Patient Protection and Affordable Care Act
HHS Notice of Benefit and Payment Parameters for 2018

Summary of Final Rules and Guidance

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	Section of Regulation Affected	Proposed Rule	C4HCO's Position and Comment	Final Rule
1.	45 CFR § 155.20; FR 61492	Numerous standardized plan designs are proposed for use by states and carriers that choose to participate in standardized plan options (Meaningful Choice).	Support. Learning from HHS' standard plans may help us evaluate our own future involvement with offering standard plans.	Standardized plan options were finalized at varying actuarial values. State-based Exchanges may choose to offer these standardized options, or may decline to offer them. If they choose to offer them, carriers in those states could choose to offer these plans, or could continue to offer non-standardized plans that are certified by the Division of Insurance.
2.	45 CFR § 155.205; FR 61495-96	The proposed rule reiterates Guidance that was issued earlier this year regarding language access requirements.	Support. Due to earlier guidance, Connect for Health Colorado has already been working on implementing these changes.	The proposed rule was largely made final. Exchanges that are in compliance with §92.8 are deemed to also be in compliance with §155.205(c)(2)(iii)(A) despite differences between these standards. This applies to Exchanges and QHP issuers only, not to brokers or agents.
3.	45 CFR § 155.230(d)(2); FR 61500	The proposed rules would specify that electronic notices would be the default method for sending required SHOP notices, although the rule also allows flexibility to send notices through standard mail if the SHOP is unable to send them electronically.	Support. Allowing flexibility for noticing ensures that notices will be provided, despite possible technological limitations.	The amendments were finalized as proposed.

4.	45 CFR § 155.330(d)(1)(ii); FR 61501-02	The proposed rule would allow Exchanges to determine whether to use eligibility-level data or enrollment-level data for redeterminations.	We seek clarity as to how this rule would operate with 45 CFR § 155.305(f)(ii)(B), which requires that eligibility for Advance Premium Tax Credits (APTC) hinges upon ineligibility for Minimum Essential Coverage (MEC).	This amendment was finalized as proposed. Eligibility under 45 CFR § 155.305(f)(ii)(B) will continue to require ineligibility for MEC and Exchanges will verify this to the best of their ability using available data sources.
5.	45 CFR § 155.330; FR 61501-02	HHS is proposing that, in light of the complexities surrounding eligibility redeterminations during a benefit year, that Exchanges could propose alternative or custom solutions to these challenges.	Support. We support having the option to propose our own, Colorado-specific solution to these issues.	HHS is removing the time limit associated with the proposal and is otherwise finalizing the provision as proposed.
6.	45 CFR § 155.400(e)(2); FR 61502	The proposed rule would give Exchanges the discretion to allow issuers who are having billing or enrollment problems due to high volume or technical errors to implement a reasonable extension of binder payment deadlines.	Neutral. Carriers can best determine whether and how such a policy would affect their operations.	This change was finalized as proposed. State Exchanges may allow carriers to allow reasonable extensions (generally not more than 45 days) for the binder payment deadline. (For cases where an issuer is experiencing billing or enrollment problems due to large volume or technical errors).
7.	45 CFR § 155.420; FR 61502-03	The proposed rule codifies certain Special Enrollment	Neutral. This is a codification of existing	Finalized as proposed, with the addition of paragraph (b)(5), which gives the consumer

		Periods (SEPs) that were previously only outlined in guidance regarding exceptional circumstances.	practice surrounding guidance.	the option for a later coverage effective date when an Exchange's verification of eligibility for an SEP would cause a consumer to pay two or more months in retroactive premiums.