

End of Public Health Emergency Means Changes in Health Insurance Coverage (MaineCare)

In December 2022 Congress passed a law regarding the COVID-19 public health emergency that will cause the State of Maine to conduct a review of every member on MaineCare to determine their ongoing eligibility for coverage. The process will start in April 2023 and a full review must be completed by May of 2024. By the end of the process it is expected that 65,000 to 90,000 individuals will lose MaineCare.

If you are someone impacted by the loss of MaineCare, you will have a 90-day special enrollment period (SEP) before or after your MaineCare ends to purchase a health plan in the private market. If you need assistance with this process, we have specialists in our office who can assist you with this process. Call 236-4311 and ask for a member of our benefits team to help you with individual health insurance.

Here are some additional notes for those who want to read more:

What is the Medicaid Continuous Coverage requirement?

1. Public health emergency declared in Jan 2020 because of COVID19
2. Received increase from the feds to help offset the cost of Medicaid- to receive those resources states had to agree to provide continuous coverage and not terminate Medicaid coverage
3. This means even if someone should lose MaineCare because of a change in income, they continued to be enrolled in Medicaid

4. In December 2022 Congress passed a law that separates the continuous coverage provided from the COVID-19 public health emergency and in April 2023 every state has to begin review Medicaid eligibility

Implications for MaineCare members?

1. In April 2023 states need to start review of every MaineCare member's eligibility
2. States have 12 months to initiate the process
3. May 2024 is the last month for the state's Office for Family Independence to complete all renewals/terminations
4. About 1 in 3 Mainers are covered by MaineCare
5. By the end of the redetermination process an estimated 65,000 to 90,000 members will lose MaineCare
6. Renewals start April 2023 and for example if a member is typically reviewed in July of 2021, they would be reviewed in July 2023
7. Current members will lose MaineCare if they do not fill out renewal paperwork or respond to requests for income verification or if they are determined to no longer be eligible because of their income

Preventing coverage loss?

1. Renewal letter will go out one month prior to scheduled renewal
2. OFI will mail members a pre-populated renewal form in an envelope with a blue box
3. OFI will also text and email members with a reminder
4. Renewals can be submitted online at www.mymaineconnection.gov
5. On May 11, 2023, MaineCare will stop waiving copays, premiums for CubCare, etc

CoverME.gov

1. Loss of MaineCare will create a qualifying event for individuals to apply for coverage through the Marketplace
2. Applying for MaineCare and being uninsured then denied MaineCare no longer creates a qualifying life event to enroll in a Marketplace plan
3. With a loss of MaineCare, there's a 60-day Special Enrollment Period for Marketplace enrollment

Additional information: www.maineCare.gov/unwinding

Greg Karlik Joins Our Benefits Team



Greg Karlik has joined the benefits division at Allen Insurance and Financial to work with individual and group health insurance clients.

Following a three decades-long career in the television broadcasting industry, Karlik has spent the past three years as a licensed insurance professional in the individual health insurance market place, helping customers manage and better understand, what, for many, is a stressful decision-making process.

He is a graduate of the University of Vermont and the University

of San Francisco, where he earned a Master of Business Administration.

Karlik and his family live in Northport. Outside of work, he enjoys spending time with his wife, their children and two dogs as well as gardening and exploring the Maine outdoors.

Individual Health Insurance Newsletter – June 2021

IRS Suspends Requirement to Repay Tax Credits

A premium tax credit or subsidy helps pay for health insurance coverage purchased through the Health Insurance Marketplace (www.healthcare.gov). Eligible people can choose to have all, some, or none of the estimated tax credit (subsidy) paid in advance directly to their insurance company on their behalf.

The American Rescue Plan Act of 2021 suspends the requirement that taxpayers repay their excess advance payments of the premium tax credit for tax year 2020. Excess APTC is the amount by which the taxpayer's advance payments of the tax credit exceed the premium tax credit they are in fact eligible for.

If you have questions on how this may impact you, we recommend you reach out to an accountant who understands the tax code and how the American Rescue Plan affects your tax filing

Health Care Sharing Ministries in the News Again

The Boston Globe reported on a woman who now carries \$75,000 in

medical debt because her “health care sharing ministry,” OneShare, declined to pay for her double hip replacement. She decided to participate because of the cost of her health insurance premiums increased. What she didn’t realize is that the decreased costs meant decreased consumer protections.

Health care sharing ministries (HCSMs) are not health insurance.

They do not qualify as minimum essential coverage under the ACA, which means pre-existing conditions can be excluded. What’s more, the companies do not have the same legal obligations to its members. Members, who typically share a religious affiliation, do pay a monthly fee, but the fee is not a premium. It is a contribution to a shared fund to pay medical expenses of the members. Some people, have good experiences, while others do not.

In Maine, HCSMs are expressly exempt from the insurance code. Consequently, members have little or no recourse if things with the HCSM go sour. The burden is on consumers to understand precisely what they are “buying” when they participate.

Midcoast Senior Expo

We’re excited to announce that we will have a table at the Midcoast Successful Aging Expo, scheduled for June 15 from 9 a.m. to 2 p.m. at the Rockland Elk’s Club. This is our first in person event in more than a year and we’re looking forward to connecting with our clients and community. This event is free and open to the public.

Health Care Reform: Pay or Play Penalty – Special Rules for Educational Organizations

On Feb. 12, 2014, the IRS published regulations on ACA's employer penalty provisions, including methods for identifying full-time employees for penalty purposes. This ACA Overview summarizes the final regulations' special rules for identifying full-time employees of educational organizations. [Read more on this PDF.](#)

Health Care Reform: Pay or Play – Employer Shared Responsibility Penalties

The ACA's employer shared responsibility provisions impose penalties on certain employers that fail to offer an acceptable level of health coverage to their full-time employees (and dependents). This ACA Overview describes the potential penalties and when they can be assessed. [Read more in our ACA Compliance Notes. \(PDF, new window\)](#)

Individual Health Insurance Enrollment: February to May 2021

In response to the COVID-19 emergency, President Biden signed an executive order reopening HealthCare.gov for a special, three-month enrollment period starting on Feb. 15 and ending on May 15, 2021.

This means anyone – Americans without health insurance as well as those who have already enrolled in a HealthCare.gov plan for 2021 – all have a chance to check out their health insurance marketplace options offered through the Affordable Care Act, also known as Obamacare, outside the regular Nov. 1 through Dec. 15 period.

HCR: Employer Reporting of Health Coverage – Code Sections 6055 & 6056

The ACA created reporting requirements under Code Sections 6055 and 6056, which took effect in 2015. Under these rules, certain employers must provide information to the IRS about the health coverage they offer to their employees. Employers will use Forms 1094-B & 1095-B for Section 6055 reporting, and Forms 1094-C & 1095-C for Section 6056 reporting. This ACA Overview summarizes these reporting rules. [Read more in this bulletin.](#)

Affordable Care Act Compliance Notes – Jan. 6, 2021

The ACA requires employers to report the cost of group health plan coverage on employees' Forms W-2. This ACA Overview explains the W-2 reporting requirement, including its application to small and large employers. [Affordable Care Act Compliance Notes – 6 Jan 2021](#)

How a Biden Administration Might Impact HR and the Workplace

While we don't have a Magic 8 ball, with a new Executive Administration, all signs point to changes to how you approach your human resources. Our seasoned prognosticators have some insight for you.

Each presidential transition brings changes to the HR landscape. And the more prepared an HR team is, the easier it will be for them to succeed amid these changes. To that end, this article discusses potential changes employers can expect during a Biden presidency.

To read more, click the image at right to view the article (PDF) in a new window.

Rates for Individual Health Insurance Plans via ACA May Drop for 2020

Maine's three providers of individual health insurance on the Affordable Care Act marketplace have revised their rate requests for 2020, significantly lowering their projected rates.

This is good news for anyone who plans to enroll or to renew their coverage in health insurance via the Affordable Care Act for 2020. Reminder: Open Enrollment for 2020 health plans starts Nov. 1 and ends Dec. 15.

[Click here to read more from the Lewiston Sun Journal.](#)