



Navigating Changes to Medicaid and Family Planning Programs

TUESDAY, JUNE 17TH 1-2PM



HFS

Illinois Department of
Healthcare and Family Services



GetCoveredIllinois.gov
The Official Health Marketplace

ican!



Learning Objectives



Understand impact of potential changes to Medicaid on people of reproductive age in Illinois.



Maximize available coverage programs for people of reproductive age in Illinois.



Apply tools and resources to strengthen coverage and enrollment in Illinois coverage programs.

A changing Medicaid landscape

Definitive Changes in Medical Programs

- The Health Benefits for Immigrant Adults (HBIA, ages 42-64) program has a **last date of medical coverage through this program of June 30, 2025.**
- A small group of individuals (150-200) who now have documented noncitizen status may be eligible for coverage through the Affordable Care Act (ACA) Health Insurance Marketplace and received a follow up letter with additional information about Marketplace coverage.
- Health Benefits for Immigrant Seniors (HBIS - ages 65+, new applications currently paused) program will continue, and individuals in HBIA turning 65 before July 1 will transition to HBIS.
- HBIS customer benefits will not change. Individuals meeting the 5-year bar prior to July 1st will also transition.

Proposed Federal Changes/Cuts to Medicaid

- ACA expansion adults could be required to complete at least 80 hours per month of work, education, or service under new "community engagement requirements".
- The same group of ACA adults would need to verify eligibility twice a year instead of annually and may face a significant administrative burden to prove their eligibility.
- The federal share of cost for the ACA group, called the Federal Medical Assistance Percentage (FMAP) may be reduced for ACA expansion group.
 - Would require a larger state budget for Medicaid
 - Could cause Illinois to pull out of expansion coverage altogether
 - Could result in loss of coverage for a high number of individuals.
- It is important to note, these are PROPOSED changes, the Bill is with the Senate now and they are expected to make changes before passage.

Anticipated impact in Illinois

If the Federal Bill forces reductions to Medicaid, this could lead to a larger uninsured population.

All changes have a trickle-down effect:

- Hospitals would face a larger burden as use of the ER for healthcare would increase
- FQHC uninsured burden would increase
- Medicaid programs that do not require immigration qualifications would grow, e.g. Emergency Medical and FPPE

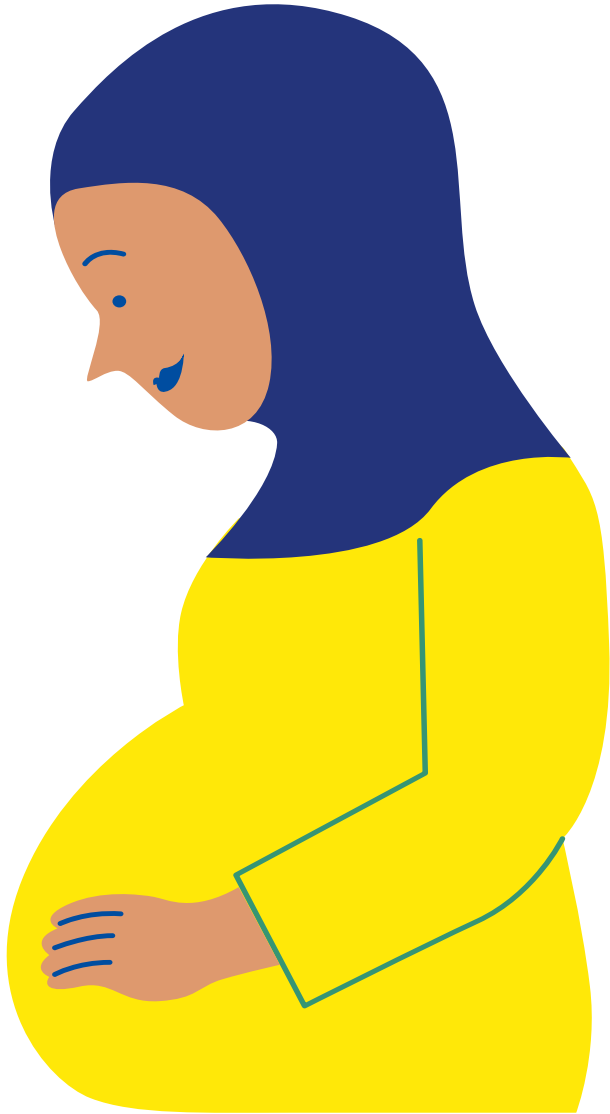
Amid threats to Medicaid, we must maximize available resources to *ensure every eligible Illinoisan is covered.*

ACA for Adults

- **Health insurance program available to individuals and families with low income** with pre-tax household income <138% FPL and a qualifying immigration status.
- **Covers a wide range of services** including primary and preventive care (all birth control methods), behavioral health, dental, inpatient and outpatient hospital visits, labs, medications, and more.
- **~85% of people enrolled in Medicaid are enrolled in one of Illinois five Medicaid Managed Care Organizations (MCOs):** Aetna Better Health, Blue Cross Community Health, CountyCare, Meridian, Molina.



Moms and Babies Medicaid



- Anyone in Illinois who is pregnant, regardless of immigration status or pregnancy outcome (birth, miscarriage, or termination) with a HOUSEHOLD income of <213% FPL can enroll.
- Individuals in the program are counted as a household of two (+) (pregnant person + baby/fetus).
- Full scope benefits program (medical, dental, behavioral, hospital, labs, medications, etc).

Family Planning Medicaid aka Family Planning Program (FPP)

- Open to individuals of any age or gender who earn <213% FPL counted as a household of two (\$3,754/month).
- To qualify you must live in Illinois, not be pregnant, and not already have Medicaid.
- Covers a wide range of primary and preventive care services including family planning and preconception care.
- Patients can use coverage at any Illinois provider (clinic, hospital, pharmacy, lab) that accepts Medicaid.





Covered services include:

- Annual check-up.
- HIV testing, PEP, and PrEP for HIV prevention.
- STI testing and treatment.
- HPV, hepatitis, mpox, and COVID vaccines.
- All FDA-approved birth control methods- including tubal and vasectomy.
- Emergency contraception.
- Preconception care.
- Mammograms and BRCA testing.
- Paps and treatment for abnormal paps.
- Treatment for genital & urinary infection.
- Basic infertility counseling.

Presumptive Eligibility Programs

Program	Benefits	Enrollment	Duration	Payor	Eligibility	Income FPL
Medical Presumptive Eligibility (MPE)	Full outpatient coverage	Via approved MPE provider for immediate enrollment	31-60 days	HFS fee-for-service (MCO assigned once approved for M&B)	Any age Pregnant people or within 90 days of end of pregnancy Any immigration status	213% <u>household</u>
Family Planning Presumptive Eligibility (FPPE)	Family planning and related services	Via approved FPPE provider for immediate enrollment.	31-60 days	HFS fee-for-service	Any age Any gender Not currently pregnant Any immigration status	213% <u>individual</u> counted as household of two

- Both applications are completed via a self-attestation with a registered MPE/FPPE provider.
- Does not require documentation of income, residency, or citizenship.
- Will not receive an insurance card/notice in the mail from either program.
- Coverage is effective immediately, can apply 2xs/CY

The Medicaid Family Planning Program and Title X (IFPP)

- IFPP grants can cover operational expenses, staffing, and outreach. IFPP can serve those who come from border states and people w/o documentation needing more care than 2xs/year.
- Medicaid FPP/FPPE and IFPP can be braided together to ensure all communities can access high quality, affordable family planning care.
 1. Expand provision of no-cost family planning services.
 2. Maximize resources to serve the truly uninsured.
 3. Increase the number of patients eligible for no-cost care.



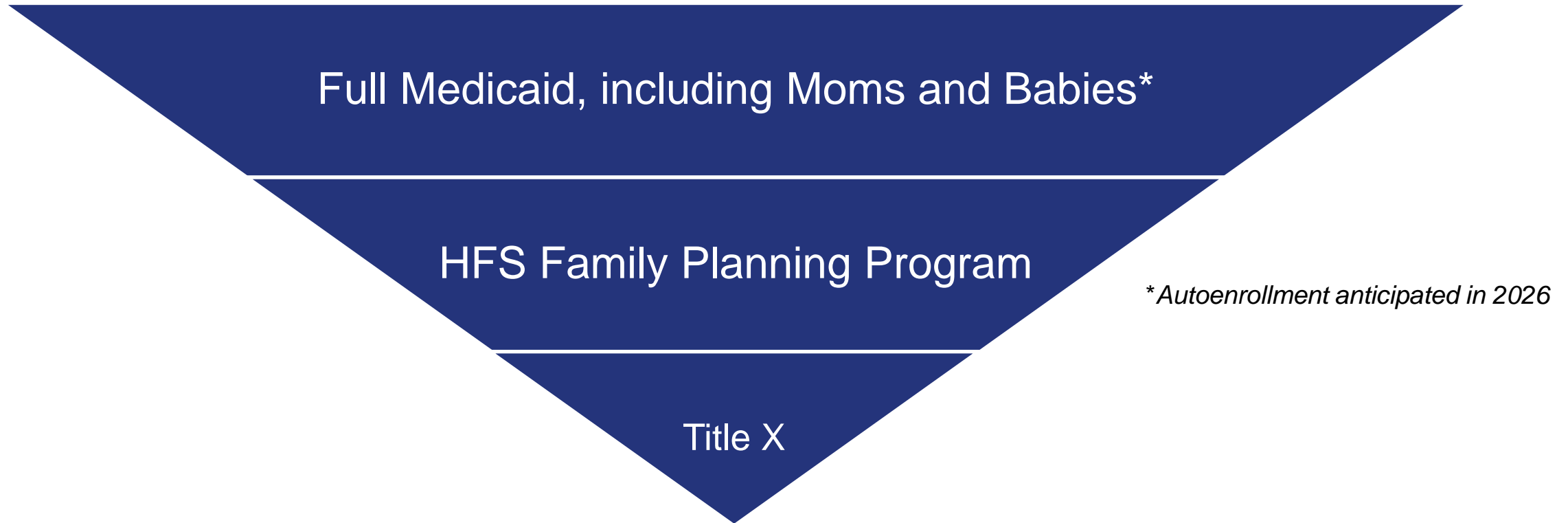
To maximize state dollars and ensure TX compliance as payor of last resort:

1. Assess patients for eligibility for all Medicaid programs, *including HFS FPP and FPPE*. Invite eligible patients to enroll in Medicaid programs.
2. For patients who do not qualify for Medicaid programs or don't have third-party insurance, use IFPP dollars to provide reproductive care at no cost (<100% FPL) or a reduced cost (100-250% FPL).
3. All other eligible patients should be placed on your regular health center sliding fee scale.

Additional reminders on the HFS FPP/FPPE:

- Open to all people regardless of pregnancy intention or capability to get someone pregnant - any age, any gender/sexual orientation.

Cascade of Coverage or Hierarchy of Programs



Title 10 is not at the bottom because the quality of the program is less, but rather because it has limited funds, so should be considered when the customer does not qualify for first two no-fee programs.

HFS Application Agents (HFSAAs)

- Help families to apply for medical benefits including All Kids, FamilyCare, and Moms and Babies
- HFSAAs are community-based, including faith-based organizations, day care centers, local governments, unions, medical providers & licensed insurance agents.
- An Application Agent Agreement with HFS allows agency staff to provide technical assistance in completing online and paper application and redetermination forms for individuals or families interested in receiving health, SNAP or TANF benefits.

[Search for HFS Application Agents](#)

[Become an HFS Application Agent](#)

GetCoveredIllinois

Marketplace = Health Insurance

The Affordable Care Act (ACA) provides for affordable health insurance coverage through:

- **The Health Insurance Marketplace or Get Covered Illinois (GCI)**
- Private insurance – with financial assistance to help pay premiums if you qualify

Who Can Get Covered through the Marketplace? You can enroll if:

- You live in the United States
- You are a U.S. citizen or national
- You are not incarcerated
- You do not have health insurance through an employer, Medicare, Medicaid, or other source that provides qualifying health coverage

Get Covered Illinois – Health Insurance Marketplace

Marketplace:	Essential Health Benefits:
<ul style="list-style-type: none">• Establishes 10 Essential Health Benefit categories• Provides coverage for people with pre-existing conditions• Eliminates annual and lifetime dollar limits• Caps maximum out-of-pocket costs	<ol style="list-style-type: none">1. Ambulatory care2. Emergency services3. Hospitalization4. Maternity and newborn care5. Mental health and substance use disorder services6. Prescription drugs7. Rehabilitative disease management8. Laboratory services9. Preventive/wellness services and chronic disease management10. Pediatric services, including oral and vision care

Who we are:

- The official health insurance marketplace for Illinois
- The home for high-quality health insurance plans and the only source for financial assistance to reduce the cost of health coverage and care



Who we help:

- Individuals and families without insurance from an employer
- The uninsured--8.4% of individuals under the age of 65 in Illinois are uninsured
- Medicaid / All Kids eligible – **Illinois operates on a “no wrong door” policy**

How we help:

- Customer Assistance Team
- Online self-service
- Direct outreach and education
- In-person/virtual assistance from Get Covered Illinois Certified Assistors and Brokers

Origin of the Exchange

June 27, 2023, Governor JB Pritzker signed [Public Act 103-0103](#) into law authorizing the state to establish a state-based health insurance exchange, allowing residents to shop for and compare insurance plans through Get Covered Illinois.

Goals of the exchange: Set up a state-based exchange to provide increased access, enrollment, affordability, and choice for individuals and families seeking health coverage in Illinois.

Increased Control and Flexibility

- Programs and policies tailored to the needs of Illinoisans
- Local control over marketing and outreach
- Enhanced coordination with other state programs

Improved customer Experience

- Local customer enrollment assistance
- Enhanced user experience
- Stronger stakeholder partnerships

Anticipate Questions

Customers are likely to have questions about the transition from Healthcare.gov to Get Covered Illinois. You can assure patients that their communications **they receive from .GOVs** are real and that with Get Covered Illinois they can:

Anonymously shop

- Compare plans and get a quick quote on the Get Covered Illinois website.

Apply for coverage

- Fill out an application for each family member that needs insurance.

Check financial assistance

- Find out if the customer qualifies for financial assistance.

Shop for a plan

- Filter by insurer, deductible, total out-of-pocket costs, and more.

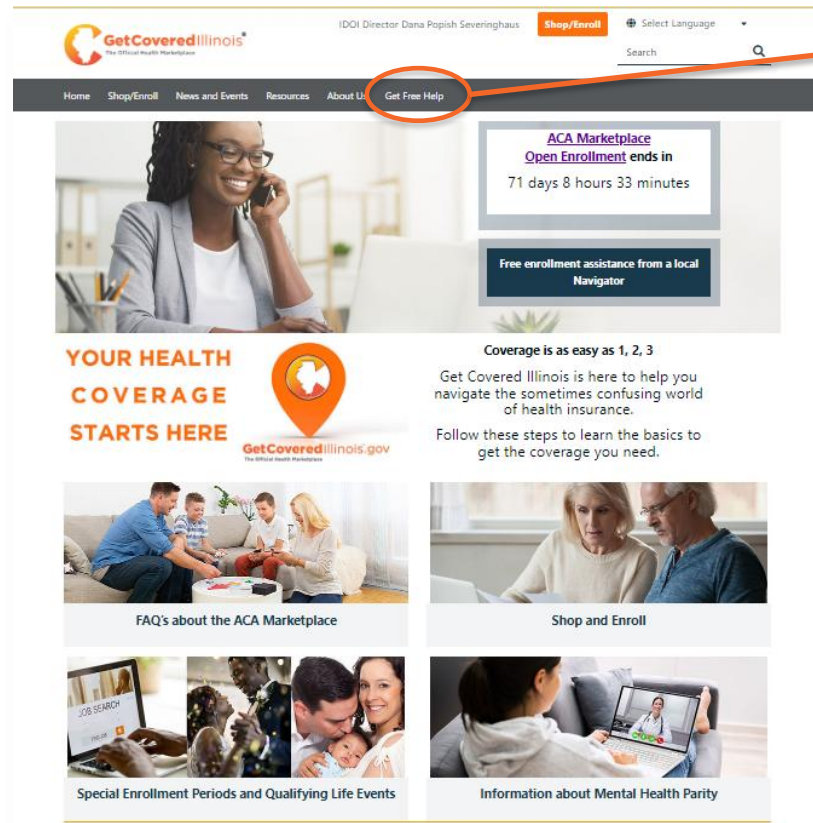
Pay the first month's premium

- Many plans allow the customer to pay online.

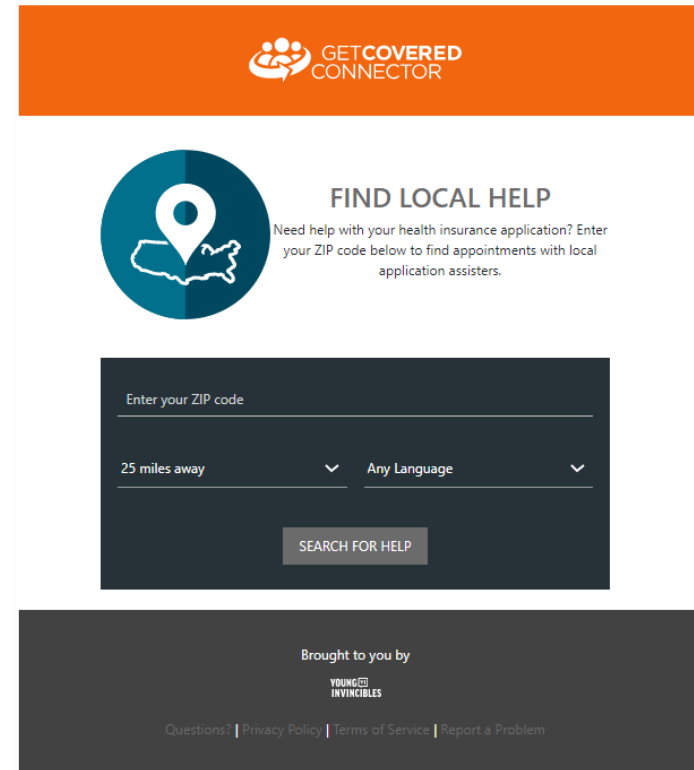
Customer's that currently receive financial assistance through Healthcare.gov may be concerned and may ask if they still qualify. **How can you help?** You can explain that the Get Covered Illinois state-based marketplace will offer a range of **financial assistance** options to help customers afford health insurance coverage.

	Premium Tax Credits	Cost-Sharing Reductions
What they are	Tax credits that directly reduce the customer's monthly health insurance premium	Reductions in the customers out-of-pocket costs, such as deductibles, copayments, and coinsurance
Who qualifies	Individuals and families with incomes between 100% and 400% of the Federal Poverty Level (FPL)	Individuals and families with incomes between 100% and 250% of the FPL
How they work	The amount of the credit is based on the customers income and the cost of the second-lowest-cost Silver plan (SLCSP) in the area. They can choose to apply the credit directly to the monthly premiums or receive it as a lump sum when filing taxes.	Cost-sharing reductions are only available on Silver plans. They lower the out-of-pocket costs by increasing the percentage of healthcare expenses covered by the plan.

Where Do I Find Help to Enroll?



Get Free
Help



[getcovered.illinois.gov/en](https://www.getcoveredillinois.gov/en)

<https://widget.getcoveredamerica.org/get-covered-illinois/>

Next Steps + Additional Resources

Next Steps

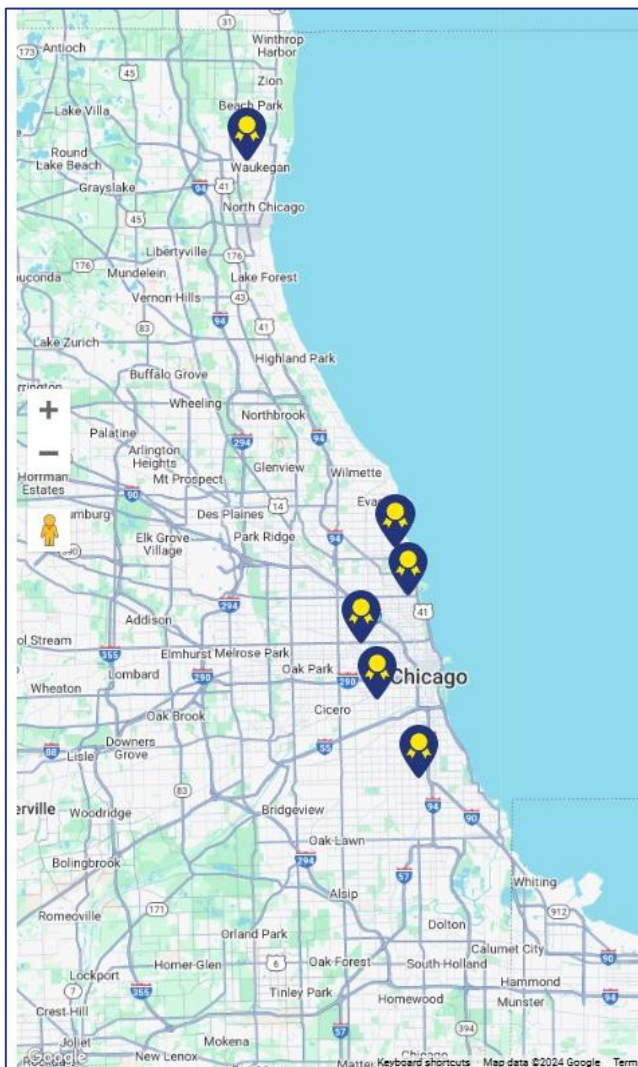
Become a registered HFS Application agent and/or FPPE/MPE provider. If you're not eligible, know where your closest application agents are located!

[Search for HFS Application Agents](#)

[Search for HFS MPE/FPPE Providers](#)

- Stay up to date on changes to state Medicaid by signing up for relevant [Provider Notices](#) from HFS.
- Sign up from [News and Announcements](#) from GetCoveredIllinois.

Additional resources



FPPE Enrollment Guide

Enter the ABE provider portal to begin a new FPPE application. You will be guided through a series of steps to capture patient's eligibility and personal information.

ABE Provider Portal Landing Page

ABE for Partners and Providers

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

Submit Applications

☐ Submit MPE Applications for Pregnant Women
☒ Submit Presumptive Family Planning Applications

Search for Applications

☐ Search for MPE Applications for Pregnant Women
☐ Search for Presumptive Family Planning Applications

Family Planning Presumptive Eligibility Update on... Update on...

Identifying Information

First Name: Middle Initial: Last Name:
Date of Birth: Ex: mm/dd/yyyy
☒ Social Security Number (Optional)
☐ SSN is not known or applicant declined to provide
Language Preference:
Sex (assigned at birth): ☐ Male ☐ Female

Who should enroll in FPPE?
FPPE can provide immediate, temporary coverage to people of all genders, ages, and citizenship status. FPPE should be offered to patients waiting to hear back on an ongoing Medicaid or HFS Family Planning Program application and those who do not qualify for other coverage because of immigration status. FPPE is not only for birth control. It can cover the cost of a visit for primary care when coupled with routine reproductive care like STI testing or screening for contraceptive needs and desires.

COURSE

Immigrant Eligibility for Health Coverage with Focus on the Family Planning Program

View Course

- Access additional HFS FPP/FPPE trainings, resources, patient engagement materials and future webinars at ican4all.org.
- Request training and technical assistance to implement the HFS FPP/FPPE at your health center by emailing info@ican4all.org.
 - Providers – screening and coding
 - Enrollment – maximizing coverage
 - Care coordination – identifying and educating patients on coverage
 - Billing – reviewing denials
- Webinar recording and materials will be posted and circulated next week.

Questions
info@ican4all.org