

Renewal of Eligibility for Qualified Health Plans and Insurance Affordability Programs in 2014: *QHP Enrollment*

Small Group Convening
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Regulatory Requirements

QHP Re-Enrollment



Enrollees who continue to be eligible for QHP will remain in the QHP selected from the previous year unless enrollee terminates or switches plans *(45 CFR 155.335(j))*



In proposed regulations, CMS establishes an approach that incorporates the framework governing “guaranteed renewability” of health insurance products *(45 CFR 146.106)*



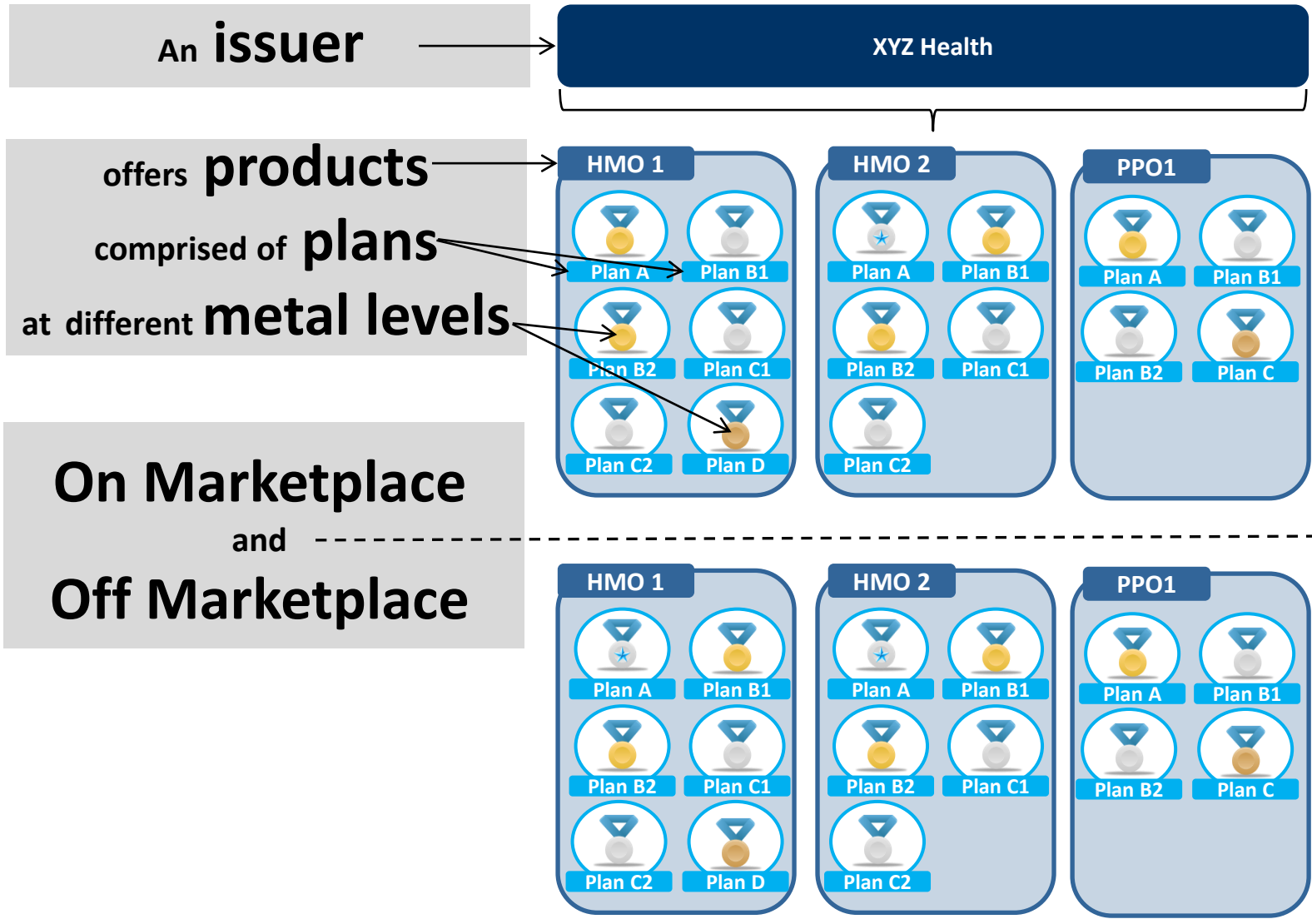
CMS mirrors proposes a hierarchy for continuing QHP enrollment for those who remain eligible from one coverage year to the next. The hierarchy considers QHP:

- issuer,
- product,
- plan, and
- metal level

The priority in the hierarchy is the QHP issuer relationship with the consumer.

(Proposed 45 CFR 155.335(j))

Definitions

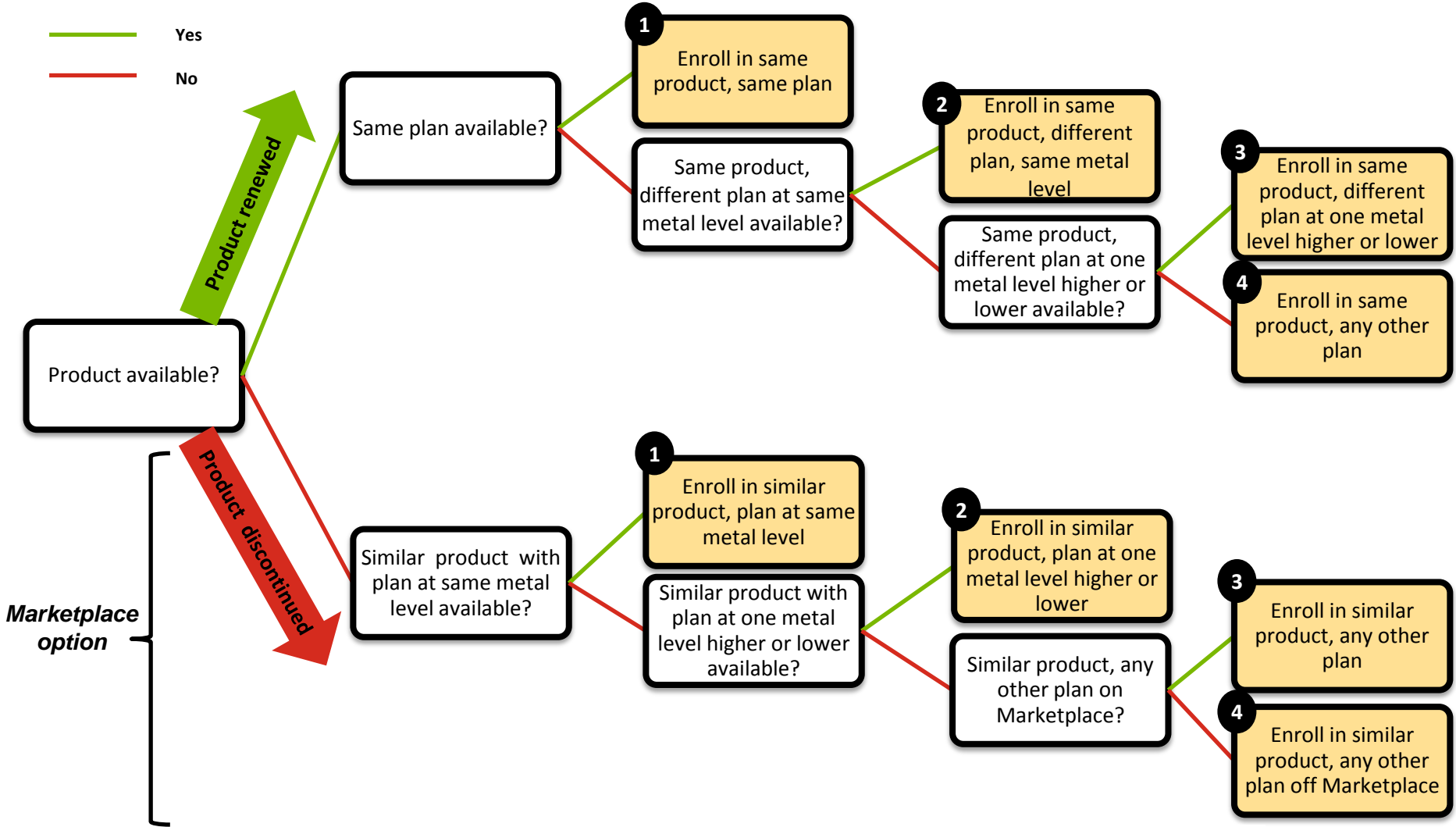


offers **products**
comprised of **plans**
at different **metal levels**

On Marketplace
and
Off Marketplace

QHP Re-Enrollment Hierarchy

Assuming QHP issuer remains on the Marketplace....



CMS solicits comment on whether it should further prioritize: (1) enrollment of an individual a plan one metal level lower in instances where the same metal level plan either in the same or similar product is not available; and (2) enrollment in plans that have premiums closest to the enrollee's current QHP.



QHP Enrollment Termination/Switching



Marketplaces must establish procedures for QHP issuers to maintain records of termination of coverage and send termination information to QHP issuer and HHS promptly. This covers situations where enrollee is switching to another QHP during annual OEP. *(45 CFR 155.335(j))*

Enrollee-initiated QHP Termination.

- In general, the enrollee initiates termination of QHP coverage.
- Individuals do not have to terminate coverage and QHP issuers must not terminate coverage when an individual becomes enrolled in other minimum essential coverage unless such individual requests a termination. *(77 FR 18395)*
 - **Newly eligible for Medicaid.** If the enrollee is newly eligible for Medicaid and chooses to terminate QHP coverage, the last day of QHP coverage is the day before the individual is determined eligible for Medicaid. *(45 CFR 155.430(d)(4))*

Marketplace-initiated QHP Termination.

- Marketplaces may initiate termination only in limited circumstances:
 - enrollee no longer eligible for QHP coverage,
 - nonpayment of premiums, exhaustion of grace period,
 - coverage rescinded,
 - QHP terminated/decertified,
 - enrollee changes plan.
- Marketplaces must send a termination notice that includes the termination effective date and reason for termination. *(45 CFR 155.430(b)(2); 45 CFR 156.270(b)(1))*

Discussion Questions

Discussion: QHP Enrollment



Marketplace/DOI/Issuer Coordination

- How are states coordinating roles and responsibilities across Marketplaces, Departments of Insurance, and plan issuers?
- How will states work with issuers to map plans under the hierarchy?

Consumer Plan Shopping Experience

- What level of changes – Essential Health Benefits (EHBs), benefit designs, pricing – are Marketplaces anticipating in their offerings? How do changes influence renewal processes?
- How will plan differences be conveyed? Will changes in consumer’s subsidy eligibility as well as the interaction between subsidy and plan differences be conveyed?
- To what extent are Marketplaces encouraging consumers to shop?
- Will there be new features or functionality in the shopping experience for those renewing coverage (e.g., comparisons to existing coverage)?
- What type of information/collateral are states considering to help Navigators/Assistors convey plan design options to consumers?

Discussion: QHP Enrollment



IT Systems

- What changes in functionality and/or business rules are required for your IT systems/website/consumer portal?
- Where is your Marketplace in implementing these system changes?
- Depending on status of IT platform, are any manual processes/workarounds being considered should system changes not completed in time?
- Will states be able to track/report status of renewals weekly?