Health Advocate

E-Newsletter of the National Health Law Program

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Open Enrollment 2 (OE2): What to Expect

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Key Resources

Get Ready for 2015 Coverage

5 Steps to Staying Covered

Helping Consumers who are Victims of Domestic Violence or Abandoned Spouses

NHeLP's *An Advocates Guide to MAGI*

Coming in December's Health Advocate:

Litigation Round-up

The second open enrollment period is upon us. And unlike the first round (OE1), we expect many improvements to the enrollment systems. Even so, considerable challenges remain as 7.3 million people will have coverage renewed for 2015 and millions more may enter the marketplaces for the first time. This Health Advocate will review where we are as we head into OE2.

Enrollment

This year's open enrollment period runs from November 15, 2014 through February 15, 2015 for coverage for calendar year 2015. The "magic date" for most consumers will be December 15 – consumers who enroll or renew coverage by that date will have their coverage begin on January 1, 2015. Consumers who enroll in a qualified health plan (QHP) after that date will have their coverage begin either February 1 or March 1, 2015.

The shortened enrollment period, coupled with the expectation that current enrollees will return to the marketplaces to review and renew coverage, likely means greater pressures on the systems and assisters who work with consumers at all levels. To assist, HHS provided $60 million to fund navigators for the federally facilitated marketplace (FFM) and has increased staffing at the FFM's Call Center to help ensure assistance is available to consumers.

Application 2.0

HHS has made strides in simplifying the "single streamlined application," introducing a new "Application 2.0" for the FFM, which significantly reduces the number of webpages a consumer will have to complete to as few as 16 (down from the current 76 pages). Consumers will only need to enter information once, in contrast to the original application process that sometimes required them to re-enter the same data multiple times. The new application has also been road-tested by nearly 20,000 consumers, so HHS has been able to troubleshoot and implement fixes prior to OE2. HHS expects that up to 70 percent of newly enrolling consumers will be able to use this new version. Streamlining the application and reducing the back-end system checks and business processes, along with increased technological capacity, will hopefully address many of the problems that led to a rocky first start.

One concern, however, is that Application 2.0 will not be available to people who are currently insured and are renewing for 2015. In addition, people with more complex family situations will have to complete the "classic application." These groups include immigrants and naturalized citizens, former foster children, families with stepchildren, American Indian and Alaska Natives, pregnant women and women who had a child within the past 60 days.

Further, both Application 2.0 and the classic application can only determine Medicaid eligibility for MAGI (Modified Adjusted Gross Income) categories. Consumers who are eligible under a non-MAGI eligibility category will have to apply directly to their state Medicaid agency. Most consumers do not know Medicaid eligibility rules and do not know to apply at their state's Medicaid agency. Non-MAGI Medicaid categories includes those eligible based on age, blindness or disability, receipt of SSI and the medically needy. For more on MAGI and non-MAGI Medicaid categories, see NHeLP's *An Advocate's Guide to MAGI*.

Renewals & Redeterminations

New this year, and happening at the same time as open enrollment for new consumers, is the renewal and redetermination process. The goal of HHS is to ensure that most consumers currently enrolled in coverage retain coverage for 2015. And with over 7.3 million consumers enrolled in plans, a smooth renewal process is critical.

If consumers return to their Healthcare.gov accounts and update income and other data during OE2, the marketplace will redetermine their eligibility and provide a new determination with revised Advanced Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSRs). Consumers can then review qualified health plans ("plans") in their area and decide whether to stay in a current plan or select a new one. The HHS Assistant Secretary for Planning and Evaluation projects there will be a 25 percent increase in the number of health insurance issuers offering Marketplace coverage in 2015 compared to 2014 (examining data for 36 FFM states and eight additional State-based Marketplace (SBM) states). Thus, many consumers may find a new plan that better meets their needs in terms of networks, co-pays and deductibles. The eligibility redetermination may also identify consumers eligible for MAGI-based Medicaid or CHIP instead of the marketplace plan they currently have. Those consumers will either be enrolled (in states that have authorized the FFM to determine Medicaid eligibility) or referred to the state for a Medicaid eligibility determination (in states that have only authorized the FFM to assess Medicaid eligibility).

For consumers who receive an updated eligibility determination, the coverage (and revised APTCs and CSRs) will begin depending on when the consumer selects a QHP (either the current or new plan). Here is how it will work:

Selection Date	Effective Date
Nov. 15 – Dec. 15, 2014	Jan. 1, 2015
Dec. 16, 2014 – Jan. 15, 2015	Feb. 1, 2015
Jan. 16 – Feb. 15, 2014	Mar. 1, 2015

If a consumer selects a new plan with an effective date of February 1 or March 1, they could be impacted financially since any early year health care expenses that count towards the deductible would likely reset when the new plan begins with a new deductible.

If consumers do **not** update their income data during OE2, they will generally be re-enrolled in their 2014 plan with their 2014 APTC amount. Consumers can still update their income data (and get a new APTC and CSR redetermination) after open enrollment, but will be unable to change plans unless they meet the requirements for a Special Enrollment Period (SEP). In some circumstances, however, a consumer's 2014 APTC and CSR will not

continue into 2015.[1] And if a consumer did not authorize the FFM to check tax data, the consumer's plan will continue in 2015, but without APTCs/CSRs until the consumer updates income data.

Thus, even if a consumer does not act during open enrollment, most consumers will see their coverage, APTCs and CSRs continue in 2015.

Medicaid/CHIP

Consumers may apply for Medicaid and CHIP throughout the year. Applicants can enroll through the marketplace or directly through the state Medicaid or CHIP agency.

During OE1, many of the electronic data transfer links between the FFM and Medicaid and CHIP agencies did not function effectively. The systems have greatly improved since OE1, and electronic transfers are happening more smoothly. Some states, however, are still backlogged in processing applications received from marketplaces. This means that a new influx of applications will be competing against prior applications for limited time and resources.

In addition to receiving new applications, Medicaid and CHIP agencies must continue to process renewals and redeterminations in a timely manner. Medicaid and CHIP renewals proceed on a separate track from marketplace renewals, according to state requirements and policies. Consumers will need to understand that, even if they applied through a marketplace but were enrolled in Medicaid or CHIP, renewals and redeterminations will run on the Medicaid/CHIP timeline rather than OE2. These consumers should be referred to their state Medicaid or CHIP agency to ensure they comply with renewal requirements and do not lose coverage.

Conclusion

While the technology and processes are certainly leaps and bounds ahead of the first open enrollment, new issues may arise that will need to be quickly and efficiently addressed to ensure current enrollees maintain coverage and new enrollees are welcomed into the system.

About Us

The National Health Law Program protects and advances the health rights of low income and underserved individuals. The oldest non-profit of its kind, NHeLP advocates, educates and litigates at the federal and state level.

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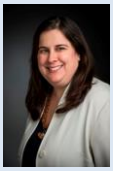

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[1] These circumstances include: if the IRS does not provide the FFM with the consumer's updated tax return information (despite consumer's authorization); the most recent 2014 FFM eligibility determination or updated tax return information reflects a household income above 350% FPL; IRS tax return information shows household income changed by more than 50% from the 2014 eligibility determination; or household income has risen above 500% FPL. (These consumers will be notified that their eligibility for APTCs/CSRs will end on December 31, 2014 unless they submit updated income data to get a new determination that they are eligible for 2015.)