my pay stubs?**

A. Yes, you will need to provide **COPIES** of your pay stubs whether you applied with DPW or the FFM.

## Federally Facilitated Exchange (FFE/Exchange)

(Please do not submit your original pay stubs.)

**Q. My neighbor applied at the FFM and got referred to Welfare. Can this happen to me?**

A. Yes, it is possible for your FFM application to be referred to the Department of Public Welfare if you do not qualify at the FFM.

## Referrals

**Q. Am I eligible for Medicare?**

A. Medicare is a federal government program that provides medical insurance for senior citizens age 65 or older, or individuals under age 65 with certain disabilities. If you have other questions it would be best to contact Medicare at 1-800-MEDICARE or visit [www.medicare.gov](http://www.medicare.gov).

**Q. What is the Children's Health Insurance Program (CHIP)?**

A. CHIP provides health coverage for uninsured children under age 19 in households that do not qualify for Medicaid.

## Medicaid Expansion

**Q. What does the term expansion mean?**

## Medicaid Expansion

A. Expansion refers to the inclusion of new populations who are eligible to receive health care services covered by Medicaid. The ACA mandates Medicaid coverage of health care services for the following populations:

- Foster Care Children up to the Age of 26
- Children ages 6-19 up to 133% of the Federal Poverty Level (FPL). 133% FPL for a family of four (4) is approximately \$31,322.

States have the option to provide Medicaid coverage to individuals age 19-64 with income up to 133% FPL. This optional group is sometimes called the “expansion” group.

### Q. Will Pennsylvania be expanding?

A. No. Governor Corbett’s has proposed the *Healthy Pennsylvania* plan to increase access to affordable, quality health care. Pennsylvania’s Medicaid program is unique compared to other state Medicaid programs. As it stands now, the federal government’s one-size-fits-all proposal would not be a sustainable option for Pennsylvania.

Governor Corbett’s vision for achieving a healthier Pennsylvania is built on the following three core objectives:

- Reform Medicaid
- Increase Access
- Stabilize Financing

For more information on Healthy Pennsylvania, please check the [Healthy Pennsylvania website](#).

### Q. I am currently on Medical Assistance (MA). Will I be able to receive more benefits if Pennsylvania expands its MA program?

A. No. If Pennsylvania chooses to expand coverage to individuals age 19-64 with income below 133% FPL, they may be eligible to receive essential health benefits through the Medical Assistance (MA) program or the Exchange.

- The essential health benefits will align with commercial insurance carriers.
- The federal government has stated that they will provide funding for the initial years of the program; however, the federal funding will decrease and place Pennsylvania at greater financial risk to sustain the current MA program.

## Medicaid Expansion

### **Q. Who decides whether or not Pennsylvania will expand our current Medical Assistance (MA) program?**

A. The decision to expand resides with the Governor and Legislators of Pennsylvania.

- Several bipartisan groups are working towards legislation for Medicaid expansion in Pennsylvania that provides a sustainable system for the Commonwealth.
- Additionally, Governor Corbett continues to work with the U.S. Department of Health & Human Services (HHS) regarding possible modernization efforts in PA's current Medicaid program to provide additional options to increase access to affordable health care coverage.