



# Delaware's Health Insurance Marketplace: Update on Activity

Delaware Health Care Commission  
March 2, 2017



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# Agenda

- National Landscape
- National & Delaware Enrollment Data
- Post-Open Enrollment Assistance
- Guidance for Filing 2016 Taxes
- CMS Proposed Rule - Plan Year 2018
- Plan Management Update
- Questions/Comments

# National Landscape

- **President Trump:** In his address to the Joint Session of Congress on 2/28, the President outlined some main themes:
  - Make coverage available to those with pre-existing conditions
  - Give flexibility to states for Medicaid
  - Utilize tax credits and HSAs to make coverage affordable
  - Reduce unnecessary costs and bring down the price of prescription drugs
  - Increase competition by allowing issuers to cross state lines
- **GOP Governors:** Draft proposal urges Congress to change Medicaid from an open-ended federal entitlement to a program designed by each state within a financial limit.
- **American Hospital Association:** President Rick Pollack said Medicaid coverage to 70M Americans must be retained and that federal waivers can give states flexibility.



# National Enrollment

- Number of Americans who signed up for health insurance through the Marketplace during Open Enrollment (Nov. 1, 2016-Jan. 31, 2017): **9.2 million.**
  - About 3 million (33%) are new consumers, with the remaining 6.2 million as returning Marketplace consumers.
- Comparable number for last year's Open Enrollment: **9.6 million.**
- National percentage decline: **4.2%**
- CMS will release a final report later this month.



# Delaware Enrollment

- Number of Delawareans who signed up for coverage on the Health Insurance Marketplace from Nov. 1, 2016 through Jan. 31, 2017: **27,584**
- Comparable total from the previous enrollment season: **28,256**
- Percentage decline: **2.4%**



# Post-Open Enrollment Assistance

- Consumers who experience qualifying life events such as birth/adoption of a child; marriage or divorce; loss of minimum essential coverage; aging out of parents' insurance at age 26; or domestic violence eligibility may enroll outside of open enrollment.
- Enrollment in Medicaid and in the SHOP Marketplace for small businesses is open year-round.
- Navigators, Certified Application Counselors (CACs), and Agents and Brokers will continue to provide education and enrollment assistance to consumers.
- Visit [www.ChooseHealthDE.com](http://www.ChooseHealthDE.com) to find free assistance and local office hours.

# Guidance for Filing 2016 Taxes

- Individuals who enrolled for coverage through the Health Insurance Marketplace in 2016 should receive Form 1095-A.
- The Marketplace sends this form, which includes information about the tax filer's health coverage.
- Individuals should wait to file their returns until they receive Form 1095-A.
- Use Form 1095-A to complete IRS Form 8962 and reconcile advance payments of the premium tax credit or claim the premium tax credit on your tax return.

# Guidance for Filing 2016 Taxes

- If filing tax returns indicating you did not have health insurance coverage in the year 2016:
  - Special situations may be qualifying events for exemption. For more information visit [www.healthcare.gov](http://www.healthcare.gov).
  - Otherwise, tax penalty is calculated 2 different ways – as a percentage of household income, or per person. **Consumers will pay whichever is higher.**
    - 2.5% of household income
    - \$695 per adult, plus \$347.50 per child under 18
      - Maximum: \$2,085
- For more information visit: <https://www.irs.gov>



# CMS Proposed Rule - Plan Year 2018

- CMS issued a Notice of Proposed Rule Making that would indicate changes for the 2018 Open Enrollment Period:
  - Open Enrollment would run November 1 through December 15, 2017
  - Plan metal level adjustments will affect the actuarial value for silver plans
  - Consumers must pay past-due premiums before reenrolling with the same issuer

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-02-15.html>

<https://www.federalregister.gov/documents/2017/02/17/2017-03027/patient-protection-and-affordable-care-act-market-stabilization>

# CMS Proposed Rule - Plan Year 2018

- Enforcement of Network Advocacy Standards will shift from CMS to individual States
- Consumers must pre-verify eligibility for Special Enrollment Periods
- The Essential Community Providers standard will be lowered from 30% to 20%
- Revised timelines for QHP certification and rate review, giving issuers additional time to implement changes

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-02-15.html>

<https://www.federalregister.gov/documents/2017/02/17/2017-03027/patient-protection-and-affordable-care-act-market-stabilization>

# CMS Proposed Rule - Plan Year 2018

- In February, HHS announced revisions to the 2017 calendar for Qualified Health Plan certification and rate filing deadlines for 2018 plans and rates:
  - Deadline for filing QHP applications and rate table templates will be June 21, 2017
  - Final CMS review of revised QHP applications will be August 17 to September 11, 2017
  - States must send their final recommendations regarding QHPs to CMS by September 27, 2017.
  - HealthCare.gov will post QHP information for November 1, 2017 Open Enrollment launch.

# CMS Proposed Rule - Plan Year 2018

- Public comments must be received no later than 5 pm March 7, 2017. Refer to file code CMS-9929-P.
  - Electronically: <http://www.regulations.gov>. Follow the “Submit a comment” instructions.
  - Regular mail: CMMS/HHS Attention: CMS-9929-P, P.O. Box 8016, Baltimore, MD 21244-8016.
  - Express or overnight mail: CMMS/HHS Attention: CMS-9929-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

<https://www.federalregister.gov/documents/2017/02/17/2017-03027/patient-protection-and-affordable-care-act-market-stabilization>

# Plan Management Update



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# Issuer Letters of Intent to Participate in Plan Year 2018

- On January 11, the Dept. of Insurance (DOI) published a Bulletin to issuers inviting them to submit a Letter of Intent to apply for QHP certification for Plan Year 2018.
- To date, the following medical and stand-alone dental Issuers who currently participate on the Marketplace in 2017 have or intend to submit letters of intent to participate in Plan Year 2018.

## Medical Issuers

- ✓ *Aetna Health, Inc.*
- ✓ *Aetna Life Ins. Co.*
- ✓ *Highmark BCBSDE*

## SADP Issuers

- ✓ *Delta Dental*
- ✓ *Dominion Dental*

- Issuers have until **June 9, 2017** to make a final decision as to whether or not they will apply for plan certification for PY2018.

# QHP Certification Timeline for PY2018

- The DOI's Plan Management Team is working with insurance companies and the federal government to prepare for the 5<sup>th</sup> round of QHP Review.
  - ✓ Insurance companies are currently designing health plans to meet new or updated federal guidelines; developing premium rates and cost-share variations; and evaluating provider networks to ensure compliance with state and federal standards and regulations
  - ✓ CMS is finalizing process guidelines and developing tools to support the QHP review.

Current Proposed Timeline	QHP Review Activities
May - September 2017	<ul style="list-style-type: none"> <li>• DOI reviews plans for compliance with federal and state laws and standards</li> <li>• Areas for review include <i>rates, benefit design, cost-sharing, network adequacy, among others</i></li> </ul>
September 2017	<ul style="list-style-type: none"> <li>• Federal government conducts final QHP reviews and certifies state-recommended plans</li> <li>• DOI releases Premium Rate information</li> </ul>
October 2017	<ul style="list-style-type: none"> <li>• Federal government releases list of certified QHPs for Plan Year 2018</li> <li>• Open Enrollment begins November 1<sup>st</sup> for Plan Year 2018</li> </ul>

# Questions/Comments

- Health Care Commission
- Public



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