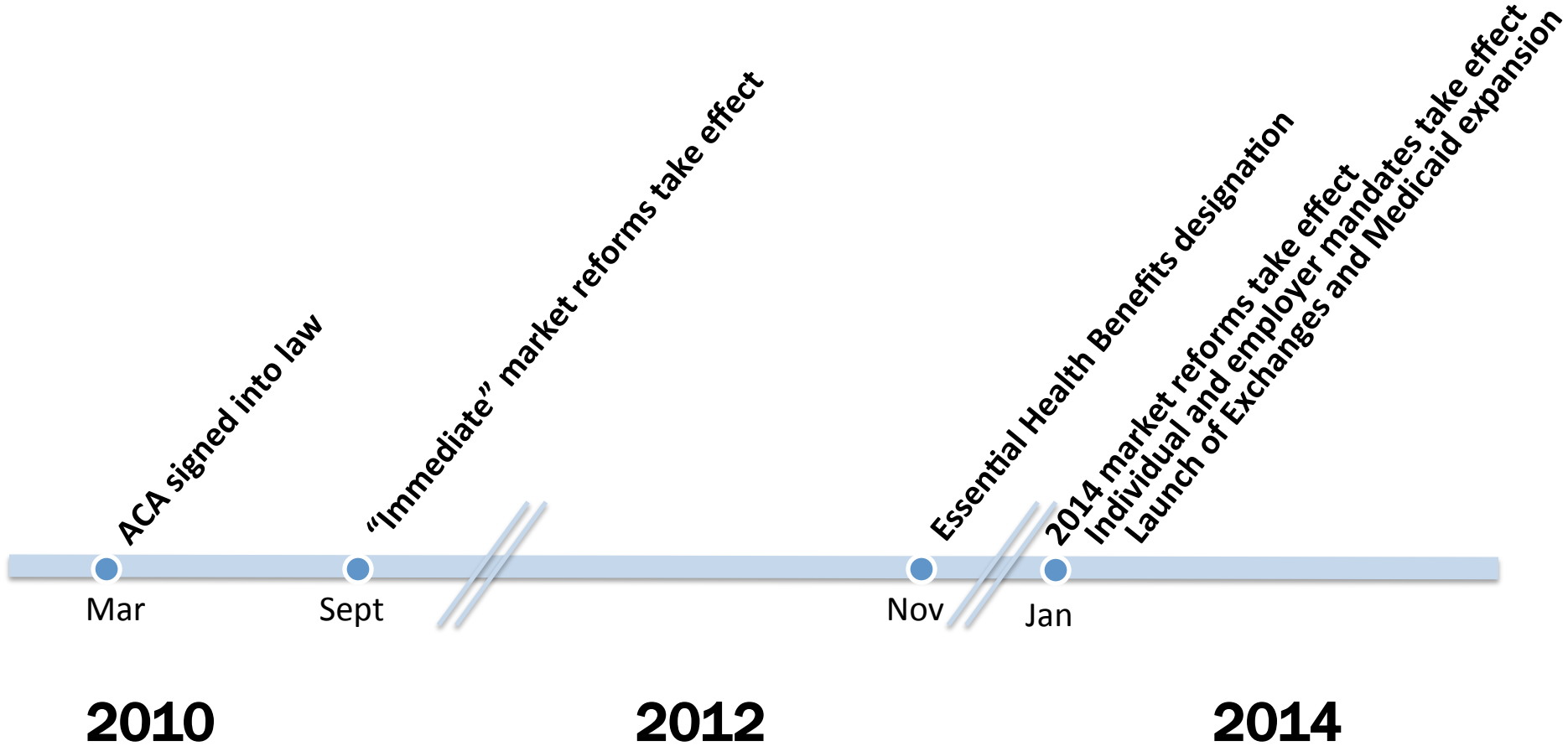




# Private Market Reforms Implementation Timeline)



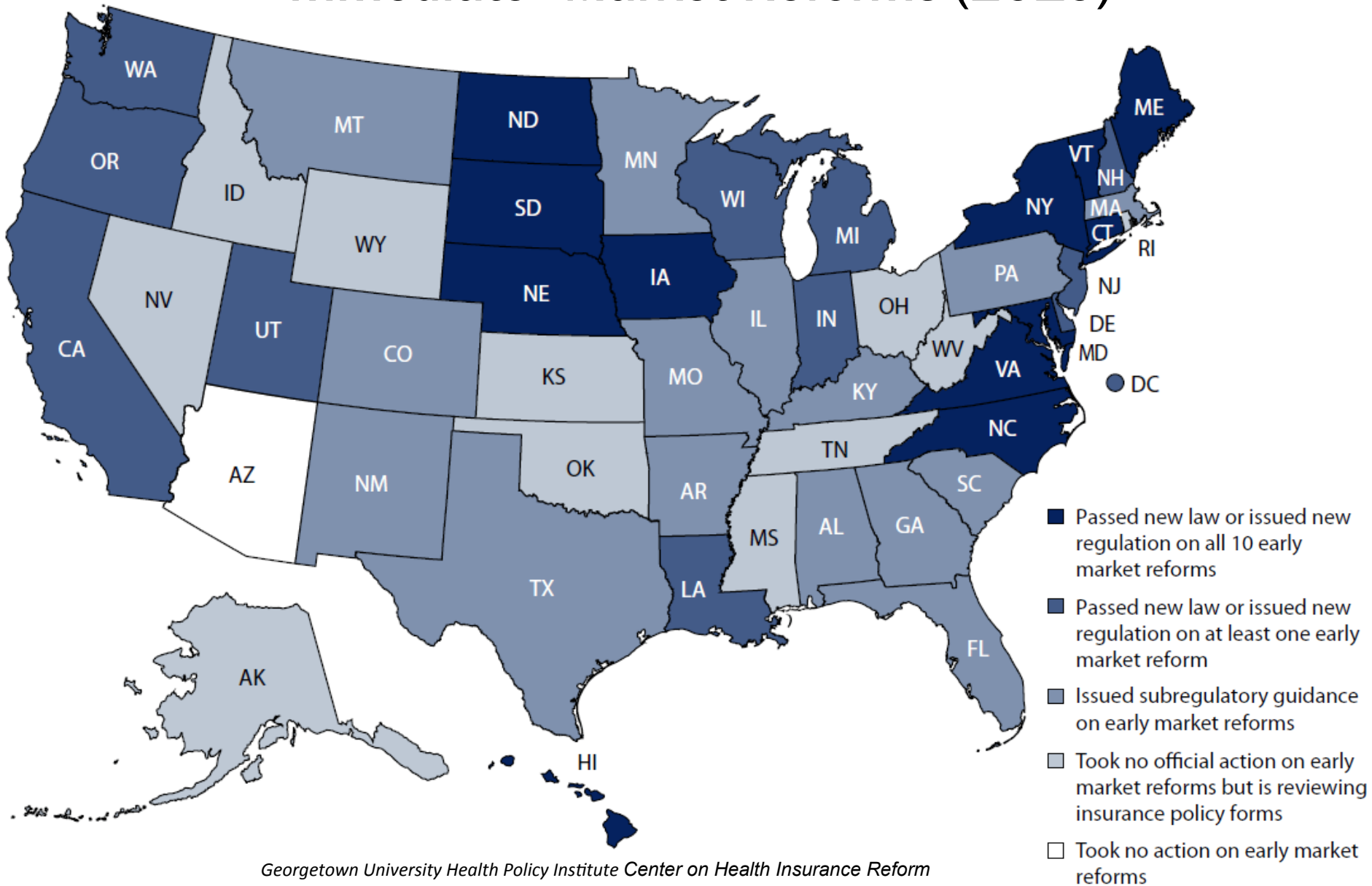


## “Immediate” Market Reforms (2010)

- Rate Review
- MLR standards and rebates
- Dependant coverage up to age 26
- No pre-existing condition exclusions for children
- No copays for preventive care
- No lifetime dollar limits/restricted annual dollar limits
- Restrictions on rescissions
- Summary of Benefits and Coverage (SBC)



# “Immediate” Market Reforms (2010)





# Essential Health Benefits (2014)

## Ten Benefit Categories

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care



## Essential Health Benefits (2014)

### State designates EHB (from one of the following):

- Top 3 (by enrollment) small group market plans
- Top 3 (by enrollment) state employee health plans
- Top 3 (by enrollment) FEHBP plans
- Top (by enrollment) non-Medicaid HMO plan

<b>Colorado EHB Designation</b>			
<b>Issuer Name</b>	<b>Product Name</b>	<b>Plan Name</b>	<b>Pediatric Dental</b>
Kaiser Foundation Health Plan of Colorado	Deductible/Coinsurance HMO 1200D	Ded HMO 1200D	State CHIP program



# Essential Health Benefits (2014)

## State EHB selections (as of November 21, 2012)

<b>Selected EHB benchmark</b>	<b>28 states</b>
- selected small group plan	22 states
- selected state employee plan	3 states
- selected FEHBP plan	0 states
- selected HMO	3 states
<b>Defaulted</b>	<b>23 states</b>



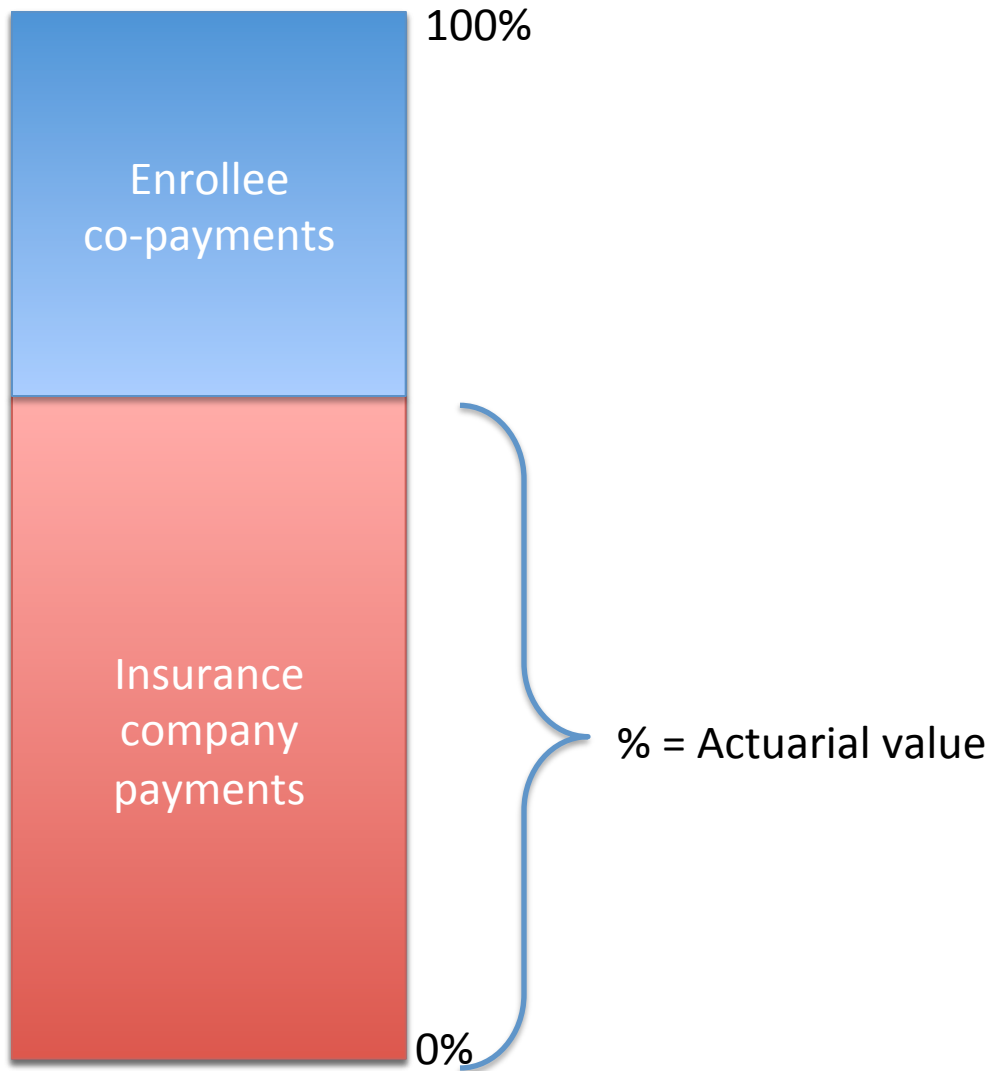
## Essential Health Benefits (2014)

### Proposed Rules (published Nov 20, 2012)

- Supplementing missing categories
  - Benefit design flexibility for carriers
  - Defining habilitative services benefit
  - Mental health parity
  - Prescription drug benefit
  - Prohibition on discrimination
  - Annual limits on cost-sharing and deductibles
1. Ambulatory patient services
  2. Emergency services
  3. Hospitalization
  4. Maternity and newborn care
  5. Mental health and substance use
  6. Prescription drugs
  7. Rehabilitative and habilitative
  8. Laboratory services
  9. Preventive and wellness services
  10. Pediatric services



# Actuarial Value (2014)



ACA Precious Metal Tiers	
Plan Tier	Actuarial Value
Platinum	90%
Gold	80%
Silver	70%
Bronze	60%
Catastrophic	n/a





## Other 2014 Market Reforms

- Nondiscrimination based on health status
- Guaranteed issue and renewability
- No pre-existing condition exclusions for adults
- “Adjusted” community rating
- No annual dollar limits
- Uniform open enrollment periods
- Wellness programs



# Private Market Reforms and Exchanges

## Individual and Small Group Markets

- “Immediate” Market Reforms
- Essential Health Benefits
- Actuarial Value
- 2014 Market Reforms

## Health Insurance Exchange

- “Immediate” Market Reforms
- Essential Health Benefits
- Actuarial Value
- 2014 Market Reforms
- Network Adequacy
- Essential Community Providers
- Marketing standards
- Accreditation requirement
- Offer at least Silver and Gold



# CBPP Analysis of State Exchange Implementation

<http://www.cbpp.org/files/CBPP-Analysis-on-the-Status-of-State-Exchange-Implementation.pdf>

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