The Essential Health Benefits: What Can You Do Now?

In December 2011, the Department of Health and Human Services released a Bulletin outlining a proposed approach for determining the essential health benefits (EHB). The Bulletin proposes to have each state determine the EHB from among 10 benchmark plans, reflecting coverage currently available in the state. While this proposed approach must still go through a formal process to be made final and may undergo changes in that process, we expect the overall state-based approach will remain in the final rule.

As advocates for people with bleeding disorders, it is important that you encourage your state to have a fair, open process for considering the benchmark options and selecting an EHB. The EHB definition will affect coverage and access to care for all individuals enrolled in new plans in the small group and individual market, including the plans that will be available in the exchange.

To advocate for a fair and open process and to get the information you need to weigh in on the state’s EHB options and selection, you can ask your state to take these important steps now:

1) **The state must identify the benchmark options:** HHS has said they will release data on the top three plans by enrollment in each state’s small group market, as well as the top three plans by enrollment in the Federal Employees Health Benefit Plan (FEHBP), based on data from the first quarter of 2012. States may be able to identify these plans prior to an HHS release and must identify benchmark options HHS cannot: the top 3 plans by enrollment in the state employee plan and the largest commercial non-Medicaid HMO. The state should make this information broadly available to the public.

2) **The state must make available plan documents for the benchmark options:** To fully understand and evaluate the coverage available under the benchmark options, policymakers, consumers and other stakeholders must have the certificate of coverage or the insurance contract for each benchmark option. A document known as a “Summary of Benefits” is typically provided to consumers but has limited information.

3) **Establish criteria for benchmark selection:** The state must identify and make publicly available the criteria that will be used in selecting an EHB. This may include comprehensiveness of coverage, cost, balance among categories, or the potential for disruption in the market. Identifying these criteria will help policymakers and others consider the options in a systematic and thoughtful way.

4) **Make the choices clearer:** In addition to making the detailed benefit information publicly available, states can make the comparison of benchmark options easier to understand. A crosswalk that compares the benchmark options to the state’s mandated benefits, as Maine has done (see http://www.maine.gov/pfr/insurance/legislative/BOI_presentation_Jan17.html), would help inform both the public debate and the selection of the EHB.
5) **Include the public in the EHB selection:** The public should be engaged in the selection of an appropriate benchmark. This means conducting stakeholder meetings and allowing for public input on both the substantive standards for selecting a benchmark and the selection itself. The process should be open, transparent, and allow time for public review and comment.