

Insurance Assistance Program

IAP

&

DHHS Liaison

Asia Melchor (IAP) & Dana Vigés (DHHS Liaison)

Team



Asia Melchor



Dana Vigés



DaySha

Insurance Assistant program

Overview: Two Parts



The Insurance Assistance program is made up of two parts:

- ❑ IAP - primarily Asia's role which pays insurance premiums
- ❑ DHHS liaison - primarily Dana's role which helps with some aspects of DHHS benefits and programs for any HIV positive clients statewide



Who We Are and What We Do

- ❑ IAP- Our program pays insurance premiums for clients who meet our eligibility criteria.
 - ❑ Typically, these are Medigap policies through Medicare or Medicare part D (MED-D) policies for clients who have both Medicare and Medicaid.
 - ❑ We are a DHHS funded program

Job Duties (IAP)

- ☐ Process entire applications, including verifying details through multiple systems, for eligibility onto the program
- ☐ Review, adjust, research monthly payment amounts for all clients active on program
- ☐ Handle incoming phone calls from clients, case managers, and at times one or both and an insurance company
- ☐ Educate case managers on eligibility and program related functions
- ☐ Chart and report on clients served and services rendered

What is a Medigap Policy?

- ❑ A Medicare Supplement Insurance (Medigap) policy can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles.
 - ❑ This policy covers the 20% that the client would be responsible for paying after Original Medicare has been billed.
 - ❑ Note: Medigap policies do not include prescription coverage



IAP- Qualifications

Must be HIV+ and must currently be too ill to work or a substantial likelihood that you will be too ill to work within the next 3 months as verified by a Physician or NP or receiving SSDI, SSI, Disability

Must be a Michigan resident

Must not have more than \$10,000 in assets



IAP Qualifications Cont.

Gross monthly income must be less than 200% of the Federal Poverty Level

Must not be eligible for any employer sponsored health insurance

May be eligible for Medicaid

Application Procedure

Include with application:

- A copy of client's Driver's License or other forms of government issued photo ID with signature
- Verification of current income:
 - One month's worth of current pay stubs (if working)
 - Check stub or award letter for Unemployment, SSDI, Disability, Pension, etc.
 - Letter & Bank statement if living off of assets
 - Support verification letter including amounts
 - If self employed – 1040 with schedule C
- Must provide Verification of Assets
- Premium Statements, Insurance Premium Bill



Where to find our application

- On the MIDAP website: www.michigan.gov/dap



Where to Send

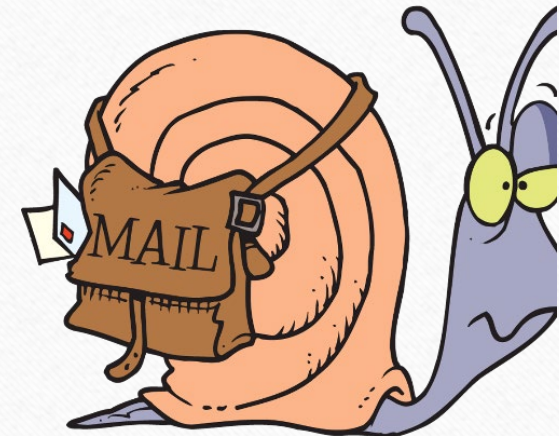
Mail or Fax the original application with supporting documentation to:

Insurance Assistance Program

P.O. Box 30727

Lansing, MI 48909

Fax: (517) 335-7723



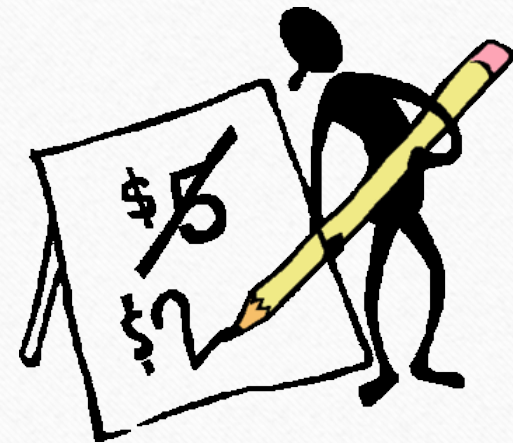


Considerations

- ❑ If approved, IAP can pay premiums retroactively up to three months from the date we received the application
- ❑ Re-determination annually for IAP (asset page, income verification, bill)
- ❑ We pay ahead for premiums (ex: the first week of May we will send payment for June's premiums)

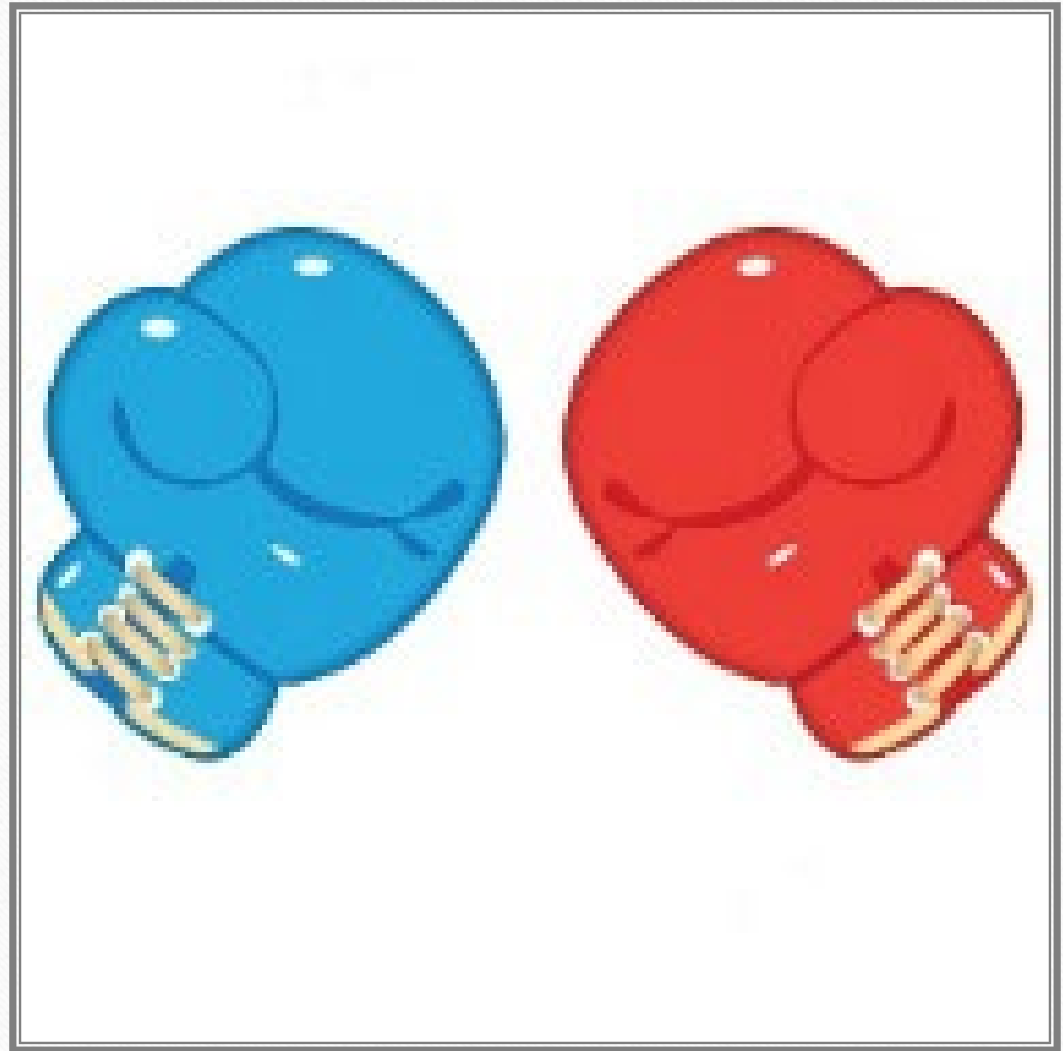
When to Notify IAP

- ❑ Rate changes to the premium amount / monthly statements
- ❑ When client knows they will become eligible for Insurance through new employer
- ❑ If client is deceased/ No longer needing or eligible for services



IAP vs. Premium Assistance

Summary Comparison



IAP (Asia)	Premium Assistance (MIDAP-Ellie &Amber)
HIV + determined by a physician or nurse practitioner	HIV + determined by a physician or nurse practitioner
Physician or Nurse Practitioner must determine whether client is too sick to work now or will be too sick to work in 90 days	No disability requirement
Monthly Gross Income limit less than 200% of the Federal Poverty Level	Monthly Gross Income limit less than 500% of the Federal Poverty Level
Cash Asset Limit is less than \$10,000 (Does not include home or car) Must include verification of Assets	No Cash Asset Limit
May be eligible or receiving Medicaid or Medicare (*IAP program is not part of MIDAP we are funded differently*)	Client must not be receiving Full Medicaid (May be on spend-down)
The client must not be eligible for any other group health insurance plan	The client must not be eligible for any other group health insurance plan
Active IAP client with Medicare part D coverage may be eligible to have the Medicare Part D paid for by IAP (Only if on Medicaid as well)	Policy must include full prescription coverage (Full prescription coverage means prescription coverage with no annual maximum limit.)
Clients on IAP typically have Medigap policies	Clients on Premium Assistance typically have QHP, MED-D, Advantage or COBRA policies)



DHHS Liaison

Dana Viges

Go to your smart phones



Apply for Benefits

A streamlined and dynamic application for multiple programs.



MI Bridges: Apply For Benefits, Manage Your Case, And Explore Resources

<https://youtu.be/G-yn9nKLPXA>



what's
new?



Updates

What We Do

- ❑ Client Benefit Assessments (CBA's)
- ❑ Keep you updated with DHHS program and policy changes
- ❑ Advocate on behalf of our mutual clients to the DHHS office
- ❑ Report back information on programs our mutual clients are eligible for or are already receiving (can be done via CBA's or calling)

CBE's

Client Benefit Evaluations (CBE's) are the forms you fill out with your client to gather information used to help us determine what they have and may be eligible for

CLIENT BENEFITS EVALUATION Michigan Department of Health and Human Services HIV Continuum of Care Unit

Fill out this form as completely as possible. Accurate information is essential in order to make a complete estimate of the programs for which your client may be eligible.

Case Manager: []	Agency: []	
Agency Phone No.: []	Ext. No.: []	
Agency Fax No.: []	Agency Fax No.: []	
Email Address []	Date Completed []	Evaluate for: Initial or Reassessment <input type="checkbox"/> and/or ADAP <input type="checkbox"/>

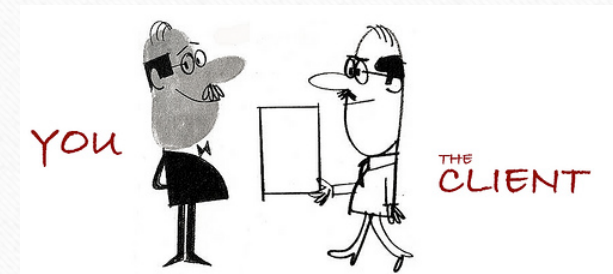
IF YOU ARE REQUESTING AN ADAP ASSESSMENT, YOUR CLIENT MUST HAVE A SOURCE OF VERIFIABLE INCOME. Please fax one full month's verification (pay stub, award letter, etc.). You do not have to fax verification of SSI, SSDI, or SDA. **IF THERE IS NO INCOME, YOUR CLIENT MUST GO TO MDHHS AND APPLY FOR MEDICAID AND/OR HEALTHY MICHIGAN PLAN.**

Client Information:

Name: (Last, First, Middle Initial) []	D.O.B. []
City: []	County: []
S.S.N. []	

Living Arrangements:

<input type="checkbox"/> Client Lives Alone	OR	<input type="checkbox"/> Client Lives With: (Check all that apply)
<input type="checkbox"/> Spouse	<input type="checkbox"/> Parents	<input type="checkbox"/> Partner
<input type="checkbox"/> Girlfriend or Boyfriend	<input type="checkbox"/> Friends	<input type="checkbox"/> Roommates
<input type="checkbox"/> # of children under 18 []	<input type="checkbox"/> # of children over 18 []	<input type="checkbox"/> Other []
Total family size []		
If client lives with others, does he/she purchase and prepare food separately? <input type="checkbox"/> Yes <input type="checkbox"/> No		



CLIENT BENEFITS ASSESSMENT
Michigan Department of Health and Human Services
HIV Continuum of Care Unit

Client Name	Agency	Fax #
	SSN	ID #

Based on the information you supplied, the following is the client's status for the listed programs:

Program	May Be Eligible	Active	Amount	Review Month	Pending	Program	May Be Eligible	Active	Amount	Review Month
						DAP				
						FIP				
A						IAP				
B						FAP (Food Stamps)				
						FAP-Medical Expenses				
Savings						SDA				
						Healthy Michigan Plan				
Deductible						Home Help Services				

or HMP HMO: Phone:

It does not appear that this client is eligible for any of the above programs.

Client is NOT eligible for Medicaid or Healthy Michigan Plan, but may qualify for the AIDS Drug Assistance program (ADAP) if he/she meets other eligibility requirements.

CBA's

Client Benefit Assessments (CBA's) are the forms we send back to you showing you what the client currently has and may be eligible for

HIV BENEFITS INFORMATION ON STATE/FEDERAL PROGRAMS

ADMINISTERED BY:
U.S. GOVERNMENT SOCIAL SECURITY ADMINISTRATION (SSA)

Program Title: Supplemental Security Income (SSI)

Eligibility Requirement:	<u>Disability:</u> See SSDI.
Financial Eligibility:	Assets under \$2,000 for an individual, or \$3,000 per couple.
Benefits Amount:	Automatically eligible for Medicaid. Up to \$733/m. \$488/m if living in another's household. State SSI checks of \$42 mailed quarterly (Mar., June, Sept., Dec.). \$27.99 if living in another's household.
Payment Intervals:	1 st of the month for that month. *Presumptive SSI: documentation re: diagnosis presented at application, may get check in 2-3 weeks. Form SSA-4814-F5 regarding HIV/AIDS diagnosis is available.
Duration of Coverage:	Long-term based on continued eligibility. Work incentives exist to encourage employment. Call (313) 456-1678 for further work incentive information.
How to apply:	See SSDI.

Program Title: Social Security Disability (SSDI)

Eligibility Requirement:	<u>Disability:</u> Unable to perform any substantial gainful activity (earning more than \$1,040/m, gross) and suffering from an incapacity or disease that is expected to last 12 months or longer or results in death.
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Welfare Entitlement Benefits

This document is a snapshot of program descriptions and information on eligibility and where to apply



Contact Info

Do not hesitate to call with any questions.

IAP

❖ Asia Melchor (517)-335-9134

DHHS Liaison

❖ Dana Viges (517)-335-7699