

CMS Region 7 Updates

02/09/2016

Marketplace Updates

Fact Sheet from the Departments of the Treasury and Health and Human Services on Preparing for Tax Season

As tax filing season begins, the U.S. Department of Health and Human Services and the Treasury Department are once again putting in place resources to help tax filers understand how health care intersects with their taxes. Reporting information about health coverage is still a new process, but it is becoming a routine part of tax season. In order to help address questions individuals may have about their responsibilities, the Administration is highlighting available resources and tools to help make the process as easy as possible.

Mark Mazur, Treasury Assistant Secretary for Tax Policy, and Kevin Counihan, CEO of the Health Insurance Marketplace, released the following statements today providing an overview of the consumer support and assistance the Administration will provide:

Assistant Secretary for Tax Policy, Mark Mazur:

"While this is only the second year that taxpayers need to report information about their health coverage when filing their income tax returns, we expect that these requirements will soon become a routine part of tax time. The vast majority of Americans simply need to check a box on their tax return to indicate they had health coverage all year. Others who chose not to purchase health insurance may have to pay a fee, or can claim an exemption if they qualify. We are working to ensure that consumers can easily access clear information on what the requirements mean for them as they prepare to file their taxes."

CEO of the Health Insurance Marketplace, Kevin Counihan:

"Because of the Health Insurance Marketplaces, millions of Americans have gotten the security that comes with having quality, affordable health insurance. With most of these consumers receiving tax credits to make their monthly premiums more affordable, it's important that we do everything we can to arm these consumers with the information they need to better understand their responsibilities when it comes to filing their taxes. With less than two weeks before the final January 31 deadline for 2016 coverage, it's also important that every uninsured American understands their options for finding affordable health coverage so they don't risk paying a penalty of \$695 or more for not having coverage in 2016."

Similar to last year, the vast majority of taxpayers just need to check a box to indicate they have coverage. While those who can afford to buy health insurance and choose not to may have to pay a fee, individuals who cannot afford coverage or meet other conditions can receive an exemption. Those with Marketplace coverage will receive a tax statement in the mail from the Marketplace called a Form 1095-A. Now that people know their final income for the year, they need to reconcile the difference between the amounts of financial assistance they received during the year to help lower the cost of their premiums with the actual amount they should have received based on their 2015 earnings. Information included on their Form 1095-A will help them do this. Consumers who do not file a tax return to reconcile their financial assistance will not be eligible to receive financial help in future years.

This year, many consumers with coverage from a non-Marketplace source will receive a new form in the mail called a Form 1095-B or a Form 1095-C, describing the coverage they had for the year. This form will be sent by

their employer, insurance company, or the government program that provides their coverage, such as Medicare or Medicaid. Consumers do not need to attach this information to their tax return or wait to receive the form before filling their tax return. If consumers do receive one of these forms, they should keep it in a safe place with their other tax records.

Tools are available for individuals who have questions about their tax filing responsibilities under the Affordable Care Act. General resources can be found at www.IRS.gov/Affordable-Care-Act or www.HealthCare.gov/taxes/. A sampling of some of resources available, include:

- **IRS:** [Affordable Care Act Provisions for Individuals and Families](#)
- **IRS:** [Questions and Answers about Health Care Information Forms for Individuals \(Forms 1095-A, 1095-B, and 1095-C\)](#)
- **HHS:** [2015 Taxes & Your Health Insurance](#)
- **HHS:** [Getting Ready for Tax Season](#)
- **The Marketplace call center can be reached at 1-800-318-2596.**

Most people use software to file their taxes, which is the easiest way to complete a tax return, as it guides taxpayers through the process and does all of the math. [Resources are available to help file taxes](#), including free tax filing services for individuals who meet certain income requirements:

- [Free In-Person Volunteer Assistance through the Volunteer Income Tax Assistance \(VITA\) and Tax Counseling for the Elderly \(TCE\) programs.](#)
- [Free Software Returns through IRS Free File for taxpayers with incomes below \\$60,000.](#)
- [Commercial software.](#)
- [Professional assistance.](#)

There are also tools available through HealthCare.gov that help consumers understand if they qualify for an exemption and if they had coverage, how much in tax credits they may qualify for based on their income.

- **Exemption Tool:** An [online tool](#) is available on HealthCare.gov to help consumers who did not have insurance last year understand if they might qualify for an exemption.
- **Premium Tax Credit Tool:** Use a tool to get information you may need [to determine your 2015 premium tax credit.](#)

To reach consumers with the information they need to prepare for this tax season, the Administration will employ a variety outreach strategies. Outreach and consumer education efforts will include:

- **Direct outreach to Marketplace consumers.** Through email, phone, and text messages the Administration will reach out to those who got coverage through the Health Insurance Marketplace with personalized information that is most relevant to their tax status. We will provide targeted messaging to consumers who benefited from advance premium tax credits to make sure they understand their responsibility to file their taxes and reconcile their tax credits.
- **Community-based outreach and in-person assistance.** Working with community organizations on the ground, nonprofit organizations, Marketplace navigators and other in-person assisters, we will provide guidance and resources to consumers looking for answers.

Partnerships with top tax preparers. The Administration will continue to work with top tax preparers to provide consumers with the information they need to prepare for tax season.

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Getting Ready for Tax Season

CMS BLOG - By Kevin Counihan, CEO HealthCare.gov

Blog link (English): <http://blog.cms.gov/2016/01/08/getting-ready-for-tax-season/>

Blog link (Español): <http://blog.cms.gov/2016/01/08/preparese-para-la-temporada-de-impuestos/>

As we settle in to the New Year, many Americans are already keeping an eye on their mailbox for tax forms. January means tax season is just around the corner. As you begin to make a plan for gathering the information you need to file your taxes, it's important to remember that, just like last year, information about your health coverage is now a part of the tax filing process.

Having health insurance when you can afford it is the law. If you had coverage in 2015 – either through the Health Insurance Marketplace or another source like your employer, Medicare or Medicaid – you'll need to indicate that when you file your tax return. If you could have afforded health insurance, but you chose not to enroll in coverage for 2015, you may be required to [pay a fee](#) when you file your federal income tax return.

To help you get a head start on planning for tax season, here's what people with different health coverage situations need to know:

What you should know if you have Marketplace coverage.

If you enrolled in a health plan through HealthCare.gov or your state's Health Insurance Marketplace in 2015, you'll soon receive an important tax document in the mail, called a Form 1095-A. Your 1095-A includes important information you need in order to complete your 2015 Federal income tax return. You should [wait to file your income tax return until you receive this document in the mail. It should arrive by early February.](#) When it arrives, keep it with your other tax records, like the W-2 you get from your employer.

If you are one of the millions of Americans who benefitted from financial help to lower the cost of your monthly health insurance premiums, you are required to file a tax return and report the amount of financial assistance you received. Now that you know your final income for the year, you need to reconcile the difference between the amounts of financial assistance you received during the year to help lower the cost of your premiums with the actual amount you should have received based on your 2015 earnings. Information included on your Form 1095-A will help you do this. If you do not file a tax return and reconcile your financial help, you will not be eligible to receive financial help in the future.

What you should know if you have health insurance through your employer, Medicare or Medicaid.

If you and everyone in your household had coverage for the entire year through your employer, Medicare, Medicaid or [other qualifying coverage from another source](#), you'll simply need to check a box on your federal income tax return to indicate that you had coverage for all of 2015. You might receive a tax document called a Form 1095-B or a Form 1095-C in the mail from your employer, your insurance company, or the government program that provides your coverage, like Medicare or Medicaid. You don't need to attach this information to your tax return or wait to receive the form before filling your tax return out, but if you receive one this year you should keep it in a safe place with your other tax records.

What you should know if you didn't have health coverage in 2015.

If you didn't have health coverage for all or part of 2015, you either will have to pay a fee with your federal income tax return or will need to qualify for a health coverage exemption.

- **Pay the fee:** If affordable health insurance options were available, but you chose to not enroll in coverage for 2015 and you do not qualify for an exemption, you may be required to [pay a fee when you file](#) your 2015 federal income taxes. The fee for not having health coverage in 2015 is generally \$325 per person or 2 percent of your annual household income – whichever is higher.
- **Qualify for an exemption:** While those who can afford health coverage but chose not to enroll may have to pay a fee, people who couldn't afford coverage or met other conditions can receive an exemption from the requirement to purchase health insurance for 2015. A [tool is available](#) on HealthCare.gov to help you determine if you might qualify for an exemption.

It's important that everyone knows the fee for not having coverage is increasing this year. If people go without coverage in 2016, the fee you'll have to pay next year will increase to \$695 or 2.5 percent of your income – whichever is higher.

The good news is Open Enrollment for 2016 coverage through HealthCare.gov is happening now and runs through January 31. If you need coverage and want to avoid paying a fee next year, you must sign up for coverage before the January 31 deadline. If you do not purchase coverage for the remainder of 2016, you'll risk having to pay the fee next year for the entire year when you file your 2016 income taxes.

Help is available. If you have questions about Marketplace tax forms, qualifying for exemptions, the fee, or signing up for coverage through HealthCare.gov you should contact the Marketplace Call Center. The call center is open all day, every day at 1-800-318-2596. Additional resources and information is also available [www.healthcare.gov/taxes](#) or [www.IRS.gov/aca](#).

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Guidance on the Special Enrollment Period for Consumers without Marketplace Coverage due to Failure to File and Reconcile

The Centers for Medicare & Medicaid Services (CMS) is providing a special enrollment period (SEP) for consumers who:

- are not currently enrolled in 2016 coverage through the Federally-facilitated Marketplace (FFM),
- are not receiving advance payments of the premium tax credit (APTC) in 2016 because they failed to file a tax return for 2014 and reconcile their APTC, and
- subsequently filed their 2014 tax return and reconciled their 2014 APTC.

This SEP will only be available to consumers after they restore their eligibility for APTC by filing a 2014 tax return, reconciling APTC paid on their behalf in 2014, and returning to the Marketplace to attest to having filed and reconciled 2014 APTC. For more information click here:

https://www.regtap.info/uploads/library/ENR_FTR_SEP_Guidance_020516_5CR_020516.pdf

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Health Insurance Marketplace Open Enrollment Snapshot - Week 13

Date: 2016-02-04 - Week 13 January 24, 2016 – February 1, 2016

On January 31, Open Enrollment for 2016 coverage ended, with about 12.7 million plan selections through the Health Insurance Marketplaces. Of the 12.7 million consumers enrolling in Marketplace coverage, over 9.6 million came through the HealthCare.gov platform and 3.1 million selected a plan through State-based Marketplaces. It is also worth noting that nearly 400,000 people signed up for New York's new Basic Health Program, along with about 33,000 people who signed up for Minnesota's Basic Health Program, during this Open Enrollment. Basic Health Programs are state based programs supported by the Affordable Care Act that provide health insurance coverage to low income individuals who would generally otherwise be eligible for qualified health plans. In fact, about 300,000 of the New York Basic Health Program enrollees for 2016 are people who enrolled in Marketplace coverage for 2015 and were included in last year's Marketplace total plan selections.

The Week 13 Open Enrollment Snapshot extends through 11:59pm EST on Monday, February 1, instead of through the January 31 deadline, to better capture consumers who may have been in line. This is the final snapshot for 2016 Open Enrollment.

"Open Enrollment for 2016 is over and we are happy to report it was a success," said U.S. Department of Health and Human Services Secretary Sylvia Burwell. "The Health Insurance Marketplace is changing people's lives for the better. Across the country, about 12.7 million Americans selected affordable, quality health plans for 2016 coverage, exceeding our goals. That includes over 4 million new consumers in the HealthCare.gov states who signed-up for coverage this year. The Marketplace is growing and getting stronger and the ACA has become a crucial part of healthcare in America."

Of the 9.6 million consumers who got coverage through the HealthCare.gov platform, about 4.0 million are new consumers, which means about 42 percent of all plan selections were from new consumers. This does not include other new plan selections from State-based Marketplaces which will increase the total number of new consumers for 2016. In addition to the 4 million new HealthCare.gov consumers, about 3.9 million were returning Marketplace consumers who actively selected a plan and about 1.7 million were automatically enrolled by the Marketplace.

It is important to keep in mind that, because of improvements we made to further automate transactions with insurers, this year's plan selection totals take into account any consumer initiated or insurer initiated cancellations that occurred during Open Enrollment. Last year's totals only accounted for consumer-initiated cancellations, which means that this year's totals have accounted for a larger number of cancellations during, rather than after, Open Enrollment. Because of these changes, there will likely be a smaller difference this year between plan selection totals at the end of Open Enrollment and subsequent effectuated enrollment snapshots.

The weekly Open Enrollment snapshots provide point-in-time estimates of weekly plan selections, call center activity and visits to HealthCare.gov or 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.

A more detailed report that looks at plan selections across all states for the entire Open Enrollment period will be released by HHS at a later time.

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

Federal Marketplace Snapshot

Federal Marketplace Snapshot	Week 13 Jan 24 – Feb 1	Cumulative Nov 1 – Feb 1
Plan Selections (net)	686,708	9,625,982
Applications Submitted (Number of Consumers)	*	*
Call Center Volume	2,115,411	14,569,745
Average Call Center Wait Time	14 minutes 50 seconds	10 minutes 31 seconds
Calls with Spanish Speaking Representative	164,364	938,952
Average Wait for Spanish Speaking Rep	54 seconds	26 seconds
HealthCare.gov Users	5,357,482	29,422,294
CuidadoDeSalud.gov Users	276,415	1,706,154
Window Shopping HealthCare.gov Users	1,305,998	9,642,929
Window Shopping CuidadoDeSalud.gov Users	27,914	189,953

* Applications submitted could not be validated this week.

HealthCare.gov State-by-State Snapshot

The Week 13 Snapshot provides cumulative individual plan selections for the states using the HealthCare.gov platform. States with the fastest rate of growth between Week 12 and Week 13 are Nevada (12%), Texas (11%) and Hawaii (10%). [Those states with the largest rate of growth increase between OE3 and OE2 are Oregon (31%), Utah (25%), Iowa (22%), South Dakota (22%) and Nevada (20%).]

Individual plan selections for the states using the HealthCare.gov platform include:

Week 13	Cumulative Plan Selections Nov 1 – Feb 1
Alabama	195,055
Alaska	23,029
Arizona	203,066
Arkansas	73,648
Delaware	28,256
Florida	1,742,819
Georgia	587,845
Hawaii	14,564

Illinois	388,179
Indiana	196,242
Iowa	55,089
Kansas	101,555
Louisiana	214,148
Maine	84,059
Michigan	345,813
Mississippi	108,672
Missouri	290,201

Montana	58,114
Nebraska	87,835
Nevada	88,145
New Hampshire	55,183
New Jersey	288,573
New Mexico	54,865
North Carolina	613,487
North Dakota	21,604
Ohio	243,715
Oklahoma	145,329
Oregon	147,109

Pennsylvania	439,238
South Carolina	231,849
South Dakota	25,999
Tennessee	268,867
Texas	1,306,208
Utah	175,637
Virginia	421,897
West Virginia	37,284
Wisconsin	239,034
Wyoming	23,770

HealthCare.gov Local Market Snapshot

The Week 13 snapshot includes a look at plan section by Designated Market Areas (DMAs) which are local media markets. These data provides another level of detail to better understand total plan selections within local communities. Some DMAs include one or more counties in a state that is not using the HealthCare.gov platform in 2016. Plan selections for those DMAs only include data for the portions of these areas that are using the HealthCare.gov platform, so the cumulative totals in the snapshot do not represent plan selections for the entire DMA. In addition, some DMAs cross into multiple states that use the HealthCare.gov platform and those totals are cumulative for all HealthCare.gov states in that DMA. Because some communities do not fall into a DMA, cumulative plan selections for local markets will not total to the national cumulative plan selection number.

The ten markets showing the fastest rate of growth between Week 12 and Week 13 include Yuma, Arizona (21 percent), Corpus Christi, Texas (17 percent), Harlingen, Texas (16 percent), Laredo, Texas (16 percent), El Paso, Texas (14 percent), Odessa-Midland, Texas (14 percent), San Antonio, Texas (14 percent), Abilene-Sweetwater, Texas (13 percent), Las Vegas, Nevada (13 percent) and Lubbock, Texas (12 percent). Eight of the ten markets showing the strongest growth are in Texas.

Local Markets in HealthCare.gov States	State	Cumulative Plan Selections Nov 1 – Feb 1
Abilene-Sweetwater	Texas	11,221
Albany	Georgia	17,339
Albuquerque-Santa Fe	New Mexico	46,836
Alexandria	Louisiana	10,025
Alpena	Michigan	2,065
Amarillo	Texas	15,668
Anchorage	Alaska	14,968

Atlanta	Georgia	443,720
Augusta	Georgia	33,718
Austin	Texas	125,926
Bangor	Maine	23,685
Baton Rouge	Louisiana	45,424
Beaumont-Port Arthur	Texas	15,602
Bend	Oregon	10,828
Billings	Montana	16,710
Biloxi-Gulfport	Mississippi	10,301
Birmingham (Ann and Tusc)	Alabama	77,782
Bluefield-Beckley-Oak Hill	West Virginia	7,891
Boise	Idaho	914
Boston (Manchester)	Massachusetts	44,126
Buffalo	New York	1,334
Burlington-Plattsburgh	Vermont	5,205
Butte-Bozeman	Montana	9,732
Casper-Riverton	Wyoming	5,315
Cedar Rapids-Wtrlo-IWC & Dub	Iowa	16,818
Champaign & Sprngfld-Decatur	Illinois	25,196
Charleston	South Carolina	47,833
Charleston-Huntington	West Virginia	17,033
Charlotte	North Carolina	208,622
Charlottesville	Virginia	16,335
Chattanooga	Tennessee	40,178
Cheyenne-Scottsbluf	Wyoming	6,756
Chicago, IL	Illinois	310,523
Cincinnati, OH	Ohio	49,299

Clarksburg-Weston	West Virginia	6,267
Cleveland-Akron (Canton)	Ohio	86,600
Columbia	South Carolina	45,680
Columbia-Jefferson City	Missouri	22,811
Columbus	Georgia	20,961
Columbus	Ohio	48,427
Columbus-Tupelo-West Point	Mississippi	14,601
Corpus Christi	Texas	21,870
Dallas-Ft. Worth	Texas	382,669
Davenport-R. Island-Moline	Iowa/Illinois	17,966
Dayton	Ohio	23,774
Denver	Colorado	7,399
Des Moines-Ames	Iowa	20,275
Detroit	Michigan	180,516
Dothan	Alabama	9,778
Duluth-Superior	Minnesota	6,766
El Paso (Las Cruces)	Texas	69,591
Elmira (Corning)	New York	1,263
Erie	Pennsylvania	9,356
Eugene	Oregon	20,509
Evansville	Indiana	14,592
Fairbanks	Alaska	2,775
Fargo-Valley City	North Dakota	11,275
Flint-Saginaw-Bay City	Michigan	31,274
Ft. Myers-Naples	Florida	92,695
Ft. Smith-Fay-Sprngdl-Rgrs	Arkansas	23,796
Ft. Wayne	Indiana	22,630

Gainesville	Florida	20,355
Glendive	Montana	549
Grand Rapids-Kalmzoo-B.Crk	Michigan	69,942
Great Falls	Montana	8,046
Green Bay-Appleton	Wisconsin	52,161
Greensboro-H.Point-W.Salem	North Carolina	109,342
Greenville-N.Bern-Washngtn	North Carolina	44,373
Greenvll-Spart-Ashevll-And	North Carolina	119,731
Greenwood-Greenville	Mississippi	7,710
Harlingen-Wslco-Brnsvl-Mca	Texas	60,652
Harrisburg-Lncstr-Leb-York	Pennsylvania	63,932
Harrisonburg	Virginia	12,457
Hattiesburg-Laurel	Mississippi	11,843
Helena	Montana	2,710
Honolulu	Hawaii	14,564
Houston	Texas	346,822
Huntsville-Decatur	Alabama	39,020
Idaho Falls-Pocatello	Idaho	2,812
Indianapolis	Indiana	90,546
Jackson	Mississippi	42,066
Jackson	Tennessee	11,935
Jacksonville	Florida	104,838
Johnstown-Altoona	Pennsylvania	20,218
Jonesboro	Arkansas	5,980
Joplin-Pittsburg	Missouri	16,230
Juneau	Alaska	3,122
Kansas City	Kansas/Missouri	110,572

Knoxville	Tennessee	53,456
La Crosse-Eau Claire	Wisconsin	24,288
Lafayette	Indiana	3,327
Lafayette	Louisiana	26,848
Lake Charles	Louisiana	7,231
Lansing	Michigan	15,305
Laredo	Texas	16,338
Las Vegas	Nevada	62,697
Lima	Ohio	1,694
Lincoln & Hastings-Krny	Nebraska	38,945
Little Rock-Pine Bluff	Arkansas	35,806
Louisville	Kentucky	8,897
Lubbock	Texas	14,341
Macon	Georgia	24,095
Madison	Wisconsin	35,442
Marquette	Michigan	9,763
Medford-Klamath Falls	Oregon	14,768
Memphis	Tennessee	66,838
Meridian	Mississippi	4,400
Miami-Ft. Lauderdale	Florida	643,911
Milwaukee	Wisconsin	89,480
Minneapolis-St. Paul	Minnesota	11,446
Minot-Bismarck-Dickinson	North Dakota	12,100
Missoula	Montana	20,439
Mobile-Pensacola (Ft Walt)	Alabama	67,056
Monroe-El Dorado	Louisiana/Arkansas	22,114
Montgomery-Selma	Alabama	20,585

Myrtle Beach-Florence	Florida	42,224
Nashville	Tennessee	105,784
New Orleans	Louisiana	88,052
New York	New York	228,538
Norfolk-Portsmouth-Newport News	Virginia	84,623
North Platte	Nebraska	1,757
Odessa-Midland	Texas	13,796
Oklahoma City	Oklahoma	73,593
Omaha	Nebraska	39,699
Orlando-Daytona Beach-Melbourne	Florida	329,684
Ottumwa-Kirksville	Missouri	3,847
Paducah-Cape Girardeau-Harrisburg	Illinois/Kentucky/Missouri	22,324
Panama City	Florida	22,595
Parkersburg	West Virginia	3,061
Peoria-Bloomington	Illinois	14,097
Philadelphia	Pennsylvania	291,175
Phoenix (Prescott)	Arizona	144,196
Pittsburgh	Pennsylvania	83,157
Portland, OR	Oregon	96,271
Portland-Auburn	Maine	61,519
Presque Isle	Maine	4,297
Quincy-Hannibal-Keokuk	Illinois/Missouri/Iowa	7,770
Raleigh-Durham (Fayetteville)	North Carolina	165,645
Rapid City	South Dakota	8,101
Reno	Nevada	23,683
Richmond-Petersburg	Virginia	80,503
Roanoke-Lynchburg	Virginia	51,408

Rochestr-Mason City-Austin	Minnesota/Iowa	1,415
Rockford	Illinois	13,536
Salisbury	Maryland	7,189
Salt Lake City	Utah	176,093
San Angelo	Texas	5,057
San Antonio	Texas	120,351
Savannah	Georgia	48,549
Sherman-Ada	Texas	9,971
Shreveport	Louisiana	37,864
Sioux City	Iowa	10,616
Sioux Falls(Mitchell)	South Dakota	19,316
South Bend-Elkhart	Indiana	25,125
Spokane	Washington	1,318
Springfield	Missouri	56,449
St. Joseph	Missouri	3,954
St. Louis	Missouri	134,934
Tallahassee-Thomasville	Florida	28,131
Tampa-St. Pete (Sarasota)	Florida	284,753
Terre Haute	Indiana	10,091
Toledo	Ohio	19,187
Topeka	Kansas	12,677
Traverse City-Cadillac	Michigan	26,304
Tri-Cities	Tennessee	26,400
Tucson (Sierra Vista)	Arizona	34,382
Tulsa	Oklahoma	50,147
Tyler-Longview(Lfkn&Ncgd)	Texas	25,115
Victoria	Texas	2,383

Waco-Temple-Bryan	Texas	28,627
Washington, DC (Hagerstown)		177,615
Wausau-Rhineland	Wisconsin	21,172
West Palm Beach-Ft. Pierce	Florida	191,899
Wheeling-Steubenville	Ohio	6,663
Wichita Falls & Lawton	Texas	11,167
Wichita-Hutchinson Plus	Kansas	39,120
Wilkes Barre-Scranton	Pennsylvania	47,943
Wilmington	Delaware	33,829
Yakima-Pasco-RchInd-Knnwck	Oregon	1,853
Youngstown	Ohio	13,826
Yuma-El Centro	Arizona	4,467
Zanesville	Ohio	1,338

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 insurers, the number of net plan selections reported this year account for insurer-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 will frequently occur after the end of Open Enrollment.

Plan selections 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.

Basic Health Program: Under the Affordable Care Act, the Basic Health Program is a tool states can choose to use that provides alternative coverage to people with incomes below 200 percent of the federal poverty level, who would otherwise be eligible to buy Qualified Health Plans through their Marketplaces. Plans selected under the Basic Health Program are very similar to Marketplace coverage. It is health insurance that is bought through a state Marketplace, contains all ten categories of essential health benefits, and provides financial assistance to consumers.

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.

Local Markets: Cumulative plan selections for local markets are based on Designated Market Areas (DMAs) which are media markets. Some DMAs include one or more counties in a state that is not using the HealthCare.gov platform in 2016. Plan selections for those DMAs only include data for the portions of these areas that are using the HealthCare.gov platform, so the cumulative totals in the snapshot do not represent plan selections for the entire DMA.

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 CiudadodeSalud.gov Users: These user metrics total how many unique users viewed or interacted with HealthCare.gov or CiudadodeSalud.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.

###

Open Enrollment 3 Wrap Up

On January 31, Open Enrollment for 2016 coverage ended, with about 12.7 million consumers selecting plans or being automatically re-enrolled across all states, either through the HealthCare.gov platform or a State-based Marketplace, HHS Secretary Sylvia M. Burwell announced today. This does not include about 400,000 people who signed up on the New York and Minnesota Marketplaces for coverage through the Basic Health Program during this Open Enrollment.

To read a fact sheet with a sharable video visit: <http://www.hhs.gov/about/news/2016/02/04/fact-sheet-about-127-million-people-nationwide-are-signed-coverage-during-open-enrollment.html>

To read the Secretary's full statement visit: <http://www.hhs.gov/about/leadership/secretary/speeches/2016/success-by-the-numbers-2016-open-enrollment.html>

To read the CMS Weekly enrollment snapshot with data (including state and regional data) through Feb 1, 2016 visit: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>

GRAPHICS: [By the Numbers: 2016 Open Enrollment](#) (National/State-by-State)

###

CMS Issued a Blog Post on Clarifying, Eliminating, and Enforcing Special Enrollment Periods (SEPs)

CMS issued a [blog post](#) on clarifying, eliminating, and enforcing SEPs. The blog includes answers to two FAQs on [Retired SEPs](#) and [Residency Permanent Move SEP](#). These documents announce the elimination of several unnecessary special enrollment periods, clarifies the definitions of other SEPs, and provides stronger enforcement so that SEPs serve the purpose for which they are intended and do not provide unintended loopholes.

###

[Open Enrollment Trends: Selected HealthCare.gov Statistics prior to the Final Enrollment Deadline](#)

CMS BLOG - January 28, 2016 - By Niall Brennan, Director & CMS Chief Data Officer

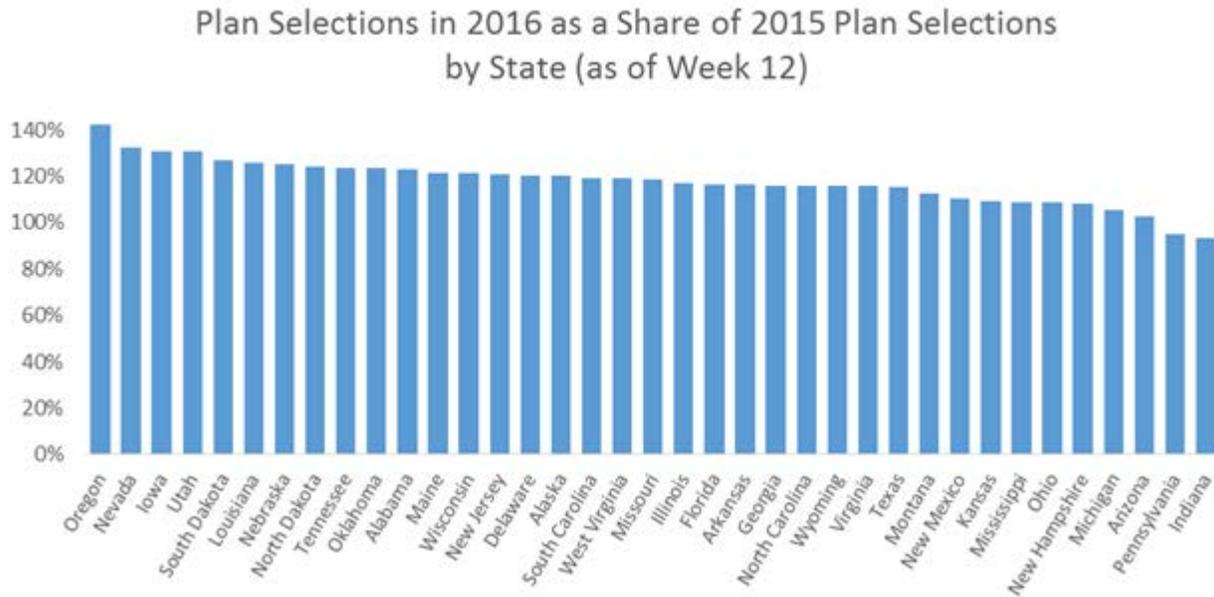
Data as of January 23, 2016: Since Open Enrollment began on November 1, more than 11.6 million Americans have taken the opportunity to get covered (2.7 million through State-based Marketplaces through December 26 and over 8.9 million through HealthCare.gov or CuidadodeSalud.gov through January 23). Only four days remain ahead of the final January 31 enrollment deadline for 2016 coverage.

Here's a look at the progress HealthCare.gov states have made as of January 23:

Over 8.9 Million HealthCare.gov Plan Selections Nov 1 – Jan 23, 2016: Over 8.9 million people signed up for health coverage through HealthCare.gov over 15% more compared to last year through the end of week 12.

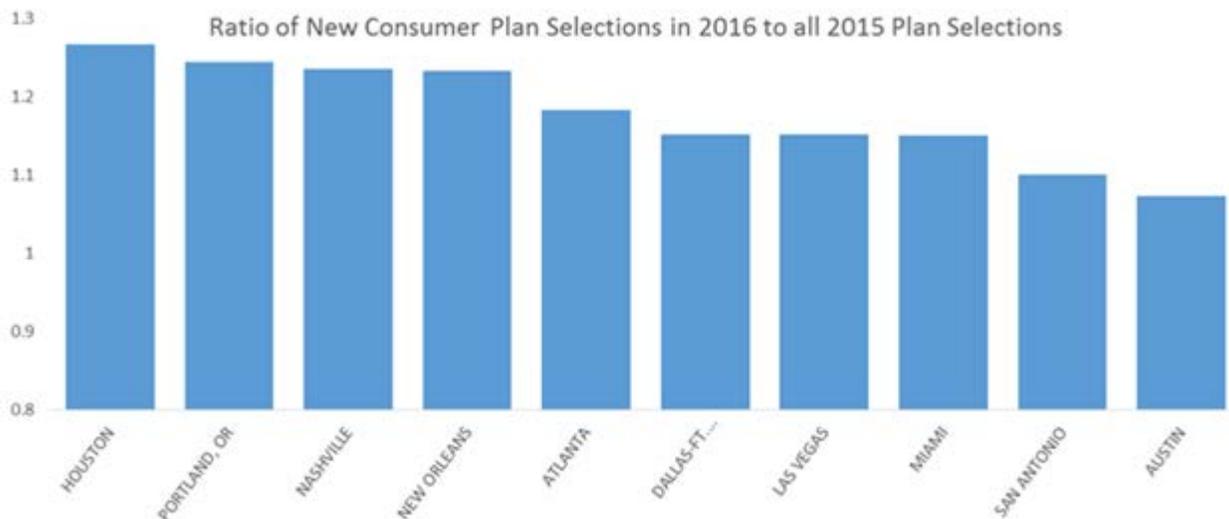
Nearly all states have more plan selections in Week 12 of OE3 than Week 12 in OE2: Of the HealthCare.gov states, 35 have more plan selections in Week 12 of this year's open enrollment (OE3) than they had in Week 12 of last year's open enrollment (OE2). Fourteen states are more than 20% higher: Oregon, Nevada, Iowa, Utah, South Dakota, Louisiana, Nebraska, North Dakota, Tennessee, Oklahoma, Alabama, Maine, Wisconsin, and New Jersey.

Graph 1: Plan Selections in 2016 as a Share of 2015 Plan Selections by State



Several large Southern cities have seen disproportionate growth in new consumer plan selections in OE3 relative to their 2015 enrollment. Houston accounted for 3.2% of all 2015 consumers, but has 4.0% of new consumer plan selections for 2016, a 27% increase. Several other Texas media markets (also known as Designated Market Areas, or DMAs) have recently seen enrollment increases, including Dallas, San Antonio, and Austin. Other Southern DMAs with disproportionate growth include Nashville, New Orleans, Atlanta, and Miami. Outside of the south, Portland, OR has seen disproportionate growth. In 2015, Portland had 0.9% of consumers but has 1.2% of all new consumers in 2016 – a 26% increase year-over-year.

Graph 2: Ratio of New Consumer Plan Selections in 2016 to all 2015 Plan Selections in 10 Large Cities



* Data compares January 23, 2016 for OE2 to November 1, 2015.

###

Distribution of Eligibility for ACA Health Coverage Among Women Ages 15-49 Remaining Uninsured as of 2016

State data from the Kaiser Family Foundation

###

IRS extends due dates for new 2015 health care information reporting requirements

On Dec. 28, the [IRS extended the due dates](#) for new health care information reporting forms in 2016. Insurers, self-insuring employers, other coverage providers and applicable large employers now have additional time to provide health coverage information for 2015 to individual taxpayers and the IRS.

The IRS is prepared to accept filings of the information returns beginning in January 2016. However, providers and certain employers must now furnish individuals with either Form 1095-B, *Health Coverage*, or 1095-C, *Employer-Provided Health Insurance Offer and Coverage*, by March 31, 2016. While the due dates for issuers filing these forms and the associated Form 1094 with the IRS are May 31, 2016, for paper filers and June 30, 2016, for electronic filers, employers and other coverage providers are encouraged to furnish statements and file the information returns as soon as they are ready.

- Due to these extensions, some individual taxpayers may not receive a Form 1095-B or Form 1095-C by the time they are ready to file their 2015 tax return.
- While the information on these forms may assist in preparing a return, they are not required.
- Like last year, taxpayers can prepare and file their returns using other information about their health insurance.
- Individuals do not have to wait for their Form 1095-B or 1095-C in order to file.
- Individual taxpayers will generally not be affected by this extension and should file their tax returns as they normally would.

The IRS has not extended the due dates for Health Insurance Marketplaces to issue Form 1095-A, Health Insurance Marketplace Statement. Individuals who enrolled for coverage through the Marketplace should receive Form 1095-A by Feb. 1, 2016, and should wait to file their returns until they receive their Form 1095-A.

The IRS has posted a set of [questions and answers](#) that introduce the new Forms 1095-B and 1095-C. The questions and answers explain who should expect to receive the forms, how they can be used, and how to file with or without the forms. [IRS.gov/aca](#) also provides more information, including a recent [Health Care Tax Tip](#), about the information statements.

- Facts about new ACA information statements Forms 1095-B & C <https://go.usa.gov/c8Y8Q> #HealthCare #IRS #tax
- Eight facts about new ACA information statements coming out in 2016 <https://go.usa.gov/c8Y8Q> #HealthCare #IRS #tax

###

Assister Help Resource Center (AHRC)

The AHRC is a dedicated call center for Navigators and Certified Application Counselors. The AHRC focuses on policy issues; the customer service representatives do not have access to the consumer's application.

More specifically, the AHRC:

- Provides support services to assisters, including general application assistance, policy guidance, and HealthCare.gov navigation/troubleshooting;
- Guides assisters through policy information for states using the HealthCare.gov platform, including how Medicaid, Children's Health Insurance Program (CHIP), and Medicare interact with the Marketplace;
- Answers assister questions regarding multiple topics such as:
 - o Immigration status, mixed status households
 - o Medicaid and CHIP as they relate to the HealthCare.gov states
 - o Documents and information about ID proofing / verification

- o Income and eligibility
- o Enrollment process
- o Exemptions
- o Special enrollment periods (SEPs)
- o Issues with 1095-A
- o Reporting life changes
- o Tips for avoiding or resolving data matching issues;
- Responds to inquiries regarding various state and Federal policies, regulations, and systems as they relate to theHealthCare.gov states.

Assister Help Resource Center (AHRC): 1-855-811-7299 (Monday through Friday 9am-9pm EST / Saturday 9am-5pm)

- [Assister Help Desk Resource Guide](#)
- [Assister Help Resource Center \(AHRC\) Questions and Answers](#)
- [The Assister's Roadmap to Resources](#)

It is important to note that the Marketplace Call Center remains the central point of contact for completing an application by phone and for technical system issues such as password resets, identity proofing, and HealthCare.gov log-in issues.

###

KEY FACTS: Determining Household Size for Medicaid and CHIP

↓ [Download PDF](#)

[View key facts](#)

KEY FACTS: Determining Household Size for Premium Tax Credits

↓ [Download PDF](#)

[View key facts](#)

UPDATED: Tax Preparer's Guide to the ACA

↓ [Download PDF](#)

[View guide](#)

To access additional resources, please visit Health Reform: Beyond the Basics. For information and registration details on upcoming Health Reform: Beyond the Basics webinars, please visit our Upcoming Webinars page.

Health Reform: Beyond the Basics is a project of the Center on Budget and Policy Priorities designed to provide training and resources that explain health coverage available through Medicaid, CHIP, and the Marketplace, and is intended for those working on the implementation of health reform. For more information on Beyond the Basics, please visit www.healthreformbeyondthebasics.org.

###

Medicare and Medicaid Updates

Donut Hole/Preventive Services YTD 2015 Release

More than 10 million people with Medicare have saved over \$20 billion on prescription drugs since 2010
39 million Medicare beneficiaries utilized free preventive services in 2015

The Department of Health and Human Services released today new information that shows that millions of seniors and people with disabilities with Medicare continue to save on prescription drugs and see improved benefits in 2015 as a result of the Affordable Care Act.

Nearly 10.7 million Medicare beneficiaries have received discounts over \$20.8 billion on prescription drugs – an average of \$1,945 per beneficiary – since the enactment of the Affordable Care Act. In 2015 alone, nearly 5.2 million seniors and people with disabilities received discounts of over \$5.4 billion, for an average of \$1,054 per beneficiary. This is an increase in savings compared to 2014, when 5.1 million Medicare beneficiaries received discounts of \$4.8 billion, for an average of \$941 per beneficiary.

Medicare beneficiaries also continue to take advantage of certain recommended preventive services with no coinsurance:

- An estimated 39.2 million people with Medicare (including those enrolled in Medicare Advantage) took advantage of at least one preventive service with no copays or deductibles in 2015, slightly more than in 2014.
- Nearly 9 million Medicare beneficiaries (including those enrolled in Medicare Advantage) took advantage of an Annual Wellness Visit in 2015. Looking just at original Medicare, a million more people utilized an Annual Wellness Visit in 2015 than 2014 (more than 5.8 million compared to nearly 4.8 million).

"Medicare consumers are now more engaged and empowered in their own health thanks to the Affordable Care Act," said Centers for Medicare & Medicaid Services (CMS) Acting Administrator Andy Slavitt. "Millions are now able to access more affordable prescription medicine for their chronic conditions and millions more are staying healthier by accessing preventive services, especially vital for people living with disabilities or growing older." Today's announcement is part of the Administration's broader strategy to improve the health care system by paying providers for what works, unlocking health care data, and finding new ways to coordinate and integrate care to improve quality. The Affordable Care Act provides tools – such as providing certain recommended preventive services at no cost sharing and closing the Medicare Part D "donut hole" – to make our health care system more affordable for patients and move it toward one that rewards doctors based on the quality, not the quantity of care they give patients. In January 2015, the Administration [announced](#) the ambitious goal of tying 30 percent of Medicare payments to quality and value through alternative payment models by 2016 and 50 percent of payments by 2018. More than 4,600 payers, providers, employers, patients, states, consumer groups, consumers and other partners have registered to participate in the [Health Care Payment Learning and Action Network](#), which was launched to help the entire health care system reach these goals.

Closing the prescription drug "donut hole"

The Affordable Care Act makes Medicare prescription drug coverage more affordable by gradually closing the gap

in coverage where beneficiaries had to pay the full cost of their prescriptions out of pocket, before catastrophic coverage for prescriptions took effect. The gap is known as the donut hole. The donut hole will be closed by 2020.

Because of the health care law, in 2010, anyone with a Medicare prescription drug plan who reached the prescription drug donut hole received a \$250 rebate. In 2011, beneficiaries in the donut hole began receiving discounts and savings on covered brand-name and generic drugs. People with Medicare Part D who are in the donut hole in 2016 will receive discounts and savings of 55 percent on the cost of brand name drugs and 42 percent on the cost of generic drugs.

For state-by-state information on discounts in the donut hole, go to:

<https://downloads.cms.gov/files/Part%20D%20dount%20hole%20savings%20by%20state%20YTD%202015.pdf>

For more information about Medicare prescription drug benefits, go to: <http://www.medicare.gov/part-d/>.

Medicare preventive services

The Affordable Care Act added coverage of an annual wellness visit and eliminated coinsurance and the Part B deductible for certain recommended preventive services covered by Medicare, including many cancer screenings and other important benefits. By making certain [preventive services](#) available with no cost sharing, the Affordable Care Act removes barriers to prevention, helping Americans take charge of their own health and helping individuals and their providers better prevent illness, detect problems early when treatment works best, and monitor health conditions.

For state-by-state information on utilization of an annual wellness visit and preventive services at no cost to Medicare beneficiaries, please visit:

<https://downloads.cms.gov/files/Beneficiaries%20Utilizing%20Free%20Preventive%20Services%20by%20State%20YTD%202015.pdf>.

###

RFI Comment Period Extended - CMS & ONC Release Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs

CMS BLOG (updated from 12/30/15) - February 1, 2016 By: Kate Goodrich, M.D., M.H.S., Director, Center for Clinical Standards & Quality, CMS

The Centers for Medicare and Medicaid Services (CMS), in conjunction with the Office of the National Coordinator (ONC), published the *Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs* on December 31, 2015. It can be found on the [Federal Register](#).

Today, a comment period extension notice was posted in the Federal Register

<https://www.federalregister.gov/articles/2016/02/02/2016-01937/requests-for-information-certification-frequency-and-requirements-for-the-reporting-of-quality>

Now, the RFI has a 45-day comment period. Comments are due February 16, 2016.

As outlined in the RFI, CMS and ONC seek public comment on several items related to the certification of health information technology (IT), including Electronic health record (EHR) products used for reporting to the:

- EHR Incentive Programs; and
- Certain CMS quality reporting programs such as, but not limited to, the Hospital Inpatient Quality Reporting (IQR) Program and the Physician Quality Reporting System (PQRS).

CMS and ONC request feedback on how often to require recertification, the number of CQMs a certified Health IT Module should be required to certify to and ways to improve testing of certified Health IT Module(s). The feedback will inform CMS and ONC of elements that may need to be considered for future rules relating to the reporting of quality measures under CMS programs. This request for information is part of the effort of CMS to

streamline/reduce Eligible Professional (EP), eligible hospital, critical access hospital (CAH), and health IT developer burden around government requirements.

Please visit the RFI for instructions on how to submit comments. We want to hear from you and value all input received from our stakeholders.

Helpful Website Links

- CMS eQOM Library webpage: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html
- Federal Register Public Inspection page: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-01937.pdf> on 02/02/2016 and available online at <http://federalregister.gov/a/2016-01937>

###

The MLN Connects® Provider eNews contains important news, announcements, and updates for health care professionals.



Thursday, February 4, 2016

[Read the eNews >>>>](#)

Can't view the image? [Read the eNews!](#)

[View this edition as a PDF](#)

In This Edition:

MLN Connects® Events

- [New Audio Recordings and Transcripts Available](#)

Other CMS Events

- [Medicare Quality Reporting Programs Webinar: What Eligible Providers Need to Know in 2016](#)

Medicare Learning Network® Publications and Multimedia

- [Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the OMB Program MLN Matters® Article — Revised](#)
- [Implementation of Fingerprint-Based Background Checks MLN Matters Article — Revised](#)
- [The Medicare Home Health Benefit Web-Based Training Course — Revised](#)

- [Remittance Advice Information: An Overview Fact Sheet — Revised](#)
- [Medicare Advance Beneficiary Notices Booklet — Revised](#)
- [How to Use the Searchable Medicare Physician Fee Schedule Booklet — Revised](#)

Announcements

- [CMS Announces Proposed Improvements to Medicare Shared Savings Program](#)
- [CMS Releases Home Health Patient Experience of Care Star Ratings](#)
- [New Proposal to Give Providers and Employers Access to Information to Drive Quality and Patient Care Improvement](#)
- [Comment Period for RFI on Reporting of Quality Measures Extended to February 16](#)
- [Hospice, IRE, LTCH, SNF, HHA: OIES System Downtime from March 16 through 21](#)
- [Register in Open Payments System to Review and Dispute 2015 Data](#)
- [2015 PQRS Data: Submission Deadlines](#)
- [Applying for an EHR Hardship Exception: FAQs](#)
- [Temporary Moratoria Extended on Enrollment of New Home Health Agencies and Part B Ambulance Suppliers](#)
- [Stop Hepatitis C Virus Transmission in Patients Undergoing Hemodialysis](#)
- [Flu Season Begins: Severe Influenza Illness Reported](#)
- [February is American Heart Month](#)

[Like the eNews? Have suggestions? Please let us know!](#)

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###

Final FY 2013 and Preliminary FY 2015 Disproportionate Share Hospital Allotments, and Final FY 2013 and Preliminary FY 2015 Institutions for Mental Diseases Disproportionate Share Hospital Limits

The Centers for Medicare & Medicaid Services (CMS) announces Final FY 2013 and Preliminary FY 2015 Disproportionate Share Hospital (DSH) Allotments, and Final FY 2013 and Preliminary FY 2015 Institutions for Mental Diseases (MD) Disproportionate Share Hospital Limits (CMS-2398-N). This notice announces the final FY 2013 and the preliminary FY 2015 limitations on aggregate DSH Payments that states may make to institutions for mental disease and other mental health facilities.

For more information on the notice click here:

<https://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>

Click here to view the PDF in the Federal Register: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-01836.pdf> but on 02/02/2016 it is scheduled to be published and available on this page https://www.federalregister.gov/articles/2016/02/02/2016-01836/medicaid-program-final-fy-2013-and-preliminary-fy-2015-disproportionate-share-hospital-allotments?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

###

Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction Information Bulletin

The Centers for Medicare & Medicaid Services (CMS) released an Informational Bulletin to provide information to states on the potential health risks associated with prescription opioid pain medications. The bulletin describes pharmacy benefit management strategies for mitigating prescription drug abuse and provides information on coverage and access to medication-assisted treatment.

The informational bulletin is available on Medicaid.gov at <http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>

###

Nursing Facility Initiative Annual Report

CMS BLOG - February 3, 2016 - By Patrick Conway, M.D., CMS Principal Deputy Administrator and Chief Medical Officer

Today we released the annual report summarizing impacts from the *Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents* in 2014. This three-year-old initiative is designed to test ways to reduce avoidable hospitalizations among long-stay nursing facility residents. For such individuals, avoidable hospitalizations can be dangerous, disruptive, and disorienting. CMS research has estimated that 45% of hospitalizations among nursing facility residents could be prevented with well-targeted interventions.

The results in this report are based on experience during the second performance year of the initiative, calendar year 2014. During this period, all seven sites generally showed reductions in Medicare expenditures relative to a comparison group, with statistically significant declines in total Medicare expenditures at two sites. All sites also generally showed a decline in all-cause hospitalizations and potentially avoidable hospitalizations, with four sites showing statistically significant reductions in at least one of the hospitalization measures. These early results are promising.

As we plan for new Medicare [payment incentives](#) to reduce hospital readmissions from skilled nursing facilities, these results provide early indications that when the right strategies are in place, they may effectively reduce hospitalization rates and reduce overall Medicare spending. We anticipate gaining an even more complete understanding of the initiative's impacts as additional results from this initiative become available.

These promising early results come in tandem with impressive nationwide reductions in inappropriate use of antipsychotics for nursing facility residents through the National Partnership to Improve Dementia Care (<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-09-19.html>). These results demonstrate additional progress on the nation's path to a health system that achieves better care, smarter spending, and healthier people.

The full [report](#) is posted on the CMS website: [<https://innovation.cms.gov/Data-and-Reports/index.html>].

Additional information about the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents is available on the Medicare-Medicaid Coordination Office website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/ReducingPreventableHospitalizationsAmongNursingFacilityResidents.html>

###

New CMS Tipsheet Can Help You Determine Eligibility for Broadband Access Exclusions

Broadband access is required to meet certain objectives outlined in the Medicare and Medicaid EHR Incentive Programs [final rule](#). Therefore, The Centers for Medicare & Medicaid Services (CMS) has maintained exclusions for providers in areas with limited broadband availability as identified by the Federal Communications Commission (FCC):

- **Objective 8, Patient Electronic Access - EPs and eligible hospitals/CAHs - Measure 2 Only:** Any EP or eligible hospital/CAH who conducts 50 percent or more of his or her patient encounters in a county where 50 percent or more of its housing units do not have 4Mbps broadband availability on the first day of the EHR reporting period, according to the latest information available from the FCC.
- **Objective 9, Secure Messaging – EPs only**
 - Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county where 50 percent or more of its housing units do not have 4Mbps broadband availability on the first day of the EHR reporting period, according to the latest information available from the FCC.

CMS recently released a [new tipsheet](#) to help providers determine their eligibility for the broadband access exclusions. The tipsheet provides a list of states and associated counties with less than 4 Mbps of broadband download speed, which is required to claim the exclusions. To learn more about the specific exclusion criteria, visit the [EHR Incentive Programs](#) page on the [CMS website](#)

###

Upcoming Webinars

Medicare Learning Series – IMPACT Act Overview

February 11, 2016 12:00 – 1:30 pm CT

The National Training Program team will host CMS subject matter experts who will provide an overview of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act. The IMPACT Act requires long-term care hospitals, skilled nursing facilities, home health agencies, and inpatient rehabilitation facilities to report standardized patient assessment data on quality measures, resource use, and other measures. Webinar audio will be provided through your pc speakers. Join the webinar at <https://goto.webcasts.com/starthere.jsp?ei=1089465>

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.



CMS Regional Office

REMINDER: Register Now: 2016 Medicare Quality Reporting Programs

The Philadelphia Regional Office of the Centers for Medicare & Medicaid Services will be hosting two webinars entitled “**The Medicare Quality Reporting Programs: What Eligible Providers Need to Know in 2016**” on Wednesday, February 10 and Wednesday, February 17, both from 11:30 AM – 1:00 PM EST. These webinars will feature the same presentations on both dates. Topics that will be discussed include:

- Medicare Access and CHIP Reauthorization Act (MACRA) Preview
- 2016 Incentive Payments and 2018 Payment Adjustments
- 2016 PQRS Updates
- 2018 Value-based Payment Modifier (VM) Policies
- Physician Compare Updates for 2016
- Meaningful Use of CEHRT in 2016

The webinars will be delivered via WebEx, and instructions on how to join the calls will be given upon registration. To register for each of the calls, please see the links below:

Wednesday, February 10, 2016, 11:30 AM – 1:00 PM EST

1. Go to <https://cms-events.webex.com/cms-events/onstage/g.php?MTID=e04c222002a5317f9815522b721acc3f4>
2. Click "Register".
3. On the registration form, enter your information and then click "Submit"

Wednesday, February 17, 2016, 11:30 AM – 1:00 PM EST

1. Go to <https://cms-events.webex.com/cms-events/onstage/g.php?MTID=eab52de412cc35e3153994d6bf1cc5e0e>
2. Click "Register".
3. On the registration form, enter your information and then click "Submit"

Once the host approves your registration, you will receive a confirmation email message with instructions on how to join the event.

For assistance

You can contact CMS OTS DENC at:

ots_webex@cms.hhs.gov

<http://www.webex.com>

IMPORTANT NOTICE: This WebEx service includes a feature that allows audio and any documents and other materials exchanged or viewed during the session to be recorded. By

joining this session, you automatically consent to such recordings. If you do not consent to the recording, discuss your concerns with the meeting host prior to the start of the recording or do not join the session. Please note that any such recordings may be subject to discovery in the event of litigation.

CMS Regional Office



Upcoming Webinar

[Register Now](#)

Date & Time:

February 16, 2016
1:00 - 2:30 PM EST

Speakers:

Donald Berwick

Institute for Healthcare Improvement; formerly CMS

Erhardt Preitauer

Horizon Blue Cross Blue Shield of New Jersey

Jeff Schiff

Minnesota Department of Human Services



Living in poverty can have serious health consequences. Lower-income Americans are at higher risk of developing chronic diseases, and providers report challenges ensuring compliance with treatment guidelines when their patients have limited resources. Yet a growing number of health care organizations are successfully using mobile technology to reach this population, reducing some of the hurdles imposed by lack of resources and engaging patients in their health. This [webinar](#) will explore mobile health technology and its potential to improve care for Medicaid patients.

Speakers will discuss the following:

Vineet Singal

CareMessage

- Examples of how mobile technology is being used by Medicaid managed care plans, health care providers and states, and internationally
- Strategies for improving care management through low-cost interventions such as text message reminders to take daily medications
- An innovative program that's deploying mobile devices in home-based care and out in the field to reach the homeless population
- The potential for mobile technology to increase the productivity of the health care workforce

[Register now](#) for this free webinar, or check out the [draft agenda](#) on our website.

NIHCM Foundation | 1225 19th Street, NW | Suite 710 | Washington | DC | 20036
www.nihcm.org



Open Door Forum

The next CMS Low Income Health Access Open Door Forum is scheduled for:

Date: Wednesday, February 18, 2016;

Start Time: 2:00-3:00 PM Eastern Standard Time (EST);

Please dial-in at least 15 minutes prior to call start time.

Conference Leaders: John Rigg & Jill Darling

****This Agenda is Subject to Change****

Opening Remarks

Chair – John Rigg, HRSA, Office of Policy Analysis

Moderator – Jill Darling, CMS Office of Communications

Announcements & Updates

- The CMMI Accountable Health Communities Model

Please email any of your questions before the call at:

AccountableHealthCommunities@cms.hhs.gov

****DATE IS SUBJECT TO CHANGE****

Next ODF: TBA

Open Door Forum Participation Instructions:

This call will be Conference Call Only.

1. To participate by phone:

Dial: 1-800-837-1935 & Reference Conference ID: 36517603

Persons participating by phone are not required to RSVP. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

Encore: 1-855-859-2056; Conference ID: 36517603

Encore is an audio recording of this call that can be accessed by dialing 1-855-859-2056 and entering the Conference ID, beginning 2 hours after the call has ended. The recording expires after 2 business days.

For ODF schedule updates and E-Mailing List registration, visit our website at

<http://www.cms.gov/OpenDoorForums/>.

Thank you.

Still need health coverage?

[Find out if you qualify](#)

For a Special Enrollment Period or Medicaid/CHIP

If you wish to unsubscribe from future CMS Region 7 emailings, please send an email to Lorelei Schieferdecker at Lorelei.Schieferdecker@cms.hhs.gov with the word "Unsubscribe" in the subject line.