



COLORADO
**HEALTH
BENEFIT**
EXCHANGE

Update on Proposed Regulations
December 10, 2012

Nov. 20th Release

- **Proposed Rule on Health Insurance Market Reforms**
(45 CFR Parts 144, 147, 150, 154 and 156)
- **Proposed Rule on EHB, AV, and Accreditation Standards** (45 CFR Parts 147, 155, and 158)
- **Proposed Rule on Nondiscriminatory Incentives for Wellness Programs in Group Health Plans** (26 CFR Part 54)
- **RFI on Health Plan Quality Management in Exchanges**



Overview: Insurance Market Reform

- This proposed rule would implement ACA's policies related to:
 - Fair health insurance premiums,
 - Guaranteed availability,
 - Guaranteed renewability,
 - Risk pools,
 - Enrollment in catastrophic plans;
- And clarify:
 - Approach used for enforcement and
 - Standards for rate review program



Overview: EHB, AV, and Accreditation

- This proposed rule:
 - Outlines exchange and issuer standards related to coverage of EHBs and AV,
 - Provides a timeline for QHPs to be accredited in FFE/SBEs, and
 - Provides an amendment that allows additional entities to apply for the recognition of accrediting QHPs



Overview: Wellness Program Incentives

- This proposed rule, issued jointly by the departments of Labor, Treasury and Health and Human Services, provides amendments to regulations consistent with the ACA on nondiscriminatory wellness programs in group health coverage (includes grandfathered plans).
- Forthcoming: individual market pilot



RFI: Health Plan Quality Management in Exchanges

- Reaffirms that there will be no requirement for quality reporting in exchanges until 2016 and seeks public comment on 15 questions regarding QI in exchanges.
- Questions fit into 3 buckets:
 - Current practices
 - Alignment
 - New challenges



Nov. 30th Release

- **Proposed Rule on Benefit and Payment Parameters for 2014** (45 CFR Parts 153, 155, 156, 157 and 158)
- **Proposed Rule on Establishment of the Multi-State Plan Program for the Affordable Insurance Exchanges** (45 CFR Part 800)



Overview: Benefit and Payment Notice

- This proposed rule provides further detail and parameters related to:
 - The premium stabilization programs-risk adjustment, reinsurance, and risk corridors;
 - Cost-sharing reductions and advance payments of premium tax credit;
 - User fees for a Federally-facilitated Exchange;
 - A Federally-facilitated Small Business Health Option Program; and
 - The medical loss ratio program.



Overview: Multi State Program

- The U.S. Office of Personnel Management (OPM) issued this proposed rule to implement the Multi-State Plan Program (MSPP):
 - Through contracts with OPM, health insurance issuers will offer at least two multi-State plans (MSPs) on each of the Affordable Insurance Exchanges (Exchanges).
 - Under the law, an MSPP issuer may phase in the states in which it offers coverage over four years, but it must offer MSPs on Exchanges in all states and DC by the fourth year in which the MSPP issuer participates in the MSPP.
 - OPM aims to administer the MSPP in a manner that is consistent with state insurance laws and that is informed by input from a broad array of stakeholders.



Public Comment

- **Deadlines:**
 - December 26, 2012:
 - EHB
 - Insurance Market Reforms
 - December 27, 2012
 - Health Plan Quality Management in HIXs
 - December 31, 2012
 - Payment and Benefits
 - January 4, 2013
 - Multi State Plan Program
 - January 25, 2013:
 - Wellness Program Incentives



Next Steps

- Meet with DOI to discuss joint comments
- Review proposed regulations with Rules and Regulations Committee (week of December 17th)
- Bring proposed comments to the full Board (via conference call)

