Covered Clips

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

Week of February 1st and 8th

**Arizona House Panel Okays Bill to Restore Kids’ Health Insurance**

The Arizona Republic

Arizona on Tuesday moved a step closer toward joining 49 other states that publicly fund health-insurance coverage for children in low-income families.

The Arizona House Health Committee advanced House Bill 2309, which would resume enrollment under the KidsCare health-insurance program for low-income families.

Arizona froze KidsCare enrollment in 2010 amid budget cuts following the Great Recession. In 2014, Arizona ended KidsCare, and families were sent to get coverage under the federal Affordable Care Act’s marketplace or Medicaid expansion.

Advocates said that more than 26,000 children obtained health insurance through the state's Medicaid expansion after KidsCare ended in 2014. But families of about 14,000 KidsCare children were sent to the federal marketplace to buy subsidized plans that included cost-sharing requirements like co-pays and deductibles that many families can’t afford, advocates say.

A legacy version of KidsCare still covers fewer than 750 children who enrolled in the program before the 2010 state budget cuts, but those children will be removed from the program when they become adults.

Arizona is the only state without a version of the federal Children's Health Insurance Program, a point that advocates repeated in a Tuesday committee hearing packed with nearly 100 backers of the bill. The legislation was introduced by Rep. Regina Cobb, R-Kingman.

"This is such an important bill for the children and the working poor," said Cobb, a dentist.

Cobb said that the bill has also been assigned to the House Appropriations Committee and no initial hearing has been scheduled. She urged the bill's backers to continue to advocate for it as it moves through the Legislature.

The bill would restore KidsCare eligibility for families earning between 138 and 200 percent of the federal poverty level, or nearly $33,500 to $48,500 for a family of four. Eligible families that earned less would retain their Medicaid coverage.

Arizona has made significant strides in reducing the state's overall rate of people without health insurance. A survey released Tuesday by the Centers for Disease Control and Prevention showed that Arizona had among the largest drops in uninsured among adults in 37 states last year, with the state's uninsured rate sliding from 19.5 percent in 2014 to 13.6 percent in 2015, according to the National Health Interview Survey conducted between January and September of last year.

http://www.azcentral.com/story/news/arizona/politics/2016/02/09/bill-aims-restore-kids-care-health-insurance-arizona/80057426/

**Arizona’s Affordable Care Act Health Insurance Sign Ups Low in Third Year**

Arizona Republic

Health-insurance sign-ups in Arizona cooled during the Affordable Care Act's third annual enrollment period, with slightly more than 203,000 residents re-enrolling or choosing a new plan, according to preliminary figures released by the U.S. Department of Health and Human Services.

A year ago, the Obama administration reported that more than 204,100 Arizonans had signed up for coverage. But by March 31, only 165,000 had activated those plans with paid monthly premiums, the administration said.

HHS officials said Thursday that a more detailed report later this year will show how many of the current 203,066 enrollees activated and kept their plans as of March 31.

Officials said the preliminary figures released Thursday should be more accurate than reports from a year ago. The current report accounted for plans that were cancelled by the insurer or consumer during the three-month enrollment period, which started Nov. 1 and ended Sunday.

Arizona health-law advocates said they were disappointed in the slight drop in enrollments.

"We are encouraged that a lot of people are finding affordable health coverage, but I think we hoped the number would be bigger," said Kim VanPelt, who helps coordinate the Cover Arizona Coalition, a collection of individuals and non-profit groups that promote health-insurance sign-ups.

"We also know the marketplace is undergoing some growing pains."

HHS said about 12.7 million people signed up for new private insurance plans or renewed existing plans for coverage in 2016. The figure falls in the range federal officials expected to reach for this enrollment period.

"It is clear that marketplace coverage is a product that people want and need," HHS Secretary Sylvia Mathews Burwell said during a conference call with reporters.

This year, President Barack Obama's signature health-care law has provided fodder for both the Democrats and Republicans campaigning for the White House, and health insurers also have raised issues withthe law known as Obamacare.

Major health insurers such as UnitedHealth Group, Aetna and Anthem recently expressed doubts about the long-term sustainability of the marketplace. Aetna's top executive said he had "serious concerns" about the marketplace's viability, while UnitedHealth Group warned that it might leave the marketplace in 2017.

Andy Slavitt, acting administrator of the Centers for Medicare and Medicaid Services, said private insurers need to adapt to new realities in the federal marketplace. The federal health-care law no longer allows private health insurers to deny coverage for a pre-existing condition or cancel a plan after an individual is diagnosed with a chronic disease.

"All health plans have to make an adjustment," Slavitt said. "We live today in a world where you need to stay competitive."

Health insurers have made changes. Most major insurers this enrollment season dropped preferred-provider plans and converted the HMO plans with smaller provider networks.

In Arizona, the non-profit health insurance co-op Meritus shut down at the end of December after the state Department of Insurance suspended its right to sell new policies or renew current ones.The state enforcement action effectively closed the co-op and forced 59,000 Arizonans to switch insurance providers.

"Right at the start, it kind of set our effort back," said Suzanne Pfister, president and CEO of St. Luke's Health Initiatives.

Still, when combined with the state's changes to Medicaid, more than half a million people have gained health insurance in Arizona since the Affordable Care Act's coverage began Jan. 1, 2014. Arizona tapped ACA funding and a health-provider assessment to restore and expand the state's Medicaid program for those who earn up to 138 percent of the federal poverty level.

The Census Bureau reported last year that Arizona’s uninsured rate dropped to 13.6 percent in 2014, down from 17.1 percent in 2013. It was first census report to measure the uninsured rate after the health-care law's coverage began.

The largest share of Arizonans still get coverage from their private employers. Others are covered through government health-insurance programs such as Medicare or the VA.

"The number of uninsured has gone down dramatically," said VanPelt, St. Luke's Health Initiatives director of state health policy and advocacy. "We don’t want to lose sight of that fact."

http://www.azcentral.com/story/money/business/consumers/2016/02/04/arizonas-affordable-care-act-health-insurance-signups-slow-third-year/79839048/

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| --- | --- |
| **Week 13** | **Cumulative Plan SelectionsNov 1 – Feb 1** |
| Alabama | 195,055 |
| Alaska | 23,029 |
| Arizona | 203,066 |
| Arkansas | 73,648 |
| Delaware | 28,256 |
| Florida | 1,742,819 |
| Georgia | 587,845 |
| Hawaii | 14,564 |
| Illinois | 388,179 |
| Indiana | 196,242 |
| Iowa | 55,089 |
| Kansas | 101,555 |
| Louisiana | 214,148 |
| Maine | 84,059 |
| Michigan | 345,813 |
| Mississippi | 108,672 |
| Missouri | 290,201 |
| Montana | 58,114 |
| Nebraska | 87,835 |
| Nevada | 88,145 |
| New Hampshire | 55,183 |
| New Jersey | 288,573 |
| New Mexico | 54,865 |
| North Carolina | 613,487 |
| North Dakota | 21,604 |
| Ohio | 243,715 |
| Oklahoma | 145,329 |
| Oregon | 147,109 |
| Pennsylvania | 439,238 |
| South Carolina | 231,849 |
| South Dakota | 25,999 |
| Tennessee | 268,867 |
| Texas | 1,306,208 |
| Utah | 175,637 |
| Virginia | 421,897 |
| West Virginia | 37,284 |
| Wisconsin | 239,034 |
| Wyoming | 23,770 |

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| **Local Markets in HealthCare.gov States**  | **State** | **Cumulative Plan Selections****Nov 1 – Feb 1** |
| Abilene-Sweetwater | Texas | 11,221 |
| Albany | Georgia | 17,339 |
| Albuquerque-Santa Fe | New Mexico | 46,836 |
| Alexandria | Louisiana | 10,025 |
| Alpena | Michigan | 2,065\* |
| Amarillo | Texas | 15,668 |
| Anchorage | Alaska | 14,968 |
| Atlanta | Georgia | 443,720 |
| Augusta | Georgia | 33,718 |
| Austin | Texas | 125,926 |
| Bangor | Maine | 23,685 |
| Baton Rouge | Louisiana | 45,424 |
| Beaumont-Port Arthur | Texas | 15,602 |
| Bend | Oregon | 10,828 |
| Billings | Montana | 16,710 |
| Biloxi-Gulfport | Mississippi | 10,301 |
| Birmingham (Ann and Tusc) | Alabama | 77,782 |
| Bluefield-Beckley-Oak Hill | West Virginia | 7,891 |
| Boise | Idaho | 914\* |
| Boston (Manchester) | Massachusetts | 44,126 |
| Buffalo | New York | 1,334 |
| Burlington-Plattsburgh | Vermont | 5,205 |
| Butte-Bozeman | Montana | 9,732 |
| Casper-Riverton | Wyoming | 5,315 |
| Cedar Rapids-Wtrlo-Iwc & Dub | Iowa | 16,818 |
| Champaign & Sprngfld-Decatur | Illinois | 25,196 |
| Charleston | South Carolina | 47,833 |
| Charleston-Huntington | West Virginia | 17,033 |
| Charlotte | North Carolina | 208,622 |
| Charlottesville | Virginia | 16,335 |
| Chattanooga | Tennessee | 40,178 |
| Cheyenne-Scottsbluf | Wyoming | 6,756 |
| Chicago | Illinois | 310,523 |
| Cincinnati | Ohio | 49,299 |
| Clarksburg-Weston | West Virginia | 6,267 |
| Cleveland-Akron (Canton) | Ohio | 86,600 |
| Columbia | South Carolina | 45,680 |
| Columbia-Jefferson City | Missouri | 22,811 |
| Columbus | Georgia | 20,961 |
| Columbus | Ohio | 48,427 |
| Columbus-Tupelo-West Point | Mississippi | 14,601 |
| Corpus Christi | Texas | 21,870 |
| Dallas-Ft. Worth | Texas | 382,669 |
| Davenport-R. Island-Moline | Iowa/Illinois | 17,966 |
| Dayton | Ohio | 23,774 |
| Denver | Colorado | 7,399 |
| Des Moines-Ames | Iowa | 20,275 |
| Detroit | Michigan | 180,516 |
| Dothan | Alabama | 9,778 |
| Duluth-Superior | Minnesota | 6,766 |
| El Paso (Las Cruces) | Texas | 69,591 |
| Elmira (Corning) | New York | 1,263 |
| Erie | Pennsylvania  | 9,356 |
| Eugene | Oregon | 20,509 |
| Evansville | Indiana | 14,592 |
| Fairbanks | Alaska | 2,775 |
| Fargo-Valley City | North Dakota | 11,275 |
| Flint-Saginaw-Bay City | Michigan | 31,274 |
| Ft. Myers-Naples | Florida | 92,695 |
| Ft. Smith-Fay-Sprngdl-Rgrs | Arkansas | 23,796 |
| Ft. Wayne | Indiana | 22,630\* |
| Gainesville | Florida | 20,355 |
| Glendive | Montana | 549\* |
| Grand Rapids-Kalmzoo-B.Crk | Michigan | 69,942 |
| Great Falls | Montana | 8,046\* |
| Green Bay-Appleton | Wisconsin | 52,161 |
| Greensboro-H.Point-W.Salem | North Carolina | 109,342 |
| Greenville-N.Bern-Washngtn | North Carolina | 44,373 |
| Greenvll-Spart-Ashevll-And | North Carolina | 119,731 |
| Greenwood-Greenville | Mississippi | 7,710 |
| Harlingen-Wslco-Brnsvl-Mca | Texas | 60,652 |
| Harrisburg-Lncstr-Leb-York | Pennsylvania | 63,932 |
| Harrisonburg | Virginia | 12,457 |
| Hattiesburg-Laurel | Mississippi | 11,843 |
| Helena | Montana | 2,710 |
| Honolulu | Hawaii | 14,564 |
| Houston | Texas | 346,822 |
| Huntsville-Decatur  | Alabama | 39,020 |
| Idaho Falls-Pocatello | Idaho | 2,812\* |
| Indianapolis | Indiana | 90,546 |
| Jackson | Mississippi | 42,066 |
| Jackson | Tennessee | 11,935 |
| Jacksonville | Florida | 104,838 |
| Johnstown-Altoona | Pennsylvania | 20,218 |
| Jonesboro | Arkansas | 5,980 |
| Joplin-Pittsburg | Missouri | 16,230 |
| Juneau | Alaska | 3,122 |
| Kansas City | Kansas/Missouri | 110,572 |
| Knoxville | Tennessee | 53,456 |
| La Crosse-Eau Claire | Wisconsin | 24,288 |
| Lafayette | Indiana | 3,327\* |
| Lafayette | Louisiana | 26,848 |
| Lake Charles | Louisiana | 7,231 |
| Lansing | Michigan | 15,305 |
| Laredo | Texas | 16,338 |
| Las Vegas | Nevada | 62,697 |
| Lima | Ohio | 1,694\* |
| Lincoln & Hastings-Krny | Nebraska | 38,945 |
| Little Rock-Pine Bluff | Arkansas | 35,806 |
| Louisville | Kentucky | 8,897 |
| Lubbock | Texas | 14,341 |
| Macon | Georgia | 24,095 |
| Madison | Wisconsin | 35,442 |
| Marquette | Michigan | 9,763 |
| Medford-Klamath Falls | Oregon | 14,768 |
| Memphis | Tennessee | 66,838 |
| Meridian | Mississippi | 4,400 |
| Miami-Ft. Lauderdale | Florida | 643,911 |
| Milwaukee | Wisconsin | 89,480 |
| Minneapolis-St. Paul | Minnesota | 11,446 |
| Minot-Bismarck-Dickinson | North Dakota | 12,100\* |
| Missoula | Montana | 20,439 |
| Mobile-Pensacola (Ft Walt) | Alabama | 67,056 |
| Monroe-El Dorado | Louisiana/Arkansas | 22,114 |
| Montgomery-Selma | Alabama | 20,585 |
| Myrtle Beach-Florence | Florida | 42,224 |
| Nashville | Tennessee | 105,784 |
| New Orleans | Louisiana | 88,052 |
| New York | New York | 228,538 |
| Norfolk-Portsmth-Newpt News | Virginia | 84,623 |
| North Platte | Nebraska | 1,757 |
| Odessa-Midland | Texas | 13,796 |
| Oklahoma City | Oklahoma | 73,593 |
| Omaha | Nebraska | 39,699 |
| Orlando-Daytona Bch-Melbrn | Florida | 329,684 |
| Ottumwa-Kirksville | Missouri | 3,847 |
| Paducah-Cape Girard-Harsbg | Illinois/Kentucky/Missouri | 22,324 |
| Panama City | Florida | 22,595 |
| Parkersburg | West Virginia | 3,061\* |
| Peoria-Bloomington | Illinois | 14,097 |
| Philadelphia | Pennsylvania | 291,175 |
| Phoenix (Prescott) | Arizona | 144,196 |
| Pittsburgh | Pennsylvania | 83,157 |
| Portland | Oregon | 96,271 |
| Portland-Auburn | Maine | 61,519 |
| Presque Isle | Maine | 4,297 |
| Quincy-Hannibal-Keokuk | Illinois/Missouri/Iowa | 7,770 |
| Raleigh-Durham (Fayetvlle) | North Carolina | 165,645 |
| Rapid City | South Dakota | 8,101 |
| Reno | Nevada | 23,683 |
| Richmond-Petersburg | Virginia | 80,503 |
| Roanoke-Lynchburg | Virginia | 51,408 |
| Rochestr-Mason City-Austin | Minnesota/Iowa | 1,415\* |
| Rockford | Illinois | 13,536 |
| Salisbury | Maryland | 7,189 |
| Salt Lake City | Utah | 176,093 |
| San Angelo | Texas | 5,057 |
| San Antonio | Texas | 120,351 |
| Savannah | Georgia | 48,549 |
| Sherman-Ada | Texas | 9,971 |
| Shreveport | Louisiana | 37,864 |
| Sioux City | Iowa | 10,616 |
| Sioux Falls(Mitchell) | South Dakota | 19,316 |
| South Bend-Elkhart | Indiana | 25,125 |
| Spokane | Washington | 1,318\* |
| Springfield | Missouri | 56,449 |
| St. Joseph | Missouri | 3,954\* |
| St. Louis | Missouri | 134,934 |
| Tallahassee-Thomasville | Florida | 28,131 |
| Tampa-St. Pete (Sarasota) | Florida | 284,753 |
| Terre Haute | Indiana | 10,091 |
| Toledo | Ohio | 19,187 |
| Topeka | Kansas | 12,677 |
| Traverse City-Cadillac | Michigan | 26,304 |
| Tri-Cities | Tennessee | 26,400 |
| Tucson (Sierra Vista) | Arizona | 34,382 |
| Tulsa | Oklahoma | 50,147 |
| Tyler-Longview(Lfkn&Ncgd) | Texas | 25,115 |
| Victoria | Texas | 2,383 |
| Waco-Temple-Bryan | Texas | 28,627 |
| Washington, DC (Hagerstown) |  | 177,615 |
| Wausau-Rhinelander | Wisconsin | 21,172 |
| West Palm Beach-Ft. Pierce | Florida | 191,899 |
| Wheeling-Steubenville | Ohio | 6,663 |
| Wichita Falls & Lawton | Texas | 11,167 |
| Wichita-Hutchinson Plus | Kansas | 39,120 |
| Wilkes Barre-Scranton | Pennsylvania | 47,943 |
| Wilmington | Delaware | 33,829 |
| Yakima-Pasco-Rchlnd-Knnwck | Oregon | 1,853\* |
| Youngstown | Ohio | 13,826 |
| Yuma-El Centro | Arizona | 4,467 |
| Zanesville | Ohio | 1,338 |

***\*****Because there was a change of 11 or fewer enrollments between Week 12 and Week 13 and this data needed to be suppressed in the Week 12 snapshot, the growth in these markets is from Week 11 to Week 13.*

**Yuma Saw Nation’s Biggest Surge as Obamacare Enrollment Wound Down**

Cronkite News

Yuma residents posted the highest enrollment gains in the country as open enrollment for Obamacare ended, surging 21 percent in the last week alone, government officials said Thursday.

In a conference call with reporters, Health and Human Services Secretary Sylvia Burwell said 12.7 million people nationwide had [signed up for health insurance](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html) by Feb. 1, which “exceeds our expectations.”

In Arizona, 203,066 people selected health care plans during the Obamacare open enrollment period that ran from Nov. 1 to Feb. 1. Of those, 4,467 were in Yuma, according [to HHS,](http://www.hhs.gov/) while Phoenix and Tucson had 144,196 and 34,382 people sign up, respectively.

Sprint to the finish

The 10 markets that showed the biggest growth in health care signups last week, the final week of open enrollment for this round of Obamacare:

 **Yuma: 21 percent**

 Corpus Christi, Texas: 17 percent

 Harlingen, Texas: 16 percent

 Laredo, Texas: 16 percent

 El Paso, Texas 14 percent

 Odessa-Midland, Texas: 14 percent

 San Antonio, Texas: 14 percent

 Abilene-Sweetwater, Texas: 13 percent

 Las Vegas: 13 percent

 Lubbock, Texas: 12 percent

Yuma topped the list of the 10 most-active markets in the waning days of open enrollment, followed by Las Vegas and eight cities in Texas, all of which saw last-minute surge percentages in the teens, said Health Insurance Marketplace CEO Kevin Counihan on Thursday’s conference call.

Counihan said the growth was not by accident, instead attributing it to outreach and education efforts. Montserrat Caballero, the Arizona state director for [Enroll America,](https://www.enrollamerica.org/) agreed.

“It’s a product of hard work,” she said. “It’s all about coordinating with the people who do enrollment on the ground and talking to partners, getting the word out, being at events, participating with schools, trying to get in the media.”

In Yuma, local groups including Sunset Community Health Center, the Regional Center for Board Health, and the Yuma Regional Medical Center worked together to reach regions of the county each knew best, said Machele Headington, a spokeswoman with the medical center.

“As a community, we started really collaborating probably at the very, very onset as the country started preparing for marketplace enrollment,” Headington said.

She said enrollment teams went to community events to educate people on healthcare, and then set up one-on-one appointments – sometimes after 5 p.m. and on the weekends – to help people with their applications, which can be intimidating even for those who have bought health care before. She said at least 50 people had appointments in the last few weeks.

Headington said people typically wait until the last minute to buy health insurance, especially because a check is involved.

“It’s like shopping for a car, you’ve got to look at all of them before you find the right one,” she said.

She said it helped that the government’s health care website has become easier to use since earlier enrollment periods.

On the state level there was a push to re-enroll consumers as well as sign up young people, Caballero said. She said the nation has seen increasing numbers of young people enrolling, meaning coverage isn’t just for one age group.

“We are seeing exactly what you want to see,” Caballero said.

Burwell said that 4 million of the total 12.7 million enrolled were new health care consumers in [HealthCare.gov](https://www.healthcare.gov/) states, which includes Arizona.

For the future, Caballero said the focus will be on insurance literacy so people understand terminology, their benefits and their access to preventative health care.

This is the third enrollment period for the [Affordable Care Act.](https://www.whitehouse.gov/healthreform/healthcare-overview) Counihan, who’s worked in insurance marketplaces for more than 10 years, said the first year is always about implementation, the second year focuses on system stability and the third centers on outreach, which is what he sees happening with Obamacare.

“It’s still a relatively new law,” Caballero said. “We did really well. Every year it gets smoother and coordination happens.”

<http://cronkitenews.azpbs.org/2016/02/04/15675/>

**Gov't Report: 8 States Had Significant Drop in Uninsured**

The Associated Press

Eight states saw a significant drop last year in the number of residents going without health insurance, according to a government report out Tuesday that has implications for the presidential campaign.

All but Florida had accepted a [Medicaid](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/medicaid/index.html?inline=nyt-classifier) expansion that is one of two major pathways to coverage under President Barack Obama's [health care law](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health_insurance_and_managed_care/health_care_reform/index.html?inline=nyt-classifier). The law's other coverage route is subsidized private insurance, available in all 50 states.

GOP presidential candidates are vowing to repeal "Obamacare," while offering hardly any detail on how they'd replace it without millions losing coverage.

Politically, the eight states with statistically significant coverage gains in the National Health Interview Survey are a mix of red, blue and purple. They are Arizona, California, Colorado, Florida, Illinois, Kentucky, Michigan, and New York. Five have GOP governors.

As a whole, the nation had an uninsured rate of 9.1 percent during the first nine months of 2015, according to the survey, an ongoing research project by a unit of the Centers for Disease Control and Prevention. The uninsured rate was 14.4 percent in 2013, before the law's big coverage expansion.

The federal report does not analyze the reasons for the coverage gains, but independent experts say the trend is due to the Obama health care law, boosted by economic recovery.

That poses a dilemma for Republican presidential candidates. Indeed, a recent blueprint from a group of conservative policy experts for replacing the health law said Republicans will need some kind of "grandfathering exemption" to avoid disrupting the lives of people who have gained coverage through the Affordable Care Act.

The new state numbers from the National Center for Health Statistics focus on adults ages 18-64. That's because virtually all seniors have coverage, and fewer than 5 percent of children and teens are uninsured.

In addition to the eight states with statistically significant coverage gains, the report named another 10 with notable reductions in the percentage of uninsured residents. However, the changes in these states did not meet the survey's test for statistical significance.

That second group included Georgia, Idaho, Indiana, Louisiana, Mississippi, New Hampshire, New Mexico, North Carolina, Oklahoma, and Rhode Island. Seven of those states have Republican governors.

Kentucky led the way among the states with statistically significant reductions in the share of residents uninsured, with a drop of 6.5 percentage points. The state's new Republican governor, Matt Bevin, ran as a strong critic of Obama's law and is now grappling with how to scale back his state's involvement.

Another Republican-led state, Arizona, had the second-biggest reduction, a drop of 5.9 percentage points. New York followed, with a reduction of 5.6 percentage points.

The health care's law big coverage expansion got under way in 2014, and since then the nation's uninsured rate has fallen to a historically low level. With the 2016 sign-up season recently concluded, the Obama administration is hoping to see continued improvement this year.

The law offers subsidized private health insurance through online markets like HealthCare.gov for people who don't have access to employer-based coverage. That's coupled with a Medicaid expansion aimed at low-income adults, now accepted by 31 states. Virtually all Americans are required to have coverage or risk paying fines to the IRS.

Even with Obama's law, nearly 29 million people were still uninsured in the nine months from Jan.-Sept. of 2015. That includes an estimated 11 million immigrants without legal permission to be in the country, who are not entitled to coverage.\_\_

Online:

National Health Interview Survey - <http://www.cdc.gov/nchs/nhis.htm>

**ObamaCare Gets Extra Sign-Up Period to Clear Tax Issues**

The Obama administration is setting up a new ObamaCare sign-up period for people who failed to file 2014 tax returns.

Jan. 31 was the deadline for most people to sign up, but this new period will provide another chance until March 31, for certain people who might have missed out on coverage because of confusion about new ObamaCare requirements regarding taxes and health insurance.

People who received tax credits under ObamaCare to help them afford insurance in 2014 were required to file a 2014 tax return in order to make sure they received the right amount of credit. If people failed to file a tax return, they became ineligible for further tax credits starting in 2016.

Without the tax credits, many people would find coverage unaffordable, and would be likely to forgo coverage altogether.

This new period gives them a chance to sign up, with tax credits, if they go back and file their return for 2014.

It is unclear exactly how many people are eligible for the new sign-up period. The Centers for Medicare and Medicaid Services (CMS) said it “believes there are only a relatively small number of consumers who will qualify.”

The administration [said last month](http://thehill.com/policy/healthcare/265505-obamacare-costs-set-to-spike-for-thousands) that about 43,000 applicants had lost their tax credits and were now bearing the full cost of their insurance plans, as of Jan. 1, because they failed to file a 2014 tax return.

Many of those people are likely to have dropped coverage that had become unaffordable. Those people are now eligible to sign up in the new period, as long as they go back and file their return first.

There is also a second group of people who are eligible for the new sign-up period. This group had ObamaCare coverage in 2014, dropped it in 2015, and tried to sign up in 2016, but was blocked from receiving tax credits because they had not filed their 2014 return.

It is unclear how big this second group is, but Tim Jost, a professor at Washington and Lee University and an expert on the health law, said he expects the total number of people eligible for the new period to be “well under” 100,000.

**Health Insurance Will Probably Cost More in 2017, Anthem Says**

The Denver Post

Anthem Inc., the second-largest U.S. health insurer by membership, said premiums for Affordable Care Act insurance probably will go up next year.

Anthem is eking out a small profit from selling policies to individuals under the health law, also known as Obamacare. Many of its rivals aren't, though, which means prices have to go up, the company told investors and analysts Wednesday.

Other insurers are charging premiums that are "still well below what we think appropriate rates are for a sustainable environment," said chief financial officer Wayne DeVeydt on a conference call with analysts. "Our price point isn't wrong, as much as others need to strengthen their price point."

Climbing costs for health insurance would come at a bad time for Democrats who have embraced one of President Barack Obama's key policy achievements.

Consumers will start shopping for health insurance about the time of November's presidential election, meaning they'll find out about a potential hit to their pocketbooks just as they're choosing a candidate to vote for.

Premiums for mid-level silver Obamacare plans increased 11 percent on average for this year, after climbing 7 percent for 2015, according to McKinsey & Co. More than 80 percent of Obamacare customers get government subsidies to help them buy their policies, cushioning the effect of higher rates.

Anthem sells policies under the Blue Cross and Blue Shield brand in 14 states, including Colorado.

About 791,000 of the insurer's 38.6 million members had individual plans under the health law at the end of the year, and those customers were the main drivers of increased medical spending and lower fourth-quarter earnings.

Other insurers have fared worse with their health law businesses. UnitedHealth Group Inc., for instance, said it lost almost half a billion dollars on ACA plans in 2015 and expects even more red ink this year. About half of the nonprofit insurers created to sell policies under the Affordable Care Act have failed, in part because they didn't charge enough.

Those struggles are a threat to the viability of the health care law, which relies on private insurers to sell the policies that have helped expand coverage.

http://www.denverpost.com/business/ci\_29451316/health-insurance-will-probably-cost-more-2017-anthem

**2016 Federal Poverty Levels Are Out; What Does This Mean For Medicaid and Marketplace**

Georgetown University Health Policy Blog

Last week, the [2016 federal poverty levels (FPL)](https://aspe.hhs.gov/poverty-guidelines) were published in the federal register. How does this impact consumers applying for coverage through the Marketplace or Medicaid?

Let’s start with eligibility for Marketplace subsidies. For 2016 calendar year coverage, regardless of when someone applies or enrolls, eligibility is based on the 2015 FPL levels. For those more interested in the specifics, the most recently published FPL *as of the first day of open enrollment* remains in force for the full calendar year of coverage. Since enrollment opened on November 1 2015, the 2015 FPL will be applied for eligibility purposes for coverage for all of calendar year 2016.

For Medicaid and CHIP, the FPL that is in place *at the time of application* is used to determine eligibility, but Medicaid agencies have flexibility as to when they adopt the new FPLs. States typically make their system changes no later than April 1, and some move quicker than that. Last year, CMS encouraged states to adopt the new FPL levels as soon as practical. In the interim, some states may employ workarounds to account for the difference in the FPL levels. For example, they could “pend” applications “in the gap” until the system change has been made (as long as it’s not more than 45 days).

Last year, [Healthcare.gov](http://www.healthcare.gov/) loaded up the 2015 FPL in early February but it’s our understanding that it’s likely to be March before the 2016 FPL has been put into production. In the 38 states that rely on the [Healthcare.gov](http://www.healthcare.gov/) for Marketplace eligibility and enrollment, there could be a short period of time when the state Medicaid/CHIP system continues to use the 2015 guidelines while the FFM has moved on to the 2016 guidelines. However, the later date for loading the new levels in [Healthcare.gov](http://www.healthcare.gov/) may lessen the probability of this happening this year. But what would it mean if the federal marketplace is using the 2016 FPLs when a state is still using the 2015 levels?

If an individual or family has income that falls into the difference between the two guidelines, it could be tricky. For example, 138% of the 2016 FPL level for an individual is now $16,394 – up from $16,243 last year. If an individual has income at $16,300, [Healthcare.gov](http://healthcare.gov/) will transfer the account to the state to determine Medicaid eligibility. But if the state has not yet implemented the new level, it might deny Medicaid. Sometimes states will use a workaround to account for the gap in implementation, but we don’t have specific state-by-state information that tells us which states use workarounds or when states will put to the new FPL into place.

Just to make this dance a bit more interesting, we should distinguish between states that allow [Healthcare.gov](http://www.healthcare.gov/) to make the final Medicaid or CHIP determination versus states that only allow the federal Marketplace (FFM) to “assess” Medicaid eligibility. According to the [2016 50-state survey](http://ccf.georgetown.edu/wp-content/uploads/2016/01/report-medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey.pdf), 8 states (AL, AK, AR, MT, NJ, TN, WV, WY) are currently “determination” states. The state must accept the FFM’s determination, so the state should enroll, not deny, Medicaid or CHIP coverage to everyone who applies through [Healthcare.gov](http://www.healthcare.gov/).

In the 13 states (CA, CO, CT, DC, ID, KY, MD, MA, MN, NY, RI, VT, WA) with an integrated State-based Marketplace and Medicaid eligibility and enrollment system, we anticipate that the changeover will not be an issue.

That leaves us with 30 “assessment states,” where there could be a lack of coordination. For the list of assessment states, see Table 7, page 40 of the [2016 50-state survey](http://ccf.georgetown.edu/wp-content/uploads/2016/01/report-medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey.pdf). As for OR and HI, these states have separate Marketplace and Medicaid eligibility and enrollment systems and it’s not clear how, or if, they will coordinate adoption of the FPL levels for Medicaid and CHIP eligibility.

Needless to say, this is a bit confusing. And it should work itself out within a few weeks. We’ll be sure to let you know when we get word that [Healthcare.gov](http://www.healthcare.gov/) has been updated. At that point, enrollment assisters should be on the lookout for people who could be bounced between coverage options to make sure they get enrolled in the right program.

<http://ccf.georgetown.edu/all/2016-federal-poverty-levels-affect-health-coverage-marketplace-medicaid/>

| **2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA****HHS** |
| --- |
| **Persons in family/household** | **Poverty guideline** |
| For families/households with more than 8 persons, add $4,160 for each additional person. |
| 1 | $11,880 |
| 2 | 16,020 |
| 3 | 20,160 |
| 4 | 24,300 |
| 5 | 28,440 |
| 6 | 32,580 |
| 7 | 36,730 |
| 8 | 40,890 |

https://aspe.hhs.gov/poverty-guidelines

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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.