

Community Health Choice

Agent Training 2016



Who is Community Health Choice?



- Non-profit Health Maintenance Organization licensed by the Texas Department of Insurance
- Affiliate of the Harris Health System
- Serves over 296,000 Members with the following programs:
 - **Medicaid:** State of Texas Access Reform (STAR) program for low-income children and pregnant women
 - **CHIP:** Children's Health Insurance Program for the children of low-income parents—includes CHIP Perinatal benefits for unborn children of pregnant women who do not qualify for Medicaid STAR
 - **3-Share Plan:** TexHealth Harris County 3-Share Plan that subsidizes the premiums of a limited benefit plan for previously uninsured, low-income employees of small businesses
 - **Health Insurance Marketplace Plan:** that offers premium assistance and cost sharing reductions for individual health coverage that includes preventive care, emergency services, prescription drugs, and hospitalization available to all, regardless of pre-existing conditions

Updated Mission Statement

Our mission is to improve the health and well-being of underserved residents of Southeast Texas by opening doors to coordinated, high quality, affordable health care and health related social services.

Our mission is achieved through:

Community: Collaborating with community-based Providers and organizations to improve access, quality, coordination and cost effectiveness of services

Health: Developing programs to establish medical homes, manage health conditions and promote wellness and preventive care

Choice: Encouraging personal accountability and educated choices for individual and family health and well-being

An Expanded Community Vision

Current Activities:

- Enrollment assistance, employee volunteer commitment, Community Benefit funding

Social Determinants focus can broaden our impact on health outcomes:

- Family support systems, income and education, housing, nutrition, and others

Examples of Community's Expanded Focus:

- Engage in efforts to broaden our support of pregnant Members in order to ensure not only appropriate pre-natal and post-partum care, but also parenting classes and resources, information on engaging with their children's educational partners, and other social services
- Actively engage with organizations and in programs that aim to improve the percentage of Southeast Texas children who are able to enroll in early childhood education and pre-K programs, as well as programs that aim to increase student retention and graduation rates from high school and enhance student matriculation to higher education programs
- Support job training programs for our adult Members in order to improve the economic status of the family and enhance their ability to support their family's education and health needs

Mechanism: partnership with existing community-based organizations currently providing services in areas where Community maintains high concentrations of membership

Core Values Projected in the Community



Community's core values reflect the guiding principles and behaviors that embody our organization and staff. We simplify these core values into one statement to our Members, Providers and the community, as follows:

OUR PROMISE

Community Health Choice is a **LOCAL** non-profit health plan. At Community, we genuinely **CARE** for and **SERVE** our Community. We are a **TRUSTED** partner who **RESPECTS** our Members and their families, opens doors to high-quality healthcare, and makes the process **EASY**.

Even more simply, we say "Community Cares".

What We've Learned

- Price Matters
 - Consumers Shop on:
 - Price
 - Benefits (Deductible/Copay/MOOP)
 - Network
- If you are priced competitively they will come.....
- When it's broke... Fix It!

What we've Done...

- New Online Billing and Enrollment system
 - Allows direct enrollment
 - Creates a seamless transaction space for the consumer
 - Allows for transaction history to be viewed in one place
 - Provides access to invoices
- Increased Staffing
 - Member Services
 - UM
- Educate
 - Staff
 - Providers

Open Enrollment: Key Dates

November 1, 2015	Open Enrollment Begins
December 15, 2015	Last day to enroll for 1/1/2016 effective date coverage
January 1, 2016	2016 Health Coverage Begins for anyone enrolled by December 15 th
1 st through the 15 th (after December 15 th)	Coverage is effective first of the following month (this includes off-exchange enrollment)
16 th through the end of month	Coverage is effective first of the second following month (individual waits 1 ½ months)
January 31, 2016	Open Enrollment ends for calendar year 2016

2016 Changes

- **No new plans**
- 5 plans offered with minimal changes
- 2016 Plans:
 - Community Health Choice HMO 001
 - Community Health Choice HMO 002
 - Community Health Choice HMO 003
 - Community Health Choice HMO 004
 - Community Health Choice HMO 005

Plan Names Crosswalk

2015 Plans	2016 Plans
Bronze Deductible	Bronze 003
Silver Copay	Silver 002
Gold Copay	Gold 001
Silver Deductible	Silver 004
Gold Deductible	Gold 005

Deductible Plans

- All preventive is covered at 100%
- All deductible plans offer 3 Primary Care Office visits covered at the PCP Copay before deductible must be met (included for every covered individual under a policy)
- HMO Bronze 003 (Deductible) has a RX Deductible
 - \$200
- HMO Silver 004 (Deductible) is eligible for Cost Share Reductions (CSR) when an individual qualifies and enrolls On-Exchange

2016 Plan Designs – Deductible



Member Cost Share	Community Health Choice HMO Bronze Deductible	Community Health Choice HMO Silver Deductible	Community Health Choice HMO Silver Deductible (73)	Community Health Choice HMO Silver Deductible (87)	Community Health Choice HMO Silver Deductible (94)	Community Health Choice HMO Gold Deductible
Medical Deductible (individual)	\$4,000	\$1,500	\$1,250	\$0	\$0	\$500
Begin deductible after # Copays	3	3	3	N/A	N/A	3
Out-of-Pocket Maximum (individual)	\$6,850	\$6,850	\$5,450	\$2,250	\$1,000	\$5,000
Coinsurance	0%	0%	0%	0%	0%	0%
PCP (preventive at 0% cost share)	\$40	\$30	\$30	\$15	\$10	\$20
Specialist	\$65	\$50	\$50	\$50	\$20	\$45
Mental Health/Substance Abuse	\$65	\$50	\$50	\$50	\$20	\$45
Rehabilitative Speech Therapy	\$40	\$30	\$30	\$25	\$10	\$20
PT/OT	\$40	\$30	\$30	\$25	\$10	\$20
Skilled Nursing Facility	\$400 per day*	\$400 per day*	\$400 per day*	\$300 per day*	\$200 per day*	\$300 per day*
Lab Outpatient & Professional Services	\$40	\$30	\$30	\$15	\$10	\$20
X-Rays and Diagnostic Imaging	\$40	\$30	\$30	\$15	\$10	\$20
Imaging (CT/PET Scans/MRIs)	\$400	\$400	\$400	\$200	\$100	\$300
Inpatient Hospital (incl. Mental Health)	\$400 per day*	\$400 per day*	\$400 per day*	\$300 per day*	\$200 per day*	\$300 per day*
Outpatient Facility	\$175	\$175	\$175	\$150	\$30	\$100
Outpatient Surgery/Physician Services	\$175	\$175	\$175	\$150	\$30	\$100
Emergency Room	\$400	\$400	\$400	\$200	\$100	\$300
Prenatal/Postnatal Care	\$40	\$30	\$30	\$15	\$10	\$20
Maternity – Delivery	\$400 per day*	\$400 per day*	\$400 per day*	\$300 per day*	\$200 per day*	\$300 per day*
Pharmacy Deductible	\$200	\$0	\$0	\$0	\$0	\$0
Generic	\$20	\$10	\$10	\$10	\$5	\$10
Preferred Brand	\$75	\$50	\$50	\$40	\$20	\$35
Non-Preferred Brand	\$100	\$100	\$100	\$60	\$40	\$70
Specialty High Cost Drugs	35%	35%	35%	25%	20%	30%

*Copay applies per day up to 20 days

Copay Plans

- HMO Silver 002 (Copay)
 - Lowest premium with no deductible
 - HMO Silver 004 is eligible for Cost Share Reductions (CSR) when an individual qualifies and enrolls On-Exchange
- HMO Gold 001 (Copay)
 - Lowest copays with no deductible

2016 Plan Designs – Copay

Member Cost Share	Community Health Choice HMO Silver Copay	Community Health Choice HMO Silver Copay (73)	Community Health Choice HMO Silver Copay (87)	Community Health Choice HMO Silver Copay (94)	Community Health Choice HMO Gold Copay
Medical Deductible (individual)	\$0	\$0	\$0	\$0	\$0
Begin deductible after # Copays	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum (individual)	\$6,850	\$5,200	\$2,250	\$1,000	\$5,000
Coinsurance	0%	0%	0%	0%	0%
PCP (preventive at 0% cost share)	\$40	\$40	\$15	\$10	\$30
Specialist	\$75	\$75	\$50	\$20	\$65
Mental Health/Substance Abuse	\$75	\$75	\$50	\$20	\$65
Rehabilitative Speech Therapy	\$50	\$50	\$25	\$10	\$25
PT/OT	\$50	\$50	\$25	\$10	\$25
Skilled Nursing Facility	\$500 per day*	\$500 per day*	\$300 per day*	\$200 per day*	\$400 per day*
Lab Outpatient & Professional Services	\$40	\$40	\$15	\$10	\$30
X-Rays and Diagnostic Imaging	\$40	\$40	\$15	\$10	\$30
Imaging (CT/PET Scans/MRIs)	\$500	\$500	\$200	\$100	\$300
Inpatient Hospital (incl. Mental Health)	\$500 per day*	\$500 per day*	\$300 per day*	\$200 per day*	\$400 per day*
Outpatient Facility	\$250	\$250	\$150	\$30	\$150
Outpatient Surgery/Physician Services	\$250	\$250	\$150	\$30	\$150
Emergency Room	\$500	\$500	\$200	\$100	\$400
Prenatal/Postnatal Care	\$40	\$40	\$15	\$10	\$30
Maternity – Delivery	\$500 per day*	\$500 per day*	\$300 per day*	\$200 per day*	\$400 per day*
Pharmacy Deductible	\$0	\$0	\$0	\$0	\$0
Generic	\$35	\$30	\$10	\$5	\$15
Preferred Brand	\$80	\$80	\$40	\$20	\$40
Non-Preferred Brand	\$110	\$110	\$60	\$40	\$80
Specialty High Cost Drugs	45%	45%	25%	20%	30%

*Copay applies per day up to 5 days

*Copay applies per day up to 5 days

Summary of Changes

Benefits	Changes
Maximum Out of Pocket	+\$250
Skilled Nursing Facility	+\$100
Imaging (CT/PET/MRI)	+\$100
Inpatient Hospital	+\$100
ER	+\$100
Prescription Drugs	+\$5-10
Physical/Occupational Therapy	+\$10

2015 Rate Examples

Age Band	Bronze Deductible		Silver Deductible		Gold Deductible		Silver Copay		Gold Copay	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
0-20	\$99.32	\$99.32	\$129.51	\$129.51	\$154.04	\$154.04	\$136.56	\$136.56	\$159.76	\$159.76
25	\$157.03	\$188.44	\$204.77	\$245.72	\$243.56	\$292.27	\$215.93	\$259.12	\$252.60	\$303.12
35	\$191.13	\$229.36	\$249.23	\$299.08	\$296.44	\$355.73	\$262.81	\$315.37	\$307.45	\$368.94
45	\$225.85	\$271.02	\$294.51	\$353.41	\$350.29	\$420.35	\$310.56	\$372.67	\$363.31	\$435.97
55	\$348.79	\$418.55	\$454.83	\$545.80	\$540.97	\$649.16	\$479.60	\$575.52	\$561.06	\$673.27

2016 Sample Rates

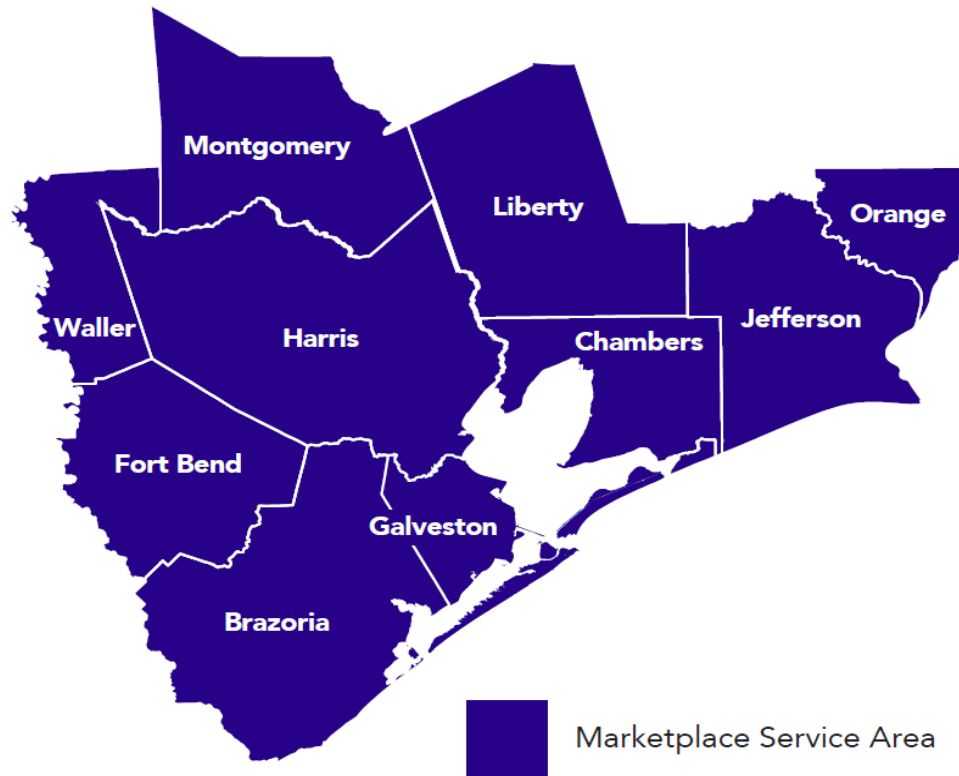
BRONZE PLANS	Rates (21 yr old)	% Change
Community Health Choice HMO Bronze Deductible (003)	\$156.32	6.0%
2015 Community Care Bronze Plan (Lowest)	\$147	
2015 2 nd Lowest Bronze Plan (BCBS)	\$149	
2015 3 rd Lowest Bronze Plan (BCBS)	\$157	
SILVER PLANS	Rates (21 yr old)	% Change
Community Health Choice HMO Silver Deductible (004)	\$203.85	5.1%
Community Health Choice HMO Silver Copay (002)	\$216.01	3.3%
2015 Community Care Silver Deductible Plan (Lowest)	\$194	
2015 2 nd Lowest Silver Plan (BCBS)	\$196	
2015 3 rd Lowest Silver Plan (BCBS)	\$204	
GOLD PLANS	Rates (21 yr old)	% Change
Community Health Choice HMO Gold Deductible (005)	\$242.45	4.2%
Community Health Choice HMO Gold Copay (001)	\$250.77	2.3%
2015 Lowest Gold Plan (UnitedHealthcare)	\$230	
2015 2 nd Lowest Community Care Gold Plan	\$233	
2015 3 rd Lowest Gold Plan (UnitedHealthcare)	\$234	
		Total Change: 5%

Product Basics

- Individual product
- A family rate is developed for two or more enrollees, by adding the individual premiums together
 - Premiums for the three oldest dependents ages 20 and under are added to create a family policy (additional dependents ≤ 20 yrs old have no charge)
- Age on effective date is used for rating and eligibility purposes
- Dependent Children can be covered up to age 26

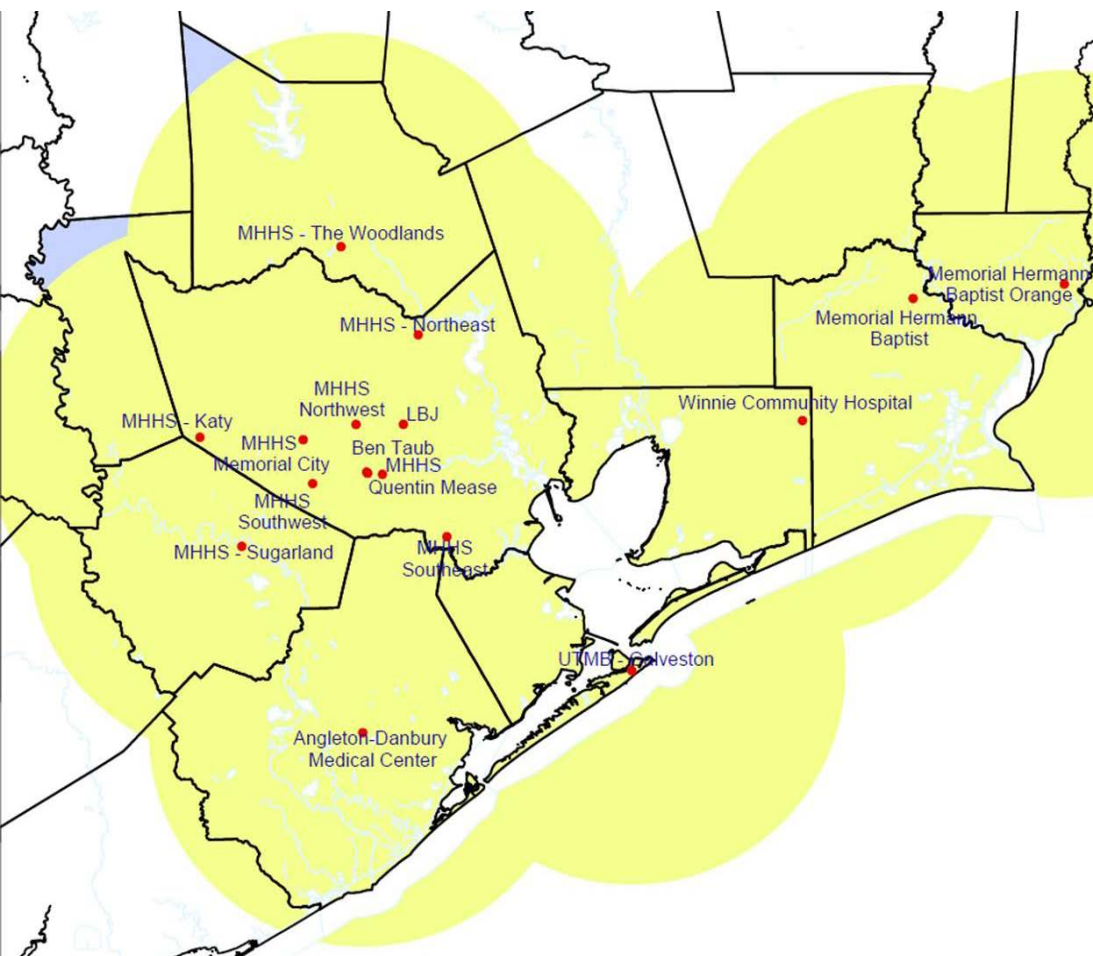
Marketplace Service Area

Community expanded its service area by adding **Liberty County** for 2016!



HMO Benefits offered in 10 Counties

Network



Hospitals

- **Memorial Hermann Hospital Systems**
 - Memorial Hermann Texas Medical Center
 - Memorial Hermann Katy Hospital
 - Memorial Hermann Memorial City Medical Center
 - Memorial Hermann Northeast Hospital
 - Memorial Hermann Northwest Hospital
 - Memorial Hermann Southeast Hospital
 - Memorial Hermann Southwest Hospital
 - Memorial Hermann Sugarland Hospital
 - Memorial Hermann The Woodlands Hospital
- CHI St. Lukes
- **Brazosport Regional Health System**
- **Harris Health System**
 - LBJ
 - Ben Taub
 - Quentin Mease
- **UTMB**
- **UTMB Angleton-Danbury Campus**
- **Winnie Community Hospital**
- **Liberty Dayton Hospital**
- **Medical Center of SE Texas**
- **Baptist Hospitals of South East Texas**

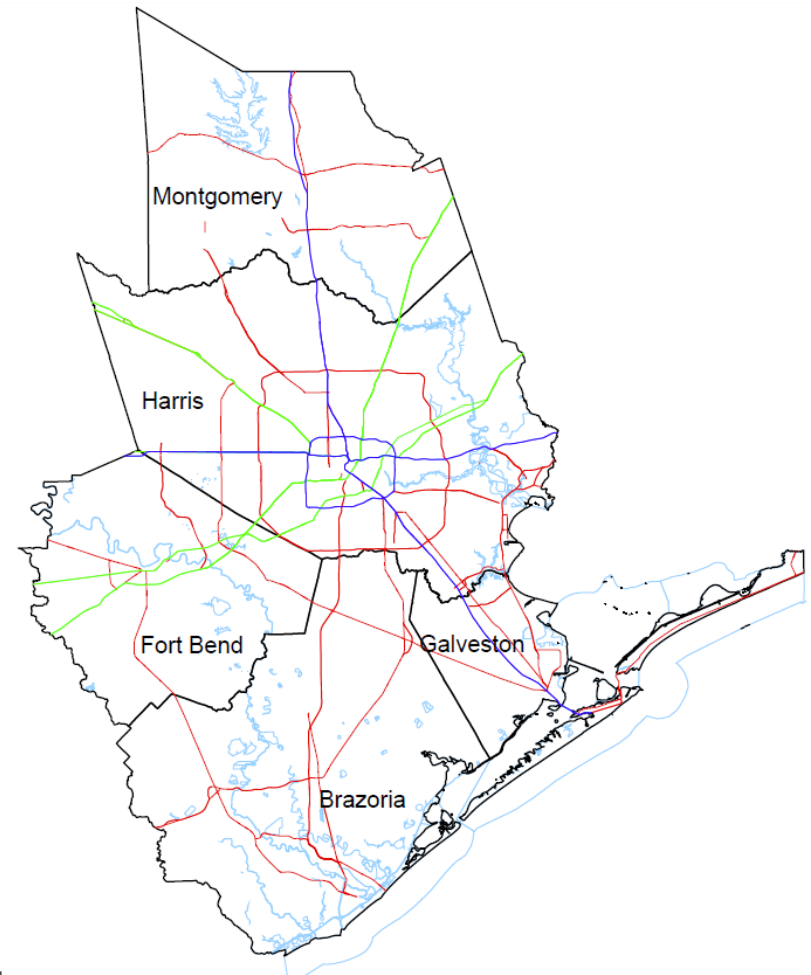
Network

- Navitus Health Solutions Pharmacy (handling Member & Provider calls)
- Block Vision (only children 18 and under)
- Beacon Health Strategies Behavioral Health (handling Member & Provider calls)
- Lab provided by Quest Diagnostics and **Labcorp**
- Routine dental services are not covered by Community. Enrollees have the option to purchase stand-alone dental plans offered by other companies through the Marketplace.

- Community has added a wrap network to its existing networks
- FirstHealth is a “leased network” who we will contract with to offer us financial protection for emergencies outside of our service area
- FirstHealth will provide a wrap network within our 10 county service area
- The claims hierarchy:
 1. Community contracted rate
 2. FirstHealth
 3. Usual and Customary

Kelsey Seybold Limited Provider Network

- Available to HMO Silver 002 and HMO Gold 001 (Bronze 003, Silver 004, and Gold 005 are not eligible) members in Harris, Montgomery, Fort Bend, Brazoria, and Galveston counties only
- Network will include Kelsey Seybold providers and hospitals not participating in our larger network



* Please refer to Kelsey preferred zip code list

Kelsey Seybold Limited Provider Network

- Should a Kelsey LPN Member require hospital care, Kelsey will determine the hospital where the patient will receive care, and the following hospitals have agreed to be available for Kelsey LPN Members to utilize:
 - HCA
 - CHI/St. Luke's
 - Memorial Hermann
 - Houston Methodist
 - Texas Children's Hospital

Kelsey Seybold LPN

- Members can select the Kelsey LPN when they choose their PCP, when enrolling online, during a welcome call or once a month throughout the plan year
- Kelsey LPN providers will be clearly marked in the provider directory

On Exchange and Off Exchange

- This year, there are two paths to enrolling in Community Marketplace plans



On Exchange

- Enroll via www.healthcare.gov

Off Exchange

- Direct through Community's new online enrollment portal or by paper application

Online Billing and Enrollment Portal

- Cloud-based service that is responsible for handling our enrollments and invoicing
- **Enrollment:**
 - Direct enrollment with CMS
 - Community only receives the effectuated files (members who have paid their first premium)
 - The files are delivered to Community on a daily basis
 - These eligibility files are then loaded into Eligibility and Claims Payment System
 - Paidthru files are sent daily

On Exchange

- On Exchange enrollment is no different than last year
- Enrolling On Exchange is the only way a person can get tax subsidies to help pay for their premiums
- On Exchange plans include the Cost Sharing Reduction plans (CSR plans) – Silver 73%, Silver 87%, and Silver 94% (cannot get Off Exchange)
- On Exchange plans also include Zero and Limited Cost Sharing plans available to Native Americans (cannot get Off Exchange)

Off Exchange

- Off Exchange plans are the same as the On Exchange standard Bronze, Silver, and Gold plans
- No CSR (73/87/94) or Limited/Zero Cost Sharing plans available Off Exchange
- Apply through direct enrollment portal on our website or fax in a paper application that is available online
- Open Enrollment dates are same as On Exchange, Special Enrollment Period criteria same as On Exchange
- 31 day grace period applies to Off Exchange plans
- Account service (including change of information, adding dependents, etc) will go through Community, not CMS

Advanced Premium Tax Credits

- Tax credit subsidies available through the exchange are called Advanced Premium Tax Credits (APTC)
- Who may be eligible for APTC?
 - ✓ Individual who earns between 100%-400% Federal Poverty Level (FPL) \$11,770 (individual @ 100%)
 - ✓ Individual is not eligible for coverage through their employer, Medicaid, or Medicare
 - Or employer sponsored coverage is more than 9.5% of their income
 - Or employer sponsored coverage doesn't meet minimum essential coverage requirements
- ❖ The only way to get APTC is to enroll “On Exchange”

Cost Sharing Reduction Plans

- Enrollees <250% Federal Poverty Level (FPL) are eligible for Cost Sharing Reduction (CSR) plans
- Cost Sharing Reductions mean reduced copays, coinsurances, and lower out-of-pocket maximums
- There are 3 Silver CSR plan variations included in the Silver HMO 002 and Silver HMO 004 :
 - Silver 73 = 200-249% FPL
 - Silver 87 = 150-199% FPL
 - Silver 94 = 100-149% FPL
 - If a potential enrollee earns <100% FPL, they are not eligible for CSR plans, and they are not mandated to have coverage
 - If an individual is between 100% FPL and 138% FPL they can file for an exemption from coverage

Limited and Zero Cost Sharing Plans

In addition to the 3 Silver CSR plans, there are Limited and Zero Cost Sharing options that are available to Native Americans:

Zero Cost Sharing Plans

- Native Americans \leq 300% FPL
- Pay \$0 copays or 0% coinsurance at any provider
 - Gold Zero Cost Sharing
 - Silver Zero Cost Sharing
 - Bronze Zero Cost Sharing

Limited Cost Sharing Plans

- Native Americans \geq 301% FPL
- Pay \$0 copays or 0% coinsurance at Indian Health Service Providers* only
 - Gold Limited Cost Sharing
 - Silver Limited Cost Sharing
 - Bronze Limited Cost Sharing

Premium Payments

- When using the direct enrollment portal members are able to enroll and immediately pay first month's premium
- Invoices are generated on the 7th of each month
- Monthly terminations are processed on the 6th of each month
- Members can pay by one of five ways:
 - Phone
 - Mail
 - Online through their member account
 - Walk in at HEB, Kroger, Walmart (locations are listed on our website or: <http://www2.datatel-systems.com/ext/client%20forms/CheckFreePayZIP.aspx>)
 - Walk in at Community Care Center

Grace Period

- Members receiving APTC who make the initial premium payment have up to 90 days grace period to make subsequent payments
- During the grace period, all claims will continue to pay
- At the end of the grace period, should the member terminate for non-payment, the termination will be retroactive to the 31st day of the grace period, and all payments beyond 31 days will be recouped from providers
- If the member does not have APTC, the grace period is 31 days and there is no recoupment

- Community members currently enrolled in a 2015 plan will receive two notices regarding 2016 coverage:
 1. One from Community outlining 2015 premiums and benefit changes
 2. One from CMS explaining the open enrollment process
- If a current member takes no action, the member will “passively renew” into a 2016 Community plan
- If a current member takes action and updates their application on healthcare.gov then they will need to select a 2016 plan

Member ID Card – Upgraded!

MARKETPLACE ID CARD 

Member Name:  Plan Name: 
Subscriber ID:  Plan ID: 
Member ID:  Effective Date: 
Primary Care Provider: BHOJANI, REHAL

Co-Payments: PCP: \$40.00 Urgent Care: \$75.00
Specialist: \$75.00 Emergency Room: \$400.00
Pharmacy: \$25.00 / \$75.00 / \$100.00

Deductible (Individual/Family): \$0.00 / \$0.00

Pharmacy (Navitus Health Solutions): BIN: 610602; PCN: NVT; RXGroup: NVCHX
Community Member Services (Monday - Friday, 8:00 a.m. - 5:00 p.m.): TDI
713.295.6704 or toll-free at 1.855.315.5386

You may be asked to present this card when you receive care. This card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud. In case of an emergency, call 9-1-1 or go to the nearest Emergency Room. Please call your Primary Care Provider as soon as possible for further assistance and directions on follow-up care within 48 hours.

Inpatient and Outpatient Procedures:

Certain services require pre-authorization. Failure to do so may affect benefits. Please refer to your plan documents for your pre-certification requirements.

Provider Services: 713.295.6704 or toll-free at 1.855.315.5386

Eligibility, benefits, and claims: Monday - Friday, 8:00 a.m. - 5:00 p.m.

Authorizations: Monday - Friday, 6:00 a.m. - 6:00 p.m. Weekends and Holidays, 9:00 a.m. - 12:00 p.m.

Send Claims to: Community Health Choice, Inc. P.O. Box 301424 Houston, Texas 77230

Electronic claims: Payer ID 60495

Behavioral Health: 1.855.539.5881 Pharmacy: 1.866.333.2757

24-Hour Nurse Help Line: 1.888.332.2730



Member ID Card (Kelsey-Seybold)

MARKETPLACE ID CARD  **Kelsey-Seybold Clinic**

Member Name: Plan Name:
Subscriber ID: Plan ID:
Member ID: Effective Date:
Primary Care Provider: KELSEY SEYBOLD

Co-Payments: PCP: \$25.00 Urgent Care: \$60.00
Specialist: \$60.00 Emergency Room: \$300.00
Pharmacy: \$10.00 / \$35.00 / \$75.00

Deductible (Individual/Family): \$0.00 / \$0.00

Pharmacy (Navitus Health Solutions): BIN: 610602; PCN: NVT; RXGroup: CHX
Community Member Services (Monday - Friday, 8:00 a.m. - 5:00 p.m.): TDI QHP
713.295.6704 or toll-free at 1.855.315.5386

You may be asked to present this card when you receive care. This card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud. In case of an emergency, call 9-1-1 or go to the nearest Emergency Room. Please call your Primary Care Provider as soon as possible for further assistance and directions on follow-up care within 48 hours.

Inpatient and Outpatient Procedures:
Certain services require pre-authorization. Failure to do so may affect benefits.
To pre-certify services call Kelsey-Seybold at 1.888.684.5283

Provider Services: 713.295.6704 or toll-free at 1.855.315.5386
Eligibility, benefits, and claims: Monday - Friday, 8:00 a.m. - 5:00 p.m.

For Kelsey: Send Professional Claims to: Kelsey-Seybold Clinic P.O. Box 841209 Pearland, Texas 77584
EDI Payer # KELSE
For claims questions call 800.215.3573

Send all other Claims to: Community Health Choice, Inc. P.O. Box301424 Houston, Texas 77230
Electronic claims: Payer ID 60495

Behavioral Health: 1.855.539.5881 Pharmacy: 1.866.333.2757
24-Hour Nurse Help Line: 713.442.0000



Agent Appointment

- Must be eligible for participation:
 - Must be actively working and have agency domiciled in one of the 20 counties Community operates within
 - Must have an active Texas Health/Life HMO Agent License
 - Must have no sanctions with the OIG or State of Texas
- Must Complete all required paperwork
 - Agent Agreement
 - Business Associate Agreement
 - Must be verified as a CMS approved agent for 2016
 - Copies of:
 - TDI Active Insurance License
 - Liability Certificate
 - W9
 - Must Complete Mandatory Agent Training
 - Must receive a score of 80% or higher on Agent Quiz

Commission Schedule

- \$15 per enrolled individual per month
- Total Maximum Annual Commission per enrolled individual = \$180
- Commissions will be generated and paid by the 4th Friday of every month

Important Updates and Reminders

- Educate members on updating information directly with CMS when enrolling On-Exchange (www.HealthCare.gov or 1.800.318.2596)
- Remind your clients to update their HealthCare.gov application (do not create a new one unnecessarily). This will ensure all subsidies are correct.
- If you have a client that enrolls On-Exchange and receives a request from CMS to provide additional information, have them send this information directly to CMS. The deadline is typically April.

Important Updates and Reminders Cont.

- All agents (currently appointed or otherwise) must complete an updated Agent Agreement and Business Associate Agreement for 2016
- All Commissions will be paid the 4th Friday of each month
- All agents appointed for 2016 will receive confirmation email, signed copies of agreement, and login and password for online enrollment portal
- No more advance commissions

Is everyone required to purchase insurance?

- Most individuals are required to purchase insurance or pay penalties. (Penalty for 2015 is the greater of 2.5% of your total family income or \$695 per adult and \$341.50 per child to a maximum of \$2,085 for family.)
- Exceptions:
 - Individuals covered under an employer sponsored plan
 - Individuals already enrolled in an individual insurance plan meeting all ACA requirements
 - Individuals who are eligible for Medicaid or CHIP
 - Individuals who would have to pay more than **8%** of their income for health insurance
 - Individuals below the threshold required to file an income tax return
 - Undocumented Immigrants
 - Individuals who are incarcerated
 - Members of Native American Indian Tribes
 - Full list is available on Healthcare.gov

Can someone eligible for group health insurance through an employer apply for individual plans on the Health Insurance Exchange?

- Yes, if group coverage does not meet the minimum essential coverage requirements
- Yes, if the group coverage is unaffordable
 - Cost for single coverage after the employer contribution exceeds **9.5%** of household income

What information do I need to enroll?

- Social Security Numbers (or document numbers for legal immigrants)
- Employer and income information for every member of your household who needs coverage (for example, from pay stubs or W-2 forms—Wage and Tax Statements)
- Policy numbers for any current health insurance plans covering members of your household
- A completed Employer Coverage Tool for every job-based plan you or someone in your household is eligible for. (You'll need to fill out this form even for coverage you're eligible for but don't enroll in.)

What happens if you see an out-of-network provider?

- Under the Community Health Choice plans there are no benefits for out of network services with the exception of emergencies or services that have received prior approval/preauthorization for medical necessity. If a member sees an out-of-network provider, they may be balanced billed for charges not paid by Community.

If my children are currently enrolled in Medicaid and CHIP will they be able to keep it or are they required to be enrolled with me?

- Your children can continue with their Medicaid and CHIP coverage through their eligibility period and are not required to enroll with you. If your children lose their Medicaid or CHIP coverage they can enroll in a Marketplace product at that time.

Does deductible count towards out-of-pocket maximum?

- Yes. The out-of-pocket maximum includes copayments, coinsurance, and deductible. The out-of-pocket does not include utilization management or prescription drug penalties, non-covered services, and other contract limits.

Do copayments count toward the deductible?

- No, copayments do not apply toward the deductible.

What about pre-existing conditions?

- Individuals cannot be denied coverage for a pre-existing condition, nor can they be charged higher premiums for pre-existing conditions.

Does CHC require a referral to see a specialist?

- No.

What is included in the welcome packet the member receives after enrollment?

- The welcome packet is sent to the enrollee within 7 days of enrollment and will include a welcome letter, and Summary of Benefits and Coverage. After the member pays the initial premium, they receive a second letter including the Member ID card.

What income is used to determine eligibility for Advanced Premium Tax Credits?

- Modified Adjusted Gross Income (MAGI) – Generally, MAGI is your adjusted gross income plus any tax-exempt Social Security, interest, or foreign income you receive. This is the figure used to determine eligibility for lower costs in the Marketplace and also for Medicaid and CHIP.

Are babies covered?

- Community will cover a newborn for the first 31 days of life. Coverage for a newborn or adopted child beyond 31 days will be effective on the date of the birth, placement, adoption, or date the court grants the petition for adoption, provided the subscriber completes an application and pays the premium within 31 days of the child's date of birth or adoption. Same On and Off Exchange.

Are routine eye exams for children and eyeglasses for children covered for children 18 and under or 21?

- Routine eye exams and eyeglasses are covered for children 18 and under.

How will authorizations work? What procedures require prior authorization?

- We have a prior authorization list, which is the same across all programs

QUESTIONS?

Contact Us:

AgentRelations@CommunityCares.com

713.295.6704 – option 5