Myth Busters

Common Misconceptions About the Affordable Care Act (ACA) and MNsure in the Child Support World

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Goals for Today

- Dispel some common myths about the ACA and the child support program in Minnesota
- Offer an opportunity for you to get answers to burning questions
- Learn from each other

Myth #1

MNSure is insurance.

Fact

No - MNSure is NOT insurance.

MNSure is : (1) The MN Healthcare Marketplace for private coverage and (2) the web portal people use to apply for public coverage.

Myth #2

MinnesotaCare has been completely eliminated.

Fact

No - MinnesotaCare still exists as a medical program. However, MinnesotaCare is no longer considered public assistance for child support purposes.

Myth #3

Only the CP can apply for healthcare coverage through MNSure.

Fact

No - Either parent can apply through the MNSure portal.

The preference of MNSure staff is that the parent who is claiming the federal tax dependency exemption for the child applies, and the MNSure application alludes to this as well.

Myth #4

Eligibility for MA has changed under the ACA and only the individual who claims the tax dependency exemption may apply for MA for the child.

Fact

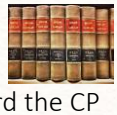
No - MA eligibility requirements have not changed under the ACA. The person with whom the child resides 50% or more may apply for MA benefits.

Myth #5

The county should actively petition the court to:

- Award the CP the federal dependency exemption; and
- Order the CP to obtain/maintain the dependent health care coverage (PA and/or NPA).

Fact



No – There is no requirement to award the CP the tax dependency exemption or to carry the healthcare coverage.

- Follow the statutory requirements in establishing and modifying medical support
- Avoid offering any type of advice as to who should be awarded the federal tax dependency exemption.

Additional Information from Session

- The ACA head of household determination is different from MFIP head of houseo which is different from SNAP head of household determination.
- Also, different "household" definitions. For example, Grandma living in the house with the family doesn't count for MFIP, but Grandma counts for MA/MNSure
- IVD has "no skin" in tax dependency exemption issue. We don't know the half of the family situation. There are too many moving parts – who would benefit most from tax dependency and who would lose out? What unintended consequences have we not considered? How would a county employee know any of this?
- Counties do not have a role in addressing which parent should get the tax dependency exemption. However, counties should be prepared to explain the tie between the tax dependency exemption and the obligation to ensure that the child is covered.
- The county will not distribute or collect the IRS tax form used to confirm that the child is covered. However, counties should provide information to a parent or a parent's attorney or the court relating to verification of coverage that is readily accessible to the county.

Myth #6

If the CP gets the tax dependency exemption for the child, and the NCP is ordered to carry the health care coverage for the joint child and does not comply, the NCP is subject to a federal tax consequence.

Fact

No, if the CP has the tax dependency exemption and the NCP fails to carry coverage, the NCP will not be subject to a tax penalty.

- The parent claiming the federal tax dependency exemption is the parent responsible for certifying to the IRS that the joint child was covered for all or a part of the tax year.
- That parent will be subject to the shared responsibility payment unless a health coverage exemption applies, even when the other parent is court ordered to carry the coverage and fails to do so.

Additional Information from Session

- This is not a IV-D issue, however:
  - IV-D can and should verify coverage if asked
  - Provide information about the hardship exemption process
- For cases where the NCP is ordered to provide the coverage and fails to do so, and the CP has the federal tax dependency exemption, there is a hardship exemption form that the CP can fill out and file. The CP must apply for MA through MNSure (or if in another state, through their state portal) and not be found eligible to get the hardship exemption

Myth #7

If a parent obtains dependent healthcare coverage through MNSure, medical support should always be reserved.

Fact

No - Rely on the information on PRISM and use that information when setting and modifying support.

- Do not automatically reserve medical support.
- Do not force a medical support obligation when PRISM shows the case status as NPA.
- Remember one can obtain private insurance through MNSure.org, too.

Additional Information from Session

- Call the CP to obtain insurance information
  - If able to verify insurance get an order
  - If unable to verify insurance, reserve
- If you reserved medical due to no interface in the past, remember DON'T GO RETROACTIVE when it is time to set medical support again!!!
  - Orders should have language in there preventing this, however, if your county didn't adopt the use of that language, STILL NO RETROACTIVE ORDERS!!!
  - High up officials determined it was riskier to order and collect medical support from people that we should not, than to reserve medical and not collect from people that we should.

Myth #8

The METs/PRISM interface is still not working/not reliable.

Fact

Yes and No - As of December 19, 2015 the METs to PRISM interface became operational, however, the PRISM to METs interface still needs work.

Myth #9

Counties are finally receiving METs referrals.

Fact

Some, but not all counties are receiving referrals.

- Some counties are receiving all referrals.
- Some counties are receiving some, but not all referrals.
  - It is conceivable that there will be a 9AM hearing that has a referral and a 10AM hearing that does not. Explain it, this will be confusing!
- Some counties are receiving no referrals.

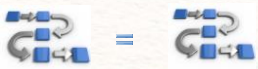
Myth #10

The new medical referrals coming through the METs interface are vastly different and require extra training and attention.

Fact

No - METS referrals are very similar to MAXIS referrals.

METS referrals are processed in the same way as MAXIS referrals. They just have a different originating case number.



Myth #11

There will be a "big dump" when healthcare workers process the cases where the parties remain open on MA on MAXIS.

Fact

No - There will be no "big dump". These cases will be referred to child support as they are up for renewal of healthcare coverage.

Additional Information from Session

- Cases will be transitioned as they come up for annual renewal – this is for all MA cases currently serviced in MAXIS (MFP, DWP, MAO)
- PRISM will receive a close worklist, cases will flip to NPA or may remain MFIP – honor the program code on PRISM
  - It might take 6 days, 6 weeks, 6 months for the case to get back to having MA on it again. TRUST THE PRISM CODE!
- Be nice to our IV-A, this isn't their fault. They are struggling.
- DO NOT USE MMIS – it is not reliable for our purposes. It is not reliable for our purposes. It is not reliable for our purposes.
- If we receive an interface – process the case as usual.

Myth #12

If a CP's case is coded MA, the PRISM/METs interface is active, and if the CP also receives MA and is not cooperating, the CSO may close the child support case.

Fact

Yes and No - If the CP is not cooperating, the child support worker should update GCSC with the non-cooperation code.

BUT, because the PRISM to METs interface is not operational, MA will not close for non-cooperation and the child support case must remain open.

We should no longer receive referrals for COMA cases. If you do, reject it.

Myth #13

Because of the PRISM/METs interface issues, CSOs need to be in constant contact with METs workers and/or use MMIS to obtain the correct medical information.

Fact

No - Rely on the information on PRISM and only contact health care workers when there is an issue with an existing referral you are trying to process.

- Only contact IV-A with major things, like wrong NCP, unknown DOB, SS#, etc.
- **Do not use MMIS to verify MA status.**

Myth #14

Now that we have METs all referrals will be appropriate and perfect.

Fact

No - There will be errors with the METs referrals just as there have been errors with MAXIS referrals.

Additional Information from Session

- We know that there have been cases referred with NCP as the primary on MA with the children.
  - –Don't confuse residence with tax dependency exemption.
  - –If the children are residing with the CP on the PRISM case the CP should be the primary on MA, too.
- If you encounter these types of scenarios you will need to resolve with your IVA partners.

Myth #15

Because we don't always know an applicant's medical assistance status, the cost recovery fee is a problem.

Fact

We don't always know an applicant's medical public assistance status, so the cost recovery fee should always be suppressed if it is possible the applicant is on MA.

Trust the CP, suppress the fee!

Myth #16

When my county starts receiving referrals for MA cases again, my county should modify the order to set an ongoing medical support obligation and go retroactive back to the date of the reservation that was based on no interface.

Fact

No - Statewide, the decision was that when counties requested to reserve medical support based on the lack of the interface, counties would not request past medical support for that time period once the interface was operational.

Language was to be put in the court orders to prevent the retroactive temptation.

Despite a retroactive MA effective date appearing in PRISM counties still must honor the referral date!

Myth #17

When my county starts receiving referrals for MA cases again, I should go in and set up a CPOD for all amounts CP received retro to effective date OR charge NCP based on PAO medical account back to effective date.

Fact

No - Statewide, the decision was counties not request past medical support or enforce medical assistance charging when there was no interface nor would anyone pursue retro monies.

Despite a retro MA effective date appearing on PRISM CSOs must honor the referral date!

Myth #18

We're getting out of the medical business!

What do you think - Are We Getting out of the Medical Business?

- Yes, it is about time!
- No, we should be doing this work!
- No, but we should get out!
- I don't know!

Fact

We are not getting out of the medical business for the foreseeable future folks.

Now's your chance!

Additional Information from Session

- Have supervisor to supervisor or manager to manager conversations about:
  - –The importance of accurate information on METS referrals (no ALF unknown when it is known, etc.)
  - –The importance of getting METS referrals
  - –The change to no COMA referrals
- Provide the Help Desk with case examples where things are not going correctly