Joint Cover AZ Coalition Call
Wednesday August 21, 2019
Cover AZ Coalition Call
Begins at 10am
Introduction
  * Marcus Johnson, Kaihe Akahane, & Jon Langmead

  * Bryna Koch, UoA

Where are AZ’s Remaining Uninsured?
  * Marcus Johnson, Vitalyst
Agenda

* CMS Updates
  * Jon Langmead & Kaihe Akahane

* Covered Clips
  * Marcus Johnson, Vitalyst
CMS Updates

* Health Reimbursement Arrangements
* Periodic Data Match
  * New feature on the application
* Medicare Equitable Relief
* Health Plan Quality Ratings
Changes in Arizona Marketplace Enrollment from 2014 – 2015 (OE2) to 2018-2019 (OE6)

Bryna Koch, University of Arizona

CLICK HERE TO VIEW THE INTERACTIVE DATA

The information can also be found on www.coveraz.org/outreach
Where are AZ’s Remaining Uninsured

Marcus Johnson, Vitalyst Health Foundation

CLICK HERE TO VIEW INTERACTIVE MAPS

The “Uninsured Rate by County” maps can also be found at www.coveraz.org/outreach
Health reimbursement arrangements (HRAs) are a type of account-based health plan that employers can use to reimburse employees for their medical care expenses.
New rules released by the Departments of Labor, Health and Human Services, and the Treasury permit employers to offer a new “individual coverage HRA” as an alternative to traditional group health plan coverage, subject to certain conditions.
Among other medical care expenses, individual coverage HRAs can be used to reimburse premiums for individual health insurance chosen by the employee, promoting employee and employer flexibility, while also maintaining the same tax-favored status for employer contributions towards a traditional group health plan.
These “excepted benefit HRAs” permit employers to finance additional medical care (for example to help cover the cost of copays, deductibles, or other expenses not covered by the primary plan) even if the employee declines enrollment in the traditional group health plan.
Health Reimbursement Arrangements (HRA)

Medicare Periodic Data Matching (PDM) Updates

Identifying and Notifying Consumers Who Are Dually Enrolled in FFE Coverage and Minimum Essential Coverage (MEC) Medicare

December 2018

The information provided in this document is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance that it is based upon. This document summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information. This communication was produced and disseminated at U.S. taxpayer expense.
Why Medicare PDM & Noticing is Important for Consumers

- Consumers are not eligible to receive advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) if enrolled in both MEC Medicare and an Exchange qualified health plan (QHP). Consumers may be inadvertently paying for duplicate coverage if they are enrolled in both programs.

- Consumers 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.

- Consumers who are identified as enrolled in MEC Medicare and a Marketplace plan through Medicare PDM should return to their Marketplace application and end their financial assistance, or if they choose, their Marketplace plan enrollment entirely.
What’s New This Year

- Prior to 2019, Medicare PDM was a semi-manual process that was resource intensive and the Federally-facilitated Exchange (FFE) did not have the functionality to automatically end APTC/CSRIs, per regulation at 45 CFR 155.330(d).

- Beginning in winter 2019, the FFE will have the functionality in place to automatically end APTC/CSRIs for Exchange enrollees that are dually enrolled in Medicare and the Marketplace.

- Additionally, the FFE will also end QHP coverage for dual enrollees who permit the FFE to act on their behalf and end their coverage if they are found to be dually enrolled in Medicare and the Exchange at a later date (i.e., via Medicare PDM).
In order to end QHP coverage, the FFE will leverage the newly added attestation question to the FFE application where consumers can agree or disagree to the following statement:

If anyone on your application enrolls in coverage through a Marketplace plan, but is later found to have other qualifying health coverage (including Medicare, Medicaid, and/or CHIP), you have the option to allow the Marketplace to end their Marketplace coverage if you select “I agree to this statement” below.

If you select “I disagree to this statement,” anyone in this situation will stay enrolled in Marketplace coverage and will pay full cost for their Marketplace plan since they’ll no longer be eligible for advance payments of the premium tax credit or extra savings.

☑️ I agree to this statement.

☐️ I disagree to this statement.
What’s New This Year (Cont’d)

- Consumers will receive specific instructions in their notices based on their current Medicare enrollment status (i.e., Part A only, Part A and B, Part C (Medicare Advantage) and whether they elected to end QHP coverage altogether, or only APTC/CSR).

- After the 30 day period elapses, for those dual enrollees who have not taken action, the FFE will either:
  - End QHP coverage for all dual enrollees who permitted the FFE to act on their behalf and end their QHP coverage via the attestation listed on a prior slide; or
  - End APTC/CSR for those dual enrollees that did not permit the FFE to act on their behalf and end their QHP coverage (i.e., those that selected “I disagree” to the statement on a prior slide).

- Consumers will also receive instructions on how to appeal the FFE’s decision about eligibility for health coverage, including eligibility for APTC/CSR.
Other Resources

- HealthCare.gov instructions on ending Marketplace coverage:
  https://www.healthcare.gov/reporting-changes/cancel-plan/
- HealthCare.gov information on Medicare and the Marketplace:
- HealthCare.gov information on changing from Marketplace to Medicare coverage:
- Slide deck about Medicare and the Marketplace:
- Sample notices:
- List of Medicare programs that are Minimum Essential Coverage:
- State Health Insurance Assistance Program (SHIP) contact information:
  https://www.shipacenter.org/
- Medicare Savings Programs Information:
  https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs
Other Resources

Equitable Relief from late Enrollment Penalties
Consumers Who Have Premium-Free Medicare Part A, But Not Part B

- Consumers who receive a PDM notice may have a special opportunity to sign up for Medicare Part B without a late enrollment penalty
  - Must visit their local Social Security office by September 30, 2019, to request enrollment in Medicare Part B
    - Must show their Medicare PDM notice or other forms of acceptable documentation

Note: This opportunity will expire September 30, 2019
Premium-Free Medicare Part A and Part B—Late Enrollment Penalty Reduction/Removal (Limited)

- Consumers who received a PDM notice may be eligible to request that their late enrollment penalty be reduced or removed
  - Must be currently or previously dually enrolled in Marketplace coverage (with or without APTC) and Medicare Part A and Part B
  - Must visit their local Social Security office or contact the office at 1-800-772-1213 by September 30, 2019, to request removal or reduction of their Medicare Part B penalty
    - Must show their Medicare PDM notice

Note: This opportunity expires September 30, 2019
Equitable Relief - Resources

Equitable Relief - Resources

* AZ SHIP: [https://des.az.gov/services/older-adults/medicare-assistance](https://des.az.gov/services/older-adults/medicare-assistance)
  * phone: (602) 542-6439

* SSA: (800) 772-1313
Health Plan Quality Ratings

* CMS will require the display of the Quality Rating System star ratings nationwide
  * beginning with 2020 Exchange Open Enrollment

* Consumers will be able to compare health coverage choices using a five-star quality rating
Press release:

Health Insurance Exchange Public Use Files:

Guidance/Bulletin:
Health Plan Quality Ratings – Resource

* Quality ratings: https://www.healthcare.gov/quality-ratings/
Next Meeting

Wednesday October 16, 2019
from 10 – 11:30 am