



March 18, 2016

Champions for Coverage:

Spring is here and with it comes many opportunities to engage in post enrollment activities. CMS will has been and will continue releasing information around taxes, Coverage to Care, connecting consumers to primary care physicians, and many more strategies to help consumers use their health insurance. Last week, CMS released the final enrollment report showing Health Insurance Marketplaces nationwide signed up 4.9 million new customers for 2016 coverage during the third Open Enrollment period. In total, 12.7 million people signed up or automatically renewed their plans for 2016 coverage.

Finally as a reminder, next month we are beginning our monthly newsletter cycle through the summer. Newsletters will start coming biweekly in September. Starting in April, the newsletters will begin to be distributed on Mondays-so look out for emails on Mondays going forward!

- I. **New: Save the Date for April Champion Webinar**
- II. **New: ASPE FINAL Enrollment Report & Effectuated**
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**NEW/UPDATED CONTENT AND WEBINARS**

**Save the Date: Champion Webinar:**

## **Post Enrollment: How to engage consumers**

This webinar will provide information on post enrollment strategies to keep consumers engaged and using their health insurance. We will highlight partners who have had success with special populations including Hispanic and Asian American and Pacific Islanders. More information to come!

When: **Wednesday, April 13 @ 2:00pm EST**

## **NEWS AND UPDATES**

### **New: ASPE FINAL Enrollment Report & Effectuated**

Today, ASPE released a final enrollment report showing Health Insurance Marketplaces nationwide signed up 4.9 million new customers for 2016 coverage during the third Open Enrollment period. In total, 12.7 million people signed up or automatically renewed their plans for 2016 coverage.

Additionally, CMS released a report showing 8.8 million individuals had paid their premiums and had an active policy, or “effectuated” their coverage at the end 2015, up from 6.3 million individuals in 2014.

To read the **press release** detailing more about both reports, visit:

<http://www.hhs.gov/about/news/2016/03/11/nationwide-health-insurance-marketplaces-signed-49-million-new-people-during-third-open-enrollment.html>

To read the full **ASPE report**, please visit: <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>

To read the **CMS report**, please visit:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-03-11.html>

To read the **CMS Blog**: By Health Insurance Marketplace CEO Kevin Counihan visit:

<http://blog.cms.gov/2016/03/11/keeping-consumers-covered/>

### **New: 20 million people have gained health insurance coverage because of the Affordable Care Act, new estimates show**

*More than 6 million uninsured young adults have gained health insurance coverage since 2010*

A new report released finds that the provisions of the Affordable Care Act have resulted in an estimated 20 million people gaining health insurance coverage between the passage of the law

in 2010 and early 2016—an historic reduction in the uninsured. Those provisions include Medicaid expansion, Health Insurance Marketplace coverage, and changes in private insurance that allow young adults to stay on their parent’s health insurance plans and require plans to cover people with pre-existing health conditions.

The report’s model controls for general economic conditions (i.e., employment status), preexisting trends, geographic location, and demographic changes, so its estimates focus on the decline in the number of uninsured Americans specifically associated with the provisions of the Affordable Care Act.

“Thanks to the Affordable Care Act, 20 million Americans have gained health care coverage,” said HHS Secretary Sylvia M. Burwell. “We have seen progress in the last six years that the country has sought for generations. Americans with insurance through the Health Insurance Marketplace or through their employers have benefited from better coverage and a reduction in the growth in health care costs.”

According to today’s report, 6.1 million uninsured young adults ages 19 to 25 have gained health insurance coverage because of the Affordable Care Act. This is especially important because young adults were particularly likely to be uninsured before the law went into effect. Coverage gains for young adults began in 2010 because of the provision of the Affordable Care Act that allows children to stay on their parents’ health insurance plan until they are 26 years of age.

- 2.3 million young adults gained coverage from 2010 through the start of Open Enrollment in October 2013 due to the provision that allows people under age 26 to stay on their parents’ plan
- An additional 3.8 million young adults gained coverage between October 2013 and early 2016, a 46.5 percent drop in the number of uninsured young adults over that period.

Gains in coverage because of the Affordable Care Act were strong across all racial and ethnic groups between October 2013 and early 2016.

- The uninsured rate among Black non-Hispanics dropped by more than 50 percent (from 22.4 to 10 percent); corresponding to about 3 million adults gaining coverage.
- The uninsured rate among Hispanics dropped by more than 25 percent (from 41.8 to 30.5 percent), corresponding to about 4 million Hispanic adults gaining coverage.
- The uninsured rate among White non-Hispanics declined by more than 50 percent (from 14.3 to 7.0 percent), corresponding to about 8.9 million adults gaining coverage.

Separately, the National Health Interview Survey has estimated the uninsured rate was 9.1 percent for the overall U.S. population, including those under the age of 18 and over the age of 64, in the first nine months of 2015. Today’s report is limited to estimates of coverage gains for individuals 18 – 64 years of age that are attributable to the provisions of the Affordable Care Act. Excluding children and seniors, this report finds that 11.5 percent of U.S. nonelderly adults were uninsured as of early 2016, based on data from the Gallup-Healthways Well-Being Index.

The findings are an update to previous estimates released in September 2015, which found that 17.6 million uninsured adults had gained health insurance coverage. Accordingly, 2.4 million more people are estimated to have gained coverage since the last report. Those findings are available here:

<https://aspe.hhs.gov/sites/default/files/pdf/111826/ACA%20health%20insurance%20coverage%20brief%2009212015.pdf>

To read the report visit: <https://aspe.hhs.gov/pdf-report/health-insurance-coverage-and-affordable-care-act-2010-2016>

### **Reminder: CMS Finalizes Improvements for the 2017 Health Insurance Marketplace including new enrollment dates**

This week, the Centers for Medicare & Medicaid Services (CMS) issued the final annual Notice of Benefit and Payment Parameters for the 2017 coverage year, along with related guidance documents, as part of our ongoing efforts to promote healthy and stable markets that works for consumers and for insurers.

“As the Health Insurance Marketplace continues to mature, we are able to focus on strategies that help it work even better for consumers and insurers,” said Kevin Counihan, CEO of the Health Insurance Marketplaces. “That means making targeted improvements that keep the Marketplace working smoothly for consumers and keeps the Marketplace an attractive place to do business.”

The rule finalizes provisions to: help consumers with surprise out-of-network costs at in-network facilities, provide consumers with notifications when a provider network changes, give insurance companies the option to offer plans with standardized cost-sharing structures, provide a rating on HealthCare.gov of each QHP’s relative network breadth (for example, “basic,” “standard,” and “broad”) to support more informed consumer decision-making, and improve the risk adjustment formula.

**To help stakeholders plan ahead, CMS also finalized the open enrollment period for future years. For coverage in 2017 and 2018, open enrollment will begin on November 1 of the previous year and run through January 31 of the coverage year. For coverage in 2019 and beyond, open enrollment will begin on November 1 and end on December 15 of the preceding year (for example, November 1, 2018 through December 15, 2018 for 2019 coverage).**

The fact sheet with details on these key provisions and others can be found here: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-29.html>

In addition to the final Notice of Benefit and Payment Parameters for 2017, CMS released its final Annual Letter to Issuers. This provides issuers interested in offering coverage in states with a Federally-facilitated Marketplace information on key dates for the Qualified Health Plan (QHP) certification process; standards that will be used to evaluate QHPs for certification; and oversight procedures, consumer support policies and programs. The letter is available here: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-Letter-to-Issuers-2-29-16.pdf>

Additionally, CMS released a bulletin on the Rate Filing Justifications for the 2016 Filing Year for Single Risk Pool Compliant Coverage. This bulletin provides guidance on the timing for state Departments of Insurance and health insurance insurers to submit Rate Filing Justifications for proposed rate increases in the individual and small group markets. The guidance, which offers states greater flexibility than the proposed bulletin, is available here: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-rate-filing-justification-bulletin-2-29-16.pdf>

CMS released a set of Frequently Asked Questions (FAQs) related to the Moratorium on the Health Insurance Provider Fee (enacted in the Consolidated Appropriations Act of 2016, P.L. 114-113), which suspends collection of this fee for the 2017 plan year. This guidance urges issuers to lower their administrative costs and premiums appropriately to account for the moratorium. The FAQs are available here: [https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FINAL\\_9010\\_FAQ\\_2-29-16.pdf](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FINAL_9010_FAQ_2-29-16.pdf)

Lastly, CMS released guidance addressing the transitional policy for plans that have been continuously renewed since 2014. To allow for a smooth wind-down of transition relief, States and issuers will have the option to renew non-grandfathered individual and small group health policies, but these policies must end no later than December 31, 2017. This approach offers flexibility to States and issuers to align the end of these policies with open enrollment and the start of the calendar year, facilitating smooth transitions to Affordable Care Act-compliant policies. The guidance is available here: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/final-transition-bulletin-2-29-16.pdf>

*The final Notice of Benefit and Payment Parameters for 2017 rule was placed on display at the Federal Register today, and can be found at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-04439.pdf> and on 03/08/2016 and available online at <http://federalregister.gov/a/2016-04439>*

### **Reminder: Special Enrollment Confirmation Process**

As the Marketplace continues to grow and mature, we continue to monitor the health of the Marketplace and are looking for ways to make improvements – whether that’s creating new decision support tools to help consumers choose the right plan, strengthening risk adjustment, or clarifying the rules of the road for special enrollment periods, as we did several weeks ago.

This week, we are announcing another step that will enhance program integrity and contribute to a stable rate environment and affordability for consumers: a new Special Enrollment Confirmation Process in the 38 states using the HealthCare.gov platform. Under the new process, all consumers applying through the most common special enrollment periods will need to submit documentation to verify their eligibility to use an SEP. This represents a major overhaul of the SEP process. You can read more about the Special Enrollment Confirmation Process here: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-24.html>

Special enrollment periods are an important way to make sure that people who lose health insurance during the year or who experience qualifying life changes have the opportunity to enroll in coverage. We are committed to making sure that special enrollment periods are available to those who are eligible for them. But it's equally important to avoid misuse or abuse of special enrollment periods.

This change in HealthCare.gov's special enrollment period process does not restrict anyone's access to a special enrollment period who is rightfully able to enroll in coverage. But consumers will need to be sure to provide sufficient documentation to establish their eligibility. If an individual doesn't respond to our notices, they could be found ineligible to enroll in Marketplace coverage and could lose their insurance.

As we begin work to implement the new process, CMS will solicit feedback from consumer advocates, insurers and other stakeholders over the next few weeks on verification requirements, processes and acceptable documentation. We welcome feedback and suggestions, which can be sent to [SEP@cms.hhs.gov](mailto:SEP@cms.hhs.gov).

As we head into the third year of Marketplace coverage, we are pleased with the results of Open Enrollment and confident that the Marketplace will continue to thrive for years ahead. Making sure that the rules around special enrollment periods are clear and enforced is just one step we are taking to help make sure that consumers and insurers will continue to benefit from an attractive, competitive and growing Marketplace.

### **Reminder: Secretary's Annual Report on Quality of Care for Adults Enrolled in Medicaid and Children in Medicaid and CHIP**

The Centers for Medicare & Medicaid Services (CMS) released 2015 Secretary's Annual Report on Quality of Care for Adults Enrolled in Medicaid and Children in Medicaid and Children's Health Insurance Program (CHIP). The Affordable Care Act (Section 1139B) requires the Secretary of HHS to identify and publish a core set of health care quality measures for adult Medicaid enrollees and children covered by Medicaid and CHIP. The law requires that measures designated for the core set be currently in use.

For additional information on the Annual Report on Quality of Care for Adults, click here (PDF): <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-adult-sec-rept.pdf>

For additional information on the Annual Report on Quality of Care for Children, click here (PDF): <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-child-sec-rept.pdf>

## ACA AND TAXES

### **New: IRS Publication 974 on the Premium Tax Credit**

[IRS Publication 974](#), Premium Tax Credit, has been revised and is now available on IRS.gov. It provides additional instructions for taxpayers in special situations who purchased 2015 health care coverage from the Health Insurance Marketplace.

Eligible taxpayers will file [Form 8962](#), Premium Tax Credit, using its [instructions](#) and Publication 974. More information about the [premium tax credit](#) is available at IRS.gov/aca.

New Tax Resources:

- [How Health Coverage Affects Your Taxes \(formerly "3 Tips about Marketplace Coverage & Taxes"\)](#)
- No Health Coverage - What that means for your taxes ([Article](#) and [Fact Sheet](#))
- [The Small Business Health Care Tax Credit & Premium Assistance Programs](#)
- [Get Tax Help in Spanish from the IRS](#) (announcement in [Spanish](#))

### **New: Help Protect Consumers from Fraud**

#### Tax Preparer Fraud

The Internal Revenue Service (IRS) renewed a consumer alert for e-mail schemes after seeing an approximate 400 percent surge in phishing and malware incidents so far this tax season. The emails are designed to trick taxpayers into thinking these are official communications from the IRS or others in the tax industry, including tax software companies. The phishing schemes can ask taxpayers about a wide range of topics. E-mails can seek information related to refunds, filing status, confirming personal information, ordering transcripts and verifying PIN information. Variations of these scams can be seen via text messages, and the communications are being reported in every section of the country. Read more on this topic [here](#).

As consumers work to file their taxes, share with them the following resources to help protect them from tax fraud:

- ["Dirty Dozen" tax scams for the 2016 filing season](#)
- [IRS Identity Theft Victim Assistance: How It Works](#)

- [How New Identity Security Changes May Affect Taxpayers for 2016](#)
- [Report Phishing and Online Scams](#)
- How to Choose Your Tax Preparer Wisely ([Article](#) and [Video](#))
- [Directory of Federal Tax Return Preparers with Credentials and Select Qualifications](#)
- [Make a Complaint About a Tax Return Preparer](#)

### **Reminder: Health Care Tax Assistance for Consumers**

The Marketplace mailed all Form 1095-As to consumers by early February. Insurers, other coverage providers, and some employers have until March 31, 2016 to provide Forms 1095-B and 1095-C to consumers. As consumers receive health care information tax forms and attempt to reconcile Form 8962 to file their federal tax return, they will likely reach out to Assisters for help in understanding the differences between the various forms and how health care affects their taxes. While Assisters are prohibited from helping consumers with filing their taxes (unless you are also a licensed tax professional), being able to refer a consumer to a tax professional is an excellent way to guide a consumer to the help they need.

HHS is collaborating with a wide range of non-profit organizations and some of the nation's largest tax preparers to ensure that the public understands how health care and their taxes intersect. These groups provide resources, advice, and assistance to tax filers across the country. Some are offering on-the-ground, in-person support, while others are providing online tools and software to help guide people through the tax filing process. Consumers can learn more about free tax assistance and filing options – including assistance in their community - by visiting [www.IRS.gov/freefile](http://www.IRS.gov/freefile) or [www.IRS.gov/VITA](http://www.IRS.gov/VITA).

Here are some additional tax related resources that will be helping in your work assisting consumers:

- [Healthcare Tax Tips](#)
- [Answers to Five of Your Questions about the Premium Tax Credit](#)
- [Gathering Your Health Coverage Documentation](#)
- [Affordable Care Act - What to Expect when Filing Your 2015 Tax Return](#)
- [Tips for Choosing a Tax Professional](#)
- [How Health Coverage Affects Your Taxes](#)

### **Reminder: Helping Consumers Who Qualify for a Health Coverage Exemption and Understanding the Fee**

As you assist consumers with understanding their Health Care Information Tax Forms this spring, remember that some consumers may qualify for a health coverage exemption and need

help in understanding what an exemption is and how to apply for one. Let consumers know that if they do not have health care coverage for only 1 or 2 months throughout the year, they don't have to pay the [fee](#). Other exemptions from the fee are also available based on other circumstances.

Since not every health coverage exemption can be claimed on the federal tax return, encourage consumers to use "[Find Health Coverage Exemptions That Apply to You](#)" tool on healthcare.gov in advance of preparing their tax returns. If you encounter consumers who went without Minimum Essential Coverage (MEC) and didn't qualify for a health coverage exemption, share with them this information about the [Individual Shared Responsibility Payment](#) and how much they may be liable to pay on their federal tax return. Here are some Tax and Exemption resources that may be helpful in assisting consumers:

- [Exemptions from the Individual Shared Responsibility Fee](#) (January 29, 2016 Marketplace Webinar Slide Deck)
- [Shared Responsibility Payment & Exemptions Information](#) (Technical Assistance Resources)
- [No Health Coverage? What That Means for Your Taxes](#)

## **HHS BLOG POSTS AND PRESS RELEASES ABOUT THE AFFORDABLE CARE ACT AND HEALTHCARE.GOV**

**Blog Posts: On the Road for Open Enrollment Following HHS Secretary Sylvia Mathews Burwell's travels around the country.**

<https://medium.com/@HHSGov/on-the-road-for-open-enrollment-fe01a8b48358#.fm4pagep8>

### **Blog Post from Friday, March 18**

**Title:** Taxes and Health Care Coverage: Five Tips for Tax Filers

**Link:** <https://blog.cms.gov/2016/03/18/taxes-and-health-care-coverage-five-tips-for-tax-filers/>

### **Blog Post from Wednesday, March 16**

**Title:** ACA's Sixth Anniversary: Finding Hope and Security

**Link:** <http://www.hhs.gov/blog/2016/03/16/aca-sixth-anniversary-finding-hope-and-security.html>

### **Blog Post from Wednesday, March 16**

**Title:** CMS Strong Start for Mothers and Newborns Strategy II Initiative Second Annual Evaluation Report

**Link:** <https://blog.cms.gov/2016/03/16/cms-strong-start-for-mothers-and-newborns-strategy-ii-initiative-second-annual-evaluation-report/>

### **Press Release from Monday, March 14**

**Title:** HHS releases report showing poverty reduction impact of safety net has increased tenfold since war on poverty began in 1964

**Link:** <http://www.hhs.gov/about/news/2016/03/14/hhs-releases-report-showing-poverty-reduction-impact-safety-net-has-increased-tenfold-war-poverty>

**Blog Post from Friday, March 11**

**Title:** Keeping Consumers Covered

**Link:** <https://blog.cms.gov/2016/03/11/keeping-consumers-covered/>

**Press Release from Friday, March 11**

**Title:** HHS awards \$94 million to health centers to help treat the prescription opioid abuse and heroin epidemic in America

**Link:** <http://www.hhs.gov/about/news/2016/03/11/hhs-awards-94-million-to-health-centers.html>

**Blog post from Thursday, March 10**

**Title:** What to do if your Form 1095-A is incorrect

**Link:** <https://www.healthcare.gov/blog/using-tax-form-1095-a/>

**Press Release from Thursday, March 3**

**Title:** 20 million people have gained health insurance coverage because of the Affordable Care Act, new estimates show

**Link:** <http://www.hhs.gov/about/news/2016/03/03/20-million-people-have-gained-health-insurance-coverage-because-affordable-care-act-new-estimates>

*-CMS Office of Communications, Partner Relations Group*