

## **Frequently Asked Questions About the Affordable Care Act**

### **Who is eligible for New Hampshire Medicaid?**

- New Hampshire Medicaid pays for medical services for certain residents of the state with low income, including parents and their children, pregnant women, and people who are aged, blind, or disabled. To receive medical benefits you must apply for Medicaid and meet certain eligibility requirements.

### **How do I apply for New Hampshire Medicaid?**

- To apply for New Hampshire Medicaid you may:
  - Fill out an application online by visiting [nheasy.nh.gov](http://nheasy.nh.gov);
  - Visit [dhhs.nh.gov](http://dhhs.nh.gov) and download an application, and submit the completed application by mail or in person to your local District Office; or
  - Call us at 1-800-852-3345 ext. 9700 and request an application and one will be sent to you. You may then submit the completed application by mail or in person to your local District Office.

### **If I have a question about my New Hampshire Medicaid, whom should I contact?**

- You may call 1-800-852-3345 ext. 9700 if you have a question about your New Hampshire Medicaid.

### **What is the Affordable Care Act?**

- The Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010, collectively known as the Affordable Care Act (ACA), expands access to health insurance coverage through:
  - Improvements to the Medicaid program for children, pregnant women, and parents/caretaker relatives;
  - Establishment of an Affordable Insurance Marketplace (Marketplace); and
  - Assurance of communication and coordination between the Medicaid agency and the Marketplace.
- Under this law, most U.S. citizens and legal residents will be required to have health care coverage by January 1, 2014. NH Medicaid will qualify as acceptable health care coverage.

### **How will the Affordable Care Act affect the rules for New Hampshire Medicaid eligibility?**

- Under the ACA, there will be new eligibility rules for children, pregnant women and parents/caretaker relatives.

- Eligibility will be based on household size, based on modified federal income tax rules;
- Income will be counted according to modified adjusted gross income;
- Most income deductions have been eliminated and replaced with a standard 5% of the Federal Poverty Level deduction;
- There will no longer be a resource test.

### **How will the Affordable Care Act affect the application for New Hampshire Medicaid?**

- Beginning October 1, 2013, a new streamlined New Hampshire Medicaid application will be available for children, pregnant women and parents/caretaker relatives. This application can be used to apply for Medicaid benefits or for other insurance affordability programs, such as Qualified Health Plans or Advanced Payment Premium Tax Credits; however, the current paper application for New Hampshire Medicaid will continue to be accepted through the end of December 2013.

### **What if I am already receiving benefits from New Hampshire Medicaid?**

- If you have already been determined eligible for Medicaid benefits, you do not need to reapply; however, you must continue to comply with the requirements of the program and report changes that could affect your eligibility.

### **What does “No Wrong Door” mean?**

- Beginning October 1 2013, there will be several ways to apply for Medicaid and other insurance affordability programs such as Qualified Health Plans or Advanced Premium Tax Credits. An individual may apply for Medicaid or insurance affordability programs through the New Hampshire Department of Health and Human Services (NH DHHS) or through the federal Marketplace by visiting Healthcare.gov. An application may be completed in person, by a telephone call, by mailing in an application, or by completing the application online.

### **What can I do if I am not eligible for New Hampshire Medicaid and I need to find health insurance coverage?**

- If you applied for Medicaid on or after October 1, 2013, and your application for New Hampshire Medicaid is denied, your information will automatically be sent electronically to the Marketplace and the Marketplace will determine your eligibility for insurance affordability programs. If necessary, the Marketplace will also assist you in choosing a Qualified Health Plan.
- You may also visit Healthcare.gov to learn more about your options for health care coverage. Depending on your income and family size, you may qualify for

private health insurance, possibly with premium tax credits that may help to reduce your monthly costs for coverage.

### **What is a Qualified Health Plan?**

- Under the Affordable Care Act, starting in 2014, a Qualified Health Plan is an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification from the Market place where it is sold. To learn more about Qualified Health Plans you may visit [Healthcare.gov](http://Healthcare.gov).

### **If I have Medicare do I need to do anything?**

- Medicare is not part of the Health Insurance Marketplace, so you don't need to do anything if you have Medicare. Medicare will qualify as acceptable health care coverage.
- The Marketplace will not affect your Medicare choices, and your benefits will not be changing. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan, you still have the same benefits and security you have now. You won't have to make any changes.
- NOTE: The Marketplace does not offer Medicare Supplement (Medigap) insurance or Part D drug plans. For information on these programs, visit [Medicare.gov](http://Medicare.gov).

### **How can I learn more about the health insurance Marketplace?**

- To learn more about your health care coverage options through the Marketplace visit [Healthcare.gov](http://Healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325). Beginning October 1, 2013, you may complete an application through the Marketplace to apply for Medicaid, a Qualified Health Plan or other insurance affordability programs.

### **What is the relationship between New Hampshire Medicaid and the Marketplace?**

- Beginning October 1, 2013, New Hampshire Medicaid and the Marketplace will communicate with one another regarding new applications for Qualified Health Plans, Medicaid, and other insurance affordability programs. When NH DHHS receives an application for health care coverage and determines the individual is not eligible for Medicaid, the application information will be forwarded electronically to the Marketplace to determine if the individual is eligible for other insurance affordability programs. Similarly, if the Marketplace receives an application for enrollment in a Qualified Health Plan, but assesses that the person

may be eligible for Medicaid, the application information will be forwarded to NH DHHS. NH DHHS, not the Marketplace, will determine eligibility for Medicaid.

**How can I apply for other economic assistance programs such as Food Stamps, Financial Assistance for Needy Families (FANF), State Supplemental Payments for Aged, Blind or Disabled individuals, or Child Care Scholarships?**

- Beginning January 1, 2014, you will have to complete a separate application to apply for assistance programs, including Medicaid programs that are not for children, pregnant women, or parents/caretaker relatives. Visit [DHHS.nh.gov](http://DHHS.nh.gov) and click on the appropriate "How do I..." question to view information on assistance programs under the Division of Family Assistance.