

## Key Questions for Advocates

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### American Health Benefit Exchange

- How many people buy insurance through my state’s individual insurance market? How many small businesses buy insurance through the “small group” market, and how many lives are covered?

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- How many insurance companies sell products in those markets, and what is their market share?

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- What rules does my state currently have to limit the ability of plans to cherry pick the healthiest people (i.e., does my state require plans to “guarantee issue” to all applicants; does my state limit the amount of premium a plan can charge based on health status? Does it limit plans’ ability to impose pre-existing condition exclusions? Does my state require plans to cover benefits that are important to cancer patients?

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- How can cancer patients currently get information about health plan quality, network adequacy, and patient satisfaction?

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- What information is available on the HHS web portal (set to launch July 1, 2010) about health insurance product offerings? For example, can a cancer patient find out if palliative care is covered? Can she check if there are limits on doctor visits? Can she find out if her oncologist is in the plan's network?

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- Does my state already have an exchange, or has it had one in the past? What works about it, what doesn't work?

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- What entities in my state would have the best capacity and expertise to run an exchange (i.e., the Medicaid agency? Insurance department? A private sector entity?)

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- Many states require health plans to cover certain cancer-related benefits, often screenings but in some cases treatments like bone marrow transplants.

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## **Essential Health Benefits**

- What state mandated benefit requirements exist in my state for the individual and small group insurance markets?

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- What smoking cessation services do the best small group market plans offer? What is the worst?

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- Do small group market plans have provider networks? Do they include anesthesiologists or radiologists?

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### **Plan Levels/Standardization of Coverage**

- What is my state doing to ensure that consumers have the information they need to make the choice of health plan that's right for them and their family?

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- How does the new HHS web portal, [www.healthcare.gov](http://www.healthcare.gov), display information about health plans' benefits, pricing, and cost-sharing? What's good about it? What improvements could be made?

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### **New Federal Rating Rules**

- What are the rating rules in my state in the individual market? In the small group market?

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- How effectively does my state currently regulate and enforce the rating requirements for health plans? Do the regulators tend to be proactive in monitoring insurance company practices, or do they simply react when they receive a complaint?

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### **Guaranteed Issue/Renewal**

- Does my state require guaranteed issue and renewals in the individual market?

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- Does my state allow the self-employed to be treated as a “group” and therefore eligible for guaranteed issue?

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### **Actuarial Value**

- What’s the actuarial value of the most popular private health plan in my state? And how does it compare to the four actuarial value levels (Bronze, Silver, Gold and Platinum) of benefits required by PPACA?

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- What is the plan with the lowest actuarial value in my state?

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## Insurance Market Reforms

- How does my state insurance commissioner intend to track grandfathered and non-grandfathered plans? What information is he or she collecting from grandfathered plans about changes they make to the plan?

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- What cancer-related preventive screenings and interventions have been reviewed by USPSTF? How many have received an “A” or a “B” recommendation?

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- Does my state require plans to cover any cancer-related preventive benefits that do not receive an “A” or a “B” recommendation?

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- Are USPSTF’s recommendations consistent with the American Cancer Society’s clinical guidelines? If not, how are they different?

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- How many health plans in my state are implementing this requirement early so that new college graduates can enroll? How many employers in my state?

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## Key Questions for Advocates

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### HealthCare.gov

Healthcare.gov can be a valuable resource for many, but using the website may not be possible or convenient for some Americans and others may not know about it. Advocates can help by finding out what resources are currently available in the state and making sure they are consistent, connected, and accessible.

- Does the state have its own health insurance website run by the Department of Insurance or another agency? If so, does it link to healthcare.gov? Does the state site have useful information that healthcare.gov doesn't? The federal site is actively seeking suggestions for improvement.

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- Does the state provide information on private and public coverage in one place? How easy is it to find information on Medicaid and CHIP for families that may be eligible, but don't think to inquire about public coverage?

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- Does the state provide information in alternative formats, i.e. in languages other than English, over the phone in addition to online? Are counselors available to help individuals sort through their choices?

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### Wellness Incentive Programs

Some states have already enacted laws allowing health plans to implement wellness incentives in the individual insurance market.

- What are my state's individual market rules for wellness incentives?

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- Do major employers in my state operate wellness incentive programs? If so, are they participation or standard-based?

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- What incentives are they using to encourage employees' healthy behavior?

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**Rate Review**

- What authority does my state have to review insurance rate increases?

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- Can my state disapprove a rate increase before it goes into effect? On what grounds?

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- Does my state make rate filings public?

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- Does my state allow the public to comment and participate in the rate review process?

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- If my state has prior approval authority over rates, on what grounds can my state disapprove a rate increase?

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- Does my state have a definition for an “unreasonable” rate increase?

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## Rate Review

What authority does my state have to review and approve (or disapprove) insurance rate increases?

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Has my state insurance department ever disapproved a rate increase?

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Is my state considering legislation to expand its rate review authority?

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Did my state apply for a rate review grant?

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If yes, what does it intend to do with the funds?

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## Administrative Simplicity Provisions in the Affordable Care Act

How can states get a head start in simplifying subsidized coverage?

Administrative simplicity will be critical to making health reform a success once nearly all Americans are required to have coverage, new Exchanges enroll millions of people, and premium and cost-sharing tax credits must be administered. States can get a head start in making their public health coverage programs as simple to navigate as possible by aligning policies and procedures across different eligibility categories. Advocates should ask:

Does the state use joint application forms and the same verification requirements for Medicaid and CHIP and for children and adults?

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Are renewal periods aligned?

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Has the state eliminated in-person interview requirements and asset tests for both children and parents?

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Would the state consider an early transition to using modified adjusted gross income with a standard 5% income disregard, as will be required starting in 2014?

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## Small Business Health Options Program (SHOP)

How many companies market health insurance to small employers in my state?

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What size market share does the most popular plan have? The next most popular plan?

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What percentage of small employers in my state offer health insurance to their employees? How does that compare to the percentage that offered insurance 10 years ago?

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What's the typical coverage offered by small employers in my state? Do they tend to have high deductibles? Closed networks? How good is the cancer coverage for small business employees in my state?

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## Key Questions for Advocates

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### Opportunities for Employees to Purchase Exchange Coverage

What are the major employers in my state/region? How many of them provide health insurance to full time workers?

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Of those that provide health insurance, how many of them cover at least 60% of the premium?

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How many people in my state with employer-sponsored coverage spend more than 9.5% of their income on health insurance?

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### Risk Adjustment

Does my state operate any kind of risk adjustment program? A reinsurance program?

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If yes, how does it work? Who runs it and has it been effective?

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