



The A, B, C's of Transition Care:

***HEALTH INSURANCE
for Transition Youth***

***Purvi Patel, J.D./M.P.H.
Health & Disability Advocates
www.hdadvocates.org***

ppatel@hdadvocates.org

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CASE: M.D.

26y.o. man with Spina Bifida, completed college, works 30 hours in a bank, receives SSI and Medicaid

- Uses manual wheel-chair, straight catheterizes himself.
- Has impaired glucose intolerance, HTN and frequent UTIs.
- On routine visit, he informs me that he is in danger of losing his SSI benefits and Medicaid



CASE: M. D.

- What is the insurance gap?
- What are his insurance options?
- What is the criteria for Medicaid insurance?
- What is criteria for SSI benefits?
- Does he qualify for Medicare?



BARRIERS TO TRANSITION: THE “HEALTH INSURANCE GAP”

Lotstein et al 2008 examined Title V, a federal-state program in CA that provides access to youth with special health care needs:

- 10% uninsured at time of survey
- 40% had an insurance gap since age 21; 55% of these individuals spent at least one year without insurance.
- 52% of insured individuals had Medicaid
- Overall, 2/3 of the youth experienced an “adverse event” during gap



INSURANCE ISSUES IN TRANSITION

- Many patients lose insurance as they transition from pediatric to adult care
 - U.S. Census Bureau 2002:
 - Cross-sectional prevalence of uninsured 19-29 yo 20-30%
 - 2000 to 2004 → uninsured adults 19-29 increased by 2.5 million
- 2/5 college & 1/2 of high school graduates experience a time w/o insurance in the 1st year after graduation. (Commonwealth Fund 2003)
- Young adults often dropped from their parents' policies or public insurance programs at age 19, or when they graduate from college and struggle to find jobs with health benefits.
 - 4/10 young adults between the ages of 19 and 29 can expect to be uninsured at sometime during the year-twice the rate of adults ages 30 to 64. (Commonwealth Fund 2003)

HEALTH INSURANCE & DISABILITY

- “Americans with disabilities face a number of distinct barriers in obtaining, maintaining, and using health insurance and in accessing and using health care services. At the same time, Americans with disabilities also confront the barriers, problems, and frustrations with which most Americans routinely struggle in the insurance and health care systems.”
- 2001 Survey of Income and Program Participation:
 - 2,738 people between 15-25 yo in the US
 - 37% of pts without disability, 43% of pts with “non-severe” disability and 41% of pts with “severe” disability had 1 episode without insurance (P= 0.07)
 - Pts with disability had a higher risk of losing private insurance than those without disability
 - Pts with disability have a lower risk of losing public insurance than those without disability

(National Council on Disability released its 2001 annual National Disability Policy: A Progress Report, on July 26, 2002.)



SSI vs. SSDI: Overview

Supplemental Security Income (SSI)

- Strict income and resource limits
- No work history required
- \$674- 2011 Federal Benefit Rate
- Often also qualifies for Medicaid (but separate application)

Social Security Disability Insurance (SSDI)

- Based on work record (average \$1000)
- Unearned income is not counted with no asset limits
- Benefit amount depends on work record



HEALTH INSURANCE OPTIONS

- **Adult Medicaid (AABD)**
 - Requirements differ by state
 - In many states, need to be SSI/SSDI eligible (Ex: IL)

- **Medicare – RARE**
 - ALS (Lou Gehrig's)
 - End-stage renal disease
 - **SSDI** beneficiary for 24+ months
 - Parent is:
 - Retired
 - Deceased
 - Disabled
 - Before age 18 → all children
 - Benefits after age 18 → Disabled before Age 22
 - **PRACTICE TIP: apply for SSI at age 18, even if over income to preserve disability status for the future.**



HEALTH INSURANCE OPTIONS (CONT'D)

Private Insurance

- Individual plans
 - Exchange options under health care reform (2014)
- Group plans
 - Parent's insurance (until age 26)
 - Employer-based
 - University (varies greatly)

State Buy-In Plans

- High risk pool – IPXP (Premiums ~\$140/mth)
- ICHIP (premiums vary by age, income, etc..)
- Health Benefits for Workers with Disabilities (HBWD) (Premiums ~\$40-\$50/mth)



MEDICAID – THE BASICS

Pediatric Medicaid – All Kids

- < 19 yo
- Live in Illinois
- Immigration status does not affect eligibility
- Income requirements

2-person family	\$28,000/year
3- person family	\$36,000/year
4-person family	\$42,000/year
5-person family	\$50,000/year

Adult Medicaid

- Pregnant women—covers the pregnancy & 60 days after the birth
- Social Security definition of disability
- Social Security definition for blindness
- US citizen
- Income requirements

2-person family	\$903/mo
3- person family	\$1,214/mo
4-person family	\$1,526/mo
5-person family	\$1,838/mo



<http://www.allkids.com/about.html#insurance>.
Accessed 1/12/2011.

http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp_content&contentID=1022.
Accessed 1/12/2011.

ILLINOIS ALL KIDS

All Kids coverage = Children's Medicaid/Medical Card

- Covers children from birth up until their 19th birthday.
www.allkids.com FAQs
- Immigration status not a factor
- Some parents pay monthly premiums for the coverage based on family size and income.
- Extensions to Adults
 - **Moms & Babies**: pregnant women covered until 60 days postpartum
 - **Family Care**: parents of children under 18 years old may be eligible to receive health insurance coverage too
- www.allkidscovered.com



ALL KIDS: RECENT CHANGES

IL Legislature just passed bill; Governor will probably sign to cap All Kids at 300% FPL on July 1, 2011. Current enrollees grandfathered in only until July 1, 2012

<http://aspe.hhs.gov/poverty/12poverty.shtml#thresholds>, accessed April 23, 2012

2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930
8	38,890
For families/households with more than 8 persons, add \$3,960 for each additional person.	



ADULT MEDICAID (AABD)

- State-based (generally not transportable out of IL)
- Eligibility → **DIFFERENT criteria from All Kids**
 - Categories
 - 65 or older
 - Blind
 - Permanent disability (SSA criteria)
 - Cervical or breast cancer patient
 - Needs based (income & assets)
 - Citizenship/immigration status
- <http://www.dhs.state.il.us>



ADULT MEDICAID: ASSET LIMITS

- If you single, countable assets = \$2,000 or less.
- If you are married, assets combined with spouse's assets = \$3,000 or less.
- Examples of items that are exempt (Not counted when deciding the value of your assets)
 - Your home
 - One automobile if the fair market value is no more than \$4,500 or if someone in your family needs it to get to work or uses it to get regular medical treatment



Private Insurance

Group Plans

- Parents insurance plan until age 26
 - Continue under parents' private insurance if young adult cannot sustain employment/dependent on caregivers for lifetime care and supervision.
- College/student insurance
 - No coverage at some schools
 - Mandatory plans at some, pre-existing condition riders (6mo – 1 yr)
- Employer-based plans



SOCIAL SECURITY AND MEDICAID

- Medicaid income limit as of January 2011 = \$933/monthly
- If work income is above that level, Healthcare and Family Services calculates a spenddown
- Spenddown is essentially a deductible of medical expenses are incurred (doctor co-pays, Community and Home Based Services)
- To avoid spenddown, there is the Medicaid Buy-In program



HEALTH BENEFITS FOR WORKERS W/DISABILITIES (MEDICAID)

- Workers with Disabilities - age 16 to under 65
- Pay small monthly premium (avg: \$40 - \$50)
- Proof of paying FICA taxes (no minimum)
- Earnings to \$3,159 / month – NET
- Savings up to \$25,000
- Retirement Accounts are not counted!
- HBWD eligibility maintains DD Waiver eligibility

Application directly to HBWD – www.hbwdillinois.com

WORKING-CHOOSING BETWEEN AABD & HBWD

AABD or HBWD?

- Not working or workers with very low income (less than \$908) and having few assets (less than \$2,000 for individual, less than \$3,000 for couple)
 - AABD
- Worker with higher income or more assets (up to \$25,000)
 - HBWD
- Person with higher income but who doesn't need a medical card for each month
 - AABD with Spenddown might make more sense – the person can meet for only the months they need a medical card

IPXP: THE IL HIGH RISK POOL

- Illinois Preexisting Condition Insurance Plan
 - Transitional insurance for state residents
 - Must pay premiums & out-of-pocket costs
- To enroll, a person must:
 - Be a U.S. citizen, national, or legal resident
 - Be uninsured for 6 months
 - Have a preexisting condition.
- Premiums & Cost-sharing vary.
 - [See http://insurance.illinois.gov/IPXP/](http://insurance.illinois.gov/IPXP/) for premium levels



ICHIP

- Illinois Comprehensive Health Insurance Program
 - State option, if you can afford it
 - Premiums expensive
 - <http://www.chip.state.il.us/rateinq.nsf/inquiry?openform>
- Eligibility
 - U.S. citizen or legal resident
 - An Illinois resident for at least 180 days.
 - Either
 - Uninsurable due to preexisting medical condition; or
 - Insured under a policy that is similar to ICHIP but costs more than you would pay for ICHIP coverage;



WAIVER PROGRAMS & SUPPORT SERVICES

- Waiver Programs – state-specific carved out exceptions for Medicaid qualification for adults who *might not otherwise be eligible for Medicaid*
- Individual may only be on one of these waiver programs at one time
- Options:
 - IL Adult Waiver: Developmental Disabilities
 - Home Services Program
 - Division of Specialized Care for Children (DSCC) – up to age 21



IMPACT OF HEALTH CARE REFORM

- Now effective (Federal Reform):
 - Children can stay on parents insurance until age 26.
 - Minors cannot be denied for pre-existing conditions
- In 2014:
 - No longer need a disability determination for Adult Medicaid eligibility.
 - Adults cannot be denied coverage for pre-existing conditions
- IL Medicaid Reform:
 - No more new applicants to All Kids over 300% FPL
 - Current All Kids recipients over 300% FPL will be grandfathered in until 2012 only.

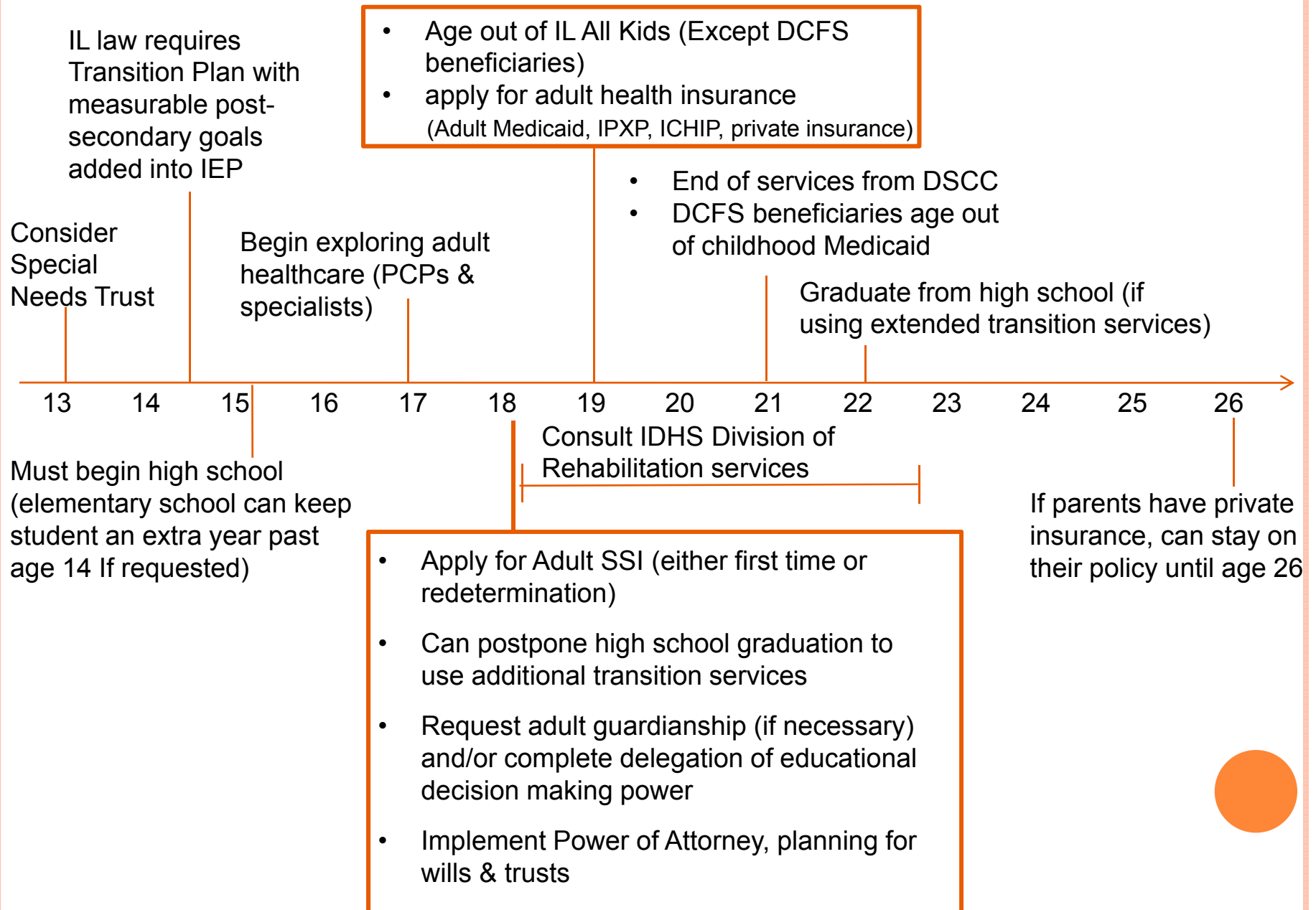


MEDICAID TIMELINE

- By 17 years, 11 months (30 days before the 18th birthday)
 - Apply for SSI (if applying for the first time)
 - Apply for SSI redetermination if you have received SSI as a child
 - Apply for Medical Benefits (Medicaid) health insurance



IL TRANSITION TIMELINE



ILLINOIS MEDICAID PROGRAM: INTEGRATED CARE PROGRAM (ICP)

- New program for adults over age 19 who have disabilities and receive SSI.
- Participation is mandatory
- Does not include individuals with Medicare
- Eligible patients who live in Suburban Cook, DuPage, Kane, Lake, Kankakee and Will Counties must choose one of two plans contracted through IL DHFS (excluding zip code areas that starts with 606):

Aetna Better Health

IlliniCare



ILLINOIS MEDICAID PROGRAM: INTEGRATED CARE PROGRAM (ICP)

- Patients with Aetna Better Health or IlliniCare are given 90 days from the time they are enrolled to continue seeing current PCP

Aetna Better Health : 1-866-212-2851

<http://www.aetnabetterhealth.com/illinois/>

IlliniCare: 1-866-329-4701

<http://www.illinicare.com/>



ILLINOIS MEDICAID PROGRAM: INTEGRATED CARE PROGRAM (ICP)

Illinois Client Enrollment Broker 1-877-912-8880:

<http://www.illinoisceb.com/>

- Provides more information about the ICP
- Can assist patients in choosing new PCP for their medical home



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- Uses manual wheel-chair, straight catheterizes himself.
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HEALTH INSURANCE CASE M.D.

Medicaid

- Adolescents qualify for Medicaid if they are eligible for SSI (Supplemental Security Income)
- At age 18, SSI recipients are re-evaluated under adult criteria
- Approximately 30% of these individuals fail to meet adult criteria and lose SSI and Medicaid eligibility

Schulzinger 2000



CASE M.D.

Medicaid

To receive SSI and Medicaid:

- young adult must be unemployed
- If working, earn below what is called substantial gainful activity: less than \$1000/month
- M.D. earns more than \$1000/month, and is in danger of losing SSI and Medicaid
- Since he is employed part-time, he has a higher insurance premium than full-time: \$400/month

CASE STUDY

FACTS

19 year old, female → 6 months past turning 19

Medical History: ulcerative colitis & seizure disorder

- Total abdominal colectomy and ileostomy done in the past.
- Needs 2 future surgeries to complete treatment
- seizure disorder → 3-5 non-convulsive seizures per month with medication, had one convulsive seizure in the past year

Insurance History

- Was on All Kids, never on group insurance
- Parents uninsured

Income

- In college
- Working at nursing home. ~\$600/month
- Applied for childhood SSI just before turning 17, was denied and appealed. Set for hearing in front of Administrative Law Judge (ALJ).

ISSUES

- Is she eligible for SSI/Adult Medicaid?
- If not Medicaid, can she qualify for another insurance program?
- Other Insurance Options: IL High Risk Pool (IPXP), IL CHIP, or Health Benefits for Workers w/Disabilities (HBWD)

OUTCOMES

- Qualifies for childhood SSI (back benefit through her 18th birthday)
- MAY qualify for adult SSI if it impairs her ability to work; if so, will qualify for adult Medicaid in IL
- If not SSI/Medicaid eligible as an adult?
- Maybe HBWD if “disabled” for SSI but over income/asset limit (low premiums, \$40-\$50)
- Will not qualify for ICHIP
(no creditable coverage for ICHIP, must be SSI disabled for HBWD)
- Should qualify immediately for IPXP b/c **ALREADY uninsured for 6 months (premium \$140-150)**
- **Transition to an Adult Medical Provider? – finding adult specialists can be difficult**

- **Protection and Advocacy Programs.** Contact the National Association of Protection and Advocacy Systems (NAPAS) at (202) 408-9514 or www.napas.org for contact information for the protection and advocacy program in your state. The protection and advocacy system is a federally funded network that seeks to ensure that federal, state, and local laws are fully implemented to protect people with disabilities. While the capacities of state programs vary, many protection and advocacy programs actively assist people with disabilities in accessing Medicaid.
- **Health Assistance Partnership.** This program of Families USA (a national consumer advocacy organization) supports a network of consumer assistance programs (ombudsman programs) throughout the country. To find out if there is a program in your community, contact the partnership at (202) 737-6340 or infohap@healthassistancepartnership.org.
- **Disability Advocacy Organizations.** Many local, state, and national advocacy organizations assist people with disabilities to access Medicaid and resolve problems they encounter. Such organizations also may be a good way to get referrals to programs that assist people with disabilities in your community.