

Advocacy Strategies for Monitoring EHB Implementation

Essential Health Benefits (EHB) are a set of benefits that must be included in health insurance plans in the individual and small group market. Because requiring many plans to cover the elements of EHB is a broad and complex policy change, advocates will need strategies to monitor EHB to ensure consumers are protected. EHB only achieves its intended purpose if it is monitored to make sure plans are in compliance. In this issue brief, we provide a timeline for implementation, an overarching advocacy strategy, and targeted ideas for monitoring.

Timeframe for implementation

EHB-compliant health plans have already been [approved](#) by states and the federal government. Now, advocacy should focus on where we are on the road to robust plans and EHBs that protect consumers. Below, we break down 2014-2016 into three advocacy phases.

PHASE 1: Making sure that health plans adhere to the EHB standards.

PHASE 2: Making sure that health plans meet the needs of diverse populations as they use insurance, based on EHB standards and information collected about where they fall short.

PHASE 3: Working to improve EHB benchmarks going forward to fix any inadequacies identified in phases 1 and 2.



Phase 1: Monitoring and Planning: Now until January 2014

Monitoring: Working with Your Insurance Commissioner

Departments of Insurance (DOI) are largely responsible for reviewing EHB plan proposals (however a few states [do not have authority](#) and CMS is conducting reviews) and for oversight of these benefits. Most DOIs face capacity issues with understaffed offices and an overwhelming number of plans to review in a very short amount of time. This creates an important opportunity to support your local DOI in monitoring to ensure that plans adequately include EHB.

- Work on developing dialogue and a relationship with your insurance commissioner. See this [brief](#) for tips on how to build relationships with state officials.

- State DOIs differ in the plan approval process. Some state DOIs “file and use” proposed health plans with only cursory review and make retroactive changes if problems arise, while others use ‘prior approval’ which requires insurers to wait for approval before they are allowed to sell plans in the market. As a first step, advocates should determine the process in your state. ‘File and use’ states may require a closer level of monitoring from advocates since DOIs are not technically required to do a comprehensive review prior to a plan being sold. You can find out the process in your state by going to the Kaiser Family Foundation’s State Health Facts which lists states’ authority in the [individual](#) and [small group](#) insurance markets.
- Show your organization or coalition as a resource to your DOI by keeping them informed of successes and shortcomings of EHB at a time when they have numerous new monitoring responsibilities. Be sure to remind your DOI of the important role EHB review plays in consumer protections and ensuring adequate coverage for everyone. Remind them that consumers respond very positively to EHB in polls, especially the knowledge that they will have a baseline set of benefits in their health insurance. Highlight specific areas that may be of concern, for instance, habilitative care, pediatric dental, mental health and substance abuse disorders services, LGBTQ health, women’s health, and substitution policies. See our [overview of specific areas](#) within EHB for more information.

Planning: Focusing Your Coalition

Advocates and their partners who are working with consumers on outreach and enrollment will be critical to monitoring how EHB is working in your state. Rather than create another coalition on EHB, the people who are working directly with vulnerable communities will have a good opportunity to understand what is working, and where consumers are falling through the cracks. Getting your outreach and enrollment coalition up to speed on EHB issues is the first step towards ensuring EHB meets the needs of the populations your coalition serves. To start this process:

1. Educate your outreach and enrollment coalition about key EHB issues (see our [overview of issues](#) to watch within EHB).
2. Select one to two issues as coalition priorities based on your abilities and strengths as a group.
3. Develop ways to build monitoring of benefits into outreach and enrollment. For instance, by reaching out to Navigator organizations or Certified Application Counselors (CACs) to find out whether they have information on how EHB is playing out with specific types of consumers. Ask Navigators and CACs whether they would be willing to pass out a handout with advocate contact information if consumers want to talk more about their experiences.
4. As consumers start using their insurance, they may encounter problems. Work with your coalition to create a way for consumers to report these issues directly to you and to publicize the coalition as a place for consumers to voice their concerns.

Phase 2: Data Collection and Coalition Building: January 2014 – Ongoing

We will know a lot more about how EHB is working for consumers and whether health plans are in compliance when consumers start going to the doctor, getting services, and filing claims with their insurers. Beginning January 2014, advocates can monitor consumer experiences in new EHB plans and use this data to identify the successes and challenges of accessing benefits under the new standards. Additionally, advocates can identify any insurers that consistently pose access problems and flag these for regulators and policymakers. The information gathering consists of two components: data and stories. Data provide a broad picture of EHB implementation, whereas stories highlight specific issues, helping personalize policies to achieve advocacy goals.

Data Collection: Tapping your DOI

DOIs' typically have a process to log consumer complaints. Regulators then use this complaint data to determine more systemic problems and identify any insurers that are out of compliance. Advocates can help improve this process by improving consumer friendliness and bringing examples of both consumers' issues with and benefits of EHB.

- DOIs should have a consumer-friendly complaint line to collect and log consumer data. This data can help identify insurers that are out of compliance with EHB, and any gaps in coverage that may need to be addressed in the EHB benchmark in 2016. Advocates should meet with DOI staff and learn about the current process for collecting complaints; then advocates may be able to suggest improvements to make the process more accessible to consumers.
- It's important that DOIs do not passively wait for consumer complaints. One way to address this is by asking your DOI to request data from insurers. Often, consumers will contact their insurer first if they have a problem accessing a service or getting a claim paid. Because insurers will have the data on consumer issues, DOIs can proactively monitor the market to protect consumers and ensure they are getting adequate benefits.
- Advocates can ask their DOI to provide greater transparency about how EHB is working, including data on problems and resolved complaints. By building a relationship with the Insurance Commissioner and DOI staff, advocates may help the DOI become more comfortable sharing this information.

Working With Your Coalition: Collecting Stories and Thinking Ahead

EHB will provide new benefits for many vulnerable communities. To support the changes in the ACA, it will be critical to highlight ways that EHBs are helping people gain better access and coverage for the services they need.

- Collect [stories](#) from your coalition to strengthen EHB implementation. Stories are another way to collect data about problems consumers may have accessing benefits. These stories can be compiled and sent to a state DOI (or CCIIO, in some cases) to monitor compliance with EHB.

- Identify assets within your own coalition that serve the interests of targeted populations, such as women or people living with HIV/AIDS or other chronic diseases. Use these connections to leverage their work to provide assessments of plans' different benefit areas. Those working closely with these communities are more likely to hear about problems with services. Reach out to other organizations or groups if these partners are not already within your network.
- Provide Navigators and CACs with tools for identifying EHB shortcomings and keeping a record of them. Since Navigators work on the ground with populations that need more assistance, their insights are integral to collecting a diverse base of information. Create a postcard, flyer, or hand-out for Navigators that invites consumers to share their experiences. Set up a regular check-in with your local Navigator entities to tap their knowledge of the consumer experience with specific EHB issues.
- Collect stories from outreach partners and enrollers about any good and bad outcomes related to EHB in health plans. These stories can be used to start to build a case for updating and strengthening the EHB standard in the future.

Phase 3: Updating the EHB Standard for the Future

Current EHB benchmarks are designed for 2014 and 2015 health plans. Consumer advocates can start building a case now for changing and improving the standard if it does not meet consumers' needs.

At the state level, advocates may be able to make changes like defining habilitative services or prohibiting substitution. Advocates should keep in mind that insurers submit their 2015 plans to the state DOIs around April 2014, so most changes would need to happen prior to this date.

HHS is responsible for periodically responding to plan inadequacies at the federal level, and although we do not know yet how HHS will address any deficiencies in plans, we expect information on this process sometime in 2014. However those changes will not likely happen before 2016 health plans. The benchmark approach for determining state EHB packages is also potentially up for review in 2016. But, regardless of the process, data and stories collected in 2014 and 2015 will be critical to informing future decisions.

- HHS has indicated that the EHB standards may be altered in 2016 based on evaluation and feedback. This underscores the importance of collecting data and stories that are representative of diverse populations and health conditions.
- As information is collected on how EHB is working for consumers, advocates should try to identify trends and major gaps to build a strong case to HHS for updating the standards in 2016.