

## Key Legislation: Highlights

### **Essential Health Benefits –**

(AB 1453-Monning & SB 951-Hernandez)

- Kaiser Small Group HMO – proposed as Benchmark plan.
- Habilitative Services: Defined as same terms and conditions as rehabilitative services.
- Pediatric oral care – Same as covered under the federal Blue Cross and Blue Shield Standard Option Service Benefit Plan available to enrollees through the Federal Employees Health Benefit Plan (FEHB).

## Key Legislation: Highlights

### **Individual Market Reform**

(AB 1461-Monning & SB 961-Hernandez)

After January 1, 2014 ...

- Requires guaranteed issue
- Open Enrollment Period & Special Enrollment – Consistent with Exchange Rules
- Rating Factors: Age, Geographic region and family size only.
- Geographic Regions: Same as PERS for 2014

# Key Legislation: Highlights

## **Deceptive Marketing AB 1761 (Speaker Perez)**

- Prohibits authorized “copy-cats” from representing themselves as the Exchange.

## **Consumer Operated and Oriented Plans (CO-OP’s) (AB 1846 – Gordon)**

- Authorizes the Insurance Commissioner to issue certificate of authority.

## **Call Center: Out-of-State Contracting AB 2508 (Bonilla)**

- Prohibits a state agency from contracting for call center unless the work is performed by California workers.

## **CalHEERS Horizontal Integration – SB 970 (De-Leon)**

- Requires implementation for human services programs including CalWORKS and CalFresh by December 2015.

# Regulations and Guidance Released

| Date        | Subject  |
|-------------|--|
| February 24 | Actuarial Value and Cost-Sharing Reductions Bulletin                                       |
| March 12    | Establishment of Exchanges and Qualified Health Plans;<br>Exchange Standards for Employers |
| March 16    | Student Health Insurance Coverage  |
| March 16    | Standards Related to Reinsurance, Risk Corridors and<br>Risk Adjustment                    |
| March 17    | Medicaid Program; Eligibility Changes under the<br>Affordable Care Act of 2010             |
| March 18    | Certain Preventive Services Under the Affordable Care<br>Act (Contraception)               |

# Exchange Regulation Highlights

## Interim Final Rules

| Regulation Section      | Topic / Issue   |
|-------------------------|---|
| §155.220(a)(3)<br>p.531 | <p><u>Agents and brokers</u><br/>States may allow agents and brokers to, among other items, assist individuals in applying for advance premium tax credits and cost sharing reductions</p>  |
| §155.300(b)<br>P.541    | <p><u>Medicaid and CHIP</u><br/>References to Medicaid and CHIP regulations refer to regulations as implemented in accordance with rules and procedures applied or approved by the state Medicaid or CHIP agency in the required agreement between those agencies and the exchange as in §155.345(a)</p>  |
| §155302<br>p.541        | <p><u>Options for conducting eligibility determinations</u><br/>Section authorizes the exchange to satisfy requirements related to eligibility determinations in several ways, including that the state may do so directly or through contracting arrangements with any entity the exchange is authorized to contract with in §155.110, which includes the state Medicaid agency or other entity with specified demonstrated experience that is not a health insurance issuer or corporations controlled by an issuer</p> |
| §155.305(g)<br>p.550    | <p><u>Eligibility standards</u><br/>Section outlines the eligibility criteria and categories for cost-sharing reductions</p>  |
| §155.310(e)<br>p.553    | <p><u>Timeliness standards</u><br/>Requires the exchange to determine eligibility promptly and without delay and specifies that the measurement of timeliness will be from the date of application or transfer from the agency administering an insurance affordability program to the date the exchange notifies the applicant of its decision or the date the exchange transfers the application to another agency administering an insurance affordability program</p>   |

# Exchange Regulation Highlights

## Interim Final Rules

| Regulation Section   | Topic / Issue  |
|----------------------|--|
| §155.315(g)<br>p.560 | <u>Eligibility: Attestation exception for special circumstances</u><br>For persons who do not have documentation to determine eligibility or to resolve inconsistencies, where the documentation does not exist or is not reasonably available -- other than verification of citizenship or immigration status – the exchange must provide an exception process, on a case-by-case basis, to accept an applicant’s attestation, as specified.  |
| §155.340(d)<br>p.579 | <u>Timeliness of transfer of information related to eligibility for premium tax credits or cost-sharing reductions and employer responsibility</u><br>Exchange must transfer promptly and without undue delay required information about eligibility for tax credits and cost-sharing reductions, and employer responsibility, to HHS (who will transfer the information to Treasury) and to QHP issuers   |
| §155.345(a)<br>p.579 | <u>Agreements with Medicaid, CHIP, Basic Health Plan (BHP)</u><br>Requires the exchange to enter into agreements with agencies administering the above programs to fulfill as necessary exchange obligations, as specified, and provide the agreements to HHS  |
| §155.345(g)<br>p.579 | <u>Eligibility where applications are submitted directly to Medicaid, CHIP or BHP</u><br>Exchange must establish procedures to ensure that an eligibility determination for enrollment in a QHP is determined when the application is submitted to above agencies/programs, including specified elements, such as secure electronic interface, no duplication of eligibility findings already made, no request for documentation already provided and a “streamlined process for eligibility determinations regardless of the agency that initially received an application” |

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