

## **APPENDIX B**

### **CHAPTER 82**

#### **IOWA STOPGAP MEASURE**

**191-82.1 (505, 513C, 514E) Purpose.** This Chapter is intended to establish a temporary health program providing for a single, standard individual health insurance plan available to eligible residents, premium credits based on age and income and a reinsurance program to support the costs of high-cost claimants. The operations of this Iowa Stopgap Measure shall be facilitated by the Iowa Individual Health Benefit Reinsurance Association and the Iowa Comprehensive Health Association pursuant to the powers and authority afforded to the associations and commissioner under Iowa Code sections 513C.10 and 514E.2.

#### **191-82.2 (505, 513C, 514E) Definitions**

“Benefit year” means a period of time in which health benefits are to be provided, beginning January 1 and ending December 31.

“Eligible consumer” means a federal tax filer or federal tax dependent who meets the following criteria:

- a.* Is a resident of Iowa;
- b.* Is a citizen or national of the United States, or is considered an alien lawfully present;
- c.* Is not eligible for Medicaid, CHIP, or Medicare;
- d.* Does not receive minimum essential coverage; and
- e.* Is not incarcerated.

“Eligible health carrier” means any health insurer who the commissioner approves to offer the Iowa Stopgap Measure.

“Family size” shall be equal to the number of individuals for whom the taxpayer is allowed a federal deduction for the 2017 taxable year.

“Household Income” means an amount equal to the sum of:

- a.* The 2017 income of the tax filer, plus
- b.* The 2017 income of all other individuals who:
  - (1) Were taken into account in determining the individuals’ family size, and
  - (2) Are required to file a tax return in 2017.

“Iowa Comprehensive Health Association” means the association established by Iowa Code § 514E that may also be referred to herein as “HIPIOWA.”

“Iowa Individual Health Benefit Reinsurance Association” means the association established by Iowa Code §513C.10 that may also be referred to herein as “IIHBRA”.

“Minimum essential coverage” has the meaning given in 26 U.S.C.A. §5000A(f).

“Tax filer” means an individual or married couple who indicates that he, she, or they expect to:

- a. File an income tax return for 2017, whether individually or jointly; and
- b. That no other tax filer can claim him or her as a dependent for 2017.

“Tax dependent” has the same meaning as defined in 26 U.S.C. §152.

“Standard plan” means the group of individual health benefits developed and offered to all eligible consumers under the Iowa Stopgap Measure.

**191-82.3(505, 513C, 514E) Authority to request waiver.** The commissioner may, on behalf of the State of Iowa, apply to the United States Secretary of Health and Human Services and the United States Secretary of the Treasury under 42 U.S.C. §18052 for the waiver of applicable provisions of P.L. 111-148 (Patient Protection and Affordable Care Act) with respect to health insurance coverage for a plan year beginning on or after January 1, 2018. The commissioner may implement a state plan meeting the waiver requirements in a manner consistent with state and federal law and as approved by the United States Secretary of Health and Human Services and the United States Secretary of the Treasury.

**191-82.4 (505, 513C, 514E) Funding.** The Iowa Stopgap Measure shall be funded by Centers for Medicare and Medicaid Services (CMS). If no funding or an insufficient amount of funding is received from CMS, the Iowa Stopgap Measure shall not be established. If funding for the Iowa Stopgap Measure is insufficient to completely fund all premium credits and reinsurance program, a carrier participating in the Iowa Stopgap Measure may cancel and non-renew a standard policy issued thereunder by giving thirty (30) days written notice of cancellation to the consumer.

**191-82.5 (505, 513C, 514E)** These rules are adopted pursuant to the general rule making authority of the insurance commissioner in Iowa Code 505, 513C, and 514E to establish the Iowa Stopgap Measure.

**191-82.6 (505, 513C, 514E)** This Chapter and the definitions and rules set forth herein shall apply only to the Iowa Stopgap Measure.

**191-82.7 (505, 513C, 514E)**

- a. Pursuant to Iowa Code §513C.10 and §514E.2(3), the Iowa Individual Health Benefit Reinsurance Association and the Iowa Comprehensive Health Insurance Association shall develop an amendment to their plans of operation that:
  - (1) establishes a procedure for implementation of the Iowa Stopgap Measure as set forth in the State of Iowa’s Section 1332 waiver;
  - (2) sets forth the benefits, deductible, and cost-sharing amounts for the standard plan to be offered; and
  - (3) undertakes, directly or through contracts with other persons, the procedure for implementation of the Iowa Stopgap Measure.
- b. The amendments are subject to review and approval by the commissioner.

**191-82.8 (505, 513C, 514E) Eligibility Determination.**

**82.8(1)** Any individual purchasing the standard plan offered by the Iowa Stopgap Measure must provide to the eligible health carrier:

- a.* The name, address, date of birth, and social security number for each individual for whom coverage is sought;
- b.* In the case of an individual whose eligibility is based on an attestation of the individual's legal immigration status, the individual's social security number (if applicable) and identifying information, including document numbers, with respect to the enrollee's legal immigration status;
- c.* The individual's 2017 household income;
- d.* If an individual is employed and the employer does not offer minimum essential coverage, the individual must provide:
  - (1) the name, address, and employer identification number (if applicable) of the employer;
  - (2) whether the individual is a full-time employee; and
  - (3) information demonstrating that the employer plan does not meet the requirements for minimum essential coverage as defined herein.
- e.* Consent for information to be provided to any necessary state or federal agencies and third party entities contracted by state or federal agencies for the purpose of determining whether an individual is an eligible consumer; and
- f.* An attestation that the information submitted by the individual is true, correct, and complete subject to penalty of perjury.

**82.8(2)** Any person or entity who receives information provided by an individual under this Chapter, or receives information from a state or federal agency related to this information shall use the information only for the purposes of, and to the extent necessary in, ensuring the efficient operation of the Iowa Stopgap Measure, including premium credit verification and enrollment eligibility verification.

**82.8(3)** An individual is not required to submit information about his own regarding citizenship status, including a social security number, or immigration status as part of the application process if the individual is not seeking coverage for himself and is only seeking coverage for another individual or individuals.

**82.8(4)** In the event individuals are enrolled following submission of a completed attested application and through subsequent data matching are determined to not be eligible for the standard plan, the standard plan for such individuals may be prospectively terminated by the carrier.

**191-82.9 (505, 513C, 514E) Covered benefits.**

**82.9(1)** The standard plan shall provide the following benefits:

- a.* All essential health benefits set forth in 45 C.F.R. § 156.110, and
- b.* Benefits set forth in Iowa Code §514C.

**82.9(2)** The standard plan shall have an actuarial value between 68 percent and 72 percent.

**191-82.10 (505, 513C, 514E) Enrollment.**

**82.10(1)** For calendar year 2018, eligible consumers who wish to enroll in the Iowa Stopgap Measure must purchase the standard plan during open enrollment between November 1, 2017 and December 15, 2017.

**82.10(2)** November 1 through December 15 shall be the open enrollment period for any future years should the Iowa Stopgap Measure be renewed by the commissioner and CMS.

**82.10(3)** Individuals who qualify for one of the Special Enrollment Periods defined in subrule 82.11 below may enroll in the Iowa Stopgap Measure if they meet the requirements described in subrule 82.8.

**191-82.11 (505, 513C, 514E) Special Enrollment Periods**

**82.11(1)** An individual may purchase the standard plan outside of the defined open enrollment period via a special enrollment period when they experience one of the following qualifying events:

- a.* Loss of qualifying health coverage as defined in 45 C.F.R. §155.420(d)(1) ;
- b.* Change in household size due to marriage, adoption, birth, divorce, legal separation, or death;
- c.* Change in primary place of living as defined in 45 C.F.R. §155.420(d)(7);
- d.* Loss of eligibility for Medicaid or the Children’s Health Insurance Program (CHIP);
- e.* Gaining membership in a federally recognized tribe or status as an Alaskan Native Claims Settlement Act Corporation shareholder;
- f.* Leaving incarceration;
- g.* Change in citizenship status; or
- h.* Related to domestic abuse or spousal abandonment requiring new coverage.

**82.11(2)** To qualify for a special enrollment period, an individual must demonstrate that he or she has not been without minimum essential coverage for more than 63 days in the immediately preceding 12 months.

**82.11(3)** Individuals qualifying for a special enrollment period due to a birth, adoption, gaining membership in a federally recognized tribe or status as an Alaskan Native Claims Settlement Act Corporation shareholder, or due to a change in citizenship status will not be required to meet the qualifications of subrule 82.11(2).

**82.11(4)** An individual seeking to purchase the standard plan during a special enrollment period may be required to submit documentation to verify eligibility for the Iowa Stopgap Measure.

### **191-82.12 (505, 513C, 514E) Rate Schedule and Premium Credits**

**82.12(1)** Premium rates charged by the eligible health carrier under the Iowa Stopgap Measure shall vary based on the following:

- a.* The individual's age, except that such rate shall not vary by more than 3 to 1 for adults as set forth in 45 C.F.R. 147.102(a)(1)(iii); and
- b.* The individual's rating area, as set forth in 45 C.F.R. 147.102(a)(1)(ii) and using Iowa rating areas currently in use and approved by CMS on April 1, 2013.

**82.12(2)** Premium credits based on age and income will be available to any eligible individual who purchases the Iowa Stopgap Measure.

**82.12(3)** A per-member per-month premium credit will be allocated to an eligible individual based on a combination of their age and 2017 household income as a percentage of the federal poverty line.

**82.12(5)** The value of the monthly per-member per-month premium credits shall be set forth in the State of Iowa's Section 1332 waiver application.

**82.12(6)** The monthly premium credit amount for an eligible individual will remain the same for the entire benefit year.

### **191-82.13 (505, 513C, 514E) Reinsurance Program**

**82.13(1)** The Iowa Stopgap Measure will coordinate reinsurance reimbursement with the Federal High-Cost Risk Pooling Program (FHCRP), to the extent adequate funding for the FHCRP exists. Subject to the availability of sufficient FHCRP funding, reinsurance shall be available for eligible health carriers for eligible consumer claims incurred during the 2018 benefit year at the following amounts:

- a.* For claims that are greater than \$100,000 and up to \$1,000,000, the Iowa Stopgap Measure program will reimburse 85 percent.
- b.* For claims that greater than \$1,000,000 and up to \$3,000,000, the Iowa Stopgap Measure program will reimburse 25 percent.
- c.* For claims that are greater than \$3,000,000, the Iowa Stopgap Measure program will reimburse 40 percent.
- d.* In the event sufficient funding for the FHCRP does not exist to contribute the sixty (60) percent share, any shortfall shall be paid to the carriers from funding for the Iowa Stopgap Measure.

**82.13(2)** Reinsurance payments will be paid to the eligible health carrier in the time and manner defined by the amendment to the plan of operations developed by HIPIOWA as described herein. The amendment to the plan of operations shall also include a description of the data a health care insurer submitting a reinsurance payment must provide and the manner and time period in which such data should be provided.

**82.13(3)** The reinsurance program will not supersede any payments made pursuant to the FHCRP

as set forth in the HHS Notice of Benefit and Payment Parameters for 2018.

**191-82.14 (505, 513C, 514E)** The Iowa Stopgap Measure shall provide coverage to enrollees through December 31, 2018, unless the commissioner and CMS renew the program.

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