Preparing Your Staff and Patients for Exchange Enrollment

July 17, 2013
Housekeeping Announcements

- Will mute phone lines so that we all can hear

- Please submit questions to the moderator via the chat function

- Submitted questions will be answered at the end of the webinar

- Will record the presentation

- Problems during the presentation?
  - Contact us at kgarrity@nhcouncil.org or 202-785-3910
Essential Health Benefits: We’ve Only Just Begun
The mission of the National Health Council is to provide a united voice for people with chronic diseases and disabilities.
Five Health Care Principles for Putting Patients First®

The Touchstones for Health Care that Work for All!

1. Cover Everyone
2. Cut Costs Reasonably
3. Abolish Exclusions of Pre-Existing Conditions
4. Eliminate Lifetime Caps
5. Ensure Access to Long-Term and End-of-Life Care

Making health care work for everyone means facing the physical and emotional challenges of chronic diseases and disabilities. It means making sure every American can count on the physical and emotional support needed to live a life of health and well-being.

The National Health Council is the only organization of the kind that brings together all segments of the health care system to create an effective voice for all Americans who want universal health care.

Governing costs cannot come at the expense of quality care. Everyone has a right to care that is affordable and covers all the care that people need.

Learn more about the National Health Council at www.nationalhealthcouncil.org.
Putting Patients First®

**GOAL:** Engage individuals in a nationwide effort to create and implement a modern health care system, based on 5 Principles for Putting Patients First®

- Cover Everyone
- Curb Costs Responsibly
- Abolish Exclusions for Pre-existing Conditions
- Eliminate Lifetime Caps on Benefits
- Ensure Access to Long-term and End-of-life Care
A United Patient Voice on Essential Health Benefits

August 2011

Actuarial Analysis to Estimate Costs of a Model Essential Health Benefits Plan

August 2011

Overview

The National Health Council (NHC) believes that existing employer-sponsored health benefits, as required by the Affordable Care Act (ACA) and joined by the Affordable Care Act (ACA), are insufficiently adequate to provide adequate coverage for most Americans. To address this concern, the NHC has issued an actuarial analysis to examine the cost of a comprehensive, affordable benefit package that meets the requirements of the ACA's essential health benefits (EHBs). The analysis assumes that all insurance reforms included in the ACA are implemented by August 2011.

Analysis and Results

The analysis proceeded through the following steps:

1. Create a baseline benefit package
2. Price the baseline benefit package
3. Calculate and report actuarial values

To begin the analysis, the NHC selected the FEHBP ECHS Standard E baseline benefit package, which is an affordable benchmark plan that meets the minimum requirements of the ACA. The analysis then calculated the costs associated with this benefit package using the assumed average premium of $9,639 per year.

This cost includes an annual deductible of $5,000 for in-network services, a 30 percent copayment for out-of-network services, and a 50 percent coinsurance for prescription drugs. The analysis also considered the potential impact of the ACA's employer mandate, which requires most employers to provide health coverage to their employees.

In conclusion, the analysis demonstrates that a comprehensive benefit package that meets the requirements of the ACA's essential health benefits is feasible and affordable for most Americans. The analysis also highlights the importance of continued efforts to improve the affordability and accessibility of health insurance coverage for all Americans.
Essential Health Benefits

- Broad Definition of Covered Services
- Specific List of Exclusions
Patient Protections

- Anti-Descrimination
- Medical Necessity
- Exceptions and Appeals
- Continuity of Care
- Prohibition of Specialty Tiers
- Limited Cost Sharing
- Part D Protected Classes
Patient Community Wins

- Drug Formulary must have the same number of prescription drugs in each class as that of the EHB-benchmark plan
- States must monitor and identify discriminatory benefit designs
- The ability of health plans to substitute benefits is limited.
Tools:

- Choosing an appropriate plan
- Evaluation and Tracking Tool
Public Policymaking Process in the U.S.

Interest Group Preferences, Demographics, Technological Inputs

Policy Formulation Phase

Development of Legislation

Policy Implementation Phase
  Rulemaking → Application

Policy Modification Phase – Feedback

QUESTIONS?