Ohio | Ohio Health Care Coverage and Quality Council

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Health Benefits Exchange Task Force

What are the PPACA minimum federal requirements for Exchanges?

Exchanges in each state must:

1. Facilitate the purchase and sale of qualified health plans by individuals and small businesses
2. Determine eligibility for low income subsidies and reduced cost sharing plans
3. Inform individuals of eligibility for Medicaid, CHIP or other applicable state or local public programs
4. Implement procedures for certification, recertification and decertification of qualified health plans
5. Operate a toll-free hotline to assist consumers and employers
6. Maintain a website with standardized comparative information on plans
7. Make available a calculator to determine the cost of coverage after subsidies
8. Provide for enrollment periods, as determined by HHS
9. Assign a rating to each plan
10. Require carriers to submit justification for premium rate increases
11. Assess premium rate growth inside and outside of the exchange
12. Apply free choice vouchers provided by employers to employees
13. Determine and certify exemptions from the individual mandate
14. Provide Treasury a list of exempt individuals and employees eligible for tax credit
15. Provide employers with information about employees eligible for tax credit
16. Establish a navigator program and award Navigator grants
17. Make certain information about plans available to the public
18. Consult with stakeholders about activities

- Plans available in the exchange will be "qualified health plans." Carriers offering coverage in an exchange must:
    - Provide essential benefits and be licensed
    - Agree to offer at least one Silver and on Gold plan
    - Agree to charge the same price in and out of the exchange

Federal Timeline:

- On October 1, 2010, HHS awarded grants to states to assist in the planning and establishment of the exchange. (Not operating funds.)
- Each state seeks and receives final approval from HHS for implementation of its exchange 1/1/2012 – 12/31/2013.
- HSS must determine by January 1, 2013 if a state will be able to operate a qualified exchange. (If a state does not, the federal government will operate it.)
- Each state shall establish an American Health Benefit Exchange by January 1, 2014
- Exchange must be self-sustaining by January 1, 2015