

DFS Health Republic FAQs

Q: What actions have been taken regarding Health Republic?

A: Health Republic is a Consumer Operated and Oriented Plan established under the Affordable Care Act and funded by federal HHS loans. Since its first year of operations in 2014, Health Republic has been experiencing financial difficulties. DFS and the U.S. Department of Health and Human Services (HHS) carefully examined Health Republic's financial condition and determined the following actions were necessary to protect consumers: (1) HHS terminated its loan agreements with Health Republic, (2) NY State of Health, New York's individual and small group marketplace (NYSOH), did not recertify Health Republic to sell policies on NYSOH in 2016, (3) DFS directed Health Republic to immediately cease writing new policies outside of NYSOH, (4) DFS directed Health Republic to cease renewing small group health insurance policies, including small group coverage that was scheduled to renew in November and December 2015, and (5) DFS directed Health Republic to terminate all of its policies as of November 30, 2015.

Going forward, DFS and HHS will seek to conduct an orderly wind down of Health Republic's business based on an ongoing evaluation of the company's financial condition.

Q: Why are these actions being taken?

A: Since its first year of operations in 2014, Health Republic has been experiencing financial difficulties. DFS and HHS carefully examined Health Republic's financial condition and have determined it is in the best interests of consumers that Health Republic terminate all of its policies as of November 30, 2015 and a plan to wind down Health Republic's business be developed.

Q. What was the extent of the shortfall in Health Republic's financial reporting that DFS and CMS found?

A. We are still examining Health Republic's finances.

Q: Do individuals currently enrolled in an individual Health Republic policy need to take any action now to get coverage for December 2015?

A: Current enrollees in individual policies need to enroll in a new plan for December 2015.

Individuals who purchased a plan on the NYSOH Marketplace need to take action **before November 15, 2015**. For assistance with this process, NYSOH has established a designated Customer Service helpline at 1-855-329-8899.

Individuals may also choose to buy a new health insurance policy outside the Marketplace directly from another insurance company or with the help of an agent or broker. However, if you qualify for financial assistance, you can get those savings **only** if you enroll through the Marketplace.

Q: Do small groups currently enrolled in a Health Republic policy need to take any action now to get coverage for December 2015?

A: Current small group policyholders will need to enroll in a new plan for December 2015.

Enrollees may consider offering your employees a choice of insurance coverage with a variety of cost-sharing options from different insurance companies through the NYSOH Marketplace. For more information about obtaining coverage through the Marketplace, contact the Marketplace Customer Service line at 1-855-355-5777.

Enrollees also have the option to purchase new health insurance coverage outside the Marketplace from any other insurer offering small group coverage in your service area. Enrollees may purchase coverage directly from an insurance company, or with the help of a broker or agent. But if enrollees are eligible for cost-sharing options, they can get that credit only if they buy a policy through the Marketplace.

Q: How can enrollees ensure that they have coverage for 2016?

A: Enrollees will need to take action to ensure they secure other coverage for January 1, 2016.

Individuals Wishing to Renew Plan Selected for December 2015

Individual policies run on a calendar year basis. Coverage issued with a December 1, 2015 effective date will be effective through December 31, 2015. Individuals may be able to renew the policy they selected for December 2015 as their policy for 2016. If so, the policy will run from January 1 through December 31, 2016. Enrollees should check with the new insurer to see if this is an option.

Individuals Wishing to Select New 2016 Plan

Enrollees can also buy new coverage for 2016 during the Open Enrollment Period which starts on November 1, 2015. To be covered on January 1, 2016, enrollees must select a new policy by December 15, 2015, and the premium for the new policy must be received by the new health insurer before January 1, 2016.

Individuals who enrolled through the NYSOH Marketplace will need to confirm or select a health plan between November 16, 2015 and December 15, 2015. Individuals can contact NYSOH to learn more about options for 2016 coverage. For more information, call NYSOH's designated Customer Service helpline at 1-855-329-8899.

Individuals may also choose to buy a health insurance policy for 2016 outside the Marketplace directly from another insurance company or with the help of an agent or broker. However, if individuals qualify for financial assistance, they can get those savings **only** if they enroll through the Marketplace.

Q: Will there be enough money to pay claims?

A: DFS, NYSOH and CMS are working to protect those insured under Health Republic policies and to make sure claims are paid to the maximum extent possible.

Q: Can members continue to use Health Republic insurance during the rest of November 2015?

A: Coverage will remain in force until your policy terminates on November 30. The NYS Department of Financial Services and the New York State Department of Health are working to ensure that healthcare providers in the Health Republic network will continue to accept your Health Republic insurance coverage through November 30, 2015. DFS, NYSOH and CMS are working to protect those insured under Health Republic policies and to make sure claims are paid.

Q: Will enrollees have to pay an additional deductible if they switch to a new plan for December?

A: For those enrolled in a Health Republic plan that has an annual deductible, the NYS Department of Financial Services is working to ensure that their new health plan will not charge you for the amount of deductible you already met in 2015. Enrollees should keep their records. They may need to provide their new plan with evidence that they have met all or part of the 2015 deductible.

Q: Will enrollees have to pay for the services they receive from my doctor(s)?

A: While Health Republic coverage remains in effect enrollees will continue to be responsible for all deductibles, copayments or coinsurance.

Q: Should enrollees continue paying my premiums?

A: Yes, enrollees should pay premiums as long they remain in a Health Republic policy. This will assure they will avoid a gap in coverage before obtaining a replacement policy from another insurance company.

Q: Will current providers still accept Health Republic Insurance?

A: Members should check with their provider. Providers are required to provide covered services according to the providers' agreements with Health Republic.

Q: What can an enrollee do if they have an ongoing health issue that will continue past the end of their Health Republic policy (e.g., serious illness, pregnancy)? Will they be able to go to their current provider?

A: If you are either: a) in an ongoing course of treatment with a provider for a life-threatening or a degenerative and disabling condition or disease; or b) in the second or third trimester of a pregnancy when your new coverage becomes effective, then you may be able to continue to receive care from your provider for up to 60 days (or through pregnancy) under your new health insurance policy, even if your provider does not participate in your new health insurer's network.

To receive this transitional care, your provider must agree to accept as payment your new health insurer's reimbursement for such services and to certain other conditions of providing care under the new policy. If your provider agrees, you will receive the services as if they were being provided by a participating provider and you will only pay for any applicable in-network cost-sharing. You, your representative or your provider should contact your new health insurer to determine if you are eligible for transitional care.

Q: Will this action impact federal tax credits?

A: Enrollees should contact NYSOH at 1-855-329-8899.