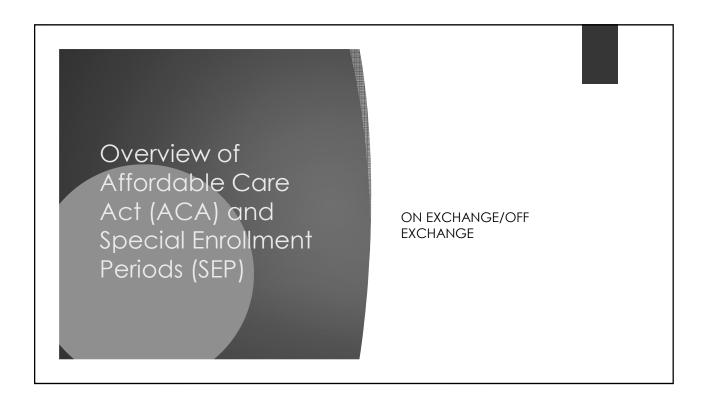


This presentation is for educational purposes only. Individuals and Organizations should consult with their own legal counsel for guidance and direction related to SEPs and acceptance of payment from third party payors or any other laws or regulations.

The views and opinions expressed and contained herein are solely those of the presenters and do not represent the views or opinions of Capital BlueCross.



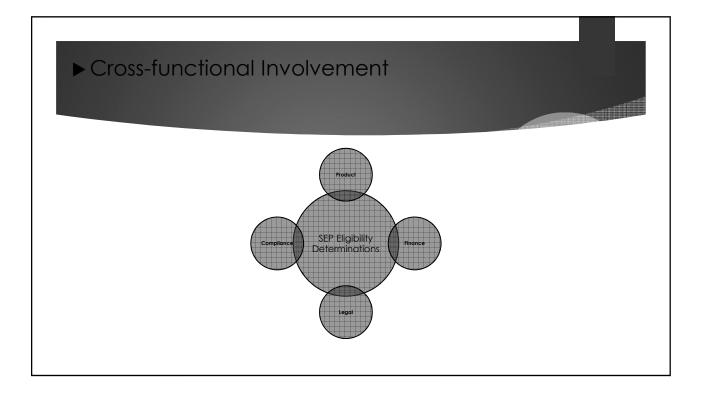
SEPs & Why They Matter

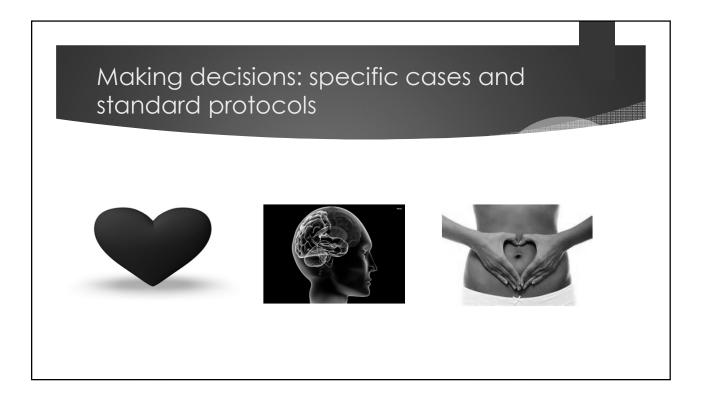
- ▶ 45 CFR 155.420
- ► A longstanding feature of employer-sponsored coverage
- Exists as opportunity to enroll due to loss of coverage, other qualifying life events
- Meant to protect eligible individuals but not to encourage misuse, abuse, or system gaming

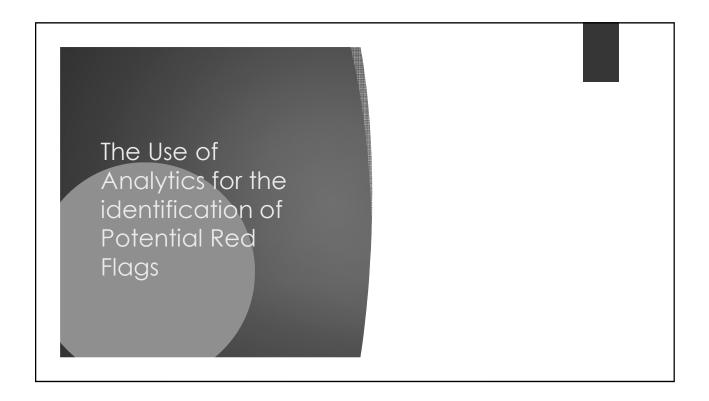
► SEP Qualifying Events Overview A time outside the yearly Open Enrollment Period when you can sign up for health insurance. Qualifying life events: Loss of health coverage Moving Marital status change Birth or adoption of baby If qualified: ► typically up to 60 days following the event to enroll in a plan. Missed window = wait until the next Open Enrollment Period to apply. Can enroll in Medicaid and the Children's Health Insurance Plan (CHIP) any time of year, whether you qualify for an SEP or not. ▶ Job-based plans: must provide an SEP of at least 30 days. ►

SEP Considerations On & Off Exchange

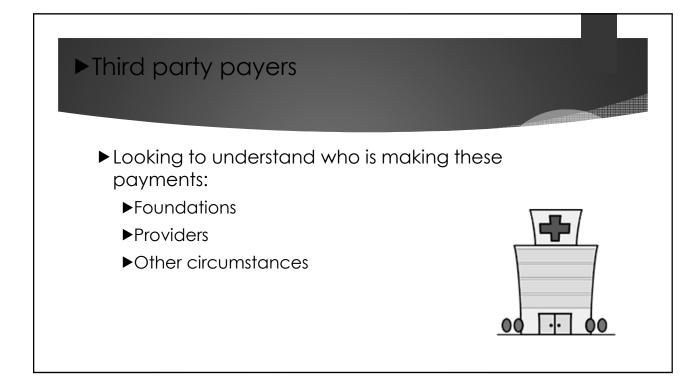
- Proof of eligibility considerations
- Plan or individual error
- ▶ Plan v. Marketplace control
- Payment acceptance: who, what, when, how
- ► The unknown environment
- ► Competing viewpoints:
 - ▶ Controlled environment and proof requirements discourage system gamers
 - Restricted access and additional paperwork discourages legitimate enrollment (esp. health individuals)

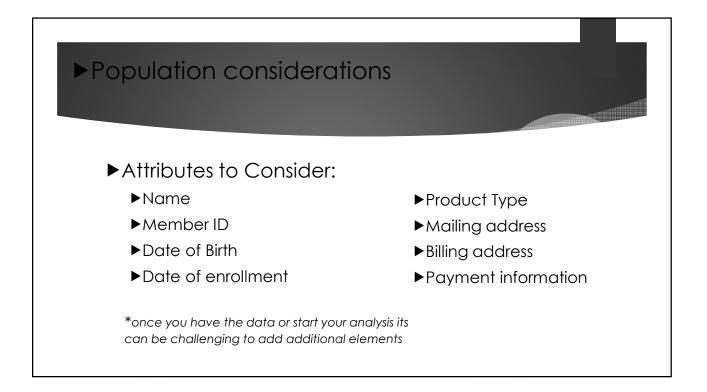


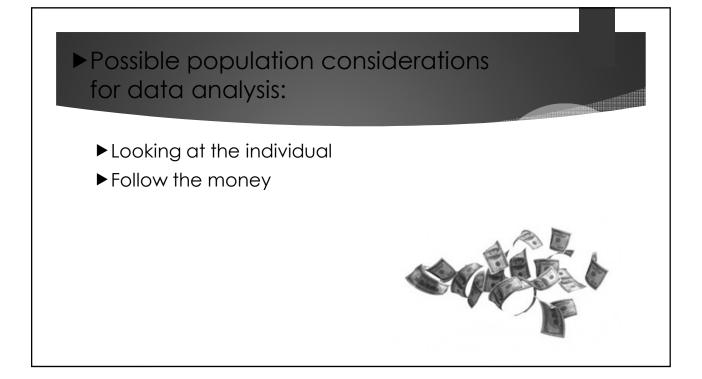


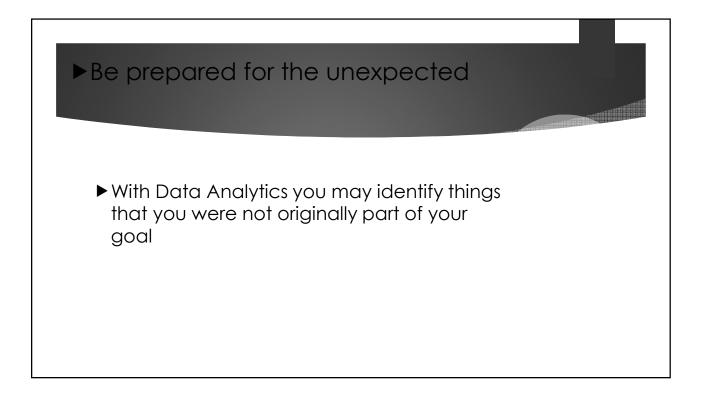






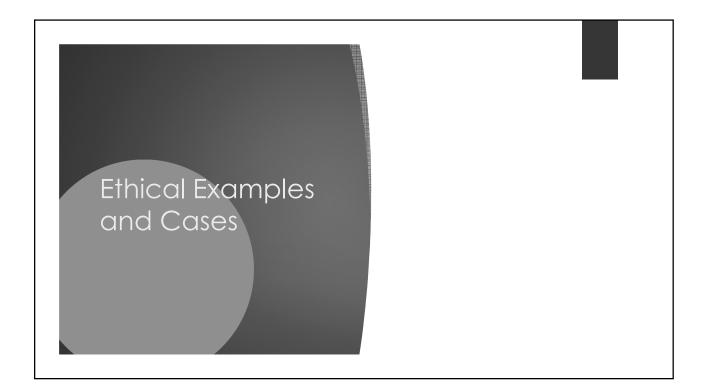






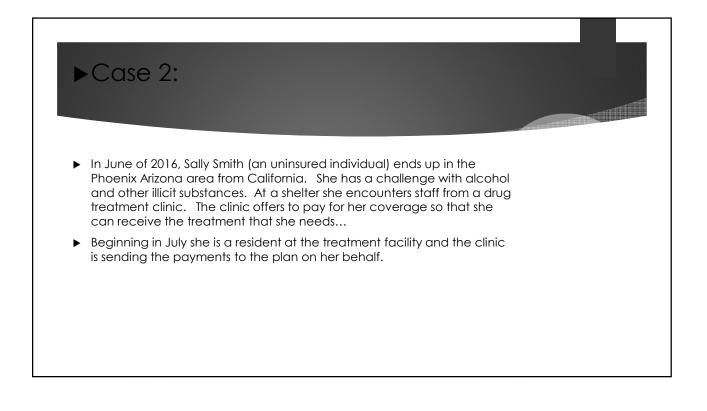
► Data Challenges

- ► Data inconsistencies
- Availability of information
- ► Interconnectivity of systems
- Completeness and integrity of system reports



►Case 1:

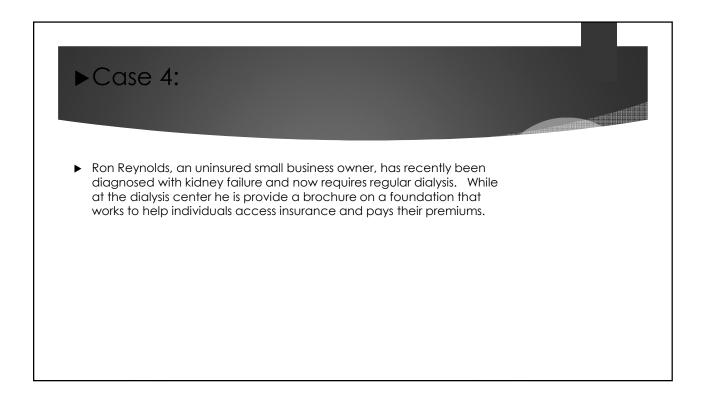
- Mr. Jones (an uninsured individual) visits his family physician in November of 2015, Complaining of nagging Cough, weakness, and chest pain. He is ultimately diagnosed with Lung Cancer.
- ► His Provider directs him to a new program at his local affiliated Hospital that assists individuals in gaining access to insurance.
- Working with the Hospital he gains insurance in the beginning of 2016. Mr. Jones is receiving an APTC and is covering the remaining premium on his own. However, the hospital directed him to a plan that while a little more expensive, maximizes the payment to the provider for his treatment based on their negotiations with that insurance carrier.



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►Case 3:	
Jackie Jones, works for a small consulting company and also requires regular expensive medical treatment. She and her family are moving across state lines to be closer to her parents and a key client. As part of the relocation process she is asked by her employer to get private health insurance through the exchange. The employer states that he will pay for her coverage less the APTC she receives as part of her regular expense submissions.	

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Documenting Compliance

▶ Policies and Procedures

Address:

- Applicable regulations and company culture
- ► Which 3rd Parties' payments will or may be accepted
- ► How data analytics will be used consistently
- ► Limit subjective decision-making
- Cross-functional ownership and ability to effectively monitor actions
- Member response letters
 - Template versions
 - Timelines
- Annual review
- ▶ REMEMBER: "Think in Ink!"....or it didn't happen!

Thank You

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