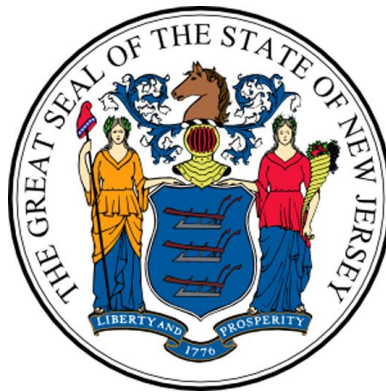


# **New Jersey Department of Banking and Insurance**

## **REPORT ON EXECUTIVE ORDER NUMBER 4**



**Commissioner Marlene Caride**

**August 31, 2018**



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
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PHIL MURPHY  
*Governor*

SHEILA OLIVER  
*Lt. Governor*

MARLENE CARIDE  
*Commissioner*

August 31, 2018

Dear Governor Murphy:

The Patient Protection and Affordable Care Act established the foundation for ensuring quality affordable health care for millions of Americans. States must take a leadership role in ensuring the policies and protections provided by the Affordable Care Act are maintained and that all residents have access to quality affordable health coverage.

The Department of Banking and Insurance has a crucial role to play in this effort in New Jersey, and has acted to improve the health insurance market in the state and to promote public education related to the Affordable Care Act and the health insurance options available to New Jersey residents. In accordance with Executive Order Number 4, I am pleased to submit this report which sets forth the actions taken by the Department to date and, building on these efforts, makes recommendations to propel New Jersey forward and connect residents to the coverage and care they need.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Caride".

Marlene Caride

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## CONNECTING NJ TO QUALITY AFFORDABLE COVERAGE

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### Introduction

The Patient Protection and Affordable Care Act was a historic step in ensuring that all Americans have access to quality affordable health care. In signing the legislation, President Barack Obama said he was enshrining in law the “the core principle that everybody should have some basic security when it comes to their health care.”

From 2010 to 2016, millions of Americans gained health coverage and the financial and personal security provided by access to quality affordable health care. The uninsured rate in the United States dropped from 16 percent to 8.6<sup>1</sup> percent during that time.

In New Jersey, the ACA resulted in hundreds of thousands of residents obtaining coverage under the Affordable Care Act. From 2013 to 2016, the uninsured rate in New Jersey fell from 13.2 percent to 8 percent.<sup>2</sup> An estimated 240,000<sup>3</sup> residents currently receive health insurance coverage on the federal marketplace created under the ACA and more than 550,000 additional residents have coverage as a result of Medicaid expansion.

The progress made in New Jersey and nationwide is threatened by the Trump Administration, which has advanced policies that undermine the 2010 law, significantly reducing resources for education and outreach and destabilizing the health insurance market.

As stated in Executive Order Number 4, actions by the federal government included cutting the advertising budget for the Affordable Care Act enrollment period by 90 percent, from \$100 million in 2016 to \$10 million in 2017; slashing funding for navigators by 62 percent resulting in New Jersey receiving over \$1 million less to conduct outreach; and cutting the enrollment period in half in 2017, allowing only six weeks for enrollment rather than the three-month period held during the fall of 2016.

In addition, the Trump Administration halted funding for Cost Sharing Reduction (CSR) payments, permitted the sale of expanded short-term limited duration plans and encouraged association health plans that do not comply with the Affordable Care Act. In a historic move aimed at dismantling the ACA, Congress and the Trump Administration repealed the individual mandate as part of the federal Tax Cuts and Jobs Act enacted in December of 2017.

States across the country are increasingly challenged in their efforts to ensure residents have access to quality affordable coverage provided them under the ACA and to protect against disruption in the market. I am proud to be part of an administration that is taking action to defend access to coverage and care. At your direction, and in accordance with Executive Order Number 4, the Department submits this report as part of the state of New Jersey’s efforts to protect residents and better ensure their health care needs are met through access to quality affordable health coverage.

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<sup>1</sup> Cohen RA, Martinez ME, Zammitti EP. Health insurance coverage: Early release of estimates from the National Health Interview Survey, January – March 2016. National Center for Health Statistics. September 2016. Available from: <http://www.cdc.gov/nchs/nhis/releases.htm> or at <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201609.pdf>.

<sup>2</sup> Current Population Reports, P60-260, *Health Insurance Coverage in the United States: 2016*, U.S. Government Printing Office, Washington, DC, 2017: <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-260.pdf>

<sup>3</sup> Department of Banking and Insurance, News Release, *Health Insurance Enrollment in NJ Individual Market Down 10 Percent in First Quarter of 2018*, June 20, 2018: <https://www.state.nj.us/dobi/pressreleases/pr180620.html>

## Historical Perspective

New Jersey has experienced significant variances in individual and small employer enrollment since it first reformed its markets, starting in 1993. At its peak, approximately 1 million people were covered between the individual and small group markets, with the vast majority enrolled in small employer coverage (4Q99). As of 4Q13, immediately prior to the January 1, 2014 effective date of ACA plans, total market enrollment was 793,616, with 146,242 people covered in the individual market, and 647,374 covered in the small employer market. As of 4Q17, total market enrollment between the individual and small employer markets was 681,065, with 309,521 people covered in the individual market, and 371,544 covered in the small employer market. Total enrolled in Medicaid/NJFamilyCare was 1,768,896.

Market segment	Year end 2013	Year end 2017	Difference
Medicaid/NJFamilyCare	1,300,482	1,768,896	+468,414
Individual	146,242	309,521	+163,279
Small Employer	647,374	371,544	-275,830
<i>Totals</i>	<i>2,094,098</i>	<i>2,449,961</i>	<i>+355,863</i>

Enrollment numbers have continued to fluctuate, and in the first quarter of 2018 New Jersey saw its first decline in enrollment in the individual market since the major provisions of the Affordable Care Act took effect in 2014. The number of New Jerseyans enrolled in individual health plans in the first quarter of the calendar year was down 10.8 percent from the previous year. As of 1Q18, total market enrollment was 679,530, with 328,761 people enrolled in the individual market and 350,769 enrolled in the small employer market.

Nearly 700,000 (675,000) residents remain uninsured in New Jersey and estimates indicate that half of the uninsured population in the state is eligible for federal tax credits or Medicaid coverage available under the Affordable Care Act.<sup>4</sup> Twenty-two percent (149,000 people) of the non-elderly uninsured population in New Jersey is eligible for federal tax credits available on the Federally-facilitated exchange under the Affordable Care Act and 28 percent (189,000 people) of the non-elderly uninsured in the state are eligible for Medicaid or other public health coverage. In addition, while residents earning more than 400% of the Federal Poverty Level (\$97,200 for a family of four in 2017) are not eligible for federal tax credits to assist with purchasing coverage, many continue to struggle with the cost of health insurance for themselves and their families.

The Department recommends a two-fold approach to addressing the needs of the state: (1) implementing policies to stabilize and strengthen the health insurance market in New Jersey; and (2) launching a broad-scale coordinated state campaign with a focus on enrollment education and outreach. The goal must be to ensure that New Jersey residents who are eligible for federal tax credits and Medicaid/NJFamilyCare are educated about their options and have access to coverage, and that all residents have the information they need to obtain the most comprehensive coverage at the most affordable cost.

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<sup>4</sup> Kaiser Family Foundation: Distribution of Eligibility for ACA Health Coverage Among those Remaining Uninsured as of 2016: <https://www.kff.org/health-reform/state-indicator/distribution-of-eligibility-for-aca-coverage-among-the-remaining-uninsured/>

# **SECTION I – DEPARTMENT OF BANKING AND INSURANCE ACTIONS**

## **CONNECTING NJ TO QUALITY AFFORDABLE COVERAGE: STRENGTHENING & STABILIZING THE MARKET**

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*The Department has taken action and made important decisions to help to stabilize health insurance premiums in the individual market, assume greater control over the marketplace, to maximize federal funds, and to ensure that the Department's views are clearly expressed regarding decisions by the federal government that would harm consumers and the stability of the market. The Department has taken the following actions since January 16, 2018.*

### *Plan Management*

#### **Action Summary**

***On May 15, 2018, Governor Murphy announced that the Department of Banking and Insurance will take over the plan management functions of the Affordable Care Act marketplace for the 2019 enrollment period, assuming greater control over the health exchange in New Jersey.***

#### **Background**

Pursuant to the Affordable Care Act (ACA), each state had to determine whether to establish and operate a state-based Health Insurance Exchange to provide health coverage in the state. The New Jersey Legislature passed legislation to create a state-based health exchange, which was vetoed by then Governor Chris Christie in 2012. Since 2014 New Jersey has relied entirely on the Federally-facilitated marketplace (FFM).

As it became clear that many states intended to rely on the FFM, the Centers for Medicare and Medicaid Services (CMS) provided states that intended to use the FFM the opportunity to perform plan management and/or consumer assistance functions for the FFM. The performance of such functions allows states to retain state governance of specific roles, while at the same time utilizing the Federally-created eligibility and enrollment IT infrastructure.

CMS has relied heavily on recommendations from New Jersey regarding elements such as plan design compliance, network adequacy and prescription drug formularies for plans sold on the exchange. Under Plan Management, the Department is solely responsible for reviewing plans sold on the exchange.

The Department will perform the plan management functions of the marketplace and, therefore, review for compliance with the ACA and New Jersey law all plans to be sold on the health exchange in New Jersey for plan year 2019. Carriers have submitted plans to be offered for sale through the federal marketplace in New Jersey. The enrollment period begins November 1, 2018.

### *Section 1332 Waiver*

#### **Action Summary**

***Pursuant to S.1878, signed into law on May 30, 2018, the Department filed with the Centers for Medicare and Medicaid Services a State Innovation Waiver application under section 1332 of the Affordable Care Act to establish a reinsurance program to stabilize premiums in the individual health insurance market. The application was approved August 16, 2018.***

#### **Background**

Based on legislation signed into law by Governor Murphy, the Department prepared and on July 2, 2018, submitted an application for the establishment of a reinsurance program for the individual market. The waiver was approved August 16, 2018.

Under the waiver, New Jersey will receive federal funds to cover a substantial portion of state costs for the reinsurance program. The state has requested \$218 million in federal pass-through funds to support the program for 2019. The reinsurance program will increase certainty and stability in New Jersey's individual health insurance market. The program is projected to achieve a 15 percent reduction in what premium rates would otherwise be without a reinsurance program.

The program will reimburse carriers for certain high-cost claims in the individual insurance market, reducing risk and exerting downward pressure on premiums. It will use a mix of federal and state funds to fund the program to produce a reduction in individual health insurance premiums. Specifically, the reinsurance program will reimburse individual health carriers for a proportion of the cost of certain high-cost claimants between a minimum and maximum threshold. Under the parameters for 2019, the program will reimburse 60 percent of claims between a \$40,000 minimum threshold (attachment point) and the \$215,000 maximum threshold (reinsurance cap). The program will be funded by three sources: (1) funds collected by the state pursuant to the law continuing an individual mandate in New Jersey and establishing a shared responsibility tax; (2) federal pass-through funding granted by the waiver; and if necessary (3) an annual appropriation from the General Fund.

### *Cost Sharing Reduction Guidance*

#### **Action Summary**

***The Department directed carriers to load the cost of unpaid Cost Sharing Reduction (CSR) payments into silver plans offered in the marketplace and encouraged carriers to offer a similar silver plan off-exchange without the CSR costs loaded, which will make all plans more affordable for subsidy-eligible consumers and will provide a more affordable off-exchange silver plan option to non-subsidy eligible consumers.***

#### **Background**

Under the Affordable Care Act (ACA), insurers are legally required to offer reduced cost-sharing via silver-level plans to certain low-income consumers. The ACA also required the federal government to reimburse the insurers for these reductions, which are referred to as Cost Sharing Reduction (CSR) payments. The federal government has discontinued funding of CSR payments to carriers. Therefore, the lack of CSR payments has caused a high degree of uncertainty for carriers in the market, which can have a harmful effect on premiums.

For 2018, the Department permitted the carriers to load the lack of CSR on silver plans and all carriers chose to do so. For 2019, the Department directed carriers to load federal non-payment of CSR in on-exchange silver plans as they did in 2018. This decision will increase the amount of the Advanced Premium Tax Credit (APTC) subsidy for all subsidy eligible consumers and make plans more affordable for subsidy-eligible consumers.

The Department also encouraged all FFM carriers to offer an off-exchange only silver plan that is similar to the FFM plans because this plan can be excluded from CSR loading and provide a lower cost alternative for consumers that are not eligible for APTC subsidies.

### *State Flexibility Grant*

#### **Action Summary**

***The Department filed a grant application to pursue funding through the federal State Flexibility to Stabilize the Market Grant Program (State Flexibility Grant) for an actuarial and economic analysis to support a multi-pronged approach in supporting enrollment in the individual market. The Department received notification on August 20, 2018 that it received federal approval of the grant in the amount of \$284,105.***



## **Background**

The State Flexibility to Stabilize the Market Grant Program was developed to support states as they implement several of the market reforms and consumer protections under Title I of the Affordable Care Act (ACA). The Department filed a grant application to pursue funding through the State Flexibility Grant for an actuarial and economic analysis to support a multi-pronged approach to improving enrollment and retention.

Specifically, using information from the actuarial and economic analysis, New Jersey intends to: (1) support the establishment of a reinsurance program effective for calendar year 2019; and (2) assist in enrollment outreach efforts. The Department expects that the introduction of a reinsurance mechanism into New Jersey's individual market will enhance market stability, resulting in reduced premiums and more affordable plans, encouraging more consumers to purchase and maintain coverage, while also encouraging increased carrier participation and competition. The Department and the Individual Health Coverage (IHC) Board also believe that the actuarial and economic analysis will provide the regulatory agencies with a better understanding of the impact of the implementation of the ACA upon New Jersey's individual market, including pricing, claims, and market segmentation within the Federally Facilitated Marketplace (FFM), and will help in development of outreach efforts by the agencies. The Department and IHC Board anticipate that data from the actuarial and economic analyses could be productive in reaching underserved populations.

### *Comprehensive Rules Review for ACA Compliance*

#### **Action Summary**

*The Department is currently conducting a comprehensive review of all department rules and regulations to determine the need for changes to comply with the Affordable Care Act. Regulations will be revised to be consistent with the provisions of the federal law. No such examination has been conducted since enactment of the landmark law in 2010.*

#### **Background**

The Affordable Care Act (ACA) resulted in significant changes to the law to provide protections to consumers and improved access to quality affordable health care. The Department actively enforces the provisions of the Affordable Care Act and New Jersey law; however, various state health insurance regulations have been found to be inconsistent with the 2010 law. Commissioner Caride directed all department regulations to be updated to comply with the federal Patient Protection and Affordable Care Act. The intent of the directive is to ensure that regulated entities are guided by rules that are consistent with the ACA and that New Jersey residents are afforded the important protections granted under the law.

### *Department of Banking and Insurance Comments on Proposed Federal Regulations*

#### **Action Summary**

*The Department submitted public comment in response to federal rule changes pertaining to short-term limited duration plans and association health plans to stress the importance of protecting the health insurance market from adverse selection and to warn against permitting coverage that is inferior to the high standards set by states like New Jersey. The Department will work to prevent deceptive practices that could result from the weakening of the rules at the federal level and continue its work to ensure New Jersey consumers are protected.*

## **Short-term, Limited Duration Plans Background**

On April 23, 2018, the Commissioner of Banking and Insurance sent a letter to the Centers for Medicare and Medicaid Services (CMS) to comment on proposed regulations on Short-Term, Limited Duration Insurance published in the Federal Register on February 21, 2018. The comments were submitted on behalf of the New Jersey Department of Banking and Insurance. In those comments, the Commissioner informed the federal government that the sale of short-term, limited duration plans is prohibited in New Jersey and warned against allowing the sale of short-term, limited duration plans.

In New Jersey, all individual health benefit plans issued on or after August 1, 1993, must comply with the requirements of the Individual Health Coverage Act (IHC Act), N.J.S.A. 17B:27A-2 et seq. Under the IHC Act, health benefits plans issued to individuals in New Jersey must be one of the standard health benefit plans promulgated by the IHC Board, all of which provide: coverage for a full year, comprehensive benefits that exceed the requirements of the Affordable Care Act, and guaranteed issue and guaranteed renewability. The plans must also comply with all state and federal rating and minimum loss ratio standards. The Department stated in its comment that short-term, limited duration plans do not qualify as standard health benefit plans because they provide limited benefits, commonly feature pre-existing condition exclusions, are not offered on a guaranteed issue basis, are not guaranteed renewable, and do not conform with the minimum loss ratio and rating requirements of New Jersey law. Therefore, short-term, limited duration plans are prohibited from being sold in New Jersey, whether short-term is defined as 12 months or 3 months, and cannot be subject to preemption via federal rulemaking.

The Department stated that, in general, the sale of short-term, limited duration plans would create significant adverse selection in the individual market whereby younger, healthier individuals could opt for such inferior coverage leaving those with significant health care needs in the individual market. This would exert further upward pressure on health premiums in the individual market, and could result in an adverse selection “death spiral.” Additionally, the sale of short-term, limited duration plans and the resulting adverse selection could further incent carriers to withdraw from, or reduce the number of plan offerings in, the individual market.

## **Association Health Plans Background**

On March 6, 2018, the Commissioner of Banking and Insurance sent a letter to the Centers for Medicare and Medicaid Services (CMS) to comment on a proposed regulation, “Definition of ‘Employer’ Under Section 3(5) of ERISA— Association Health Plans” (83 Fed. Reg. 614 (Jan. 5, 2018)) (AHP Proposed Rule). The regulation expanded the criteria under ERISA for determining when employers may join together in an association that is treated as the ERISA “employer” of a single, multiple employer group health plan.

In that letter, New Jersey stated that it is particularly important that the federal rule, if implemented, not threaten the states’ abilities to enforce existing laws or enact laws in the future that regulate insurance. States – like New Jersey – remain in the best position to monitor closely what is happening in their insurance markets and have the tools in place to respond quickly as issues arise.

New Jersey law requires that employer associations/Multiple Employer Welfare Arrangements (MEWAs) – whether insured, partially insured or self-funded – with small employer members must provide coverage to those small employers in accordance with the comprehensive standard health benefits plans that are approved and promulgated by the Small Employers Health Benefits Program Board, N.J.S.A. 17B:27A-48; N.J.S.A. 17B:27C-8 (New Jersey small employer market is an employer with 50 or less employees).

The Commissioner’s letter expressed concern that monitoring and enforcement of the association/MEWA plans will be problematic if the definition of employer is expanded to eliminate the long-standing requirements for “bona fide” employer groups/associations. The Department stated its concern that these associations/groups will be subject to increased levels of impermissible medical underwriting. The concern is even more acute as the proposed definition of

eligible employers includes employer types that are required to seek coverage in the individual market under the Affordable Care Act. Medical underwriting increases adverse selection and the premiums in the individual and small employer markets. The result leads carriers to withdraw from the market or at least reduce plan offerings; this is commonly called the adverse selection “death spiral.” The Department stated that, overall, the expanded availability of association plans would lead to fewer carrier and plan choices that provide comprehensive coverage.

It urged the DOL to affirm the states’ continued ability to enforce their laws applicable to association plans/MEWAs and not inadvertently encourage the formation of new non-compliant plans.

The federal government issued final rules on Short-Term, Limited Duration Plans and Association Health Plans. The Department is committed to working to prevent deceptive practices that could result from the weakening of rules at the federal level and to continuing to ensure that health benefits plans in the state meet New Jersey’s statutory requirements and comply with its strong consumer protections.

## **CONNECTING NJ TO QUALITY AFFORDABLE COVERAGE: DOBI PUBLIC EDUCATION & OUTREACH**

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*The Department has conducted various education and outreach activities regarding the available options for healthcare coverage and the ability of eligible residents to enroll in a Marketplace health insurance plan for 2018 if they qualify for a Special Enrollment Period, as well as the ability for eligible residents to enroll in Medicaid/NJFamilyCare at any time. The Department has taken the following actions since January 16, 2018.*

### **Promoting ACA Marketplace & Special Enrollment**

#### **Action Summary**

*The Department created a designated webpage on its internet website to provide residents with information about their health insurance options including their ability to access federal tax credits on the Affordable Care Act marketplace.*

#### **Background**

Through the Department of Banking and Insurance website homepage, visitors can access the Federally-facilitated marketplace at HealthCare.gov, where they can find information regarding the availability of individual health coverage and federal subsidies. HealthCare.gov also serves as a resource for residents to determine eligibility for other public health coverage options. The department’s website also provides residents with resources regarding shopping for health insurance in the individual market, off exchange, and provides a calculator allowing consumers to estimate monthly premiums from participating carriers.<sup>5</sup>

### **Promoting ACA, Individual Market Special Enrollment Period for Puerto Rico and U.S. Virgin Island Evacuees**

#### **Action Summary**

*The Department in February notified individuals who relocated to New Jersey after they were affected by Hurricane Maria in Puerto Rico and the U.S. Virgin Islands of the availability to enroll in coverage or change plans as a result of a Special Enrollment Period announced in the aftermath of the disaster.*

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<sup>5</sup> The Department of Banking Insurance Individual Health Coverage Monthly Premium Calculator may be found at [http://www.state.nj.us/dobi/division\\_insurance/ihcseh/IHC\\_Calculator\\_2018/IHC.HTM](http://www.state.nj.us/dobi/division_insurance/ihcseh/IHC_Calculator_2018/IHC.HTM)

## **Background**

On February 8, 2018, the Department issued a Bulletin to health carriers and other interested parties providing notification of the exceptional circumstance Special Enrollment Period for individuals who relocated to New Jersey from hurricane damaged areas in Puerto Rico and the U.S. Virgin Islands. The Department provided this information to the media via a news release in English and Spanish, and to the public through the Governor's Commission on Puerto Rico Relief.

On March 16, 2018, the Department issued a news release reminding individuals who relocated to New Jersey after they were affected by the hurricanes in Puerto Rico and the U.S. Virgin Islands that the deadline to enroll in an individual health benefits plan would expire after March 31, 2018.

Under the Special Enrollment Period announced by the Centers for Medicare and Medicaid Services (CMS), qualified individuals who relocated to New Jersey due to the 2017 hurricanes, but were not able to complete an application for a 2018 individual health benefits plan during the open enrollment period, or who needed to change their plan, were permitted to do so through the Affordable Care Act marketplace or outside of the marketplace through March 31, 2018. This Special Enrollment Period also provided an opportunity for individuals affected by the 2017 hurricanes who enrolled during the Annual Open Enrollment to review their plan selection and change to a different plan.

### *Department Education and Outreach*

#### **Action Summary**

*The Department initiated a consumer education and outreach effort to promote information about health insurance and affordable coverage options.*

#### **Background**

The Department has launched an effort to educate the public and stakeholders about the state of New Jersey's health insurance market, the impact of stabilization efforts undertaken by the state and the health care options available to consumers. Commissioner Caride and department staff will be participating in ongoing speaking engagements to educate residents, employers and stakeholder groups on affordable health coverage options, on New Jersey laws and regulations concerning health coverage, and the impermissibility in New Jersey of certain plans promoted by the Trump Administration. The department will also continue to promote this information through department bulletins issued to carriers and other interested parties, as well as to the public through the media.

**SECTION II – DEPARTMENT OF BANKING AND  
INSURANCE: PROPOSED PLAN FOR OPEN  
ENROLLMENT**

## **CONNECTING NJ TO QUALITY AFFORDABLE COVERAGE: A STATEWIDE PLAN OF ACTION**

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*The Department believes the most effective plan for ensuring enrollment in health insurance through the Affordable Care Act Marketplace and off-exchange options is the development of a robust, unified education and outreach program run by the state of New Jersey leading up to the November 1st Open Enrollment Period. The goal would be to ensure that all residents, those eligible for federal tax credits and Medicaid/NJFamilyCare, as well as those not eligible for assistance, are aware of their options for obtaining the most comprehensive coverage at the most affordable cost. The Department recommends the following actions.*

### ***Designate an ACA Outreach Coordinator to Lead a State ACA and Health Coverage Education and Outreach Program***

***The Department proposes establishing a State ACA Outreach Coordinator position within the Executive Branch of State Government to coordinate a new Affordable Care Act and Health Coverage State Education and Outreach Program. The program would be established within the Executive Branch of State Government with guidance and oversight by departments within state government, including but not limited to the Department of Banking and Insurance, the Department of Human Services and the Department of Health.***

The State ACA Outreach Coordinator could oversee the following:

#### **Website, Program Materials**

The ACA Outreach Coordinator could oversee the development of resources to be used across state government to promote health coverage education and enrollment to include a single state website, program logo, and informational literature and materials. The website could be a centralized source of information for residents seeking health coverage enrollment information in the state and direct residents to appropriate coverage options based on their income and circumstances.

#### **Education and Outreach Campaign**

The ACA Outreach Coordinator could launch a statewide education and outreach campaign leading up to and during the Open Enrollment Period to include outreach through social media accounts, state websites and department programs and events. The ACA Outreach Coordinator could coordinate education and outreach efforts among state departments. The state could require that all state entities highlight the health care education and enrollment website on the front page of their website. The state outreach campaign could include a countdown to open enrollment to be promoted by the state, including on department and agency websites, to create broad public awareness of the enrollment period and options available to consumers.

#### **Coordinating with Community Organizations**

The ACA Outreach Coordinator could work with community organizations including healthcare navigators to engage in education and outreach efforts.

### ***Establish a Health Coverage Education and Outreach Working Group To Oversee State Efforts***

***The Department recommends the creation of a working group made up of representatives from departments within the Executive Branch, including but not limited to the Department of Banking and Insurance, the Department of Human Services and the Department of Health to oversee the state's health coverage education and outreach efforts.***

The Department of Banking and Insurance, the Department of Human Services and the Department of Health are all uniquely situated to support and oversee the state's health coverage education and outreach efforts leading up to and during the Open Enrollment Period. Each department operates programs and possesses experience and expertise that will be vital to the success of the state's efforts.

## **CONNECTING NJ TO QUALITY AFFORDABLE COVERAGE: DOBI PUBLIC EDUCATION & OUTREACH**

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*The Department of Banking and Insurance is prepared to conduct education and outreach that builds upon its current efforts in the lead up to and during the 2019 Open Enrollment Period beginning November 1, 2018. The Department will undertake the following initiatives:*

### **Provide Information and Resources Via Department Media Events, Website & Social Media**

The Department will promote the upcoming Open Enrollment Period and health coverage options available through the Affordable Care Act marketplace, off the marketplace and Medicaid/NJFamilyCare, through news releases distributed to the media, materials posted on the Department website and on social media platforms.

### **Conduct Education and Outreach Programs and Events**

The Department will hold education and outreach events throughout the state to promote the Open Enrollment Period and health coverage options available to residents.

### **Coordinate with the IHC and SEH Boards**

The Department will seek to coordinate with the Individual Health Coverage Program (IHC) and the Small Employer Health Benefits Program (SEH) boards to promote the Open Enrollment Period and the health coverage options available to residents.

### **Create Partnerships to Provide Public Enrollment Information**

The Department will seek out partnerships with stakeholders to provide information to the public on the Open Enrollment Period, Special Enrollment Period, and to provide information regarding health coverage options.

## **CONCLUSION**

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The Department is committed to working to ensure that all residents obtain health coverage through efforts to stabilize the health insurance market and through outreach and education. The Department of Banking and Insurance will continue to pursue and promote market stabilization efforts. It is prepared to conduct education and outreach in advance of, and during, the Open Enrollment Period that begins November 1, 2018. However, the Department believes a robust, coordinated education and outreach effort is the most effective plan for the state and is prepared to utilize its experience and expertise, in cooperation with similarly-situated state departments, to participate in a state effort.