

6-17-2017

Covering the Care: Cost Sharing Reductions in NH

Jo Porter

University of New Hampshire Institute for Health Policy and Practice

Lucy C. Hodder

University of New Hampshire School of Law, lucy.hodder@unh.edu

Follow this and additional works at: https://scholars.unh.edu/law_facpub

 Part of the [Health Law and Policy Commons](#), [Health Policy Commons](#), and the [Insurance Law Commons](#)

Recommended Citation

Jo Porter & Lucy Hodder, Covering the Care: Cost Sharing Reductions in NH (Institute for Health Policy & Practice, Brief No. 3, 2017).

This Report is brought to you for free and open access by the University of New Hampshire – School of Law at University of New Hampshire Scholars' Repository. It has been accepted for inclusion in Law Faculty Scholarship by an authorized administrator of University of New Hampshire Scholars' Repository. For more information, please contact ellen.phillips@law.unh.edu.



Covering the Care: Cost Sharing Reductions in NH

This brief illustrates the extent to which individuals enrolled in Qualified Health Plans (QHPs) on NH’s Health Insurance Marketplace received Cost Sharing Reductions (CSRs), based on the most recent available detailed data (period November 1, 2015 – February 1, 2016).ⁱ More about the Marketplace in New Hampshire can be found in the policy brief, “Covering the Care: A Focus on the NH Marketplace,” published in June 2017.ⁱⁱ

The table below shows the total number of people enrolled in a QHP in 2016, and the percent with a CSR, by county.

County	Total Enrolled in QHP, 2016	Total Receiving CSR, 2016	% Receiving CSR, 2016
BELKNAP	2,859	947	33%
CARROLL	3,904	1,499	38%
CHESHIRE	3,336	1,200	36%
COOS	1,544	635	41%
GRAFTON	4,020	1,302	32%
HILLSBOROUGH	15,079	5,304	35%
MERRIMACK	5,287	1,675	32%
ROCKINGHAM	13,192	4,363	33%
STRAFFORD	4,548	1,627	36%
SULLIVAN	1,414	502	36%
Total	55,183	19,054	35%

The dollar value of the CSR impacts the plan’s Actuarial Value (AV).^{iii, iv} People with lower incomes typically receive higher CSR amounts. The table below shows the average monthly advanced CSR payment for plans to bring them to 73%, 87%, and 94% AV, as well as the percent of QHP enrollees with the CSR to that AV, in each county.

County	% of Total QHP Enrollees in County With CSR for AV 73%	Ave. Monthly CSR Payment for Consumers With AV 73%	% of Total QHP Enrollees in County With CSR for AV 87%	Ave. Monthly CSR Payment for Consumers With AV 87%	% of Total QHP Enrollees in County With CSR for AV 94%	Ave. Monthly CSR Payment for Consumers With AV 94%
BELKNAP	7%	\$13	15%	\$94	11%	\$123
CARROLL	9%	\$13	17%	\$92	13%	\$123
CHESHIRE	10%	\$14	16%	\$96	10%	\$127
COOS	9%	\$14	20%	\$94	12%	\$129
GRAFTON	7%	\$13	16%	\$92	9%	\$125
HILLSBOROUGH	7%	\$12	16%	\$84	12%	\$110
MERRIMACK	8%	\$12	15%	\$89	9%	\$117
ROCKINGHAM	8%	\$12	15%	\$87	10%	\$118
STRAFFORD	8%	\$12	16%	\$86	11%	\$110
SULLIVAN	8%	\$15	17%	\$98	11%	\$128

FOCUS ON HEALTH POLICY

People enrolling in plans offered on the Marketplace (policy holders) have access to two types of financial assistance: premium tax credits and Cost Sharing Reductions (CSRs). This brief focuses on Cost Sharing Reductions.

According to CMS, the “CSR is a discount that lowers the amount a person has to pay for deductibles, copayments, and coinsurance.”^v

CSRs are paid by health insurance plans under the Affordable Care Act to Marketplace policy holders (in silver plans) with incomes under 250% of the federal poverty level. To date, the U.S. government has reimbursed plans for these payments; however, the government’s authority to do so has been challenged in court. In October 2017, the United States Department of Health and Human Services advised health plans it will no longer support the CSR payments, leaving health plans responsible for the costs.^{vi}

ⁱ Data available at: <https://aspe.hhs.gov/health-insurance-marketplace-cost-sharing-reduction-subsidies-zip-code-and-county-2016>; accessed October 13, 2017

ⁱⁱ Available at: https://chhs.unh.edu/sites/chhs.unh.edu/files/departments/institute_for_health_policy_and_practice/informing_the_conversation_covering_care_a_focus_on_the_nh_marketplace.pdf. Note that the data in the June 2017 brief was based on 2016 enrollment and 2017 plan coverage. CSR specific data for the 2017 plan year is not yet available. This brief uses the most recent data, which is reflective of the 2016 plan year.

ⁱⁱⁱ According to the [healthcare.gov](http://www.healthcare.gov), the Actuarial Value is: “The percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 70%, on average, you would be responsible for 30% of the costs of all covered benefits. However, you could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on your actual health care needs and the terms of your insurance policy.” (<https://www.healthcare.gov/glossary/actuarial-value/>)

^{iv} <http://www.healthreformbeyondthebasics.org/cost-sharing-charges-in-marketplace-health-insurance-plans-part-2/>

^v healthcare.gov

^{vi} <https://www.hhs.gov/about/news/2017/10/12/trump-administration-takes-action-abide-law-constitution-discontinue-csr-payments.html>

Covering the Care: Cost Sharing Reductions in NH



Authors:

Jo Porter, MPH; Director, IHPP

Lucy Hodder, JD; Director, Health Law and Policy, IHPP and UNH School of Law



Funding is provided by:

