

Summary of NPRM 45 CFR Parts 155 and 156: Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans (Released 7/11/2011)

This proposed rule puts forth the following on the establishment of Exchanges and Qualified Health Plans, as required by the ACA.

1. Each State may elect to establish an Exchange. The Exchange must:
 - a. Be a governmental or non-profit entity.
 - b. Submit an Exchange plan and be approved by HHS no later than January 1, 2013 in order to begin offering QHPs January 1, 2014. If not ready by 2013, Exchanges can be conditionally approved by HHS. States electing to establish an Exchange after 2014 must have approval or conditional approval from HHS at least 12 months in advance of the Exchange's first effective date of coverage.
 - c. Notify HHS at least 12 months in advance of a decision to no longer operate as a state Exchange.
 - d. Regularly consult with stakeholders.
2. Exchanges must also provide the following services:
 - a. Call Center
 - b. Internet Website
 - c. Eligibility determination for applicants
 - d. Enrollment for eligible applicants
 - e. Comparative information on QHPs
 - f. Published financial information and reports
 - g. Information about Navigators
 - h. Accessibility to individuals with disabilities
3. Establishes initial and open enrollment periods. For individuals the initial enrollment period for Exchanges will begin October 1st, 2013 and end February 28th, 2014. The ongoing open enrollment period is October 15th to December 7th for every year after 2014. For small businesses the enrollment period begins October 1st 2013 and is continuously open thereafter.
 - a. Individuals can enroll in the exchange during other time periods if they are subject to a qualifying event.
4. An Exchange must have a small business component called a SHOP. The SHOP exchange must provide group plans to small businesses.
 - a. The SHOP must collect premiums from small businesses and pass the premiums onto the selected health plan(s).
5. Each Exchange must offer at least two federally certified multi-state health plans.
6. Exchanges must certify, decertify and recertify Qualified Health Plans (QHPs). In order to be certified a QHP issuer must:
 - a. Have a sufficient provider network that includes essential community providers.
 - b. Implement enrollee satisfaction surveys.
 - c. Implement quality improvement strategy and publish quality improvement reports.

- d. Offer at least a silver plan and a child-only plan on the Exchange.
- 7. Exchanges can elect to offer stand alone dental plans.
- 8. Exchanges must notify and obtain approval from HHS if they plan to make changes to: Exchange Plans, Application Forms, and Notices.