Delaware’s Health Insurance Marketplace: Update on Activity

Delaware Health Care Commission
March 2, 2017
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.

https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-02-03.html?DLPag
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](https://www.irs.gov)

[https://www.healthcare.gov/fees/fee-for-not-being-covered/](https://www.healthcare.gov/fees/fee-for-not-being-covered/)
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


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


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.

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](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.
Plan Management Update
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 5th 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.

<table>
<thead>
<tr>
<th>Current Proposed Timeline</th>
<th>QHP Review Activities</th>
</tr>
</thead>
</table>
| May - September 2017     | • DOI reviews plans for compliance with federal and state laws and standards  
                          | • Areas for review include rates, benefit design, cost-sharing, network adequacy, among others |
| September 2017           | • Federal government conducts final QHP reviews and certifies state-recommended plans  
                          | • DOI releases Premium Rate information |
| October 2017             | • Federal government releases list of certified QHPs for Plan Year 2018  
                          | • Open Enrollment begins November 1st for Plan Year 2018 |
Questions/Comments

- Health Care Commission
- Public