Proposed Regulations Would Simplify Insurance Policies

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DR. BERWICK

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BY FRANCES CORREA

FROM A PRESS CONFERENCE HELD BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES

Insurers would be required to provide consumers with simple, standardized information regarding health policies under proposed regulations announced by the federal

departments of Health and Human Services, Labor, and Treasury.

Under the regulations, insurers would be required to provide an outline of benefits, expenses, premiums, and other coverage details on no more than four double-sided pages. The document –

called a Summary of Benefits and Coverage – must include examples of how coverage would apply in real-life situations, such as labor and delivery and diabetes management. Any changes in coverage will require 60-day notice.

"Instead of trying to decipher dozens of pages of just dense text, to just guess how a plan will cover your care, now it will be clearly stated in plain English," said Dr. Donald Berwick, ad-

ministrator of the Centers for Medicare and Medicaid Services.

Officials said the standardized process would make it easier for consumers as well as companies looking to provide insurance for employees to compare plans, making way for a more competitive market. "If an insurer's plan offers a subpar coverage in some area, they won't be able to hide that in dozens of pages of text. They'll have

to come right out and say it," Dr. Berwick said.

The standardized forms underwent months of testing through the Consumers Union, which showed that the forms helped purchasers compare their insurance options, said Lynn Quincy, senior policy analyst for

Consumers Union. "Seeing the total amount they had to pay made it much easier to understand how much coverage they were getting from the health plan," she said.

The proposed regulations include recommendations from the National Association of Insurance Commissioners. Comments can be made at www.regulations.gov. The final rule is slated to be released March 23, 2012.

Federal Agencies Set Stage For Health Exchanges

BY MARY ELLEN SCHNEIDER

FROM A TELECONFERENCE SPONSORED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal officials are laying the groundwork for the launch of state-based health insurance exchanges in 2014, handing out millions of dollars in grants to states, designing tools to determine eligibility to buy insurance, and proposing details on how the refundable premium tax credits will work.

The Health and Human Services department announced that it is awarding \$185 million in "establishment" grants to 13 states and the District of Columbia to help them build their insurance exchanges. These grants follow planning grants awarded last year by HHS. More than half of the states have already taken some action to begin building their exchanges, according to HHS.

HHS, along with the Treasury Dept., also issued three proposed rules aimed at creating a system that's easy to navigate. The first proposal, from HHS, outlines standards and processes for consumers to enroll in a health plan and seek financial assistance. It also explains the standards for small employers to participate in exchanges. Another HHS proposal attempts to simplify the process for determining eligibility in Medicaid and the Children's Health Insurance Program and to coordinate these processes with the insurance exchanges so individuals can move from Medicaid to another health plan without losing coverage.

Finally, the Treasury Department issued a proposed regulation that explains how, under the Affordable Care Act, taxpayers with incomes at 100%-400% of the federal poverty level will be eligible for premium tax credits if they purchase insurance through the exchange for themselves or a family member.

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