



Formerly Family Violence Prevention Fund

OBAMACARE, OPEN ENROLLMENT AND DOMESTIC VIOLENCE: UNDERSTANDING THE ACA AND OTHER FEDERAL HEALTH POLICY CHANGES

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This webinar is being co-sponsored by Futures Without Violence's [National Health Resource Center on Domestic Violence](#) and the [Family Violence Prevention & Services Program](#), Family & Youth Services Bureau, Administration for Children and Families



Poll: Who is on the call today?

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1. Local DV/SA Program
2. State DV/SA Coalition
3. Health care provider
4. Policy Analyst
5. Other



Affordable Care Act

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- ACA drastically reformed the delivery of health care services
- Expands health insurance options
- Makes coverage more affordable
- Guaranteed set of benefits



ACA Is Good For Consumers

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- Opportunities to enroll in health insurance and access new benefits
- Insurance companies can no longer cancel your coverage:
 - If you become sick or
 - If you have a pre-existing condition
- Simply being a woman is no longer a pre-existing condition
- Pregnancy—or being of child-bearing age—is no long a pre-existing condition
- Young adults can now remain on their parents' insurance until they are 26



ACA and DV

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Insurance Discrimination: *As of January 2014:*
Insurance companies are prohibited from denying coverage to victims of domestic violence as a preexisting condition.

Screening and Counseling: *As of August 2012:*
Health plans must cover screening and counseling for lifetime exposure to domestic and interpersonal violence as a core women's preventive health benefit.



Expanded Coverage Options

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- Affordable health insurance is available
- Options vary by family status, income and where you live
- Financial help available based on income



Coverage Options

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- Two new/expanded insurance programs:
 - Medicaid
 - Insurance Marketplace (healthcare.gov)



What Is Medicaid?

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- A federal/state partnership that offers health insurance to certain low-income individuals and families
- Comprehensive benefit package (including screening for IPV)
- Consumers may apply at any time

Medicaid.gov
Keeping America Healthy



Who Is Eligible for Medicaid?

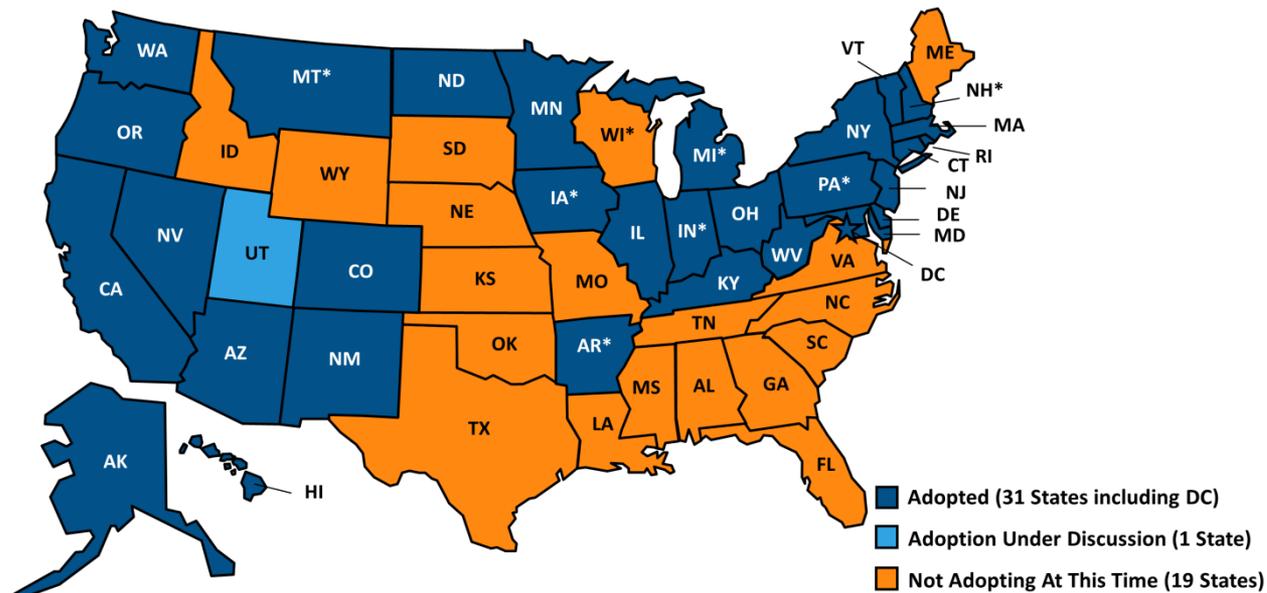
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- Adult eligibility varies by state
- All children at/below 133% FPL (most states are higher)
- Former Foster Care kids are eligible to age 26
- Members of Tribes follow state eligibility rules
- Immigrants are not eligible for Medicaid with limited exceptions (e.g., pregnant women/children in the 5 year bar in some states; certain victims of dv and trafficking)



Medicaid Expansion Decisions

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver will be effective January 1, 2016. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated November 2, 2015. <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



What Is The Insurance Marketplace?

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- A new way to buy private health insurance
- Some states run their own Marketplace; others have the federal government run their Marketplace.
- You can “shop” and enroll online
- Shows all the plans in your area
- Allows an apples-to-apples comparison of plans
- Displays all costs up-front
- Financial help is available on a sliding scale to consumers and families who qualify based on income (100-400% FPL)

HealthCare.gov



Who Is Eligible For The Marketplace?

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- Be a citizen or national of the US; not incarcerated
- Members of Tribes are eligible for Marketplace
- Lawfully present immigrants **are eligible** for Marketplace coverage and can receive financial assistance (under 400% FPL)
- Undocumented immigrants may not purchase Marketplace coverage, even at full price



Open Enrollment Is NOW!

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- Open Enrollment for 2016 coverage 2016 is NOW
- Consumers can enroll, renew, and shop for a different plan
- Visit Healthcare.gov, cuidadodesalud.gov, or your state marketplace



Healthcare.gov: Important Dates

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- Must purchase or renew a plan by Dec 15 for coverage on Jan 1, 2016
- Open Enrollment ends of January 31
 - **Survivors of DV can enroll at ANY TIME during the year**
 - **Enrollment in Medicaid and CHIP is year round**



How To Enroll

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- Consumers fill out an application
 - Online; through the Call Center; on paper
- Application asks for information about the consumer, household members, income and other basic demographic information
- Free in-person help is available in every state
 - <https://localhelp.healthcare.gov/>
- Call Center offers language services
 - 1-800-318-2596



How to Enroll: Alternate Address

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- It is ok to use a shelter, PO box or friend's address as the home address or mailing address on an application
 - Insurance cards will be mailed to this address
 - Note: if you want to receive mail from your insurer at a PO box address, be sure to list it as both your "mailing address" and "home address" on your application
- Be sure to use an address where it is possible to safely and regularly pick up mail
- If using an alternate address than your home or residential address, it should be in the same region where care is needed.
 - "Home address" is used to determine which health plans are available



Poll: Do you share information with survivors in your programs about enrolling in coverage?

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- Yes
- No, I did not have enrollment information
- No, my clients do not qualify
- No, my clients already have coverage
- No, this is not my job
- No, clients don't ask
- Other



Enrollment For Victims Of DV

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- There is a special enrollment rule for victims of DV on healthcare.gov (and in some state based exchanges)
- This allows victims of DV to apply for Marketplace coverage on their own—and be found eligible for financial help based on their own income (not tied to spouse's income)



Enrollment For Victims Of DV

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- To qualify for the special enrollment rule, consumer must:
 - Be legally married
 - Live apart from their spouse
 - Plan to file taxes separately from their spouse
- Both men and women who fit the criteria above are eligible
- Native Americans may use this rule at any time they apply for Marketplace coverage



Enrollment For Victims Of DV

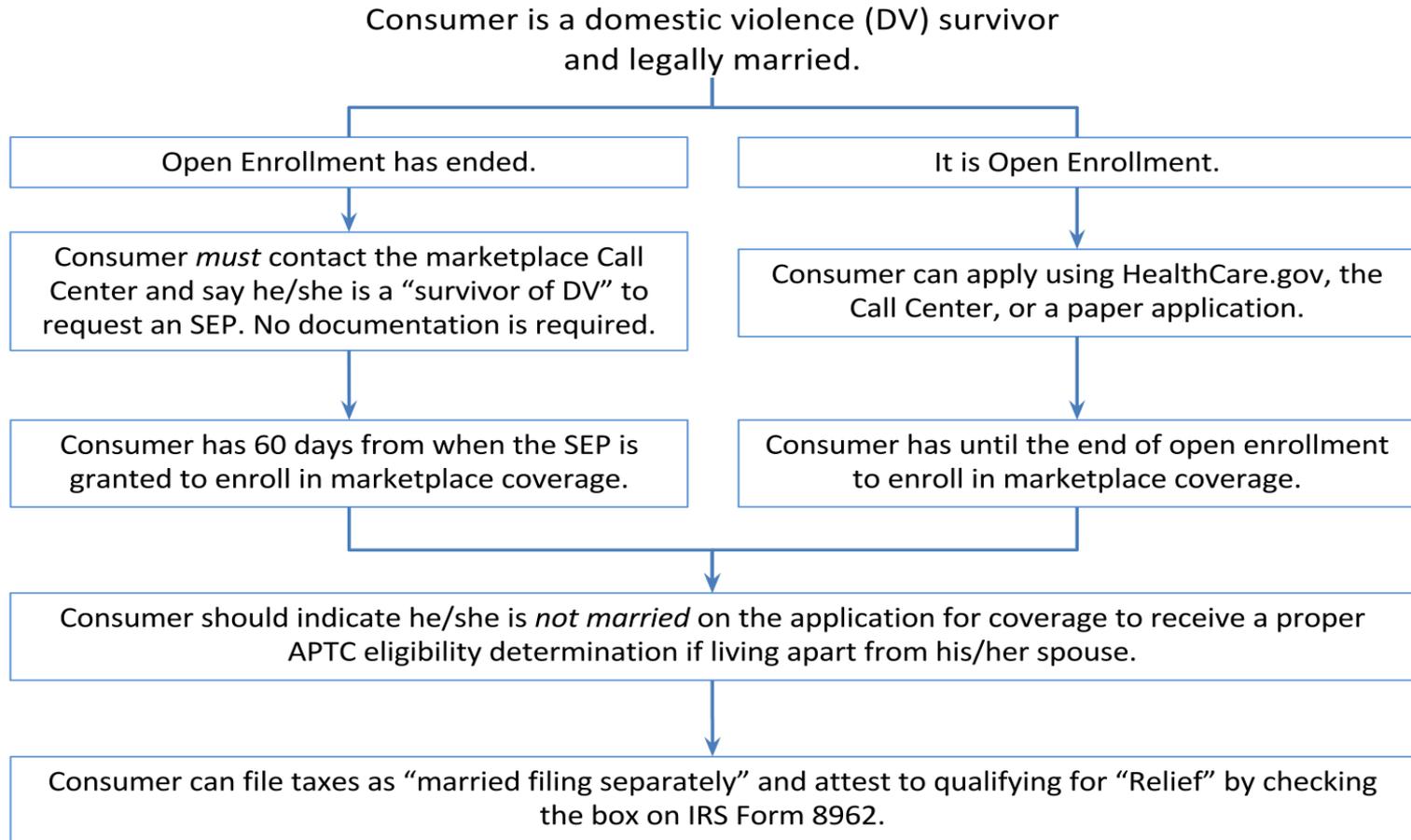
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- Eligible consumers should mark “unmarried” on their Marketplace application—even if married.
- The IRS and HHS both put out this guidance; they say it’s ok to do this on the Marketplace application.
- No documentation needed to prove domestic violence; Have to “attest” on taxes



Enrollment For Victims Of DV

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Form **8962**

Department of the Treasury
Internal Revenue Service
Name shown on your return

Premium Tax Credit (PTC)

► **Attach to Form 1040, 1040A, or 1040NR.**
► **Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.**

OMB No. 1545-0074

2014
Attachment
Sequence No. **73**

Your social security number

Relief
(see instructions)

Part 1: Annual and Monthly Contribution Amount

1	Family Size: Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	
2a	Modified AGI: Enter your modified AGI (see instructions) 2a	2b	Enter total of your dependents' modified AGI (see instructions)
3	Household Income: Add the amounts on lines 2a and 2b		3
4	Federal Poverty Line: Enter the federal poverty amount as determined by the family size on line 1 and the federal poverty table for your state of residence during the tax year (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC		4
5	Household Income as a Percentage of Federal Poverty Line: Divide line 3 by line 4. Enter the result rounded to a whole percentage. (For example, for 1.542 enter the result as 154, for 1.549 enter as 155.) (See instructions for special rules.)		5
6	Is the result entered on line 5 less than or equal to 400%? (See instructions if the result is less than 100%). <input type="checkbox"/> Yes. Continue to line 7. <input type="checkbox"/> No. You are not eligible to receive PTC. If you received advance payment of PTC, see the instructions for how to report your Excess Advance PTC Repayment amount.		
7	Applicable Figure: Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7
8a	Annual Contribution for Health Care: Multiply line 3 by line 7 8a	8b	Monthly Contribution for Health Care: Divide line 8a by 12. Round to whole dollar amount

Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)
 Yes. Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage. **No. Continue to line 10.**
- 10** Do all Forms 1095-A for your tax household include coverage for January through December with no changes in monthly amounts shown on lines 21–32, columns A and B?
 Yes. Continue to line 11. Compute your annual PTC. Skip lines 12–23 and continue to line 24.
 No. Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

Annual Calculation	A. Premium Amount (Form(s) 1095-A, line 32A)	B. Annual Premium Amount of SLCS (Form(s) 1095-A, line 32B)	C. Annual Contribution Amount (line 8a)	D. Annual Maximum Premium Assistance (Subtract C from B)	E. Annual Premium Tax Credit Allowed (Smaller of A or D)	F. Annual Advance Payment of PTC (Form(s) 1095-A, line 32C)
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Domestic abuse or spousal abandonment:

Domestic abuse. Domestic abuse includes physical, psychological, sexual, or emotional abuse, including efforts to control, isolate, humiliate, and intimidate, or to undermine the victim's ability to reason independently. All the facts and circumstances are considered in determining whether an individual is abused, including the effects of alcohol or drug abuse by the victim's spouse. Depending on the facts and circumstances, abuse of the victim's child or other family member living in the household may constitute abuse of the victim.

Spousal abandonment. A taxpayer is a victim of spousal abandonment for a tax year if, taking into account all facts and circumstances, the taxpayer is unable to locate his or her spouse after reasonable diligence.

To certify that you are eligible for an exception to the requirement to file a joint return under Situation 2, check the "**Relief**" box in the top right-hand corner of Form 8962. Do not attach documentation of the abuse or abandonment to your tax return. Keep any documentation you may have with your tax return records. For examples of what documentation to keep, see Pub. 974.



Coverage For Other Survivors of DV

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- For other married survivors, coverage is available through the Insurance Marketplace
- Financial subsidies will be based on family income
- To complete the application, consumers will need to include income (but not SSNs) of all family members
- If no financial help is needed, consumers will not need to input information on spouse



Special Circumstance: Employer Coverage

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- If one family member's employer offers family coverage that is deemed affordable, none of the family members are eligible for financial subsidies in the Marketplace.
- If an abuser is offered family coverage through employer but refuses to purchase coverage for their spouse or children, the spouse and children will not be eligible for subsidies in the Marketplace



Hardship Exemption

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- There is a tax penalty for not having health insurance
- Women who experience DV who are uninsured are eligible for a waiver (called a “hardship exemption”) from that tax penalty
- The hardship exemption application can be found on [healthcare.gov](https://www.healthcare.gov)
- No documentation is needed to prove DV



New SEP for DV

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- Survivors of DV can enroll in coverage through [healthcare.gov](https://www.healthcare.gov) AT **ANY TIME**
- Must use the Call Center to start the application
- Use the phrase “survivor of DV” to initiate the SEP
- No documentation of DV needed
- After SEP is granted, 60 days to pick a plan and enroll
- Coverage in Medicaid is year-round



DV Community's Role In Enrollment?

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- Encourage consumers to get enrolled in health insurance—and assure them that options are available
- Help enrolling available in the Marketplace and for Medicaid
 - Toll-free Call Center (1-800-318-2596)
 - Healthcare.gov
 - In-person help (e.g., Navigators; Marketplace Guides)
- Develop a relationship with an assister and refer
- Become an in-person assister
- **Advocates can help connect clients to healthcare**
 - A good place to start:
<https://localhelp.healthcare.gov>



Connecting to care

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- DV advocates can help connect survivors to care
 - Develop partnerships with local health centers, providers, and other health care professionals
- Some consumers may not have access to insurance (e.g., undocumented immigrants; Medicaid “gap”)
 - Help connect these consumers to community-based resources such as community health centers or hospital community benefit programs



What's So Great About Health Insurance?

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- Guaranteed benefits package including:
 - Comprehensive medical coverage
 - Expanded coverage of behavioral and mental health services
 - Annual well-woman visits
 - Coverage of USPSTF A & B Services
 - Screening and brief counseling for DV/IPV



US Preventive Services Task Force

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- January 2013 recommendations state that there is sufficient evidence to support domestic violence screening and interventions in health settings for women “of childbearing age.” (46 years)
- Insufficient evidence for elderly or vulnerable adult
Need more research on elder abuse and neglect
GALVINIZE the funders of research.



What Is The Screening Benefit?

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- Plans now cover screening and brief counseling for domestic and interpersonal violence (DV/IPV).
- This is not a screening requirement but a coverage requirement; insurance plans must reimburse providers who provide the service.
- Coverage may vary by state and by plan but the benefit is available to most people.



Who Gets Screening/Brief Counseling?

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- As of January 2014, most people have access to the benefit including:
 - Anyone enrolled in new commercial health insurance plans
 - Anyone enrolled in a plan offered through the new Health Insurance Marketplace
 - Anyone enrolled in the new Medicaid Alternative Benefits Packages



What Screening/Counseling Do?

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- There are no limits to what the benefit can cover
- HHS has given insurers the ability to define the benefit themselves
- There may be wide variation between plans—and across states—in what plans cover



What Does The Screening Cover?

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- The screening is broadly defined and will vary from plan to plan
- HHS says that it “may consist of a few, brief, open-ended questions”
- FUTURES can provide examples of screening tools—such as a brochure based assessment—which can be effective



What Does Brief Counseling Cover?

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- The counseling benefit is not defined and will vary from plan to plan
- HHS has said that counseling provides basic information, referrals, tools, safety plans, and provider education tools.
- Individual plans will make choices in what to cover



How Often?

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- At least once a year
- There are no federal restrictions on the number of times a plan will reimburse
- Plans will set the limits on what they will cover
- It is recommended that all women's preventive health screenings take place during the "well woman visit" but it is not restricted to once a year



Where Can It Take Place?

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- Anywhere; there are no limits on the settings where a screening may take place
- Plans will make setting-specific decisions



Who Can Bill For Providing Screening/Brief Counseling?

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- A wide range of providers will become eligible for reimbursement
- Providers will be subject to the scope of state law
- Providers will need to have formal relationships with the insurers (private companies or the state Medicaid program) to bill for the services
- There are no limits on who plans and the state can make eligible to bill so there is the opportunity for a wide range of providers to provide screening and brief counseling



How Might This Impact DV/SA Programs?

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This recommendation could result in:

- Increased referrals (eventually)
- Increased training requests
- New partnerships
- Unintended consequences
(reporting/privacy/poorly trained providers)
- Reaching more women with prevention and intervention messages
- May eventually create new funding streams



Why the Enhanced Healthcare Response?

Long Term Health Consequences

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In addition to injuries, exposure to DV increases risk for:

- Chronic health issues
- Asthma
- Cancer
- Hypertension
- Depression
- Substance abuse
- Poor reproductive health outcomes
- HIV



What We've Learned from Research

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Some studies show:

- Women support assessments
- No harm in assessing for DV
- Interventions improve health and safety of women
- Missed opportunities – women fall through the cracks when we don't ask



How Do We Keep A Focus On Patient Centered Comprehensive Response?

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- Review limits of confidentiality
- Address related health issues
- Harm reduction
- Supported referral
- Trauma informed reporting
- Documentation and privacy



Not Just Adding a Question On A Form

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Multiple approaches to universal education and assessment

- Validated assessment tools
- Adding questions or prompts to intake forms (electronic or written)
- Setting specific
- Integrated
- Brochure based



Universal education and Patient Centered Assessment

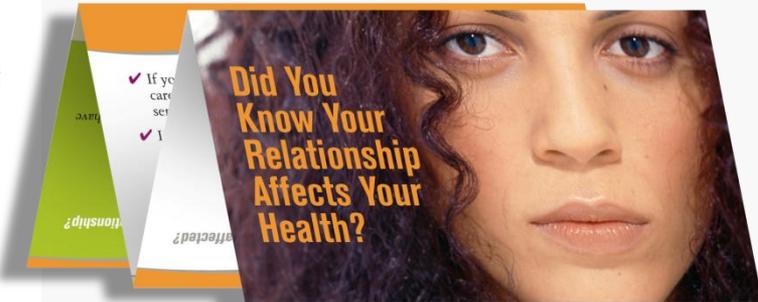
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Are you in an UNHEALTHY relationship?

Ask yourself:

- ✓ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✓ Does my partner refuse to use condoms when I ask?
- ✓ Does my partner make me have sex when I don't want to?
- ✓ Does my partner tell me who I can talk to or where I can go?

If you answered YES to any of these questions, your health and safety may be in danger.



“I feel safe that the physician takes time into consideration to ask me about my relationship. The questions are very personal and not lots of people in our lives usually ask these questions. The card helps me better understand myself and the wellness of my relationship. Thank you”



Visit Specific Harm Reduction

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- **Adolescent Health:** Anticipatory guidance on healthy relationships
- **Mental Health:** address connection between depression and abuse
- **Primary Care:** discuss healthy coping strategies to respond to lifetime exposure to abuse
- **Reproductive health:** alternate birth control, EC and safer partner notification
- **Urgent Care:** safety planning/lethality assessment



What We Know From Practice: Partnerships Make A Difference

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Partnerships between advocates and health professionals are not new.

They inform our understanding of how best to support patients impacted by IPV.



- Hospital based programs
- 10 state program
- National Standards Campaign
- Project Connect
- Delta Project
- NNEDV' s HIV Project
- Much more



“Warm” Referral To Community Agencies

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If there are no onsite services:

“If you are comfortable with this idea I would like to call my colleague at the local program (fill in person's name) Jessica, she is really an expert in what to do next and she can talk with you about supports for you and your children from her program...”

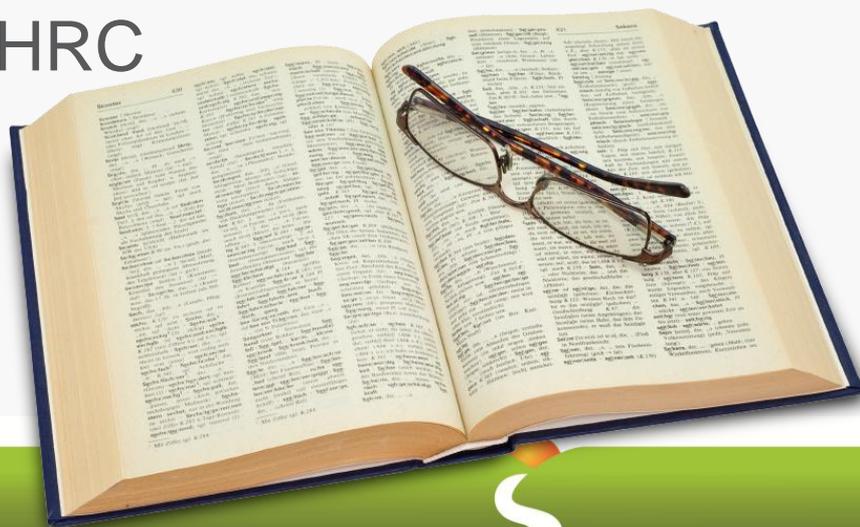
“There are national confidential hotline numbers and the people who work there really care and have helped thousands of women. They are there 24/7 and can help you find local referrals too and connect you by phone...”



What If I Am In A State With Mandatory Reporting?

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- See state by state report for your law
- Tools for training providers to disclose limits of confidentiality
- Trauma informed reporting
- Consider promoting universal education
 - see scripts and tools from HRC
- Work to adapt your law
 - see memo from HRC



Online Resource on Health and IPV

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www.healthcaresaboutipv.org

Offers policy memos, patient and provider educational tools and resources.



Contact Kate Vander Tuig:
kvandertuig@futureswithoutviolence.org



Thank you!

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