

The New Health Choices Commissioner is a Powerful Person That Will Determine the Future of Health Care

- Defines “dependent”
- Rules for defining service areas and premium ratings areas for Exchange participating health benefit plans
- Areas that allow for premium increases
- Grace periods for application
- Limited age variation categories
- Premium rating areas
- Variation by family enrollment rules
- Standards for nondiscrimination in benefits
- Standards respecting provider networks to assure adequacy
- Acceptable medical loss ratios p.
- Standards for internal claims and appeal processes
- External review process
- Standards for information transparency and plan disclosure
- Standards for contracting reimbursement
- Decision of whether all requirements apply to plans not offered through Exchange
- Reducing time periods for prompt payment
- Standardized rules for coordination and subrogation of benefits
- Qualified Plan Standards
- Establishment and Operation of Health Insurance Exchange
- Individual affordability credits
- Data collection for quality and disparities
- Sanctions authorities
- Examinations and Audits of Exchange and Private Employer Plans
- Civil penalties
- Suspension of enrollment
- Suspension of payment
- Standards for bids and contracts
- Facilitate outreach and enrollment

- Activities related to the Health Insurance Exchange include operation of risk pooling mechanisms
- Exchange eligible individuals
- Special situation authority including such rules as may be necessary
- Survey of Individuals
- Benefit Package levels
- Range of permissible variation in cost sharing
- Rules and decisions about whether state benefit mandates apply
- Standards for offering entities
- Certify offering entities
- Solicitation and notification of bids
- Data reporting
- Terms for wrap around coverage
- Establishing pooling mechanisms
- Specifying contracting with essential community providers
- Establishing rules for culturally and linguistically appropriate communication and services
- Additional requirements including standards regarding billing and collection practices for premiums and related grace periods.
- Enforcement of network adequacy
- Oversight
- Termination of contract with QHBP offering entity
- Outreach
- Eligibility
- Enrollment process
- Enrollment of Medicaid eligible individuals
- Coordination of affordability credit
- Coordination of risk pooling
- Payment from Trust Fund
- Operation of State-based Health Information Exchanges
- Application process
- Exceptions for treatment of families
- Exceptions on affordability credits
- Premium percentage limits
- Establishment of Income Tiers
- Program integrity and verification
- Mechanism to inform commissioner of changes in income