

# 2017 Exchange Benefit and Payment Parameters Proposed Rule



**Medicaid and CHIP Payment and Access Commission**

Joanne Jee

# Overview

- Review purpose of the benefit and payment and parameters
- Highlight key provisions of the proposed rule relevant to the future of children's coverage

# 2017 Exchange Benefit and Payment Parameters

- Proposed rule issued November 20, 2015 and would take effect January 1, 2017
- Proposes changes and updates to benefit and payment parameters for exchange plans, and to insurance markets generally
- Some proposals relate to affordability and adequacy of children's coverage

# Selected Provisions of the Proposed Rule

- Child age rating for premium setting
  - Considers appropriateness of the age-rating factor
- Standardized plan options
  - Proposes standardized cost-sharing structure for bronze-, silver-, and gold-tier exchange plans
- Updated annual cost-sharing maximums
  - Updates levels for 2017
  - Indexes maximums for stand alone dental plans to dental Consumer Price Index

# Selected Provisions of the Proposed Rule (continued)

- Network adequacy standards
  - State review of network adequacy in federally facilitated exchanges, based on approved metrics
  - If no state review, the federally facilitated exchange will conduct one using federal default standards
- Network adequacy – continuity of care
  - Requires written notice of discontinuation of providers, continued treatment with certain terminated providers, addressing cost sharing for services from out-of-network providers in an in-network setting

# Selected Provisions of the Proposed Rule

- Role of navigators
  - Target assistance to underserved and vulnerable populations
  - Provide post-enrollment assistance

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