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10:00am Pacific / 1:00pm Eastern

You can either listen through your computer speakers in “Listen Only” mode or by calling into telephone number:

Participant Code: 418086
OBAMACARE 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?

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

- ACA, signed into law in 2010, drastically reformed the delivery of health care services
- Expands coverage options and makes coverage more affordable
- Guaranteed set of benefits
ACA Is Good For Consumers

- Opportunities to enroll in coverage and access new benefits
- Insurance companies can no longer cancel your coverage if you become sick
  - They can no longer put lifetime limits on your coverage
  - They can no longer deny you coverage for pre-existing conditions
- Simply being a woman is no longer a pre-existing condition
- Pregnancy—or being of child-bearing age—is no longer a pre-existing condition
- Young adults can now remain on their parents’ insurance until they are 26 years old
ACA and DV

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

- Affordable health insurance is available to millions of people
- Options will vary by family status and income
- Financial help available based on income
Coverage Options?

- Two new/expanded insurance programs:
  - Insurance Marketplace (healthcare.gov)
  - Medicaid
- Consumers qualify depending on their family size and income
- Significant financial help is available to purchase private coverage in the Marketplace
What Is Medicaid?

- The ACA creates new opportunities for states to expand Medicaid eligibility to millions of new people
- Comprehensive benefit package (including screening for IPV)
- Consumers may apply at any time
Who Is Eligible for Medicaid?

- Creates the opportunity for states to expand Medicaid eligibility to
  - Adults 19-64 with incomes at/below 133% FPL
  - All children at/below 133% FPL covered by Medicaid
- In all states, Former Foster Care kids are eligible through 26
- Members of Tribes are eligible for Medicaid under their state’s Medicaid decisions
What Is The Insurance Marketplace?

- A new way to buy private health insurance
- Some states run their own Marketplace; others have the federal government run their Marketplace.
- Shows all the plans in your area
  - You can “shop” and enroll online
- Allows an apples-to-apples comparison of plans
- Displays all costs up-front
Who Is Eligible For The Marketplace?

- Be a citizen or national of the US; not incarcerated
- Federal subsidies are available on a sliding scale to people and families who qualify based on income
- Legally present immigrants (individuals who are subject to the 5-year immigration bar) are permitted to buy insurance in the Marketplace
How To Enroll In Marketplace?

- Open Enrollment for coverage in 2015 is now closed
- Open Enrollment for coverage beginning in 2016 will begin on November 1, 2015
- Consumers already covered by the Marketplace can renew their plans—or shop for a different plan—during Open Enrollment
- **NEW:** Survivors of DV can enroll at ANY TIME
You can still get 2015 health coverage.

You can enroll if you have certain life changes — like getting married, having a baby, losing other coverage, or moving — or if you qualify for Medicaid or CHIP.

SEE IF YOU CAN GET COVERAGE

Want a quick overview first?
Special Enrollment Periods (SEP)

- There are some consumers who may enroll in Marketplace coverage outside of Open Enrollment:
  - Native Americans may enroll at any point
  - Some life changes (e.g., having a baby; moving to a new state) trigger the opportunity to enroll outside of Open Enrollment
  - Divorces does not trigger a SEP
  - But losing coverage as a result of life circumstances may trigger a special enrollment period
  - It’s worth submitting an application—this will also screen for Medicaid which is open year-round
**New SEP for DV**

- Survivors of DV can enroll in coverage through 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
Poll: Do you share information with survivors in your programs about enrolling in coverage?

- 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

- There is a special enrollment rule for victims of DV in the federal Insurance Marketplace (some state based exchanges also allow this rule).
- 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

- 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 to use this rule
- Native Americans may use this rule at any time they apply for Marketplace coverage
Enrollment For Victims Of DV

- These people 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
### Part 1: Annual and Monthly Contribution Amount

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Family Size: Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d</td>
</tr>
<tr>
<td>2a</td>
<td>Modified AGI: Enter your modified AGI (see instructions)</td>
</tr>
<tr>
<td>2a</td>
<td>Enter total of your dependents’ modified AGI (see instructions)</td>
</tr>
<tr>
<td>3</td>
<td>Household Income: Add the amounts on lines 2a and 2b</td>
</tr>
<tr>
<td>4</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>a Alaska</td>
</tr>
<tr>
<td></td>
<td>b Hawaii</td>
</tr>
<tr>
<td></td>
<td>c Other 48 states and DC</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Yes. Continue to line 7.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>7</td>
<td>Applicable Figure: Using your line 5 percentage, locate your “applicable figure” on the table in the instructions</td>
</tr>
<tr>
<td>8a</td>
<td>Annual Contribution for Health Care: Multiply line 3 by line 7</td>
</tr>
<tr>
<td>8b</td>
<td>Monthly Contribution for Health Care: Divide line 8a by 12. Round to whole dollar amount</td>
</tr>
</tbody>
</table>

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

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<table>
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<tbody>
<tr>
<td>9</td>
<td>Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)</td>
</tr>
<tr>
<td></td>
<td>Yes. Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage.</td>
</tr>
<tr>
<td></td>
<td>No. Continue to line 10.</td>
</tr>
<tr>
<td>10</td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td>Yes. Continue to line 11. Compute your annual PTC. Skip lines 12-23 and continue to line 24.</td>
</tr>
<tr>
<td></td>
<td>No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.</td>
</tr>
</tbody>
</table>
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 Victims Of DV

- For other married victims of DV, 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
Hardship Exemption

- 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
- No documentation is needed to prove DV
# Hardship Categories and Documentation

Look at the hardship categories and the required documents listed below to see if you qualify for a hardship exemption.

<table>
<thead>
<tr>
<th>Hardship number</th>
<th>Category</th>
<th>Required documentation (Send COPIES of one of the documents listed below for your hardship.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You were homeless.</td>
<td>None.</td>
</tr>
<tr>
<td>2</td>
<td>You were evicted in the past 6 months or were facing eviction or foreclosure.</td>
<td>Eviction or foreclosure notice. The date of the notice must be within the last 6 months.</td>
</tr>
<tr>
<td>3</td>
<td>You received a shut-off notice from a utility company.</td>
<td>Shut-off notice from a utility company which states service has or will be shut-off.</td>
</tr>
<tr>
<td>4</td>
<td>You recently experienced domestic violence.</td>
<td>None.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Death certificate, death notice from newspaper.</td>
</tr>
</tbody>
</table>
CHECK THE TABLE ON PAGE 1 TO SEE WHICH DOCUMENTS YOU NEED FOR EACH CATEGORY.

<table>
<thead>
<tr>
<th>Type of hardship</th>
<th>Date hardship started (mm/dd/yyyy) (Note: if your hardship started before 01/01/2014, just list the start date as 01/01/2014, which is the first date people were required either to get health coverage or qualify for an exemption.)</th>
<th>Date hardship ended/will end (mm/dd/yyyy)</th>
<th>Fill in if no expected end date (ongoing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Homelessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eviction/foreclosure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Shut-off notice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Domestic violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Death of family member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Disaster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STEP 3: Read & sign this application

- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

- I know that I must tell the Health Insurance Marketplace within 30 days if anything changes (and is different than) what I wrote on this application. I can visit HealthCare.gov or call 1-800-318-2596 to report any changes. I understand that a change in my information could affect my eligibility as well as eligibility for member(s) of my household.

- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting hhs.gov/ocr/office/file.
How To File Hardship Exemption

- Print a paper application and mail it to the Marketplace **BEFORE** you file taxes.
- It takes 2-3 weeks to get the waiver approved; include the confirmation number with your taxes OR mark pending (you will need to file an amended return when a decision is returned).
- Step-by-step instructions can be found at: https://www.healthcare.gov/exemptions-tool/#/results/details/domestic-violence
DV Community’s Role In Enrollment?

- 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
What’s So Great About Health Insurance?

- 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

- 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?

- Plans now covers 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?

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?

- 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?

- 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?

- 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 Is The Benefit?

- 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?

- Anywhere; there are no limits on the settings where a screening may take place
- Plans will make setting-specific decisions
How Might This Impact DV/SA Programs?

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
Who Can Bill For Providing Screening/Brief Counseling?

- 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
Why the Enhanced Healthcare Response?
Long Term Health Consequences

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

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?

- 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

Multiple approaches to screening

- Validated assessment tools
- Adding questions to intake forms (electronic or written)

Combined with verbal screen:

- Setting specific
- Integrated
- Brochure based
Visit-Specific Patient Centered Assessment

“"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”"

---

**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.
Visit Specific Harm Reduction

- **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
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

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?

- 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

www.healthcaresaboutipv.org

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

Contact Kate Vander Tuig: kvandertuig@futureswithoutviolence.org
Please take this survey:
https://www.surveymonkey.com/r/FQ97BSF

Thank you!