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**Subject:** Courtesy Copy: Agent Newsletter  
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**This is a courtesy copy of an email bulletin sent by Micheil Wallace.**

**This bulletin was sent to the following groups of people:**

Subscribers of Oregon Health Insurance Marketplace Agents (2034 recipients)

# Oregon Health Insurance Marketplace

## Agent Newsletter

### 2017 Auto-Enrollments/Cancellations

CMS has confirmed that the FFM does permit QHP issuers to cancel passive re-enrollments retroactively, assuming there are no claims. While most retro-active term/cancel requests are prohibited on the FFM, CMS is able to facilitate the cancellation of passive re-enrollment due to duplicate or unwanted coverage.

### Statewide results for OE-4

Total Enrollment			On Exchange			Off Exchange		
Company	1/31/2016	1/31/2017	Company	1/31/2016	1/31/2017	Company	1/31/2016	1/31/2017
Atrio	2,128	10,249	Atrio	1,716	7,581	Atrio	412	2,668
Bridgespan	626	9,824	Bridgespan	626	9,824	Health Net	914	583
Health Net	914	583	Kaiser	12,517	34,714	Kaiser	11,258	16,481
Kaiser	23,775	51,195	LifeWise	19,233	-	LifeWise	221	-
LifeWise	19,454	-	MODA	29,106	13,410	MODA	33,487	10,028
MODA	62,593	23,438	Oregon's Health Co-Op	10,669	-	Oregon's Health Co-Op	2,515	-
Oregon's Health Co-Op	13,184	-	PacificSource	1,155	4,952	PacificSource	3,704	3,375
PacificSource	4,859	8,327	Providence	61,282	80,898	Providence	39,588	41,703
Providence	100,870	122,601	Trillium	28	-	Regence	14,677	18,579
Regence	14,677	18,579	Zoom	772	-	Trillium	7	-
Trillium	35	-	<b>Total</b>	<b>137,104</b>	<b>151,379</b>	Zoom	882	735
Zoom	1,654	735				<b>Total</b>	<b>107,665</b>	<b>94,152</b>
<b>Total</b>	<b>244,769</b>	<b>245,531</b>						

### New SHOP Participation Request Form

We have created a new, simplified SHOP Participation Request Form which is available at [Agent Resources](#) towards the bottom of the page under the SHOP Program. As a reminder, 2017 qualified health plans for small group are available [here](#).

### Proposed federal regulations could affect open enrollment and special enrollment periods

The Centers for Medicare and Medicaid Services (CMS) recently [proposed changes](#) to the 2018 open enrollment timeline, and new restrictions on special enrollment periods. The proposals, if adopted, will have direct effects on the consumer experience in the Marketplace, so we want you to be able to plan ahead for changes that may be coming.

Keep in mind that these proposed rules are not related to any ACA "repeal and replace" proposals you may be hearing about in the media or from advocacy groups. These proposed rules do not repeal the ACA, are within the scope of ACA implementation, and can be adopted and operationalized fairly quickly (though not before public comment).

If the regulations are adopted:

- HealthCare.gov's 2018 open enrollment will run from November 1-December 15, 2017
- A special enrollment period through HealthCare.gov will be granted only after the consumer verifies they are eligible for one
- A special enrollment period will be granted based on marriage only if one member of the couple had minimum essential coverage on at least one of the previous 60 days
- Consumers who already have a qualified health plan and get a special enrollment period to enroll a new child or spouse will generally be allowed to add the new person to their existing plan, but not shop for an entirely new plan
- For other special enrollments, current enrollees will be permitted to change plans only within the coverage level ("metal tier") they already have
- An important exception applies when the special enrollment is based on an enrollee becoming newly eligible for cost-sharing reductions. In that case, the individual or family can enroll in a silver plan through the Marketplace even if they had a plan from a different "metal tier"
- Consumers who apply for a special enrollment period based on an "exceptional circumstance" will need to provide evidence that the situation directly affected their ability to get coverage during open enrollment

Another proposed provision would have consequences for some consumers who failed to pay their premium bills in the past. Unless the consumer first paid their outstanding premium bills, an insurance company could deny coverage to someone who had been enrolled with the company in the previous 12 months but who had their coverage terminated because they didn't pay their premiums.

The Marketplace will follow the process closely and will let you know when we learn more about the proposals' adoption. In addition, the Marketplace will provide you with more details and support on implementing the rules once they are finalized.



Oregon Health Insurance Marketplace

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