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CRS REPORT FOR CONGRESS: MEDICAL LOSS RATIO REQUIREMENTS UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA): ISSUES FOR CONGRESS: SEPTE



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Bibliogov, United States, 2013. Paperback. Book Condition: New. 246 x 189 mm. Language: English . Brand New Book ***** Print on Demand *****.The 2010 Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) requires certain health insurers to provide rebates to their customers for each year that the insurers do not meet a set financial target called a medical loss ratio (MLR). At its most basic, an MLR measures the share of a health care premium dollar spent on medical benefits, as opposed to company expenses such as overhead or profits. For example, if total premiums collected are \$100,000, and \$85,000 is spent on medical care, the MLR would be 85 . The ACA sets the minimum required MLR at 80 for the individual and small group markets and at 85 for the large group market. In general, the higher the MLR, the more value a policyholder receives for his or her premium payment. Congress imposed the MLR in an effort to provide greater transparency and accountability around the expenditures made by health insurers and to help bring down the cost of health care. Insurers that fail to meet these minimum standards must provide rebates to policyholders. The Department of Health and Human Services (HHS), with input from state insurance commissioners who are the main regulators of health insurance, issued rules .

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