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**(name redacted)**

Analyst in Health Care Financing

October 30, 2014

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# Small Business Health Options Program Shop Exchange Crs Reports

**Congressional Research Service: The**  
**Libr, Kate M. Manuel**

## **Small Business Health Options Program Shop Exchange Crs Reports:**

**Small Business Health Options Program (Shop) Exchange** Congressional Research Service, 2014-10-30 The Patient Protection and Affordable Care Act ACA P L 111 148 as amended includes a number of provisions intended to improve access to health insurance coverage Among these are provisions that apply to the small group market to address perceived problems in the market including low offer rates among smaller employers and the sometimes prohibitive cost of health plans available in the small group market The small business health option program SHOP exchanges are among the ACA provisions directed at the small group market SHOP exchanges are marketplaces where private health insurance issuers sell health insurance plans to small employers All health plans available through SHOP exchanges must meet certain federally required criteria such as offering a standardized package of benefits Certain small employers may be eligible to receive tax credits toward the cost of coverage if they obtain coverage through a SHOP exchange A SHOP exchange is currently in operation in every state some are administered by states while others are administered in part or in entirety by the Department of Health and Human Services HHS ACA and its implementing regulations include some prescriptive requirements for the establishment and operation of SHOP exchanges Although these requirements often apply uniformly to all SHOP exchanges in some instances that may not be the case For example some requirements apply only to SHOP exchanges administered by HHS and not to SHOP exchanges administered by states When ACA and regulations are not prescriptive decisions about the establishment and operation of SHOP exchanges are left to a state or the entity administering the SHOP exchange e g HHS As a result not all SHOP exchanges share the same features or similarly implement shared features This report describes certain features of SHOP exchanges such as employer eligibility methods for selecting health plans offered through SHOP exchanges and how health insurance agents and brokers interact with SHOP exchanges Each description includes information about how the feature is implemented in SHOP exchanges administered by states and those administered in part or in entirety by HHS Each description also includes information about the timing of implementation The report concludes with a discussion about the current and future place of SHOP exchanges in the broader context of the private health insurance market US Healthcare Sector - Organization, Management and Payment Systems Handbook Volume 1 Strategic Information, Developments, Reforms IBP, Inc., 2015-09-30 United States Healthcare Sector Organization Management and Payment Systems Handbook Strategic Information Programs and Regulations *The Future of the Children's Health Insurance Program* United States. Congress. House. Committee on Energy and Commerce. Subcommittee on Health, 2015 **Sultz & Young's Health Care USA** Kristina M. Young, Philip J. Kroth, 2017-02-08 Health Care USA Ninth Edition offers students of health administration public health medicine and related fields a wide ranging overview of America s health care system Combining historical perspective with analysis of current trends this expanded edition charts the evolution of modern American health care providing a complete examination of its

organization and delivery while offering critical insight into the issues that the U S health system faces today **Health Literacy Implications for Health Care Reform** Institute of Medicine,Board on Population Health and Public Health Practice,Roundtable on Health Literacy,2011-07-20 Health literacy is the degree to which one can understand and make decisions based on health information Nearly 90 million adults in the United States have limited health literacy While poor health literacy spans all demographics rates of low health literacy are disproportionately higher among those with lower socioeconomic status limited education or limited English proficiency as well as among the elderly and individuals with mental or physical disabilities Studies have shown that there is a correlation between low health literacy and poor health outcomes In 2010 President Obama signed the Affordable Care Act designed to extend access to health care coverage to millions of Americans who have been previously uninsured Many of the newly eligible individuals who should benefit most from the ACA however are least prepared to realize those benefits as a result of low health literacy They will face significant challenges understanding what coverage they are eligible for under the ACA making informed choices about the best options for themselves and their families and completing the enrollment process Health Literacy Implications for Health Care Reform explores opportunities to advance health literacy in association with the implementation of health care reform The report focuses on building partnerships to advance the field of health literacy by translating research findings into practical strategies for implementation and on educating the public press and policymakers regarding issues of health literacy

**Colorado Health Insurance Benefits Exchange: Connect for Health Colorado** Colorado. Office of State Auditor,2017 **BNA Pension & Benefits Reporter** ,2011 *Resources in Education* ,1992 **The Advocate** ,2001-08-14 The Advocate is a lesbian gay bisexual transgender LGBT monthly newsmagazine Established in 1967 it is the oldest continuing LGBT publication in the United States **Atlanta Magazine** ,2003-03 Atlanta magazine s editorial mission is to engage our community through provocative writing authoritative reporting and superlative design that illuminate the people the issues the trends and the events that define our city The magazine informs challenges and entertains our readers each month while helping them make intelligent choices not only about what they do and where they go but what they think about matters of importance to the community and the region Atlanta magazine s editorial mission is to engage our community through provocative writing authoritative reporting and superlative design that illuminate the people the issues the trends and the events that define our city The magazine informs challenges and entertains our readers each month while helping them make intelligent choices not only about what they do and where they go but what they think about matters of importance to the community and the region **The Wall Street Journal** ,1988 **The Times Index** ,1999 Indexes the Times Sunday times and magazine Times literary supplement Times educational supplement and the Times higher education supplement **The Illustrated London News** ,1872-07 **The Directory of U.S. Trademarks** ,1992 Moore's Rural New Yorker ,1946 Crs Report for Congress Hinda Chaikind,Congressional Research Service: The

Libr, Bernadette Fernandez, 2013-11 This report summarizes key provisions affecting private health insurance in H R 3200 Americas Affordable Health Choices Act of 2009 as ordered reported by House Committees on Education and Labor and on Ways and Means Specifically this report focuses on Division A or I of H R 3200 from those committees Division A of H R 3200 focuses on reducing the number of uninsured restructuring the private health insurance market setting minimum standards for health benefits and providing financial assistance to certain individuals and in some cases small employers In general H R 3200 would require individuals to maintain health insurance and employers to either provide insurance or pay into a fund with penalties taxes for non compliance Several insurance market reforms would be made such as modified community rating and guaranteed issue and renewal Both the individual and employer mandates would be linked to acceptable health insurance coverage which would meet required minimum standards and incorporate the market reforms included in the bill Acceptable coverage would include 1 coverage under a qualified health benefits plan QHBP which could be offered either through the newly created Health Insurance Exchange the Exchange or outside the Exchange through new employer plans 2 grandfathered employment based plans 3 grandfathered

**Patient Protection and Affordable Care Act** U.s. Government Accountability Office, 2017-08-04 Why GAO Did This Study The Patient Protection and Affordable Care Act PPACA requires SHOPs exchanges or marketplaces where small employers can shop for health coverage for their employees to be established in all states PPACA also requires similar exchanges to be established for individuals CMS oversees the establishment of the SHOPs approving states to operate one or establishing and operating one itself in states that will not do so Enrollment is to begin October 2013 with coverage effective January 2014 although a key requirement related to employee choice was deferred for 1 year GAO was asked to examine federal and state readiness to establish the SHOPs In this report GAO describes 1 the roles of the federal government and states in establishing SHOPs and 2 the status of actions taken and planned by the federal government and states in preparing to establish SHOPs GAO reviewed CMS regulations and guidance on the roles of CMS and states in establishing both SHOPs and individual exchanges as progress establishing the two exchanges is related GAO reviewed CMS planning documents used to track the progress of key activities to be conducted by CMS to establish FF SHOPs and FFEs GAO also reviewed target completion dates for key activities CMS established for states and obtained updates from CMS on state progress GAO interviewed CMS officials and relied largely on documentation from CMS including

**Private Health Insurance Exchanges** Christine Buttorff, 2016 Private exchanges offer employer health insurance combining online shopping increased plan choice benefit administration and cost containment strategies This report examines how private exchanges function how they may affect employers and employees and the possible implications for the Affordable Care Act s ACA s Small Business Health Options Program SHOP Marketplaces The authors conducted a literature review held discussions with private exchange operators insurers and other experts and used a microsimulation model to assess the potential implications of private exchanges Among other things the authors found that

private exchanges could encourage employees to select less generous plans. While this could expose employees to higher out of pocket costs, premium contributions drop substantially for a net decrease in employee spending. On the other hand, employee spending may increase if in moving to private exchanges employers decrease their health insurance contributions. While many discussion respondents argued that private exchanges are seen as a mechanism for avoiding the ACA's Cadillac tax, a 40 percent excise tax on high premium plans taking effect in 2018, most employers should be able to avoid this tax by reducing plan generosity or making other changes regardless of whether they move to a private exchange. In general, we found little evidence to suggest that private exchanges will have a significant impact on the ACA's SHOP Marketplaces.

*American Health Benefit Exchange Model Act, 2010*. The purpose of this Act is to provide for the establishment of an American Health Benefit Exchange to facilitate the purchase and sale of qualified health plans in the individual market in this State and to provide for the establishment of a Small Business Health Options Program (SHOP) Exchange to assist qualified small employers in this State in facilitating the enrollment of their employees in qualified health plans offered in the small group market. The intent of the Exchange is to reduce the number of uninsured, provide a transparent marketplace and consumer education and assist individuals with access to programs, premium assistance, tax credits and cost sharing reductions.

Crs Report for Congress. Congressional Research Service: The Library of Congress, Kate M. Manuel, 2013-11. This report discusses what constitutes a disadvantaged small business for purposes of federal and federally funded contracting programs and how firms are certified or otherwise designated as such. Three primary categories of disadvantaged small businesses are currently eligible for various contracting programs: 1) small businesses participating in the Small Business Administration's (SBA's) Minority Small Business and Capital Ownership Development Program, commonly known as the 8(a) Program; 2) small disadvantaged businesses (SDBs); and 3) disadvantaged business enterprises (DBEs). These firms are characterized as disadvantaged because they are at least 51% owned by one or more socially and economically disadvantaged individuals or groups. However, social and economic disadvantage is defined somewhat differently for each program. Members of certain racial and ethnic groups are presumed to be socially disadvantaged for purposes of the 8(a) and SDB programs, while women are also presumed to be socially disadvantaged for purposes of the DBE program. Similarly, an individual's net worth must be \$250,000 or less for entry into the 8(a) Program, while net worth can be as high as \$750,000 for newly designated SDBs or DBEs. The programs for the various types of firms also differ in their operation. The 8(a) Program is open only

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