



Getting and Keeping Affordable Health Insurance

The Basics

September 22, 2015

RHODE ISLAND
HEALTH COVERAGE PROJECT

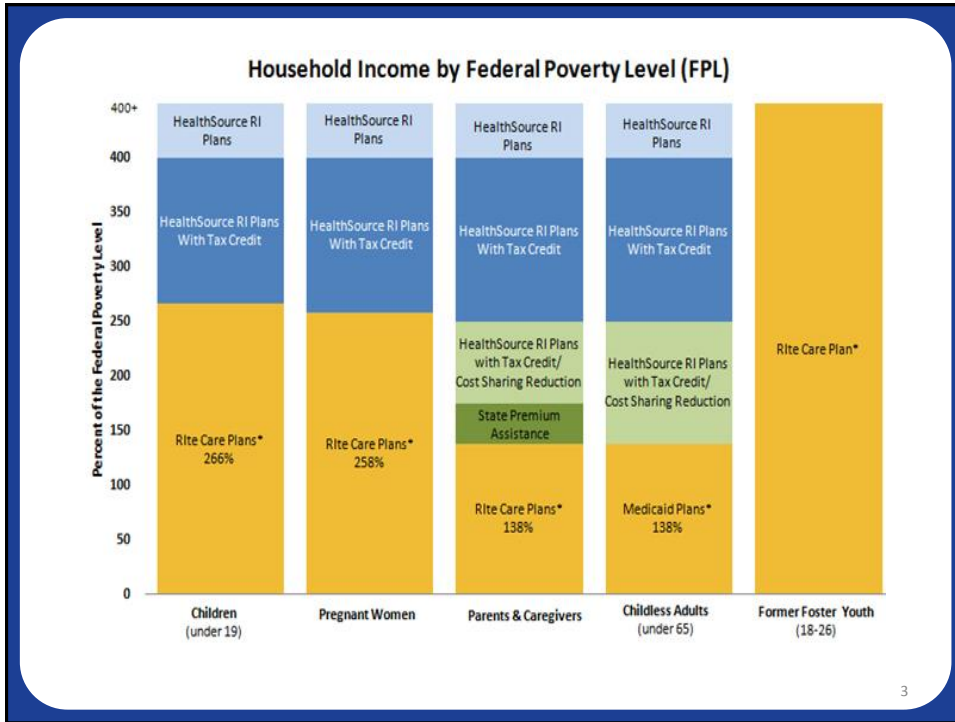
An initiative of The Economic Progress Institute and Rhode Island KIDS COUNT

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Affordable Health Insurance

- Medical Assistance
 - Income within limits for:
 - Pregnant women
 - Children under age 19
 - Parents
 - Adults without children
- } Rite Care
- Rhody Health Partners
- Commercial Coverage – HSRI
 - Tax credits to help pay monthly premium
 - Help with out of pocket costs

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Affordable Coverage Eligibility (monthly income limits)

Family Size	Rite Care Parent & Child	Rite Care Child Only	State Premium Assistance for Parent	HSRI Tax Credit	HSRI Cost Sharing Reduction
2	\$1,832	\$3,531	\$2,323	\$5,310	\$3,319
3	\$2,310	\$4,453	\$2,930	\$6,697	\$4,185
4	\$2,789	\$5,375	\$3,536	\$8,083	\$5,052

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Affordable Coverage Example - Family

Liz works as a dental assistant

- Has 2 children
- Income: \$28,000/year
(\$2,333/mo.)
- Children eligible for Rite Care (no cost)
- Liz is not eligible for Rite Care



Liz buys coverage through HSRI

- Cost of plan = \$203/month
- Federal tax credit = \$121
- Liz pays \$82 to HSRI
- State premium assistance = \$49. (Liz is reimbursed by OHHS)

•Net Cost to Liz: \$33/month

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Affordable Coverage Examples- Single Adults

John (Age 27)

Earns: \$16,200/year

John is eligible for no cost health insurance through Medicaid



Mike earns \$22,000/year. He is not eligible for Medicaid, but can buy coverage through HSRI. The monthly premium is \$203. Mike is eligible for a tax credit of \$97 so he will pay \$106 for comprehensive coverage.

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Immigrant Eligibility Basics

Overview of Immigrant Eligibility for Affordable Health Insurance Must Meet Income and Other Eligibility Requirements

Immigration Category	RtIe Care/Medicaid ¹			HealthSource RI Purchase coverage, premium tax credits and cost-sharing reduction
	Children Under 19	Pregnant Women	Single Adults/Parents	Children, Adults, Pregnant Women
Lawful Permanent Resident ("greencard") ²	Yes	Yes	<ul style="list-style-type: none"> • After 5 yrs in status or • Entered US before 8/22/96 or • Veterans/active duty military and their spouses and unmarried children 	Yes
Refugee, Asylee, Victim of Trafficking, certain victims of violence by a partner, family member or stranger; others ³	Yes	Yes	Yes	Yes
Lawfully present individuals ⁴	Yes	Yes	No	Yes
Undocumented	No	Yes	No	No

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Enrolling in Coverage

- How: Online through HSRI website
- When
 - Medicaid/RtIe Care – any time
 - HSRI Qualified Health Plan
 - During Open Enrollment
- Special Enrollment Period



Visit www.HealthSourceRi.com to learn more about your options.

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Renewal – Keeping Coverage

- **Medicaid/ Rite Care**
 - Rolling: 12 months after enrollment
 - Administrative Renewal – aka “Happy Path”
 - Consumer does not need to do anything if all information is correct.
 - Provide Documentation
 - Consumer needs to provide requested information
- **HSRI – QHP Renewal**
 - During open enrollment period
 - Passive with time for choice

The Notice

Medicaid Recertification Notice

It is time for us to review the Medicaid eligibility for the following household members...

If you do not report any changes, we will evaluate your eligibility based on the most current information available

Medicaid Recertification Notice

Dear Katherine Evergreen:

It is time for us to review the Medicaid eligibility for the following household members.

Name	SSN	Eligibility Effective Date	Recertification Date
Katherine Evergreen	XXX-XX-XXXX	10/01/2014	10/01/2015

If it is important that you receive this notice in order to make sure that the information about your household is all correct, if you have any changes to make, you can do so by doing one of the following:

- Report changes through your online account at www.healthconnect.com or
- Call (855) 712-8158
- Make changes on the attached insert, sign and mail to: EOHHS, H2D MAILROOM, 74 WEST ROAD STE. 100, CHARLESTON, RI 02806-0117.

If you do not report any changes, we will evaluate your eligibility based on the most current information available.

Questions? Call (855) 712-8158 You can call Monday to Saturday, 8 a.m to 9 p.m and Sunday 12 p.m to 6 p.m. Or, go to www.eohhs.ri.gov

Si usted necesita ayuda en español para entender esta información, llame al (855) 712-8158. Se pueden de ayuda em Português para entender estas informações, ligue para (855) 712-8158.


The Notice: Documentation Needed

Medicaid Recertification Notice

It is time for us to review the Medicaid eligibility for the following household members...

If you do not report any changes, we will evaluate your eligibility based on the most current information available.

Some information from your application does not match our records. Please submit the following document(s) to support your application by the date(s) listed below. If you do not provide document(s) by the date(s) listed below, we will use the information we have available to evaluate your eligibility for Medicaid and other health insurance coverage options.

03/01/15 102 WEST ROAD 10000 STATE ST CANTONVILLE 02929 4411		Date: 11/03/2014 Account Number: 02662									
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES/DEPARTMENT OF HUMAN SERVICES											
KATHERINE EVERGREEN 7 JANNEY ST PROVIDENCE RI 02902											
Please Contact Us: Please contact us if you have any questions about the notice. You can contact us by the following means: Online: Visit www.eohhs.gov By phone: Call 855-651-7878		By mail: CDHHS 100 WEST ROAD/10000 STATE ST CANTONVILLE 02929 4411									
If you do not report any changes, we will use the information we have available to evaluate your eligibility for Medicaid and other health insurance coverage options.		If you do not report any changes, we will use the information we have available to evaluate your eligibility for Medicaid and other health insurance coverage options.									
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Name	DOB	Eligibility Effective Date	Recertification Date								
Katherine Evergreen	000-XX-0000	11/01/2014	09/30/2015								
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Coverage Requirement and Penalties

- Individuals and families must have health coverage unless exempt
- Exemptions include:
 - Lowest price coverage available through HSRI or job-based plan would cost more than 8.05% of income
 - Income is below tax-filing threshold
 - Uninsured for no more than 2 consecutive months
 - Incarcerated
 - Living abroad
 - Hardship

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Coverage Requirement and Penalties

	2016	2015
Higher of		
% of income above \$10,150* or	2.5%	2%
Dollar Amount**		
Adult	\$695	\$325
Child under 18	\$347.50	\$162.50

*Max amt.: National cost of average bronze plan

**Maximum amt. (2015): \$975

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Keep up to date on Health Insurance Coverage Changes

Sign up for the RI Health Coverage Project E-news:

www.economicprogressri.org/rihealthcoverageproject



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rflum@economicprogressri.org

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