



ACA/FAMILY MEDICAID 201-7 GROUPS COVERED – ACA Adult

	FMA 201-7
Supersedes:	NEW
References:	42 CFR 435.119; ARM 37.82.101, .701, .701, .703; ARM 37.84.101 - .115; SB 405 (MCA 17-7-502 and 27-2-205)
Overview:	<p>The Montana Health and Economic Livelihood Partnership (HELP) Act created two new coverage groups beginning January 1, 2016; ACA Adult and ACA Adult Medicaid. This section covers ACA Adult; ACA Adult Medicaid is covered in section FMA 201-8.</p> <p>ACA Adult covers individuals age 19 through 64, with income at or above 51% FPL; those eligible for ACA Adult are required to pay a premium.</p> <p>Blue Cross/Blue Shield of Montana administers ACA Adult medical services as a Third Party Administrator.</p>
FINANCIAL CRITERIA	<p>Income is determined under MAGI rules, and must be 51% to 133% FPL (plus a 5% disregard).</p> <p>Clients receiving ACA Adult are required to pay an annual premium equal to 2% of their total countable income. The premium is billed monthly.</p>
NON-FINANCIAL CRITERIA	<p>Medicaid standard nonfinancial requirements are listed in section CMA 300. In addition to the standard criteria that applies to all Medicaid programs, the following nonfinancial criteria are specific to ACA Adult:</p> <ol style="list-style-type: none">1. Must be age 19 through 64;2. Cannot be eligible for or enrolled in Medicare Parts A and/or B; and3. Cannot be pregnant at application
PREMIUMS	<p>Clients receiving ACA Adult coverage are required to pay an annual premium equal to 2% of their total countable income. Once eligibility is determined and the 2% premium is calculated, it cannot be increased until annual renewal, regardless of changes.</p> <p>However, if a change will decrease the 2% premium, it must be recalculated and reduced.</p> <p>Premiums are system-calculated at initial approval, annually at renewal and when the client requests recalculation.</p> <p>The premiums will be calculated by CHIMES EA and sent to the TPA as the TPA is responsible for the billing and collecting of the premium payments.</p>
EXEMPT FROM PREMIUM	<p>Individuals with income at or above 51% FPL are not required to pay a premium if they are:</p> <ol style="list-style-type: none">1. Medically Frail;2. Native American/Alaskan Native or3. Living in an area not covered by BCBS (geographically exempt).

	These individuals are covered under ACA Adult Medicaid, not ACA Adult. See FMA 201-8.
MEDICALLY FRAIL	<p>Individuals applying for ACA Adult coverage who state they have special medical needs/are medically frail are exempt from paying a monthly premium.</p> <p>Special medical needs/medical frailty includes, but is not limited to: disabling mental disorders, chronic substance use disorders, and other serious and complex medical conditions.</p> <p>Self-attestation is acceptable verification of a special medical need/medical frailty.</p> <p>Medically frail individuals:</p> <ol style="list-style-type: none"> 1. Are eligible for ACA Adult Medicaid (FMA 201-8) instead of ACA Adult; 2. Are exempt from an annual premium, even if their monthly income exceeds 50% FPL; 3. Can attest to being medically frail at any time; 4. Are no longer obligated to pay an annual premium once they attest to having a special medical need/medical frailty; 5. Change to ACA Adult Medicaid coverage the month after attesting to medical frailty (if receiving ACA Adult coverage).
FILING UNIT	Required filing unit members are determined based on tax filing rules. See FMA 200-1 for ACA filing unit requirements.
ACA ADULT COVERAGE ENDS	<p>ACA Adult coverage closes when the client:</p> <ol style="list-style-type: none"> 1. requests closure; 2. dies; 3. moves out of Montana 4. is non-compliant with TPL, PERM and/or Program Compliance; 5. becomes Medicare eligible; or 6. reaches age 65 (eligibility ends the month before their 65th birthday).
EFFECTIVE DATE:	July 1, 2016