

# Policy Roadmap Update & Decision

Nina Schwartz, Director of Policy & External Affairs

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# Currently Prioritized Problem Statements (1 being the highest priority)

- 1) **Noticing.** There is an opportunity to make Exchange notices clearer and easier for consumers to understand.
- 2) **Plan Display.** There is an opportunity to make it easier for consumers to better understand the differences between the many plans offered through the Exchange.
- 3) **Verifications.** There is an opportunity to align the types of verifications issuers accept for SEPs, to better improve and align the consumer experience.
- 4) **Alignment with Medicaid.** The differences in income eligibility criteria between Medicaid/CHP+ and APTC/CSR are confusing for consumers and often lead to churn between the different programs.

# Background: Problem statements for prioritization from the Board Advisory Group (BAG)

- What's not included here from the BAG recommendations?  
The end of the Public Health Emergency
  - Policy Committee identified this work as a priority; this was captured by staff
  - Not included on updated Policy Roadmap, already part of ongoing work
- Next steps on end of PHE
  - Continued close partnership with HCPF
  - As CMS guidance is provided, C4HCO to provide updates to Board and BAG on progress and plan to make sure that those who will lose their Medicaid will be transitioned over to the Exchange as seamlessly as possible



# Background: Problem statements for prioritization from the Board Advisory Group (continued)

- Board Advisory Group recommendation to add auto-enrollment to the Policy Roadmap.
- **Problem Statement:** There is an opportunity to reduce or eliminate an administrative burden by auto-enrolling customers in certain situations.
- The Committee requested additional information about the policy considerations for auto-enrollment.

# Auto-enrollment policy considerations

# Background

- **Auto-enrollment (from Health Affairs):**
  - Place uninsured individuals into health plans and let them opt out if they wish.
  - Provides coverage to consumers who otherwise would not enroll because of cost concerns, difficulty navigating the application process, or other factors.
- **Potential avenues for identification and enrollment:**
  - Easy enrollment/ tax filing
  - Termination for non-pay
  - Unemployment offices
  - DMV

# Policy Considerations

- Premium costs
- Tax data not a 1:1 match with exchange income methodology
- Prospective income methodology creates tax liability concern for customers with income that fluctuates during the year.
  - Explore use of last year's income
- CMS waiver requirements
- Risk adjustment

# Auto-enrollment into HSA

- Individual fee-free HSA opened for customers in HDHP, automatically with their enrollment
- Customer noticed about their HSA, and encouraged to contribute
- Potential for customer confusion or privacy concerns

**Question:** Is there any other information you need to decide if auto-enrollment should be added to the Roadmap?



Based on importance, how would you prioritize auto-enrollment (1 being the highest priority)?

\*) **Auto-enrollment.** There is an opportunity to reduce or eliminate an administrative burden by auto-enrolling customers in certain situations.

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3) **Verifications.** There is an opportunity to align the types of verifications issuers accept for SEPs, to better improve and align the consumer experience.

4) **Alignment with Medicaid.** The differences in income eligibility criteria between Medicaid/CHP+ and APTC/CSR are confusing for consumers and often lead to churn between the different programs.

# Decision: Approval of Policy Roadmap