

# CMS Region 7 Updates

01/07/2016

## Marketplace Updates

### 2017 Annual Issuer Letter & Unified Rate Review Timeline Guidance

Annual Letter to Issuers: CMS is releasing the 2017 Annual Issuer Letter that provides guidance to issuers on technical policy and operational matters related to qualified health plans (QHPs), including stand-alone dental plans (SADPs), seeking to be certified or recertified for offer through the Federally-facilitated Marketplace (FFM).

[https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Draft-2017-Letter-to-Issuers-12-23-2015\\_508.pdf](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Draft-2017-Letter-to-Issuers-12-23-2015_508.pdf)

Issuer Guidance on Uniform Rate Review Timeline: CMS is issuing a bulletin that provides guidance on the timing of submission and posting of information about rate increases as required by law and subsequent regulations. Specifically, this bulletin provides guidance on the timing for health insurance issuers to submit Rate Filing Justifications for proposed rate

increases in the individual and small group markets. It also provides guidance on the timing for states with an effective rate review program to provide public access to information regarding proposed rate increases that are subject to review and final rate increases.

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Timeline-Bulletin-12-23-15-FINAL.pdf>

Key Dates in 2016 Issuer Timeline: CMS will also post a timeline intended to be an easy reference document for issuers and states. It consolidates previously released key dates in 2016 related to QHP certification, rate review, and risk adjustment, reinsurance, and risk corridors.

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Timeline-Bulletin-12-23-15-FINAL.pdf>

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### Agents/Brokers: Help Consumers Prepare for the 2015 Tax Season

The 2015 tax season started on January 1, 2016. Consumers may ask you for help with tax filing-related questions, including:

- How to account for advance payments of the premium tax credit (APTC) they received to help pay for plan year 2015 Marketplace health insurance coverage

when they are filing their 2015 federal income tax returns

- How to claim tax credits they decided not to take as APTC
- What to do if they did not maintain health coverage during 2015

The Centers for Medicaid & Medicare Services (CMS) will provide information to consumers about their enrollment in health coverage and APTC received during 2015 by January 31, 2016 via CMS Form 1095-A. CMS will also provide this information to the Internal Revenue Service (IRS). Remind your clients that all consumers who received APTC are required to file a federal income tax return.

Consumers should confirm the information on their Form 1095-A is correct and use the information to complete IRS Form 8962 and file it with their tax return if they want to claim the premium tax credit or if they received premium assistance through APTC. Consumers must complete Form 8962 to compare the amount of tax credit paid in advance based on estimated income with the final tax credit the enrollee is eligible for based on actual income for the year during which they receive APTC. For more information, refer to: [HealthCare.gov/taxes](http://HealthCare.gov/taxes).

Watch for additional emails in the coming weeks providing information on tax season readiness, including information on what consumers should do if they did not maintain

health coverage during 2015. register for this session, log in to [www.REGTAP.info](http://www.REGTAP.info) and complete the following steps:

Contact Us:

If you have any questions about the FFM agent and broker program, please email the FFM Producer and Assister Help Desk at [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov).

You may also contact the Agent and Broker Call Center by calling 1-855-CMS-1515 (855-267-1515) and selecting option "1." Call Center Representatives are available Monday through Saturday from 8:00 AM to 10:00 PM Eastern Time (ET).

Please note that the Agent and Broker Call Center will not have access to consumer information and will not be able to handle specific questions or issues with a consumer's application.

- Call the Marketplace Call Center at 1-800-318-2596 for assistance with enrolling consumers in coverage through the Individual Marketplace.
- Call the Small Business Health Options (SHOP) Call Center at 1-800-706-7893 for assistance related to coverage through the SHOP Marketplace.

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## Health Insurance Marketplace Open Enrollment Snapshot Week 7: December 13 - December 19, 2015

### Federal Marketplace Snapshot – Week 7

Since Open Enrollment began on November 1, more than 8.2 million consumers signed up for health coverage through the HealthCare.gov platform or had their coverage automatically

renewed – with millions more selecting plans through State-based Marketplaces. Last year at this time, about 6.4 million had signed up for coverage or been automatically renewed by

December 19, 2014. Since November 1, about 2.4 million new consumers signed up for Marketplace coverage, over one-third higher than the number of new consumers that signed up by the deadline for January 1 coverage last year. Between December 13 and December 19, more than 4 million people selected plans or had their coverage automatically renewed. High consumer demand as we neared the enrollment deadline for January 1 coverage, as well as the automatic renewal process, contributed to this overall total.

“Millions of Americans will start 2016 with the quality and affordable health coverage they want and need to keep their families healthy and financially secure,” said Department of Health

and Human Services Secretary Sylvia Burwell. “We are encouraged by the strong start we experienced in the first half of Open Enrollment for 2016 coverage, and know we have ongoing work to do. We are focused on making sure families looking for coverage understand their options through the Marketplace, know about the financial assistance available, and have access to the support they need to enroll.”

This snapshot, for the first time, reflects the vast majority of consumers who were automatically re-enrolled into 2016 coverage. The re-enrollment process has not yet been completed so as it continues, upcoming snapshots will include additional consumers who were automatically re-enrolled after December 19.

Federal Marketplace Snapshot	Week 7 Dec 13 – Dec 19	Cumulative Nov 1 – Dec 19
<b>Plan Selections (net)</b>	4,078,562	8,250,276
<i>New Consumers</i>	22 percent	29 percent
<i>Consumers Renewing Coverage</i>	78 percent	71 percent
<b>Applications Submitted (Number of Consumers)</b>	*	*
<b>Call Center Volume</b>	3,015,283	8,398,604
<b>Average Call Center Wait Time</b>	31 minutes 17 seconds	14 minutes 01 seconds
<b>Calls with Spanish Speaking Representative</b>	140,887	479,793
<b>Average Wait for Spanish Speaking Rep</b>	59 seconds	24 seconds
<b>HealthCare.gov Users</b>	5,720,153	17,864,639
<b>CuidadoDeSalud.gov Users</b>	329,990	747,206
<b>Window Shopping HealthCare.gov Users</b>	2,351,732	6,572,823
<b>Window Shopping CuidadoDeSalud.gov Users</b>	55,201	129,384

*\*Validated data on applications submitted was not available at the time of publication.*

### HealthCare.gov State-by-State Snapshot – Week 7

Consumers across the country continued to explore their health insurance options by reaching out to a call center representative at 1-800-318-2596, attending enrollment events in

their local communities, or visiting HealthCare.gov or CuidadoDeSalud.gov. Individual plan selections for the states using the HealthCare.gov platform include:

Week 7	Cumulative Nov 1 – Dec 19
Alabama	169,596
Alaska	20,573
Arizona	155,050
Arkansas	62,679
Delaware	25,241
Florida	1,507,707
Georgia	498,901
Hawaii	10,856
Illinois	340,479
Indiana	177,821
Iowa	48,514
Kansas	84,631
Louisiana	179,014
Maine	76,663
Michigan	311,100
Mississippi	90,358
Missouri	253,099
Montana	54,517

Nebraska	77,996
Nevada	72,627
New Hampshire	49,918
New Jersey	247,739
New Mexico	44,477
North Carolina	544,950
North Dakota	19,183
Ohio	218,047
Oklahoma	124,135
Oregon	128,667
Pennsylvania	394,302
South Carolina	189,552
South Dakota	22,354
Tennessee	227,102
Texas	1,040,246
Utah	143,391
Virginia	375,891
West Virginia	33,407
Wisconsin	209,345
Wyoming	20,148

### Federal Marketplace Snapshot – Week 8

Since Open Enrollment began on November 1, more than 8.5 million consumers signed-up for health coverage through the HealthCare.gov platform or had their coverage automatically renewed. Of the about 6 million Marketplace consumers whose coverage was renewed, about 3.6 million actively renewed and 2.4 million consumers were automatically renewed.

“As 2015 comes to an end, I am encouraged to see Marketplace consumers showing how engaged they are with their health coverage,”

said Department of Health and Human Services Secretary Sylvia Burwell. "Millions of consumers that had 2015 coverage – an impressive 60 percent -- came back to HealthCare.gov to update their information, explore the options available for 2016 and select the plan that best fits their needs. As we kick off the New Year and begin counting down to the final enrollment deadline on January 31, we will continue working to help more families learn about their options and sign up for coverage."

Federal Marketplace Snapshot	Week 8 Dec 20 – Dec 26	Cumulative Nov 1 – Dec 26
Plan Selections (net)	274,659	8,524,935
<i>New Consumers</i>	27 percent	29 percent
<i>Consumers Renewing Coverage</i>	73 percent	71 percent

Applications Submitted (Number of Consumers)	405,013	10,616,106
Call Center Volume	491,054	8,889,658
Average Call Center Wait Time	45 seconds	12 minutes 50 seconds
Calls with Spanish Speaking Representative	31,117	510,910
Average Wait for Spanish Speaking Rep	6 seconds	23 seconds
HealthCare.gov Users	1,300,878	18,667,432
CuidadoDeSalud.gov Users	155,366	878,062
Window Shopping HealthCare.gov Users	366,236	6,784,427
Window Shopping CuidadoDeSalud.gov Users	6,746	133,778

Consumers across the country continued to explore their health insurance options by reaching out to a call center representative at 1-800-318-2596, attending enrollment events in

their local communities, or visiting [HealthCare.gov](https://www.healthcare.gov) or [CuidadoDeSalud.gov](https://www.cuidadodesalud.gov). Individual plan selections for the states using the HealthCare.gov platform include:

Week 8	Cumulative Nov 1 – Dec 26
Alabama	174,708
Alaska	21,682
Arizona	169,110
Arkansas	65,451
Delaware	26,370
Florida	1,556,561
Georgia	511,826
Hawaii	11,157
Illinois	346,869
Indiana	181,995
Iowa	49,428
Kansas	86,411
Louisiana	185,215
Maine	78,076
Michigan	323,430
Mississippi	93,999
Missouri	257,228
Montana	55,519

Nebraska	78,927
Nevada	75,367
New Hampshire	50,737
New Jersey	258,993
New Mexico	46,816
North Carolina	553,729
North Dakota	19,729
Ohio	224,139
Oklahoma	128,758
Oregon	132,393
Pennsylvania	408,147
South Carolina	194,982
South Dakota	22,697
Tennessee	232,623
Texas	1,096,868
Utah	148,814
Virginia	384,147
West Virginia	34,450
Wisconsin	216,877
Wyoming	20,707

Similar to last year, each week, the Centers for Medicare and Medicaid Services (CMS) will release weekly Open Enrollment snapshots for

the HealthCare.gov platform, which is used by the Federally-facilitated Marketplaces and State Partnership Marketplaces, as well as some State-based Marketplaces. These snapshots provide

point-in-time estimates of weekly plan selections, call center activity and visits to [HealthCare.gov](http://HealthCare.gov) or [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov). The final number of plan selections associated with enrollment activity to date could fluctuate as plan changes or cancellations occur, such as in response to life changes like starting a new job or getting married.

In addition, the weekly snapshot only looks at new plan selections, active plan renewals and auto-renewals and does not include the number

Definitions and details on the data are included in the glossary.

### Glossary

**Plan Selections:** The weekly and cumulative metrics provide a preliminary total of those who have submitted an application and selected a plan. Each week's plan selections reflect the total number of plan selections for the week and cumulatively from the beginning of Open Enrollment to the end of the reporting period, net of any cancellations from a consumer or cancellations from an insurer during that time.

Because of further automation in communication with issuers, the number of net plan selections reported this year account for issuer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment after the end of Open Enrollment. As a result, there may also be a smaller difference this year between plan selections at the end of Open Enrollment and subsequent effectuated enrollment, although some difference will remain because plan cancellations related to non-payment of premium

of consumers who paid their premiums to effectuate their enrollment.

HHS will produce more detailed reports that look at plan selections across the Federally-facilitated Marketplace and State-based Marketplaces later in the Open Enrollment period. Consistent with last year's weekly snapshots, since re-enrollment is almost entirely completed, this snapshot will be the last one during Open Enrollment 2016 that breaks out plan selections by new and renewing consumers.

will frequently occur after the end of Open Enrollment.

Plan selections will include those consumers who are automatically re-enrolled into their current plan or another plan with similar benefits, which occurs at the end of December.

To have their coverage effectuated, consumers generally need to pay their first month's health plan premium. This release does not include totals for effectuated enrollments.

**New Consumers:** A consumer is considered to be a new consumer if they did not have Marketplace coverage at the start of Open Enrollment.

**Renewing Consumers:** A consumer is considered to be a renewing consumer if they had 2015 Marketplace coverage at the start of Open Enrollment and either actively select the same plan or a new plan for 2016 or are automatically re-enrolled into their current plan or another plan, which occurs at the end of December.

Marketplace: Generally, references to the Health Insurance Marketplace in this report refer to 38 states that use the HealthCare.gov platform. The states using the HealthCare.gov platform are Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

HealthCare.gov States: The 38 states that use the HealthCare.gov platform for the 2016 benefit year, including the Federally-facilitated Marketplace, State Partnership Marketplaces and State-based Marketplaces.

Applications Submitted: This includes a consumer who is on a completed and submitted application or who, through the automatic re-enrollment process, which occurs at the end of December, had an application submitted to a Marketplace using the HealthCare.gov platform. If determined eligible for Marketplace coverage, a new consumer still needs to pick a health plan (i.e., plan selection) and pay their premium to get covered (i.e., effectuated enrollment). Because families can submit a single application, this figure tallies the total number of people on a submitted application (rather than the total number of submitted applications).

Call Center Volume: The total number of calls received by the Federally-facilitated Marketplace call center over the course of the week covered by the snapshot or from the start of Open Enrollment. Calls with Spanish speaking representatives are not included.

Calls with Spanish Speaking Representative: The total number of calls received by the Federally-facilitated Marketplace call center where consumers chose to speak with a Spanish-speaking representative. These calls are not included within the Call Center Volume metric.

Average Call Center Wait Time: The average amount of time a consumer waited before reaching a customer service representative. The cumulative total averages wait time over the course of the extended time period.

HealthCare.gov or CuidadodeSalud.gov Users: These user metrics total how many unique users viewed or interacted with HealthCare.gov or CuidadodeSalud.gov, respectively, over the course of a specific date range. For cumulative totals, a separate report is run for the entire Open Enrollment period to minimize users being counted more than once during that longer range of time and to provide a more accurate estimate of unique users. Depending on an individual's browser settings and browsing habits, a visitor may be counted as a unique user more than once.

Window Shopping HealthCare.gov Users or CuidadoDeSalud.gov Users: These user metrics total how many unique users interacted with the window-shopping tool at HealthCare.gov or CuidadoDeSalud.gov, respectively, over the course of a specific date range. For cumulative totals, a separate report is run for the entire Open Enrollment period to minimize users being counted more than once during that longer range of time and to provide a more accurate estimate of unique users. Depending on an individual's browser settings and browsing habits, a visitor may be counted as a unique user more than once. Users who window-shopped are also included in the total HealthCare.gov or CuidadoDeSalud.gov user total.

###

## Resources at the Ready

Toolkits:

- [Faith Weekend of Action Toolkit](#)
- [HealthCare.gov Digital Press Kit](#)
- [Outreach & Earned Media Toolkit](#)
- [Marketplace Graphics for Social Media](#)

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## Faith Weekend of Action

This upcoming weekend (January 9 and 10, 2016) is a Faith Weekend of Action to make sure people get health insurance for the open enrollment deadline at the end of January. It is a critical time to make sure that the 10 million without health insurance go to [www.HealthCare.gov](http://www.HealthCare.gov) to consider their options and see if they qualify for financial assistance. During this Faith Weekend of Action, we especially want to encourage everyone, especially women, to wear blue this weekend for men's health and to increase awareness that 57% of those who are eligible to get health insurance

are men. Take a picture of you and others in your community wearing blue and post it on social media using the hashtag #wearblue4men. Be sure to share with your friends and others why the health of men in your life is important to you.

See below for more information about upcoming webinars on ACA as well as a webinar with the Office of National Drug Control Policy announcing a call to action to combat substance use disorders in our communities.

## Videos to use for ACA Faith Weekend of Action

We have **new videos** on the Health Insurance Marketplace [featuring Latino faith and community leaders](#) as well as a video featuring [African American leaders](#). You can also consider using the video released in December including a

[wide range of faith and community leaders](#) from a variety of traditions. We hope that you share this video widely, particularly on your social media channels.

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# Medicare Updates

## Accountable Health Communities Model Announced

The Department of Health and Human Services today announced a new funding opportunity of up to \$157 million to test whether screening beneficiaries for health-related social needs and associated referrals to and navigation of community-based services will improve quality and affordability in Medicare and Medicaid.

The five-year program, called the Accountable Health Communities Model, is the first Centers for Medicare & Medicaid Services (CMS) Innovation Center model to focus on the health-related social needs of Medicare and Medicaid beneficiaries, including building alignment between clinical and community-based services at the local level.

The Accountable Health Communities Model will support up to 44 bridge organizations, through cooperative agreements, which will deploy a common, comprehensive screening assessment for health-related social needs among all Medicare and Medicaid beneficiaries accessing care at participating clinical delivery

sites. The model will test three scalable approaches to addressing health-related social needs and linking clinical and community services – community referral, community service navigation, and community service alignment.

Please save the date for webinars on the AHC Model application process:

- Thursday, January 21, 2016 from 2:00pm – 3:30pm EST: Registration Required  
<https://engage.vevent.com/rt/cms2~012116>
- Wednesday, January 27, 2016 from 3:00pm – 4:30pm EST: Registration Required  
<https://engage.vevent.com/rt/cms2~012716>

For more information on the AHC Model and upcoming webinars, please visit the [AHC Model web page](#).

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# Upcoming Webinars

## Marketplace Webinar Invitation

Friday, January 8, 2016 - 1:00 PM to 2:30 PM CT

RSVP: To facilitate a quicker registration process on the day of the event, please register for the session by visiting the following link: <https://goto.webcasts.com/starthere.jsp?ei=1085463>

Please join us for our bi-weekly assister webinar, where we will share important Marketplace updates, including how assisters can work with the Small Business Health Options Program (SHOP) Call Center. On Friday we'll be joined by a special guest from the Substance Abuse and Mental Health Services Administration (SAMHSA) for an overview on assisting consumers with behavioral health conditions, which include both mental illness and substance use disorders, during the insurance enrollment process. We'll also have a complex case presentation on helping consumers resolve data matching issues (DMIs).

### **What:**

1. Marketplace Updates
2. Health Insurance Enrollment: Assisting Consumers with Behavioral Health Conditions (in collaboration with SAMHSA)
3. Complex Cases: Helping Consumers Resolve Data Matching Issues (DMIs)

**Who should attend:** Navigators, enrollment assistance personnel, and certified application counselors (CACs)

**Space is limited – we strongly encourage individuals from the same organization to gather in a common room and participate as a group using a single computer or call-in line.**

The audio portion of the webinar will be delivered via your computer. Please check your computer settings in advance to ensure that your speaker volume is adjusted appropriately. If you cannot hear audio through your computer speakers, please refer to the Alternate Audio tab on the left side of the webinar screen.

Please try to log in 5 minutes in advance so that audio links can be made.

## Health Insurance Options for Immigrant Families

January 12, 2016 at 2:00 pm CT: [Click here to register](#)

Please join the Centers for Medicare & Medicaid Services (CMS) and the HHS Partnership Center for a webinar on the benefits available to immigrant families through the Health Insurance Marketplace. We will discuss how to enroll and answer your questions. Open enrollment started on November 1 and ends on January 31, 2016.

###

## **“ORHP, ACA, and You” Office Hours: Engaging with Rural Hospitals in O&E: Financial and Community Benefit**

- Wednesday, January 13, 2016 | 2:00-3:00 pm CT: [Click here to join the webinar](#)
- Dial-in: 1-800-779-2581; Passcode: 1318315

This call with the Health Resources and Services Administration (HRSA) [Office of Rural Health Policy \(ORHP\)](#) will focus on best practices for engaging with rural hospitals in outreach and enrollment efforts and will feature a presenter from the Internal Revenue Service to discuss community benefit requirements and outreach and enrollment, as well as a HRSA Rural Outreach Benefits Counseling

grantee who works with a network of Critical Access Hospitals. The call will also feature the findings from a qualitative study that focused on best practices for rural hospital engagement in outreach and enrollment.

### **CMS National Training Program - Learning Series Webinar**

**January 14, 2016 | 12:00 – 1:30 pm CT**

**Webinar:** <https://goto.webcasts.com/viewer/event.jsp?ei=1089122>

This webinar will provide an overview of key Medicare dates, including enrollment periods, plan data and Plan Finder updates.

### **Verification of Eligibility in the FFM and Resolving Inconsistencies**

**Thursday, January 21, 2016 | 1:00 pm – 2:30 pm CT**

**Register now**

We hope you can join us for our **next *Health Reform: Beyond the Basics* webinar on January 21, 2016, at 2:00 pm Eastern (11:00 am Pacific)**. The webinar will provide an overview of how the Federally-Facilitated Marketplace (FFM) verifies the information consumers provide as to their income and citizenship or immigration status, and will cover what happens when the FFM determines that the application information doesn't match information available to the FFM. It will detail how assisters can help consumers resolve data-matching issues and maintain their coverage and premium tax credits.

### **Getting Started: New to CMS Programs?**

**Thursday, January 21, 2016 | 1:00 – 2:30 pm CT**

#### **Audio Conference Details**

- Toll-free Dial In Number: 1-877-267-1577
- Conference ID: 991 959 458
- **Webinar:** <https://webinar.cms.hhs.gov/gsjan2016/>

This webinar will provide an introduction to Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Federally-facilitated Health Insurance Marketplace and key resources for these programs.

### **Connecting Kids to Coverage**

**February 11, 2016 at 2:00 pm CT: [Click here to register](#)**

Children and teenagers in your congregation or community may qualify for free or low-cost health insurance coverage through Medicaid and the Children's Health Insurance Program (CHIP). Many parents may be eligible for Medicaid as well. Learn about the nationwide effort to identify children and youth eligible for Medicaid and the Children's Health Insurance Program (CHIP) and get them enrolled.

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