



March 4, 2016

Champions for Coverage:

Spring is right around the corner and with comes many of us are already working on post enrollment strategies to connect people to coverage. In addition, CMS released future open enrollment periods, the new dates are below. Providing the dates in advance will help you plan your outreach and enrollment strategies for the coming years.

Don't Forget!!!! CMS is gathering lessons learned from this past open enrollment and we want to hear from you! We are seeking information related to strategies that worked for you, what didn't, what CMS resources were most/least useful, and/or other information you would like to share. **All feedback is needed by March 7th. Email to Champions@cms.hhs.gov.**

Finally, we will be moving to a biweekly newsletter through the end of March, after which we will begin sending monthly newsletters through the summer.

- I. **New: Consumer-Facing Outreach Materials from CMS**
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[NEW/UPDATED CONTENT AND WEBINARS](#)

New: Consumer-Facing Outreach Materials from CMS

Check out these recently-released CMS outreach materials. Partners interested in ordering CMS publications should visit the [CMS Product Ordering website](#).

New materials are being updated and will be posted to [Marketplace.cms.gov](https://marketplace.cms.gov)

New materials:

The Small Business Health Care Tax Credit & Assistance Programs:

<https://marketplace.cms.gov/outreach-and-education/small-business-tax-credit-and-assistance.pdf>

Reminder:

Updated tax materials recently posted to Marketplace.cms.gov:

Fact sheets

- How Health Coverage Affects Your Taxes: <https://marketplace.cms.gov/outreach-and-education/health-coverage-affects-taxes.pdf>
- No Health Coverage? What That Means for Your Taxes: <https://marketplace.cms.gov/outreach-and-education/no-coverage-and-your-taxes.pdf>

Drop-in articles

- No Health Coverage in 2015? What That Means for Your Taxes: <https://marketplace.cms.gov/outreach-and-education/no-health-coverage-and-taxes-article.pdf>
- How Health Coverage Affects Your Taxes: <https://marketplace.cms.gov/outreach-and-education/coverage-affects-taxes-article.pdf>

NEWS AND UPDATES

New: 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 Coughlin, 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

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>

New: 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.

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.

New: Reducing Avoidable Hospital Readmissions to Create a Better, Safer Health Care System

Last week, a new study by Department of Health and Human Services researchers was published in the New England Journal of Medicine. The study showed that readmissions fell sharply following enactment of the Affordable Care Act. Further, the study debunked criticisms of the Hospital Readmission Reduction Program by showing no acceleration in observation stays after the Affordable Care Act was enacted.

To read a blog summarizing key findings from the study, visit:

<http://www.hhs.gov/blog/2016/02/24/reducing-avoidable-hospital-readmissions.html>

New: Report on the Decreasing Rate of Uninsured Kids

A new Robert Wood Johnson Foundation (RWJF) report, produced by the State Health Access Data Assistance Center (SHADAC), shows the number of U.S. children who lack health insurance fell by 1 million — from 7.5 percent of all children in 2013 to 6.3 percent in 2014. The analysis shows that decreases in the uninsured were especially pronounced among Hispanic and non-White children (-1.9 percentage points and -1.5 percentage points, respectively) and those living in families with a low household income (-1.7 percentage points) — groups that historically have been most likely to be uninsured. The report includes state-specific 2-page profiles that illustrate these trends for all 50 states and D.C. The full report and state summary profiles can be found here:

<http://www.shadac.org/publications/state-level-trends-childrens-health-insurance-coverage-2016-report>

3 Ways to Stay Connected with the National Campaign

- [Share](#) our materials widely. We have an ever-growing range of excellent resources available to use in outreach and enrollment efforts.
- Contact us to get more involved with the Campaign at ConnectingKids@cms.hhs.gov
- Follow the Campaign on [Twitter](#). *Don't forget to re-tweet or share our messages with your network or use our #Enroll365 hashtag in your posts.*

New: Medicaid & CHIP: December 2015 Monthly Applications, Eligibility Determinations and Enrollment Report

The Centers for Medicare & Medicaid Services (CMS) released a monthly report on state Medicaid and Children's Health Insurance Program (CHIP) data represents state Medicaid and CHIP agencies' eligibility activity for the calendar month of December 2015. This report measures eligibility and enrollment activity for the entire Medicaid and CHIP programs in all states, reflecting activity for all populations receiving comprehensive Medicaid and CHIP benefits in all states, including states that have not yet chosen to adopt the new low-income adult group established by the Affordable Care Act.

This data is submitted to CMS by states using a common set of indicators designed to provide information to support program management and policy-making related to application, eligibility, and enrollment processes. As with previous reports, this month's report focuses on those indicators that relate to the Medicaid and CHIP application and enrollment process.

Click here to view the report (PDF): <https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/december-2015-enrollment-report.pdf>

For additional information and Excel Sheet click here (Dec. 2015):

<https://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-and-chip-application-eligibility-determination-and-enrollment-data.html>

New: 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>

New: Flint 1115 Medicaid Demonstration

This week, the U.S. Department of Health and Human Services announced that the Centers for Medicare and Medicaid Services (CMS) has approved the State of Michigan's 1115 demonstration to extend Medicaid coverage and services to Flint, Michigan residents impacted by the lead exposure. Approximately 15,000 additional children and pregnant women will be eligible for Medicaid coverage and 30,000 current Medicaid beneficiaries in the area will be eligible for expanded services under this new waiver agreement.

To read the **press release**, visit: <http://www.hhs.gov/about/news/2016/03/02/hhs-approves-major-medicare-expansion-flint.html>

To read the **demonstration approval package**, visit: https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

Please help us to **amplify** this important announcement on social media using any of the below **tweets**:

- [@HHSGov](#) approves major #Medicaid expansion for #Flint, MI → [LINK/Press Release] #FlintForward
- APPROVED. MI waiver extends #Medicaid coverage to thousands in #Flint impacted by lead exposure. [LINK/Press Release] #FlintForward
- Share the news: A major #Medicaid expansion for #Flint has been approved, extending coverage to thousands → [LINK/Press Release] #FlintForward
- #Medicaid expansion approved. Thousands more children & pregnant women in #Flint eligible for coverage → [LINK/Press Release] #FlintForward

Reminder: HHS awards \$500,000 in funding to Flint health centers

FLINT, Mich. – U.S. Department of Health and Human Services Secretary Sylvia M. Burwell today announced \$500,000 in funding to help two area health centers increase and expand activities in response to the lead contamination of Flint's water.

Following a tour of the Hamilton Community Health Network, Inc. (HCHN), Burwell and HHS Assistant Secretary for Preparedness and Response Dr. Nicole Lurie, who is leading the federal response and recovery effort in Flint, announced that HCHN and Genesee Health System (GHS) will each receive \$250,000 in emergency supplemental funding to hire additional personnel and provide more lead testing, treatment, outreach, and education to meet the increased need for health services in the Flint community.

Read [more about the announcement.](#)

ACA AND TAXES

New: 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 Assistants for help in understanding the differences between the various forms and how health care affects their taxes. While Assistants 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 or 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](#)

New: 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 Thursday, March 3

Title: HHS Approves Major Medicaid Expansion for Flint

Link: <http://www.hhs.gov/about/news/2016/03/02/hhs-approves-major-medicaid-expansion-flint.html>

Blog Post from Wednesday, March 2

Title: Bridging the Healthcare Digital Divide: Improving Connectivity Among Medicaid Providers

Link: <https://blog.cms.gov/2016/03/02/bridging-the-healthcare-digital-divide-improving-connectivity-among-medicaid-providers/>

Blog Post from Friday, February 26

Title: How to "reconcile" your 2015 Marketplace premium tax credit

Link: <https://www.healthcare.gov/blog/how-to-reconcile-2015-premium-tax-credit/>

Blog post from Wednesday, February 24

Title: Reducing Avoidable Hospital Readmissions to Create a Better, Safer Health Care System

Link: <http://www.hhs.gov/blog/2016/02/24/reducing-avoidable-hospital-readmissions.html>

Blog Post from Wednesday, February 24

Title: The New Special Enrollment Confirmation Process

Link: <https://blog.cms.gov/2016/02/24/the-new-special-enrollment-confirmation-process/>

Blog post from Friday, February 19

Title: Have a “qualifying life event”? You may be eligible for a Special Enrollment Period.

Link: <https://www.healthcare.gov/blog/qualifying-life-event-for-special-enrollment-period-2016/>

WHITEHOUSE.GOV/BLOG

Blog post from Thursday, March 3

Title: President Obama: "Congratulations, Milwaukee!"

Link: <http://www.hhs.gov/blog/2016/02/24/reducing-avoidable-hospital-readmissions.html>

Blog Post from Thursday, March 3

Title: Brent's Letter to the President: "You Saved My Life"

Link: <https://www.whitehouse.gov/blog/2016/03/03/brents-letter-president-you-saved-my-life>

Blog post from Thursday, February 25

Title: Precision Medicine: Health Care Tailored to You

Link: <https://www.whitehouse.gov/blog/2016/02/25/precision-medicine-health-care-tailored-you>

-CMS Office of Communications, Partner Relations Group