

Table 1  
 Comparison of Proposed Health and Human Services Rules Regarding Affordable Health Insurance Exchanges and Senate Bill 11-200

Regulation	Section	Section 155	Section 155.20
Subpart A	Section 155.10	<p><b>Basics.</b> This part is based on the following sections of Title I of the Affordable Care Act (ACA):</p> <ul style="list-style-type: none"> <li>1301. Qualified health plan defined.</li> <li>1302. Essential health benefits requirements</li> <li>1303. Special rules</li> <li>1304. Related definitions</li> <li>1311. Affordable choices of health benefit plans.</li> <li>1312. Consumer choice.</li> <li>1313. Financial integrity.</li> <li>1321. State flexibility in operation and enforcement of exchanges and related requirements.</li> <li>1322. Federal program to assist establishment and operation of nonprofit, member-run health insurance issuers.</li> <li>1331. State flexibility to establish Basic Health Programs for low-income individuals not eligible for Medicaid.</li> <li>1334. Multi-state plans.</li> <li>1342. Establishment of risk corridors for plans in individual and small group markets.</li> <li>1343. Risk adjustment.</li> <li>1402. Reduced cost-sharing for individuals enrolling in QHPs.</li> <li>1411. Procedures for determining eligibility for exchange participation, advance premium tax credits and reduced cost sharing, and individual responsibility exemptions.</li> <li>1412. Advance determination and payment of premium tax credits and cost-sharing reductions.</li> <li>1413. Streamlining of procedures for enrollment through an exchange and state Medicaid, CHIP, and health subsidy programs.</li> </ul> <p><b>Scope.</b> This part establishes minimum standards for the establishment of an exchange, minimum exchange functions, eligibility determinations, enrollment periods, minimum SHOP functions, certification of QHPs, and health plan quality improvement.</p>	<p><b>Basics.</b> This part is based on the following sections of Title I of the Affordable Care Act (ACA):</p> <ul style="list-style-type: none"> <li>1301. Qualified health plan defined.</li> <li>1302. Essential health benefits requirements</li> <li>1303. Special rules</li> <li>1304. Related definitions</li> <li>1311. Affordable choices of health benefit plans.</li> <li>1312. Consumer choice.</li> <li>1313. Financial integrity.</li> <li>1321. State flexibility in operation and enforcement of exchanges and related requirements.</li> <li>1322. Federal program to assist establishment and operation of nonprofit, member-run health insurance issuers.</li> <li>1331. State flexibility to establish Basic Health Programs for low-income individuals not eligible for Medicaid.</li> <li>1334. Multi-state plans.</li> <li>1342. Establishment of risk corridors for plans in individual and small group markets.</li> <li>1343. Risk adjustment.</li> <li>1402. Reduced cost-sharing for individuals enrolling in QHPs.</li> <li>1411. Procedures for determining eligibility for exchange participation, advance premium tax credits and reduced cost sharing, and individual responsibility exemptions.</li> <li>1412. Advance determination and payment of premium tax credits and cost-sharing reductions.</li> <li>1413. Streamlining of procedures for enrollment through an exchange and state Medicaid, CHIP, and health subsidy programs.</li> </ul> <p><b>Scope.</b> This part establishes minimum standards for the establishment of an exchange, minimum exchange functions, eligibility determinations, enrollment periods, minimum SHOP functions, certification of QHPs, and health plan quality improvement.</p>
<p><b>Section 155.20</b></p>	<p><b>Definitions.</b></p>	<ul style="list-style-type: none"> <li>• <b>Advance tax credit</b> - payment of the tax credits specified in 26 U.S.C.A. Section 36B which are provided on an advance basis to an eligible individual of a QHP through an exchange pursuant to sections 1402 and 1412 of the ACA.</li> <li>• <b>Affordable Care Act</b> - the Patient Protection and Affordable Care Act of 2010 as amended by the Health Care and Education Reconciliation Act of 2010.</li> <li>• <b>Agent or broker</b> - a person or entity licensed by the state as an agent, broker, or insurance producer.</li> <li>• <b>Annual open enrollment period</b> - the period each year during which a qualified individual may enroll or change coverage in a QHP through the exchange.</li> <li>• <b>Applicant</b> - an individual who is seeking eligibility through an application to the exchange for at least one of the following:                         <ul style="list-style-type: none"> <li>&gt; enrollment in a QHP through the exchange;</li> <li>&gt; advance payments of the premium tax credit and cost-sharing reductions; or</li> <li>&gt; Medicaid, Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP), where applicable.</li> </ul> </li> <li>An applicant is also an employer or employee seeking eligibility for enrollment in a QHP through the SHOP, where applicable.</li> <li>• <b>Benefit year</b> - a calendar year for which a health plan provides coverage for health benefits.</li> <li>• <b>Code</b> - the Internal Revenue Code of 1986.</li> <li>• <b>Cost sharing</b> - any expenditure required by, or on behalf of, an enrollee with respect to essential health benefits, including deductibles, coinsurance, copayments, or similar charges, but excludes premiums, balance billing amounts for non-network providers, and spending for non-covered services.</li> <li>• <b>Cost-sharing reductions</b> - reductions in cost sharing for an eligible individual enrolled in a silver level plan in the exchange or for an individual who is an Indian who is enrolled in a QHP in the exchange.</li> </ul>	<p><b>Definitions.</b></p>
<p><b>Comments</b></p>	<p><b>Senate Bill 11-200 Provision</b></p> <ul style="list-style-type: none"> <li>• <b>Board</b> - the Board of Directors of the exchange.</li> <li>• <b>Committee</b> - the Legislative Health Benefit Exchange Implementation Review Committee.</li> <li>• <b>Exchange</b> - the Colorado Health Benefit Exchange.</li> <li>• <b>Federal Act</b> - the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010.</li> <li>• <b>Secretary</b> - the secretary of the United States Department of Health and Human Services.</li> </ul>	<p><b>Section 155</b></p> <p><b>Exchange Establishment Standards and Other Related Standards Under the Affordable Care Act</b></p>	<p><b>Section 155</b></p> <p><b>Exchange Establishment Standards and Other Related Standards Under the Affordable Care Act</b></p>