

Summary of the CCIIO's Essential Health Benefits Bulletin
Presented to the NCIOM HBE & Insurance Oversight Work Group
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CCIIO EHB Information Bulletin

- Bulletin was issued by CCIIO on December 16, 2011.
- Provides information and solicits comments on the regulatory approach proposed by DHHS. DHHS will issue rules to formalize approach.
- Bulletin only addressed covered services; cost sharing and the calculation of actuarial value will be addressed later.
- States can choose one of the following benchmark health insurance plans:
 - The largest plan by enrollment in any of the three largest small group insurance products in the State's small group market
 - One of the three largest state employee health plans by enrollment;
 - One of the three largest federal employee health plan options by enrollment;
 - The largest HMO plan offered in the state's commercial market by enrollment.
- Using products already utilized in the state as a benchmark will address the issue of the state being obligated to cover cost of additional mandates beyond the EHB for exchange enrollees, since as least some of the benchmark plan options will already provide coverage for the state's mandated benefits.
- If state chooses not to select a benchmark, HHS intends to propose that the default benchmark will be the small group plan with the largest enrollment in the state.
- EHB must include coverage of services and items in the 10 statutory categories.
- HHS intends to require that a health plan must offer benefits "substantially equal" to the benchmark plan (modified as necessary to include all 10 statutory categories) selected by the State.
- Health plans will have flexibility to adjust benefits, including both the specific services covered and any quantitative limit, provided they continue to offer coverage for all 10 statutory categories and the coverage has the same value.

- HHS will propose that the benchmarks will be updated in the future, and that state mandates outside the definition of EHB may not be included in future years.
- Comments can be sent to essentialhealthbenefits@cms.hhs.gov

DOI Project

- DOI will request information from insurers and other sources to help identify the options for the benchmark plans in order to facilitate a preliminary analysis of the benefits of the options.
 - We will use the most recent data from the Healthcare.gov portal to identify the top 3 products for each of the top 3 insurers in the small group market.
 - For the HMO plan we will use the Department's Managed Care Report for 2010 to identify the top 3 HMO carriers by enrollment, and then will request information from those insurers about their top plan by enrollment.
 - Collect copies of plan documents, including optional benefit riders, used to create the "plan" of coverage as issued to cover a consumer. This will include collecting summaries of benefits, schedule pages, group master contract/policies, certificates/evidences of coverage, and optional benefit riders from the insured products. For the other categories (primarily the FEHBP), we will collect what information we can readily get which will facilitate the preliminary analysis.
 - Eventually DOI will utilize the data from the 1st quarter 2012 to identify our official options under the bulletin and will perform similar analysis to assist decision makers on what to designate.
- Analyze the benefits covered and the exclusions, comparing the benefits (and exclusions) to the statutory categories, noting where similarities, differences, and deficiencies exist.
- Analysis will be used to assist in making the decision about what benchmark plan the state should use.