

802 Ethics in the Age of The Affordable Care Act and Special Enrollment Period (with a focus on 3rd Party Payments)

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Overview of Affordable Care Act (ACA) and Special Enrollment Periods (SEP)

ON EXCHANGE/OFF EXCHANGE

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)

► Cross-functional Involvement

The diagram features a central circle with a grid pattern containing the text 'SEP Eligibility Determinations'. This central circle is surrounded by four smaller circles, each overlapping the central one. The top circle is labeled 'Finance', the left circle is labeled 'Compliance', the bottom circle is labeled 'Legal', and the right circle is labeled 'Operations'.

Making decisions: specific cases and standard protocols

The slide contains three distinct icons arranged horizontally. From left to right: a solid black heart, a grayscale image of a human head in profile with the brain highlighted, and a grayscale image of a person's torso with their hands held together in front of their chest to form a heart shape.

The Use of Analytics for the identification of Potential Red Flags

► Data Analytics: What are you looking for...

► Data analysis is the process of inspecting, cleaning, transforming, and modeling data with the goal of discovering useful information.



► Third party payers

► Looking to understand who is making these payments:

- Foundations
- Providers
- Other circumstances



► Population considerations

► Attributes to Consider:

- | | |
|----------------------|-----------------------|
| ► Name | ► Product Type |
| ► Member ID | ► Mailing address |
| ► Date of Birth | ► Billing address |
| ► Date of enrollment | ► Payment information |

**once you have the data or start your analysis its can be challenging to add additional elements*

► Possible population considerations for data analysis:

- Looking at the individual
- Follow the money

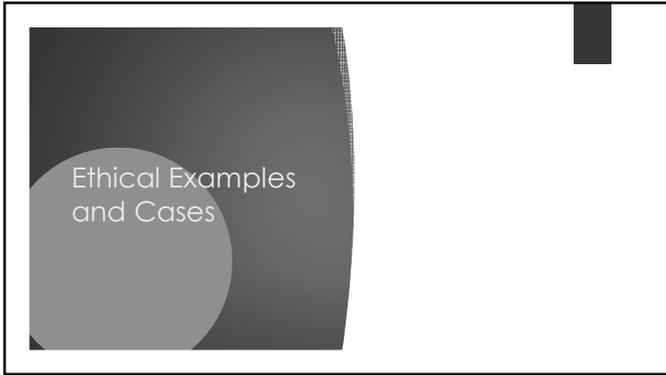


► Be prepared for the unexpected

- With Data Analytics you may identify things that you were not originally part of your goal

► 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.

► Case 2:

- In June of 2016, Sally Smith (an uninsured individual) ends up in the Phoenix Arizona area from California. She has a challenge with alcohol and other illicit substances. At a shelter she encounters staff from a drug treatment clinic. The clinic offers to pay for her coverage so that she can receive the treatment that she needs...
- Beginning in July she is a resident at the treatment facility and the clinic is sending the payments to the plan on her behalf.

▶ 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.

▶ Case 4:

▶ Ron Reynolds, an uninsured small business owner, has recently been diagnosed with kidney failure and now requires regular dialysis. While at the dialysis center he is provide a brochure on a foundation that works to help individuals access insurance and pays their premiums.

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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