

As directed in the health reform law, the Department of Health and Human Services has established a web portal at healthcare.gov to provide information on health coverage options to consumers and small business owners. For the first time ever, the site provides for consumers a centralized, easily accessible source for information that had been widely scattered and difficult to compare. Already, the site provides basic information on available health plans and by October 2010 will allow users to obtain detailed benefit and price information for many plans. In effect, the site will allow consumers to shop for coverage from a range of sources. HHS plans to add new features and improve the interactive parts of the sites over time.

The law requires healthcare.gov to provide information on six specific kinds of health coverage:

1. Private health insurance offered in the individual market
2. Medicaid coverage
3. Children's Health Insurance Program (CHIP) coverage
4. State high risk pool coverage
5. Coverage under the Pre-Existing Condition Insurance Plan created in health reform
6. Coverage within the small group market for small businesses and their employees¹

Notably, healthcare.gov is not intended to provide information on insurance provided by large employers and contains only limited information on Medicare benefits. The initial version of healthcare.gov, launched on July 1, 2010, allows users to identify health plans available in their area. It provides links to the plan issuers, including private plans as well as state Medicaid, CHIP, and high-risk pool agencies.

A more robust version of the site is planned for later in 2010, once HHS collects detailed data on plan benefits and premium prices. Once these data are integrated into the site, users will be able to compare plans side-by-side by evaluating the standard costs and benefits associated with each. They will be able to sort plans based on premium costs, high and low deductibles, ranges of out-of-pocket maximums, or provider network. Premium prices, however, will not be tailored to individual users. The site will show so-called "manual rates," the standard premium that applies without medical underwriting. In states where it is allowable by law² and until broader insurance market reforms take effect in 2014, some individuals, such as cancer patients, could face higher rates due to their health status, but these rates will not be available through healthcare.gov.³

1 PPACA § 1103.

2 Several states have adopted community rating laws, requiring health plans to charge comparable rates for similarly situated individuals regardless of health status. These laws can apply in the individual market, the small group market, or both.

3 75 FR 24470 (May 5, 2010).

Beyond covered benefits and price, HHS plans to add additional information to healthcare.gov to help users compare the plans available to them. For example, the site will show the medical loss ratio for each plan, which is a measure of how much the plan spends on health services for enrollees versus what it spends on administrative expenses and keeps as profit. HHS has also expressed its intention to report in 2011 on several measures of plans' interactions with their customers: the percent of policies that are rescinded, the percent sold at the manual rate, the percent of claims that are denied, and the number and disposition of appeals of such denials. Further, as more information becomes available through health reform's initiatives on quality reporting, ratings of plan quality will be added.⁴

When health insurance exchanges, market reforms, and an expansion of Medicaid go into effect in 2014, even more information for comparing and choosing health plans will be available online to consumers and small businesses. A single application will be available for coverage through a state's Medicaid, CHIP, or exchange plans. Healthcare.gov will connect to the exchanges' websites. These will allow users to compare plan benefits (organized into standardized tiers) and calculate individualized price information based on the user's income and any applicable federal premium and cost-sharing subsidies. Because of insurance market reforms contained in the Affordable Care Act, by 2014 health status and gender will no longer affect individuals' premium prices in the individual and small group markets.

In addition to their websites and toll-free assistance lines, exchanges will fund Navigator programs to share information and facilitate enrollment into exchange plans. Navigators could be non-profit organizations, chambers of commerce, unions, insurance agents, or other groups. They will be charged with raising awareness of exchange plans in culturally and linguistically appropriate ways.⁵

Conclusion

Healthcare.gov provides a new, consolidated way for individuals and small business owners to find out about health coverage that is available to them. By late 2010, it is slated to grow into a comprehensive resource for comparing health coverage options for those who don't receive their health coverage through large employers or Medicare. It will provide many tools useful in shopping for coverage, but until 2014, individuals with existing health conditions will likely need to connect directly with the health insurance company to find out how much a policy will cost them. By 2014, though, the web portals of the federal government and the health insurance exchanges will reflect new rules and coverage opportunities designed to make choosing health coverage more understandable and more affordable for Americans.

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⁴ 75 FR 24470 (May 5, 2010).

⁵ PPACA § 1311.