

Affordable Care Act & Marketplace updates for 2017

PriorityHealth 



Agenda

- What's new in the Marketplace in 2017
- Changes to Special Enrollment Periods
- Renewal letters
- Open Q&A forum
- Closing



What's new in the Marketplace in 2017



Marketplace changes

- Benefit changes
 - Actuarial value tweaks
 - Updated out-of-pocket limits
 - New federal standardized designs
- Regulatory changes impacting agents
- Future of short-term plans



Benefit changes

- Actuarial value tweaks
- Out-of-pocket limit increased to \$7,150 for individual; \$14,300 for family coverage
 - IRS limits for Health Savings Accounts remain at \$6,550/\$13,100
 - HSA deductibles must be at least \$1,300/\$2,600 (no change from 2016)



Federal Standard plans

New for 2017!

- New standard plan designs to be offered in 2017
- Bronze, Silver and Gold metal designs
- Offering in 2017 optional, may be required in later years
- Preferential display on HealthCare.gov



Agents and the Marketplace

Requirements for a non-Exchange website

- Display all of the information as presented on HealthCare.gov
 - Include a disclaimer and link to HealthCare.gov
- Provide consumers ability to view all QHPs offered
- Do not offer financial incentives



Agents and the Marketplace

Requirements for a non-Exchange website, cont'd

- Display all QHP data provided
- Maintain audit trails and records in an electronic format for a minimum of 10 years
- Provide opportunity for consumers to withdraw from agent's process and move to HealthCare.gov at any time



Agents and the Marketplace

Fraud and abuse

- Updated standards allow HHS to audit an agent's records
- Fraud/abuse can result in an immediate 90-day suspension
 - Agent may respond to allegation
- In cases in which broker's agreement are terminated, State will be notified



Agents and the Marketplace

Standards of conduct

- Provide consumers with correct information, without omission of material fact
- Discrimination is prohibited
- Provide correct information to FFM
- Obtain consent from enrollee(s)
- Protect personal health information



Agents and the Marketplace

Penalties

- Agent may be prohibited from entering agreements in subsequent years
- May be subject to civil penalties
 - Agents may request a review of any penalty



Future of short-term plans

Pending final rules!

- Feds looking to put an end to short-term plans
- Proposed regulation would limit any short-term plan sold to less than 3 months
- Commenting period ends August 9



Agents and the Marketplace

Coming in 2018!

- Allow consumers to complete eligibility process from agent's website
- Medicare eligibility notification
- Open enrollment period to remain November 1 through January 31 through the 2018 period



Special Enrollment Periods (SEPs)



Changes to SEPs

- HHS is responding to pressure from the market to tighten up SEPs
- Many SEPs (i.e. those for tax hardship) have been closed
- Documentation collection is new



Proving SEP eligibility

Documentation required to prove:

- Loss of minimum essential coverage
- Change in residence
- Birth
- Gaining a dependent (adoption, foster care, court order)
- Marriage



Why the SEP changes?

- SEP enrollees are greatly different from OEP enrollees
 - Higher claims
 - More likely to drop coverage
- SEP impact on overall market

Renewal letters

Renewal letters

- Renewal letters will go out in early fall
- Letter written and designed by CMS, insurers can't change the content
 - New templates coming this year
- Window shopping expected to open in mid-to-late October

Questions?
Dial *1

Wrap-up

Fall agent meetings coming

- Watch for details on our annual fall agent meetings
 - Learn about our MyPriority plans for 2017
 - Hear about trends in Michigan's market

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