Covered Clips

A Weekly Summary of News and Activities for the Cover Arizona Coalition

Week of May 12th

**Appeal Filed Related to Medicaid Expansion**

From The Yellow Sheet

Brewer and AHCCCS Director Tom Betlach (Thursday) asked the Arizona Supreme Court to reverse the appellate court’s ruling that the 36 Republican legislators who are challenging Medicaid expansion have standing to sue. In a 28-page appeal, Fennemore Craig attorney Douglas Northup argued that the appellate court’s opinion moved what was a political and procedural fight into the realm of the courts and, in doing so, drastically expanded the standing doctrine. “Legislators are asking Arizona courts to function as parliamentarians, potentially issuing advisory opinions for every piece of legislation that involves fees or assessments,” Northup wrote. He rehashed the administration’s earlier argument that Prop 108 does not apply to fees and assessments that are set by a state officer or agency. He also insisted that lawmakers have a standing to sue only in rare cases where a controversy cannot be challenged by any other party and will therefore evade judicial review – which isn’t the case here. “The court of appeals failed to address the fact that H.B. 2010 can be challenged by any person required to pay the Hospital Assessment,” the administration argued, adding that lawmakers and other critics have other remedies available, such as repeal or referendum. The only other reason lawmakers could have standing to sue, Northup wrote, is if they are “challenging a supermajority requirement itself as causing the ‘nullification’ of their individual votes, which is distinct from a challenge based on whether a supermajority vote should apply to a particular bill.” He cited *Dobson v. State of Arizona*, last year’s ruling in which the Supreme Court struck down a law that altered the way the Commission on Appellate Court Appointments operated. In that case, the court concluded that four commissioners had the standing to sue because the injury to them was particularized and they would have no means of redress if not allowed to challenge the law. The legislation at issue in *Dobson* required the commissioners to submit “the names of at least five persons” to the governor, though fewer could be sent upon a two-thirds majority vote of the commission. But that’s not the case in *Biggs v Brewer*, Northup wrote, as the issue at hand is the procedural implementation of a supermajority requirement, which doesn’t give the legislators standing. Additionally, Brewer and Betlach argued that, during the legislative process, any dispute as to whether a measure requires the support of a supermajority is “decided by majority vote” – meaning the Legislature already concluded, by passing the expansion of Medicaid with a simple majority last year, that it did not trigger Prop 108. The administration also said no one is contesting the court’s authority to review legislation and see if it complied with Prop 108 – but only if proper plaintiffs bring such a case: “The argument was simply that Legislators themselves cannot seek relief in the courts, because they are not subject to the Hospital Assessment.”

**Without KidsCare, Low Income Families Face High Costs for Children’s Health Coverage**

A new analysis conducted by Children’s Action Alliance and the Georgetown University Center for Children and Families examines the costs to low income families in Arizona for enrolling children in Marketplace coverage (*Dismantling CHIP in Arizona: How Losing KidsCare Impacts a Child’s Health Care Cost*, May 2014). The analysis uses real-life scenarios of three children and their actual use of health care services to determine what their costs would be if enrolled in three different qualified health plans with tax credits and cost-sharing reductions. The plans are from three different insurance carriers consistently offering the lowest cost plans across Arizona’s 15 counties. The findings point to high costs that may make coverage unaffordable for many families. The findings also point to additional barriers to consistent health care coverage.

See <http://azchildren.org/high-health-costs-without-kidscare>

**Living with My Health Plan from the Consumer’s Perspective – Thursday, May 22nd at 9:30am**

**What:** Please see attached PDF for more details. A discussion of ACA Marketplace plan and network adequacy. Consumer rights and how to document and resolve problems. A view from Arizona on issues and resources.

**When:** Thursday, May 22, 2014 from 9:30am to 12pm

**Where:** ASU Downtown Phoenix Campus, NHI 2 Room 110

550 N. 3rd Street, Phoenix, AZ 85007

**Parking:** Metered parking/self-pay parking lots available near facility. Please see attached map. Parking is NOT validated. You might also find this interactive website useful- <http://www.bestparking.com/phoenix-parking/> and ASU’s visitor’s parking site- <https://cfo.asu.edu/pts-visitor-downtown>

**RSVP:** Email mhaarizona@emsysonline.org by Tuesday, May 20th. Seating is limited.

**Department of Insurance Announces ACA Extended Transitional Policy Decision**

The Arizona Department of Insurance today announced that insurers that renewed existing plans, on or before December 31, 2013, that otherwise would have been modified or canceled under the Affordable Care Act (ACA), may renew that coverage. “Following our December 2013 announcement allowing insurers to early renew these plans, a significant number of Arizona policyholders that had the opportunity to keep those policies chose to do so,” Insurance Director Germaine Marks said.

See <http://www.azinsurance.gov/press/press14-01.pdf>

**AHCCCS MAGI Information**

Part 1

<https://www.healthearizonaplus.gov/APP/ShowTipSheet.aspx?tipSheetPath=Links\MAGI%20Methodology%20-%20PART%201.pdf&Link=Ftype>

Part 2

<https://www.healthearizonaplus.gov/APP/ShowTipSheet.aspx?tipSheetPath=Links\MAGI%20Methodology%20-%20PART%202.pdf&Link=Ftype>

**FAQ’s**

**From Families USA**

Are former foster care youth under age 26 eligible for Medicaid regardless of income in every state?

Yes. The Affordable Care Act requires all states to provide Medicaid to youth who were in foster care in that state on their 18th birthday until they turn 26, regardless of income. States have the option to also allow youth who were in foster care in another state on their 18th birthday to qualify for Medicaid in the state where they currently reside.

Former foster care youth and youth who are aging out of the foster care system are a critical target group for enrollment. Approximately, 26,000 young adults leave foster care each year without permanent homes. Last week, The Pew Charitable Trusts published a [Stateline article](http://cts.vresp.com/c/?FamiliesUSAFoundatio/c295295d4a/35135f202b/83c125a64a/utm_campaign=2014-04-30-Stateline-Daily.html&utm_medium=email&utm_source=Eloqua) profiling state efforts to enroll former foster care youth in Medicaid, including an infographic showing the number of foster youth potentially eligible for Medicaid in each state.

May is National Foster Care Month. Visit [childwelfare.gov/fostercaremonth](http://cts.vresp.com/c/?FamiliesUSAFoundatio/c295295d4a/35135f202b/21a5b5990b) to learn more about resources for youth in foster care and for state-by-state foster care information, including state officials and agency websites.

Are immigrants with income under 100 percent of the federal poverty level eligible for a special enrollment period if they were incorrectly determined eligible for Medicaid?

Yes, consumers who would qualify for Medicaid if not for their immigration status are eligible to enroll in a health plan through the marketplace. There are three types of "complex case" special enrollment periods that can help consumers who experienced difficulty enrolling through the marketplace because of the following issues:

1. Application errors related to immigration status resulted in an incorrect eligibility determination.
2. The applications of consumers ineligible for Medicaid/CHIP weren't transferred between the state Medicaid/CHIP agency and the marketplace in time for the consumer to enroll in a health plan through the marketplace during open enrollment. These consumers may "activate" the SEP by "reporting a change" either online or through the call center. A question on the online application asks whether applicants who were denied Medicaid/CHIP by the state originally applied (either at the state agency or through the marketplace) before 3/31/14. The consumer should select all applicants who were found ineligible for Medicaid/CHIP.
3. Consumers who were required to submit supporting documentation to the Marketplace before April 15 in order to confirm their identity.

Can consumers apply now for health insurance that will start next year, if they are not eligible for a special enrollment period?

Yes. The next open enrollment period for marketplace health insurance begins on November 15, 2014. If a consumer applies for health insurance between now and December 15, 2014 and does not qualify for a special enrollment period, his or her insurance will start on January 1, 2015. Consumers who apply between now and November 15, 2015 and are not eligible for a special enrollment period will receive their eligibility determination, but will need to wait until November 15, 2014 to choose a health plan.

**Upcoming Webinar:** [**Special Enrollment Periods and Resources for the Uninsured**](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTA2LjMxOTM2NjYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUwNi4zMTkzNjY2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2ODcyMzIzJmVtYWlsaWQ9bG91cmRlc3BAYWFjaGMub3JnJnVzZXJpZD1sb3VyZGVzcEBhYWNoYy5vcmcmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&105&&&https://www4.gotomeeting.com/register/319511543) (Click on the title to register)

·         **May 29 at (11am AZ Time)**

·         **To Join by Phone Only**, Dial 1-646-307-1706, Access Code: 564-494-667   For those joining by phone only, the Pin Number is the # key.

·         The health care law has created special enrollment periods for those who experience special circumstances such as graduating from college and losing health insurance, getting married and needing coverage for a spouse, losing employer insurance or turning 26 and losing coverage on a parent’s health plan. Join this webinar to learn more about special enrollment periods and how to enroll in the Health Insurance Marketplace. For those who are uninsured and don’t qualify for the special enrollment period, learn what resources are available and when and how to enroll in the Health Insurance Marketplace. Please email ACA101@hhs.gov by May 29 at 10 am ET with any questions.

**New SEP Resources**

Updated slides on Limited Circumstance or “Complex Case” SEPs and the Change in Circumstance HealthCare.gov functionality are now posted on the [Assister page](http://cp.mcafee.com/d/FZsSd20s81NJ5AQsCzBBcQsCzBdUTsSOUqem67THCSn3hOMMUyYrpsd7b33XOpJ6X3zbybMV4TgGT0k1iKNAJmCS9SU6CRtz9qJdIjJMddFLc8LecLZvASrzzhOejWZOWbar_cII6zBZ4QsYJt6OaaJQmul3PWApmU6CT3qbNKVKVI06va1mD4qCkffAp-9rBQDHVeeSaAFBBLeIvaNlE80zUige0A1hsk2M96Bi02yWN097JwiCul2M93j0S2g7c0Me3nMG8zou31gr51Ik0sf0xl4-P8c9wiC6lw93Ago2NEdC4Ns21Eaxc20O2haVor3xGUS70em30MMa3o9Ia3oEdT6Nw2iE70o5AMeGbyw4waul2M96z0S73iJAMOmQ1huwm18QC60ilp30s1QM8l3cMe0FZd0k1PhO1M53W0i0HY072gKj0Wpch2GFEVb0im0B6Oopbq0E3CzA3wa7Q0A1nU0e4xsC1QOoy5ljhOm0AI1aF0eKG1834XSl6zhO2g63d40AuC1M60xo3wc2PNw1g7d784i0WHgg13gg13gg12dXJ104d104d10400Rtyl-qN-S_HaQUzkPxfPRyXtcjbHr6sfynciCjbJQU76PWJNg-yMaTr4Xs01dIc9KfCzASqa0C5x8c3oq30Aqajh00EQcxEc40mc6QjhOr4aS1)on Marketplace.CMS.gov reflecting the  latest content from the April 18, 2014 assister webinar. The recently posted resources can be found here:

* [Helping Consumers Enroll in the Health Insurance Marketplace through Limited Circumstances or Qualifying Life Event Special Enrollment Periods – March 28, 2014 – Revised April 18, 2014 (slides)](http://cp.mcafee.com/d/2DRPowcyhJ5AQsCzBBcQsCzBdUTsSOUqem67THCSn3hOMMUyYrpsd7b33XOpJ6X3zbybMV4TgGT0k1iKNAJmCS9SU6CRtz9qJdIjJMddFLc8LecLZvASrzzhOejWZOWbar_cII6zBZ4QsYJt6OaaJQmul3PWApmU6CNNJ5UTsTsS03fB0Hjydja7DOc_4JOWjRYD7r5ikOOTDmfBoGQ40hY9870i0EKa1o4ziF01htow4zSM9jfaxo4xFwr183C0o71HUl4hIf1wEdywSa0e7wgGyvpA64M9j3aM4xO8c1oQ6P2oK10Q5gC10p18BsIdxMRsr3w7b1woo51I4S51Ik6XzoM19k3wc2Oo7l5Ng2g5faxo4zhwr3xFmOopbq0ELgb0Aqj309aIxwe0Wo4axCo70k-Cwa0VEV0U2xZ090l-03x8n9wtcC8xlkQsBw9b0izpccBJ0k1PhO1M53W0i0HY072gKj0Wpch2GFEVb0im0Bkw7nl0A1ytXazhEV1831Cy0ifj0U30gI1M61pUM0E3CzA290tlE80xE80xE80x6Wbgg13gg13gg100dnoBvCIvJLWOJe8RcUjYZoKTjfx6FVVs-iIF-wnJadCRqjS5LFOO3FI-HskfEI2JSNeT00jr32rzVEVdCyw9xoi30S6wM96yAQg0ad38q3105z1J4QsCP1Do82JT)
* [Helping Consumers Report a Life Event or Change in Circumstance after Open Enrollment – February 7, 2014 – Revised April 18, 2014 (slides)](http://cp.mcafee.com/d/5fHCN0qdEICzAQsIFCzAQsFL6XCSn3hOMM-ZsSOUqem674nzrbxEVoovujdETospshu78CW5mU2walScBGQSNeT0QSHIpblFJytK1FJdVx5VNB_HYCPssqehOvnKnhpjvVBBwQsLECzDBHEShhlKyPOEuvkzaT0QSYrhudTdTdw0PVgaQUzkOxVYzfNbsKAZv9NSNkBcIJVRzVmaJ104v2i1M4wabywm18QGg0knm818ZI2kPOEm18qo6Mi0Vw61Mq-5h4r3Moa3oEdyw3xU4aEDSp1xc2kMOI18sy30md1IMCbwgd1k9wg6gi9nb3osdn6MU1OMo661gr1dxgr51KUSc0il0U30IC1Rhsk0A1jOEm18Qo6MUqlIC6iSwabQ2M96AMM2iH8o3weC12EpC1M5fFE2weqege0Evg2g5vw0Ui5Oo7j9y8lld79o2iM4ESj39rg50sQsws1g-w4wa_01MAbAMeCj4gGGqeiM4Bw9l81RRg90oDuOEQqegi0MpEw4zQMe0M4b0s1wmuc0a0VEV0yg7lq208q208q208hKCQ40gQ40gQ40g03lS9nVH7Xr-IHjydje4_fmbJQOfHlzcKv9TO_CvxfBA7jpZmUEvho5rJytK00CS64T7PhOrd50j2MA61Id1wid59Ew0kq6gQ620b63q9EVdHAchpQnquMkq)

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Have something you want us to possibly add to next week’s newsletter? Email Kim VanPelt at kim.vanpelt@slhi.org. As always, special thanks to Meryl Deles for much of the content.