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CMS Finalizes Improvements for the 2017 Health Insurance Marketplace

Today, 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

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

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