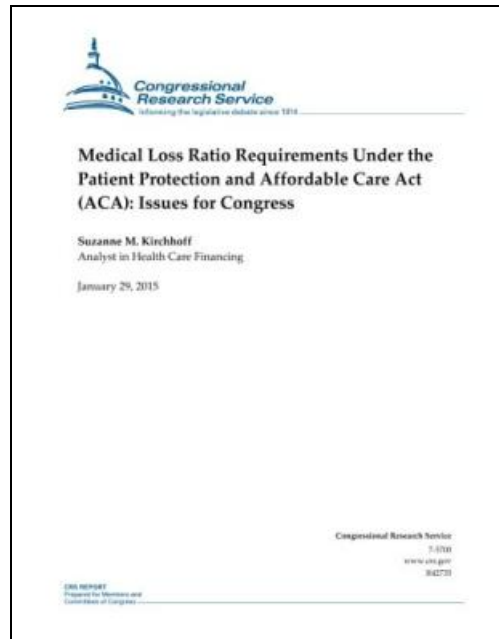


## Medical Loss Ratio Requirements Under the Patient Protection and Affordable Care Act (ACA): Issues for Congress



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Createspace, United States, 2015. Paperback. Book Condition: New. 279 x 216 mm. Language: English . Brand New Book \*\*\*\*\* Print on Demand \*\*\*\*\*.The 2010 Patient Protection and Affordable Care Act (ACA, P.L. 111-148) requires certain health insurers to provide consumer rebates if they do not meet a set financial target known as a medical loss ratio (MLR). At its most basic, a MLR measures the share of health care premium dollars spent on medical benefits, as opposed to company expenses such as overhead or profits. For example, if an insurer collects \$100,000 in premiums and spends \$85,000 on medical care, the MLR is 85 . In general, the higher the MLR, the more value a policyholder receives for his or her premium dollar. The ACA requires an annual, minimum 80 MLR for individual and small group insurance plans, and an annual, minimum 85 MLR for large group plans. Congress imposed the MLR to provide greater transparency and accountability around the expenditures made by health insurers and to help bring down the cost of health care. The Department of Health and Human Services (HHS) issued rules to implement the MLR with input from state insurance commissioners, who are the main regulators of health insurance. The ACA statute and regulations allow companies to include both quality improvements and medical services when calculating total MLR medical spending. Insurers may subtract (i.e., disregard) state and local taxes and some licensing fees from total MLR expenses. The federal ACA requirements differ from many state MLR laws, which generally compare medical claims to premiums. The ACA MLR is now the national minimum standard that must be met by covered health insurers. The ACA MLR is based on an insurer's annual aggregate performance, not on each individual's policy history. A consumer who paid health insurance...



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