

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Heck</i>	DATE <i>12-20-11</i>
--------------------------	--------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101233</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Ben - pls log Director - Nec. Action</i>	<input type="checkbox"/> FOIA DATE DUE _____
<i>No copies - forwarded to him.</i>	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Center for Medicaid and CHIP Services

CMCS Informational Bulletin

RECEIVED

DEC 19 2011

DATE: December 19, 2011

FROM: Cindy Mann, Director

Center for Medicaid and CHIP Services (CMCS)

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SUBJECT: Essential Health Benefits

On Friday, the Department of Health and Human Services released a bulletin to provide guidance on how HHS intends to define in future rulemaking essential health benefits for non-grandfathered plans in the individual and small group markets beginning in 2014. This bulletin has significant relevance to Medicaid.

The Affordable Care Act ensures that health insurance plans offered in the individual and small group markets, both inside and outside of the Affordable Insurance Exchanges, offer a comprehensive package of items and services, known as “essential health benefits.” Under the approach described in the bulletin, States would have the flexibility to utilize a reference plan based on employer-sponsored coverage in the marketplace today, supplemented as necessary to ensure that plans cover each of the 10 statutory categories of essential health benefits. In developing this intended approach, HHS sought to balance comprehensiveness, affordability, and State flexibility and to reflect public input received to date.

CMCS will be issuing future guidance on essential health benefit implementation in the Medicaid program.

Public input on the issues covered by the bulletin is encouraged, including Medicaid implications. Comments are due by January 31, 2012 and can be sent to:

EssentialHealthBenefits@cms.hhs.gov.

For the essential health benefits bulletin, visit:

http://ccio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf

For a fact sheet on the essential health benefits bulletin, visit:

<http://www.healthcare.gov/news/factsheets/2011/12/essential-health-benefits12162011a.html>

For a summary of individual market coverage as it relates to essential health benefits, visit: <http://aspe.hhs.gov/health/reports/2011/IndividualMarket/ib.shtml>

For information comparing benefits in small group products and state and Federal employee plans, visit: <http://aspe.hhs.gov/health/reports/2011/MarketComparison/tb.shtml>