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1332 State Innovation Waivers: What can be Waived?

Manatt Health Solutions May 2015

Agenda

- **Review of 1332 Basics**
- What can be Waived Pertaining to QHPs and EHBs?
- What can be Waived Pertaining to Exchanges?
- What can be Waived Pertaining to Cost Sharing?
- What can be Waived Pertaining to Tax Credits, Individual, and Employer Mandate?
- Discussion

Review of 1332 Basics

What can be Waived?

States may request waivers from HHS and the Treasury Department of certain requirements of the Affordable Care Act (ACA), effective 01/01/2017

1 Individual Mandate

States can modify or eliminate the tax penalties that the ACA imposes on individuals who fail to maintain health coverage.

3 Benefits and Subsidies

States may modify the rules governing covered benefits and subsidies. States that reallocate premium tax credits and cost-sharing reductions may receive the aggregate value of those subsidies for alternative approaches.

2 Employer Mandate

States can modify or eliminate the penalties that the ACA imposes on large employers who fail to offer affordable coverage to their full-time employees.

4 Exchanges and QHPs

States can modify or eliminate QHP certification and the Exchanges as the vehicle for determining eligibility for subsidies and enrolling consumers in coverage.

ACA § 1332(a)(2

Section 1332 waivers can be coordinated with 1115 waivers, which may create opportunities for states to address differences among these federal programs that may impede efforts to pursue multi-payer delivery system reform.

What can't be Waived?

States may not waive guaranteed issue and related rating rules

Fair play rules

States may not waive non-discrimination provisions prohibiting carriers from denying coverage or increasing premiums based on medical history. States are precluded from waiving rules that guarantee equal access at fair prices for all enrollees.

What are the Statutory Guardrails?

A state waiver application must satisfy four criteria to be granted

Scope of Coverage

The waiver must provide coverage to at least as many people as the ACA would provide without the waiver.

² Comprehensive Coverage

The waiver must provide coverage that is at least as "comprehensive" as coverage offered through the Exchange.

³ Affordability

The waiver must provide "coverage and cost sharing protections against excessive out-of-pocket" spending that is at least as "affordable" as Exchange coverage.

⁴ Federal Deficit

The waiver must not increase the federal deficit.

What can be Waived Pertaining to QHPs and EHBs?

Health Plan Requirements – EHB & AV

A state may waive key features of QHP requirements including the benefits which are considered essential and plan actuarial values





- Add a new EHB category to cover a highly valued service
- Add copper plans at 50% actuarial value to attract young and healthy risks

Plan Design

A state may modify or eliminate specific features of plan design required by the ACA

1 Limitations on Cost Sharing

Maximum amount of cost-sharing which can be incurred under a plan. In 2015, \$6,600 for individuals and \$13,200 for families on Exchange

Limitations on QHPs

QHPs must be certified, provide EHB, offer at least a silver and gold plan, same rates on and off Exchange, and not include group health plans

3 Catastrophic Coverage

Catastrophic plans must provide for full EHB coverage once an individual has incurred cost-sharing above the annual limitation

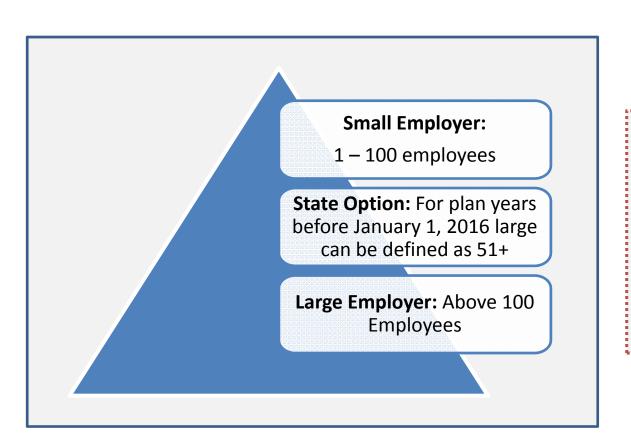
Waiver Examples:

- Allow consumers to purchase catastrophic coverage regardless of age or exemption status
- Decrease annual maximums on deductibles to reduce cost sharing burdens

ACA § 1301(a)(1), 1302, (b)(1)(B), 1302(c)(1), (c)(2

Definition of Employer Size

The ACA defines the number of FTEs that constitutes small and large employers with a state option that expires in 2016 to define large employers as 51+ (taken by all states)

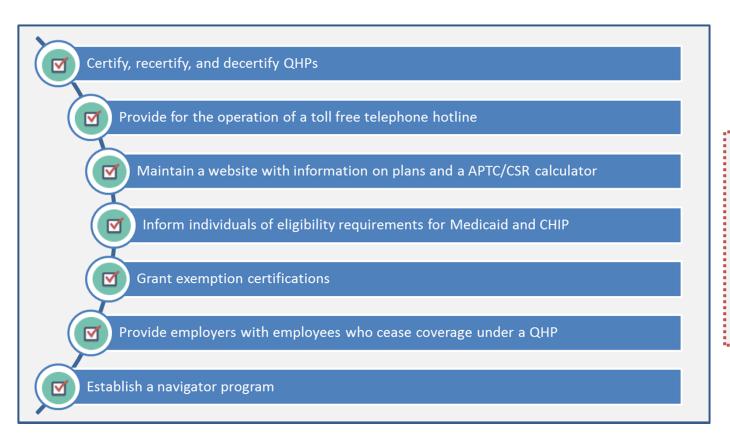


- Redefine small group as
 1 50 to restore pre-ACA
 approach
- Require state employees or other large groups to purchase through Exchange

What can be Waived Pertaining to Exchanges?

Exchange Framework

A state may choose to waive discrete functions of an Exchange or eliminate the Exchange entirely



Waiver Example:

Replace
 individual
 exchange with
 direct
 enrollment and
 web brokers

Small Business Health Options Program

A state may eliminate the SHOP or change the requirements of SHOP to allow more individuals to enroll in SHOP coverage

State Exchanges must establish a SHOP for small employers to enroll employees in coverage



Waiver Examples:

- Eliminate SHOP and allow tax credits to be used with any licensed insurer
- Replace SHOP with private exchange that meets minimum standards

ACA § 1311(B)(1)(B)

Coverage Standards

A state may tailor their Exchange to the state's needs through waiving specific standards of the Exchange

1 Coverage for qualified individuals

Any individual who lives in the Exchange area, is not incarcerated, and is a citizen, or lawfully present may enroll in a QHP

4 Presenting Benefits

QHPs will use a standard format to present their health plan's benefits

² Open Enrollment Periods

The Secretary will require an Exchange to provide for an annual open enrollment period and special enrollment periods

3 QHP Quality

Each Exchange rates QHPs on the basis of quality and price and provides rating on their website

- Move open enrollment to tax season (*Note: may not be possible outside Exchange)
- Revise quality rating standards (could avoid disruption if done before federal program implemented)

Plan Certification

A state may waive plan certification requirements (which have largely been delayed already by CMS)

V.	Health plans seeking certification must provide the following:
	Claims payment policies and practices
	Periodic financial disclosures
	Data on enrollment
	Number of claims denied
	Rating practices
	Information on out-of-network coverage cost-sharing and payments
	Information on enrollee and participant rights
	Ability for individuals interested in purchasing the plan to learn about cost sharing under the plan through an internet website

Waiver Examples:

- Decline certification of fee-for-service plans
- Require insurers to provide key data in machine readable formats

ACA § 1311(e)(1)(B)(i), (e)(3)

Navigator Requirements

States may change specific requirements or waive their navigator program entirely

Conduct public education activities to raise awareness of the availability of QHPs

Distribute information concerning enrollment and the availability of APTC/CSR

Facilitate enrollment in QHPs

Display all plans in an impartial manner

Provide referrals to other state agencies

Waiver Example:

• Eliminate navigators and expand assister program and/or agent partnerships

ACA § 1311(i)(3)

What can be Waived Pertaining to Cost Sharing?

Cost-Sharing Reductions (CSR)

States may modify ACA Cost-sharing Reductions sliding scale (CSR) or change population specific CSRs

Eligibility

- ✓ Enrolls in a silver level QHP
- ✓ Income between 100 400 percent FPL
- ✓ Eligible for APTC
- ✓ Indians under 300 percent FPL are eligible to have any cost sharing under the plan eliminated

TIERS OF COST-SHARING REDUCTIONS

CSR Tier	Income Range	Actuarial Value of the Silver Plan
1	Special populations < 100% FPL; 100% FPL – 150 %FPL	94%
2	150% FPL - 200% FPL	87%
3	200% FPL – 250% FPL	73%

- Provide new or enhanced CSRs to targeted populations (e.g. pregnant women)
- Include CSRs in Actuarial Value for eligible individuals instead of separate CSR

What can be Waived Pertaining to Tax Credits, Individual and Employer Mandates?

Advance Payments of the Premium Tax Credit

States may modify the ACA APTC scale and eligibility criteria

Eligibility

- ✓ Income between 100 400 percent FPL
- ✓ Not eligible for Medicaid or other MEC
- ✓ Income below 100% FPL who is ineligible for Medicaid as a result of being an alien lawfully present in the United States
- ✓ Not eligible for employer sponsored coverage or eligible for employer sponsored coverage which is not affordable (exceeds 9.5% of household income) or does not meet minimum value (covers less than 60% of cost of benefits).

APTC Amount

Income Level	Premium as Percent of Income
Up to 133% FPL	2% of income
133 – 150% FPL	3 – 4% of income
150 – 200% FPL	4 – 6.3% of income
200 – 250% FPL	6.3 – 8.05% of income
250 – 300% FPL	8.05 – 9.5% of income
300 – 400% FPL	9.5% of income

Tax credit is difference between premium of **second lowest cost silver plan (SLCSP)** available to family and amount described above

Internal Revenue Code § 36B (c)(1)(B), (c)(2), (d)(3)(B)

- Simplify APTC with a full credit up to 200% FPL, medium credit to 300% FPL, and low credit to 400% FPL.
- Align update of poverty line for FPL calculations between Medicaid and Exchange.
- A state might be able to respond to an adverse King ruling by waiving "Established by the State"

Employer Shared Responsibility Payment

States may waive the employer responsibility provision entirely or waive components of employer requirements

1 Employer Fails to Offer MEC

A large employer who fails to offer FTEs the opportunity to enroll in MEC will be assessed a penalty if employee enrolls in QHP

3 Large Employer Definition

Employers with at least 50 FTEs are considered large employers unless workforce consists of seasonal workers who work 120 days or fewer

2 Employer Offers MEC

A large employer who offers FTEs coverage which is not affordable or minimum value will be assessed a penalty if employee enrolls in QHP

4 FTE Definition

The term FTE means an employee who is employed on average at least 30 hours of service per week

- Replace employer mandate with requirement that employers pay percentage of payroll in benefits or taxes (pay or play)
- Redefine FTE hours to better fit state market (including definition of seasonal employees)

Individual Shared Responsibility Payment

States may waive the shared responsibility payment, add new exemption types, or change the amount of the penalty

Exemption Types:

- □ Religious Conscience
- Health Care Sharing Ministry
- Individuals Not Lawfully Present
- ☐ Incarcerated Individuals
- Affordability
- ☐ Income below filing threshold
- Members of Indian Tribes
- Short Coverage Gap
- Hardship exemption

Penalty Amount

Year	Amount is the greater of
2015	1% of household income or \$95
2016	2% of household income or \$325
2017	2.5% of household income or \$695

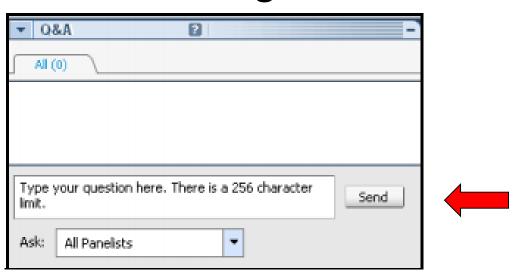
- Replace mandate with auto-enrollment, penalties on late enrollment or other alternatives
- Add or delete exemptions to better fit state preferences on scope of mandate

Discussion

Submitting Questions

To ask a question:

- 1. Ask question using phone
- 2. Submit question in writing



Thank you!

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