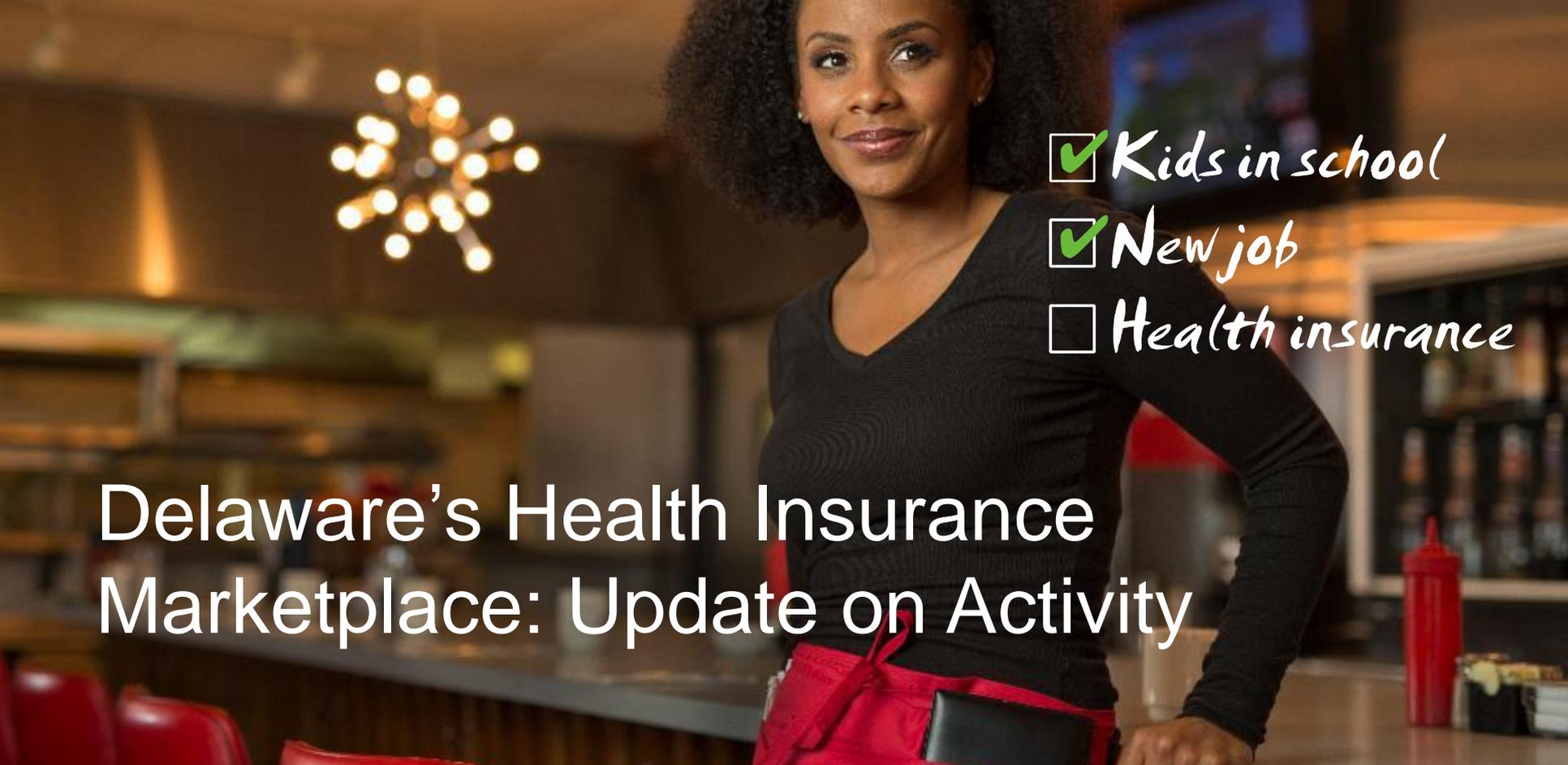


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- Kids in school
 - New job
 - Health insurance

Delaware's Health Insurance Marketplace: Update on Activity

Delaware Health Care Commission
February 4, 2016

Secretary Rita Landgraf
Department of Health and Social Services



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‘I found myself at a pivotal time in my life when it came to making sure I had health care coverage.’

-- *Katelyn Powers of Glasgow, who lost coverage through her parents’ plan when she turned 26. Her new health insurance helps her afford the prescriptions she needs.*



Agenda

- Enrollment Updates
- Stories From the Ground
- Outreach and Enrollment Assistance
- Special Enrollment Periods
- Filing 2015 Taxes
- Tax Penalty Reminder
- IRS Warns of Tax Scams
- Qualified Health Plan Management
- Key Dates and Reminders
- Questions/Comments

Enrollment Update

- CMS releases weekly 'snapshots' of enrollments in the 38 states that use HealthCare.gov.
- 26,538 Delawareans had signed up for coverage or had their coverage automatically renewed as of Jan. 23.
- Snapshots do not specify the number of consumers who paid their premiums to activate coverage. But the number of plan selections does reflect cancellations initiated by insurers and consumers before the end of open enrollment. This is a change from last year and results in a larger number of cancellations being accounted for during open enrollment.
- Previously, cancellations from insurers were reflected only in reports after open enrollment.

Full report: www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-01-27.html

Enrollment Update

- On Jan. 7, HHS released details on plan selections as of Dec. 26, 2015. In Delaware:
 - 22% were new signups and 78% were renewals, either active (41%) or automatic (37%)
 - By age:
 - ❑ 28% were 55-64
 - ❑ 21% were 45-54
 - ❑ 14% were 35-44
 - ❑ 23% were 18-34
 - ❑ 13% under 18
 - 55% female, 45% male
 - 70% white, 12% African-American, 9% Asian, 7% Latino
 - 61% picked silver plans, 21% bronze, 14% gold, 3% platinum, less than 1% catastrophic

Full report:

<https://aspe.hhs.gov/sites/default/files/pdf/167986/MarketPlaceAddendumJan2016.pdf>



Outreach and Enrollment Assistance

- Navigators expanded hours, locations and community presence
- Press conference promoted deadline
- Increased radio and digital advertising targeted Latinos
- Increased social media messages promoted deadline, assistance



Stories From the Ground



- A 47-year-old single mother from Dover sought help to re-enroll. She qualified for a tax credit of \$395 a month plus cost-sharing reductions. She chose a silver plan with a monthly premium of about \$37.
- A 24-year-old man from Newark wanted the security of coverage even though he has no ongoing health concerns and does not take regular medications. He did not qualify for tax credits and opted to pay a higher monthly premium to keep his annual deductible low. He enrolled in a gold plan with a \$334 premium and a deductible of about \$2,000.

Stories From the Ground

- A navigator from Chatman helped a 63-year-old Wilmington woman who has an aggressive form of cancer. The woman recently lost Medicaid coverage because she began working part time, which put her over the income limit. She received a premium tax credit of \$760 and qualified for a cost-sharing reduction since she picked a silver plan. Her monthly premium is \$48.05.
- A Sussex County woman was applying for coverage for the first time and turned to La Red for help in Spanish. She qualified for a plan that costs \$91 a month and has a deductible of \$1,100. She was grateful not only for the affordable coverage but for knowing where to turn if she has future questions or concerns.

Actions on Special Enrollment Periods

- CMS announced several actions on Special Enrollment Periods (SEPs) to strengthen enforcement of rules, tighten standards, clarify eligibility requirements, and guard against abuse.
- CMS eliminated six SEPs it believes are no longer needed. SEPs are no longer available for:
 - Consumers who enrolled with too much in advance payments of the premium tax credit because of a redundant or duplicate policy
 - Consumers affected by an error in the treatment of Social Security Income for tax dependents
 - Lawfully present non-citizens affected by a system error in determination of their advance payments of the premium tax credit

Actions on Special Enrollment Periods (cont.)

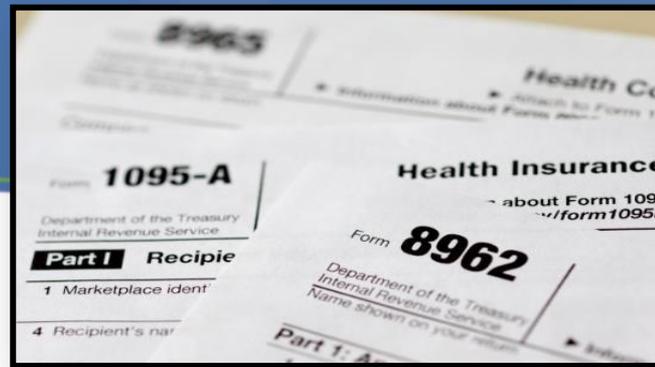
- SEPs are also no longer available for:
 - Lawfully present non-citizens with incomes below 100% FPL who experienced certain processing delays
 - Consumers who were eligible for or enrolled in COBRA and not sufficiently informed about their coverage options
 - Consumers who were previously enrolled in the Pre-Existing Condition Health Insurance Program

Actions on Special Enrollment Periods (cont.)

- CMS also clarified that the special enrollment period available to consumers who permanently move and, as a result, gain access to new health plans cannot be used for a short-term or temporary move where the consumer doesn't plan to stay in the new location.
- This includes situations in which a consumer is admitted to a hospital in a different area for treatment.

Full announcement: <http://blog.cms.gov/2016/01/19/clarifying-eliminating-and-enforcing-special-enrollment-periods/>

Filing 2015 Taxes



- Individuals who enrolled through the Marketplace in 2015 should have received Form 1095-A in the mail by February 1. It is also available on their HealthCare.gov account. The Marketplace sends this form, which gives information about the filer's health coverage.
- Individuals should wait to file their returns until they receive Form 1095-A. Use the form to complete IRS Form 8962 and reconcile advance payments of the premium tax credit or claim the credit on your tax return.
- Insurance companies and other health-insurance providers have until March 31 to send a similar form, 1095-B, to their customers. This form might help you prepare your return but it is not required; you may file without it.
- More information: www.healthcare.gov/taxes/ or www.irs.gov/Affordable-Care-Act

Tax Penalty Reminder

- Delawareans who went uninsured in 2015 and were not exempt from having coverage will face a penalty of either 2% of their annual household income or \$325 per adult (\$162.50 per child under 18) when they file their 2015 taxes by April 15.
- If individuals did not enroll in coverage for 2016 and do not qualify for an exemption, they will face a greater penalty when they file their 2016 taxes next year -- 2.5% of their annual household income or \$695 per person (\$347.50 per child under 18), whichever is higher.
- Even if individuals pay the penalty, they still don't have health insurance and are responsible for 100% of the cost of medical care.
- Get an estimate of your penalty at www.ChooseHealthDE.com.
- See a list of health coverage exemptions at www.HealthCare.gov.

IRS Warns Consumers About Tax Scams

- Unscrupulous tax preparers target some consumers, especially those who speak little English.
- Most people don't owe the penalty, because they are insured or exempt from the requirement.
- Undocumented immigrants are not required to have health insurance.
- If you do owe, pay the penalty only with your tax return or in response to a letter from the IRS. Never pay directly to an individual or tax-return preparer.
- www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Consumer-Alert-Choose-Your-Tax-Preparer-Wisely

Plan Management Updates



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Invitation to Insurers for Plan Year 2017

- On January 25, the Department of Insurance formally invited insurance companies who offer health insurance in the state to submit a Letter of Intent to apply for participation on the Delaware Marketplace in Plan Year 2017.
- The request includes the 2017 QHP Standards approved by the HCC on December 3, 2015.
- Insurer responses are due February 22, 2016.
- Once received, the DOI will update the HCC on the number and types of insurers that are anticipated to participate in the 2017 Plan Year QHP application and review cycle.
- See the request at:
www.delawareinsurance.gov/departments/documents/bulletins/domestic-foreign-insurers-bulletin-no85.pdf?updated

QHP Review for Plan Year 2017

- The DOI is conducting analysis of approved QHP state standards, proposed federal regulations and draft CMS guidance to QHP insurers released in late December 2015.
- The DOI's Plan Management team is working to update its guidance for QHP insurers and scheduling calls with them to discuss the department's upcoming QHP application and review process.
- The DOI will finalize its instructions and guidance to insurers once the federal government releases its final rules and guidance regarding the 2017 QHP review; that information is expected in late February or early March.

Key Reminders

Date	Milestone
February 22, 2016	Deadline for insurers to respond to Department of Insurance's request for letter of intent to apply for participation in Plan Year 2017.

- Consumers who experience qualifying life events such as birth/adoption of a child; marriage or divorce; loss of minimum essential coverage; denial of Medicaid; aging out of parents' insurance at age 26; or domestic violence eligibility may enroll outside of open enrollment.
- Enrollment assisters and agents and brokers are available to help with enrollments outside open enrollment.
- Visit www.ChooseHealthDE.com to find free assistance.
- Enrollment in Medicaid and in the SHOP marketplace for small businesses is open year-round.

Questions/Comments

- Health Care Commission
- Public



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