Updates from HHS and CMS – Region 9

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“Working to Achieve Health Equity”
## Enrollment Data

### State-Level (11/1/17 – 12/23/17)

<table>
<thead>
<tr>
<th>State Name</th>
<th>Total Number of Consumers Who Have Selected an Exchange Plan</th>
<th>New Consumers</th>
<th>Total Re-enrollees</th>
<th>Active Re-enrollees</th>
<th>Automatic Re-enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>165,758</td>
<td>44,512</td>
<td>121,246</td>
<td>85,444</td>
<td>35,802</td>
</tr>
</tbody>
</table>

### Weekly Snapshot (11/1/17 – 12/23/17)

<table>
<thead>
<tr>
<th>CUMULATIVE PLAN SELECTIONS:</th>
<th>Nov 1-Nov 18</th>
<th>Nov 1-Nov 25</th>
<th>Nov 1-Dec 2</th>
<th>Nov 1-Dec 9</th>
<th>Nov 1-Dec 15</th>
<th>Nov 1-Dec 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>43,499</td>
<td>51,615</td>
<td>67,266</td>
<td>87,687</td>
<td>166,961</td>
<td>165,758</td>
</tr>
</tbody>
</table>

• **Effectuated Data** (2/2018)

<table>
<thead>
<tr>
<th>State</th>
<th>Total Enrollment</th>
<th>APTC Enrollment</th>
<th>Percentage of Enrollment with APTC</th>
<th>CSR Enrollment</th>
<th>Percentage of Enrollment with CSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide</td>
<td>10,643,786</td>
<td>9,229,769</td>
<td>87%</td>
<td>5,612,435</td>
<td>53%</td>
</tr>
<tr>
<td>Arizona</td>
<td>154,435</td>
<td>131,078</td>
<td>85%</td>
<td>79,014</td>
<td>51%</td>
</tr>
</tbody>
</table>

Qualified Health Plans (QHPs)

- A QHP
  - Is offered through the Marketplace by an issuer that’s licensed by the state and in good standing
  - Covers essential health benefits
  - Is offered by an issuer that offers at least one plan at the “Silver” and one at the “Gold” plan category of actuarial value
  - Charges the same premium whether offered through a Marketplace or outside a Marketplace
Qualified Health Plans (QHPs) Cover Essential Health Benefits

- Essential health benefits include at least these 10 categories
  - Ambulatory patient services
  - Emergency services
  - Hospitalization
  - Maternity and newborn care
  - Mental health and substance use disorder services, including behavioral health treatment
  - Prescription drugs
  - Rehabilitative and habilitative services and devices
  - Laboratory services
  - Preventive and wellness services and chronic disease management
  - Pediatric services, including oral and vision care (pediatric oral services may be provided by stand-alone plan)
Health Plan Categories

<table>
<thead>
<tr>
<th>Plan</th>
<th>Average Percentage the Insurance Company Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>60%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
</tr>
<tr>
<td>Platinum</td>
<td>90%</td>
</tr>
</tbody>
</table>
Eligibility and Enrollment in the Individual Market

- To be eligible for Marketplace coverage, you must
  - Be a resident of a state served by the Marketplace, and
  - Be a U.S. citizen, U.S. national, or a non-citizen who’s lawfully present in the U.S. (and expected to be for the entire time coverage is sought), and
  - Not be incarcerated (other than incarceration pending disposition of charges)
Ways to Use a Premium Tax Credit

Choose to Get It Now:
Advance Payments of the Premium Tax Credit (APTC)

- All or some of the APTC is paid directly to your plan on a monthly basis
- You pay the difference between the monthly premium and APTC
- You reconcile the APTC when you file a tax return for the coverage year

Choose to Get It Later

- Don’t request any advance payments
- You pay the entire monthly plan premium
- Claim the full amount on the tax return filed for the coverage year
Guidance on Annual Eligibility Redetermination and Re-enrollment for Exchange Coverage for 2019 and Later Years:

Annual Redetermination Notices

• Marketplace Open Enrollment and Annual Redetermination Notices
  – Enrolled, but may be eligible for different financial assistance
  – Enrolled, but losing financial assistance
  – Enrolled, but not currently getting a tax credit or help with costs for their 2018 Marketplace coverage
  – Previously reenrolled automatically, but not currently eligible for automatic reenrollment with a tax credit or help with costs for 2019 coverage

Available at: https://marketplace.cms.gov/applications-and-forms/notices.html
Hardship Exemptions


Under the new rule, the limit is up to 364 days
- Originally under the ACA, STLDI plans were limited to 3 months

Insurers are allowed, but not required, to extend policies
- The maximum duration, including any extensions, would be 36 months in total

- Issuers must display prominently in consumer materials one of two versions of a consumer notice explaining the policy that they are purchasing
First Open Enrollment Period (OEP) with Same-day Voluntary Terminations Available to Enrollees

• A change in the 2019 Payment Notice provides Exchanges the option to allow enrollees to elect same-day policy terminations, replacing the 14-day “reasonable notice” period

• The FFES have elected to begin offering same-day policy terminations as of July 27, 2018
  – In ‘My Account’, when terminating coverage for all enrollees on an application, there will no longer be 14 days “grayed out” and unable to be changed on the date picker. Rather, enrollees will be able to select the present date or another date in the future as their termination date.
Same-Day Voluntary Terminations

First Open Enrollment Period (OEP) with Same-day Voluntary Terminations Available to Enrollees

• The FFEs have elected to begin offering same-day policy terminations as of July 27, 2018
  – Functionality for policies where coverage is ending for some but not all enrollees has always permitted coverage to end the day the enrollee requests the change (sometimes with a HICS case to move the termination date); the new policy and functionality permits same-day terminations for entire policies
  – The correct termination date of the entire policy, whether it is same day or in the future, at the enrollee’s option, will be identified on the 834 transaction (termination for some enrollees on a policy, but not the entire policy, may still require HICS to move the termination date)

Medicare isn’t part of the Health Insurance Marketplace

Generally, there’s no coordination of benefits between Marketplace Qualified Health Plans (QHPs) and Medicare

QHPs aren’t secondary insurance to Medicare

If you have Medicare, it’s illegal for someone to knowingly sell you a Marketplace plan
Medicare and the Marketplace

• You may have a Qualified Health Plan (QHP) through the Marketplace and Medicare at the same time only if you signed up for the QHP before you had Medicare.

• If you have Marketplace and Medicare coverage, you may need to end any Marketplace cost savings being paid on your behalf.

• If you have premium-free Medicare Part A, you’re considered covered:
  – Need to terminate Marketplace coverage.

• If you have to pay a premium for Medicare Part A:
  – Can drop Medicare and enroll in Marketplace QHP (with subsidies if you’re otherwise eligible).
Consumers with Medicare and Marketplace

• Assistance with Medicare:
  – AZ SHIP Hotline: (800) 432-4040 (Leave a message for a callback)
  – Eight Regional SHIP offices
    • https://des.az.gov/services/aging-and-adult/state-health-insurance/ship-offices
Medicare PDM: Notifying Dually-Enrolled Consumers

• Notify consumers who are identified as enrolled in MEC Medicare and a Marketplace plan
  – Request that they return to their Marketplace application and end coverage.

• If consumers do not cancel coverage
  – may have to pay back all or some of the APTC paid on their behalf for months they had both Marketplace coverage with APTC and MEC Medicare, when they file their Federal income tax return.
Non-renewal of Coverage for Marketplace Consumers with Medicare

- Issuers will non-renewing 2018 coverage for Plan Year 2019 for enrollees who have been identified to have Medicare coverage.
- Issuers will end coverage for enrollees with Medicare and everyone on the policy, including the enrollees who were not enrolled in Medicare.
- Issuers will send a termination notice noting that coverage cannot be renewed because a member is also enrolled in Medicare.
Non-renewal of Coverage for Marketplace Consumers with Medicare

• This means that Marketplace enrollees who are Not enrolled in Medicare, but who are enrolled in coverage on the same policy with an enrollee who has Medicare coverage, will also have their coverage non-renewed.

• Encourage enrollees whose coverage was not renewed for Plan Year 2019 and who are Not covered by Medicare to return to the Marketplace and enroll in coverage during Open Enrollment.

• If they don’t enroll in 2019 coverage by December 15, these enrollees are also eligible for a Special Enrollment Period (SEP) through March 1, 2019, to enroll in coverage with a retroactive coverage effective date back to January 1, 2019, to avoid any gaps in coverage.
AHCCCS Complete Care and Medicare

• AHCCCS Complete Care
  – new AHCCCS managed care plan service areas

• Medicare Advantage Dual Special Needs Plans (SNP)
  – non-renewal dual SNPs for 2019
    • Medicare plan will not be available in 2019
    • Join new plan
      – October 15, 2018 to February 28, 2019
    • Join new plan by 12/31/2018
      – effective date of 1/1/2019
Consumers with Medicare and Marketplace

• Assistance with Medicare:
  – AZ SHIP Hotline: (800) 432-4040 (Leave a message for a callback)
  – Eight Regional SHIP offices
    • https://des.az.gov/services/aging-and-adult/state-health-insurance/ship-offices
Where to Seek Help for Common Issues

• Issues divided into two categories:
  – Pre-enrollment: contact Marketplace call center
    • questions about the HC.gov application process
      – financial assistance
  – Post enrollment: contact Issuer and/or AZ DOI
    • questions about plan benefits, premiums, cost-share
Where to Seek Help for Common Issues
(Marketplace Call Center)

• Account and Eligibility Matters
  – Difficulty completing a Marketplace application
  – Password resets
  – Unlocking HealthCare.gov accounts

• Data Match Issues
  – Checking on the status of sent materials
  – Exemptions
  – Needing an exemption certificate number (ECN)
  – Checking on the status of an exemption request
Where to Seek Help for Common Issues (Marketplace Call Center)

• Special Enrollment Periods/Changes in Circumstance Examples
  – Gaining/losing minimum essential coverage (MEC)
  – Birth/adoption of child
  – Changes in annual income
  – Requesting plan termination

• Plan Compare
  – Assistance reviewing available plans/costs
  – Identifying local assister resources in the community
Where to Seek Help for Common Issues
(Marketplace Call Center)

• 1095-A Tax Forms
  – Requests for reprints or non-receipt of forms
    • Consumers are encouraged to first check their HealthCare.gov My Account to retrieve copies of their forms
  – Mailing address corrections
    • Request will be forwarded to a CMS contractor for review and handling
  – Disagreement with coverage period or other information on the form
    • Consumers should first check with their issuer and see what enrollment periods/APTC their issuer has on file
Where to Seek Help for Common Issues (Marketplace Issuers)

- Enrollment Issues
  - Delayed enrollment processing
  - Requests for earlier termination dates than the Marketplace has awarded
  - Incorrect application of APTC and/or CSR

- Benefit Coverage
  - Questions about coverage and formularies
  - Difficulty finding a network provider
  - Excessive cost-sharing being charged
  - Claims processing
  - Internal claims appeals and external review
• CMS’s official source for materials:  

• Outreach and Education Materials:  

• Product ordering home:  https://productordering.cms.hhs.gov/  
  – Select “Request an Account.”  
  – Fill out the form with your contact and shipping information.  
  – In the "Why I need access?" field, type the name of your organization and its purpose. (Example: ABC Partnership Group, an advocacy group for people with diabetes).  
  – You will receive an approval notice by email within 3 days. Once approved, you can order resources.
C2C Home Page: [go.cms.gov/c2c](https://go.cms.gov/c2c)

- Customer resources available, free of charge and in multiple languages
  - 5 Ways to Make the Most of Your Health Coverage
  - A Roadmap to Better Care and a Healthier You
  - A Roadmap to Behavioral Health
  - How to Maximize Your Health Coverage

- [https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/c2c/consumer-resources.html](https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/c2c/consumer-resources.html)
My Health Coverage at a Glance

Información sobre el plan

<table>
<thead>
<tr>
<th>Número del plan</th>
<th>Número de grupo</th>
<th>Número de identificación del miembro</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sitio web
Número de teléfono

Conozca lo que paga por el cuidado de su salud

Prima
El pago que realiza a una compañía de seguro médico o plan de salud por su cobertura. Por lo general se paga mensualmente para mantener la cobertura.

Costo
El costo

Deducible
El monto que paga por los servicios de atención médica antes de que su plan de salud comience a pagar.

Costo
El costo

Copago
El monto fijo que paga por un servicio o suministro médico. Los costos pueden ser diferentes según se trate de una visita médica, una visita hospitalaria como paciente ambulatorio o una receta.

Costo
El costo

Coseguro
La porción que usted paga al compartir el costo de los servicios después de haber pagado cualquier deducible.

Costo
El costo

Gasto límite de su bolsillo
La cantidad máxima que usted paga antes de que su plan comience a pagar el 100% de los servicios cubiertos en un año del plan.

Costo
El costo

Servicios preventivos
Pruebas de detección de salud de rutina, chequeos y vacunas. Por ejemplo, la vacuna antituberculosa, la prueba de detección de depresión y de presión arterial.

Costo
El costo

Sepa a dónde ir si necesita atención

Consejo sobre costos. Por lo general, los servicios cuestan menos si usa los proveedores dentro de la red, es decir, los centros, profesionales y proveedores con los que su plan ha acordado trabajar para brindar servicios. Para averiguar quién está dentro de su red, revise el directorio del plan y pregunte en el consultorio de su proveedor.

Proveedor de Atención Médica Primaria
El proveedor principal (generalmente un médico) al que consulta por la mayoría de sus consultas. Puede ser un consultorio privado, una clínica comunitaria u otro centro. Acuda a este proveedor primero para obtener servicios preventivos, nuevas o si tiene otras preguntas sobre su salud.

El nombre de mi proveedor
El número de teléfono de mi proveedor

Especialistas
Un médico que se especializa en un área específica de la medicina o en un grupo de pacientes para el diagnóstico, la prevención y el tratamiento de determinados tipos de enfermedades o trastornos. Un especialista que no es un médico es un proveedor que tiene más capacitación en un área específica.

El nombre de mi especialista
El número de teléfono de mi especialista

Farmacia
También en donde se obtienen las recetas y se venden medicamentos. Para tramitar recetas, busque una farmacia dentro de su red. De esta manera, no pagará tanto. Revise el directorio del plan o consulte con su farmacia local.

La dirección de mi farmacia
El número de teléfono de mi farmacia

Departamento de Emergencias (ED o ER)
El ED del hospital de su zona es donde usted recibirá servicios para una enfermedad, una lesión, un síncope o un trastorno de gravedad por el que una persona razonable buscaría atención y tratamiento de inmediato para evitar que el problema empeore.

La dirección del hospital de mi área
El número de teléfono del hospital de mi área

Fechas que debo recordar y otras notas

Revise su plan todos los años antes del periodo de inscripción y encuentre su plan para informar sobre cualquier cambio en su vida (por ejemplo, si se casa o tiene un bebé) o sobre los cambios en su información de contacto. Para obtener más información sobre cómo comenzar visite [http://www.medicagov.gov](http://www.medicagov.gov) y lea las 8 maneras de aprovechar su cobertura médica.

Fecha de renovación de la prima
Fecha de renovación de la prima

Otra información
Información de contacto, direcciones, listas de medicamentos, enlaces al resumen de beneficios y cobertura, ayuda para recordar la contraseñas, información de contacto local, etc.

Información adicional
Contact Us

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Ernie Tai: Ernest.Tai@cms.hhs.gov
Schuyler Hall: Schuyler.Hall@hhs.gov