

State Health Reform Assistance Network

Charting the Road to Coverage

ISSUE BRIEF
January 2013

Qualified Health Plan (QHP) Issuer Certification Checklist

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The Affordable Care Act (ACA) requires insurance companies seeking to sell products on an Exchange to be certified as Qualified Health Plan (QHP) issuers. The *QHP Issuer Certification Checklist* is a document that insurance regulators (and/or Exchanges) can use or modify for use in reviewing applications filed by issuers for approval as QHP issuers. This checklist provides an outline for insurance regulators to ensure that issuers who seek to become QHP issuers are in compliance with ACA requirements. Regulators may choose to make this checklist available to issuers to help the regulated community meet all of the requirements for certification.

Some QHP issuer certification elements in the checklist require a decision by the state. The decision is about what regulators will accept from issuers as evidence to prove or verify compliance with ACA provisions. In some cases, a regulator may want to verify directly through evidence that a requirement is met. In other cases, a regulator may accept attestation that a requirement is already met or that the company is working to meet the requirement, e.g. submitting metal level (e.g., bronze, silver) plans for approval in the future. There are also decisions related to timing for meeting the requirements to receive certification as a QHP issuer.

In addition to this PDF, the *QHP Issuer Certification Checklist* is also available in a fillable Microsoft Word version for easy use and amendment by state regulators.

ABOUT STATE NETWORK

State Health Reform Assistance Network, a program of the Robert Wood Johnson Foundation, provides in-depth technical support to states to maximize coverage gains as they implement key provisions of the Affordable Care Act. The program is managed by the Woodrow Wilson School of Public and International Affairs at Princeton University. For more information, visit www.statenetwork.org.

ABOUT GEORGETOWN UNIVERSITY HEALTH POLICY INSTITUTE

The Health Policy Institute is a multi-disciplinary group of faculty and staff dedicated to conducting research on key issues in health policy and health services research. A team of research professors at the institute (supported by the RWJF *State Network*) are working with states, providing technical assistance focused on implementation of the private market reforms and exchanges under the Affordable Care Act. For more information on the Health Policy Institute visit <http://ihcrp.georgetown.edu/>.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measureable and timely change. For 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit www.rwjf.org. Follow the Foundation on Twitter www.rwjf.org/twitter or Facebook www.rwjf.org/facebook.

For further information, please contact Katie Dunton at ktd23@georgetown.edu or 202.744.5173.

Company Name (Name in {State} Company is Licensed under):	
NAIC Company Number:	
Company Address:	
Contact Person for filing:	
Contact Person for filing address:	
Contact Person for filing telephone number:	
Contact Person for filing email:	
<input type="checkbox"/> Individual <input type="checkbox"/> SHOP <input type="checkbox"/> CO-OP <input type="checkbox"/> Multi-State plan (under contract with OPM) <input type="checkbox"/> Dental only	

		Requirements	Federal Source	SERFF-supported function*	SERFF could be used for data collection**	Notes
<input type="checkbox"/>	I	Licensed and in good standing	45 CFR §156.200(b)(4)		X	1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	1.1	<input type="checkbox"/> Is licensed or authorized in {State} as: <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <input type="checkbox"/> Stock <input type="checkbox"/> Reciprocal <input type="checkbox"/> Mutual <input type="checkbox"/> Fraternal Benefit Society <input type="checkbox"/> HMO <input type="checkbox"/> Non Profit Health Care Plan <input type="checkbox"/> {additional licenses available in State}			X	
	1.2	<input type="checkbox"/> Authorized by {State} DOI to offer health insurance <input type="checkbox"/> Authorized by {State} DOI to offer dental insurance			X	
	1.3	<input type="checkbox"/> Is in good standing			X	No federal guidance. Is there state guidance on "in good standing" that should be included here?

<input type="checkbox"/>	II	Benefit Standards and Product Offerings				1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	2.1	<input type="checkbox"/> Covers the Essential Health Benefit Package. <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance (Life and Health Director).</i>	42 USC §18022	X		
	2.2	<input type="checkbox"/> Complies with Annual Limitation on Cost-Sharing. <input type="checkbox"/> <i>Cost-sharing</i> shall not exceed the dollar amounts in effect under section 223(c)(2)(A)(ii) of the Internal Revenue Code of 1986 for self-only and family coverage. <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance (Life and Health Director).</i> FOR SHOP ONLY: <input type="checkbox"/> Complies with Annual Limitations on Deductibles for Employer-Sponsored Plans. <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance (Life and Health Director).</i>	42 USC §18022	X		

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	2.3	<input type="checkbox"/> Offers through the Exchange: <input type="checkbox"/> One silver level plan (AV 70%), AND <input type="checkbox"/> One gold level plan (AV 80%). <input type="checkbox"/> REVIEWER: <input type="checkbox"/> Check with form review for compliance (Life and Health Director), AND <input type="checkbox"/> Check with actuary for AV status if not part of form review.	45 CFR §156.200 (c)(1)	X		
	2.4	<input type="checkbox"/> If offers a Catastrophic Plan, it is only offered to eligible individuals eligible to enroll in a Catastrophic Plan. Eligible individuals: <input type="checkbox"/> Individuals that have not attained the age of 30 before the beginning of the plan year; or <input type="checkbox"/> Individual has a certification in effect for any plan year exempt from the Shared Responsibility Payment by reason of lack of affordable coverage or hardship. <input type="checkbox"/> If offered, Catastrophic Plans are offered only in the individual exchange and not in the SHOP. <input type="checkbox"/> If offered, Catastrophic Plan complies with specific requirements for benefits. <input type="checkbox"/> REVIEWER: Check with form review for compliance (Life and Health Director).	42 USC §18022(e)		X	
	2.5	<input type="checkbox"/> Offers a child-only plan at the same level of coverage—bronze, silver, gold, or platinum—as any other plan offered through the Exchange to individuals who, as of the beginning of the plan year, have not attained age 21. <input type="checkbox"/> REVIEWER: Check with form review for compliance (Life and Health Director).	45 CFR §156.200(c)	X		
	2.6	<input type="checkbox"/> Does not have benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs. <input type="checkbox"/> REVIEWER: Check with form review for compliance (Life and Health Director).	45 CFR §156.225(b)	X		
	2.7	<input type="checkbox"/> Submits a description of covered benefits and cost-sharing provisions to the exchange at least annually.	45 CFR §156.210(b)		X	
<input type="checkbox"/>	III	Rate Filings and other Rate Disclosure Requirements				1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	3.1	<input type="checkbox"/> Files rates for prior approval. <input type="checkbox"/> REVIEWER: Check with actuary.	{State law cite}	X		NOTE: Does prior approval apply to dental only policies?
	3.2	<input type="checkbox"/> Submits rate information to the Exchange at least annually.	45 CFR §155.1020 45 CFR §156.210(b)	X		

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	3.3	<input type="checkbox"/> Submits to the Exchange a justification for a rate increase prior to the implementation of the increase.	45 CFR §155.1020; 45 CFR §156.210(c)	X		
	3.4	<input type="checkbox"/> Prominently posts the rate increase justification on issuer website prior to the implementation of the increase.	45 CFR §155.1020; 45 CFR §156.210(c)		X	
<input type="checkbox"/>	IV	Rating Standards—General				
	4.1	<input type="checkbox"/> Sets rates for an entire benefit year, or for the SHOP, plan year. <input type="checkbox"/> REVIEWER: Check with actuary.	45 CFR §156.210(a)	X		
	4.2	<input type="checkbox"/> Rates must be the same for products inside and outside Exchange. <input type="checkbox"/> REVIEWER: Check with actuary.	45 CFR §156.255(b)	X		
<input type="checkbox"/>	V	Allowable Rating Variations	42 U.S.C. 300gg §2701; 45 CFR §156.255			1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	5.1	<input type="checkbox"/> Varies rates only based on: <input type="checkbox"/> Geographic area <input type="checkbox"/> Age (3 to 1) <input type="checkbox"/> Tobacco use (1.5 to 1) <input type="checkbox"/> Family composition: <input type="checkbox"/> Individual; <input type="checkbox"/> Two-adult families; <input type="checkbox"/> One-adult family with child(ren); <input type="checkbox"/> All other families. <input type="checkbox"/> REVIEWER: Check with actuary.	42 U.S.C. 300gg §2701; 45 CFR §156.255	X		Note: State restrictions?
<input type="checkbox"/>	VI	Marketing				1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	6.1	<input type="checkbox"/> Complies with all {State} marketing laws & regulations.	45 CFR §156.225(a)	X		
	6.2	<input type="checkbox"/> Marketing practices do not discourage the enrollment of individuals with significant health needs.	45 CFR §156.225(b)	X		
<input type="checkbox"/>	VII	Network Adequacy Requirements	45 CFR §155.1050; 45 CFR §156.230			1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	7.1	<input type="checkbox"/> Complies with {State} network adequacy laws & regs in addition to the specific requirements listed below.			X	

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	7.2	<input type="checkbox"/> Has a network for each plan with sufficient number and types of providers to ensure that all services are accessible without unreasonable delay. <input type="checkbox"/> Network must include providers that specialize in mental health and substance abuse services.	45 CFR §156.230(a)(2)		X	
	7.3	<input type="checkbox"/> Has a network with sufficient geographic distribution of providers for each plan.	45 CFR §156.230(a)(2)		X	
	7.4	<input type="checkbox"/> Has sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the service area.	45 CFR §156.230(a)(1) 45 CFR §156.235		X	
	7.5	<input type="checkbox"/> Makes its provider directory available: <ul style="list-style-type: none"> <input type="checkbox"/> To the Exchange for publication online in accordance with guidance from the Exchange; and <input type="checkbox"/> To potential enrollees in hard copy upon request. <input type="checkbox"/> Provider directory identifies providers that are not accepting new patients.	45 CFR §156.230(b)		X	
<input type="checkbox"/>	VIII	Applications and Notices				1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	8.1	<input type="checkbox"/> Provides to applicants and enrollees all applications and other material: <ul style="list-style-type: none"> <input type="checkbox"/> In plain language; and <input type="checkbox"/> In a manner that is accessible and timely to: <ul style="list-style-type: none"> <input type="checkbox"/> Individuals living with disabilities, and <input type="checkbox"/> To individuals with limited English proficiency through the provision of language services at no cost to the individual. 	45 CFR §155.230(b)		X	
	8.2	<input type="checkbox"/> Complies with {State} minimum language simplification standards.	{State law cite}		X	

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<input type="checkbox"/>	IX	Transparency Requirements	45 CFR §155.1040; 45 CFR §156.220			<ol style="list-style-type: none"> 1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	9.1	<input type="checkbox"/> Makes available to the public in an accurate and timely manner, and in plain language: <ul style="list-style-type: none"> <input type="checkbox"/> Claims payment policies and practices; <input type="checkbox"/> Periodic financial disclosures; <input type="checkbox"/> Data on enrollment; <input type="checkbox"/> Data on disenrollment; <input type="checkbox"/> Data on the number of claims that are denied; <input type="checkbox"/> Data on rating practices; <input type="checkbox"/> Information on cost-sharing and payments for out-of-network coverage; <input type="checkbox"/> Information on enrollee rights under Title I of the Affordable Care Act (includes insurance market reforms and Patient's Bill of Rights). <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance with Patient's Bill of Rights (Life and Health Director).</i>	45 CFR §156.220		X	
	9.2	<input type="checkbox"/> Makes available to the Exchange in an accurate and timely manner, and in plain language: <ul style="list-style-type: none"> <input type="checkbox"/> Claims payment policies and practices; <input type="checkbox"/> Periodic financial disclosures; <input type="checkbox"/> Data on enrollment; <input type="checkbox"/> Data on disenrollment; <input type="checkbox"/> Data on the number of claims that are denied; <input type="checkbox"/> Data on rating practices; <input type="checkbox"/> Information on cost-sharing and payments for out-of-network coverage; <input type="checkbox"/> Information on enrollee rights under Title I of the Affordable Care Act (includes insurance market reforms and Patient's Bill of Rights). <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance with Patient's Bill of Rights (Life and Health Director).</i>	45 CFR §156.220		X	

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9.3	<input type="checkbox"/> Makes available to {Commissioner/ Superintendent} of Insurance in an accurate and timely manner, and in plain language: <ul style="list-style-type: none"> <input type="checkbox"/> Claims payment policies and practices; <input type="checkbox"/> Periodic financial disclosures; <input type="checkbox"/> Data on enrollment; <input type="checkbox"/> Data on disenrollment; <input type="checkbox"/> Data on the number of claims that are denied; <input type="checkbox"/> Data on rating practices; <input type="checkbox"/> Information on cost-sharing and payments for out-of-network coverage; <input type="checkbox"/> Information on enrollee rights under Title I of the Affordable Care Act (includes insurance market reforms and Patient's Bill of Rights). <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance with Patient's Bill of Rights (Life and Health Director).</i>	45 CFR §156.220		X	
9.4	<input type="checkbox"/> Makes available to the U.S. DHHS in an accurate and timely manner, and in plain language: <ul style="list-style-type: none"> <input type="checkbox"/> Claims payment policies and practices; <input type="checkbox"/> Periodic financial disclosures; <input type="checkbox"/> Data on enrollment; <input type="checkbox"/> Data on disenrollment; <input type="checkbox"/> Data on the number of claims that are denied; <input type="checkbox"/> Data on rating practices; <input type="checkbox"/> Information on cost-sharing and payments for out-of-network coverage; <input type="checkbox"/> Information on enrollee rights under Title I of the Affordable Care Act (includes insurance market reforms and Patient's Bill of Rights). <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance with Patient's Bill of Rights (Life and Health Director).</i>	45 CFR §156.220		X	
9.5	<input type="checkbox"/> Makes available the amount of enrollee cost-sharing for a specific item or service by a participating provider in a timely manner upon the request of the individual. <input type="checkbox"/> Makes available such information through: <ul style="list-style-type: none"> <input type="checkbox"/> Internet website; and <input type="checkbox"/> Other means for individuals without access to the Internet. 	45 CFR §156.220(d)		X	
9.6	<input type="checkbox"/> Provides required notices on internal and external appeals in a culturally and linguistically appropriate manner. <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance (Life and Health Director).</i>	45 CFR §147.136(e)		X	

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<input type="checkbox"/>	X	Enrollment Periods				<ol style="list-style-type: none"> 1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	10.1	<input type="checkbox"/> Provides an initial open enrollment period October 1, 2013 to March 31, 2014.	45 CFR §155.410(b)		X	
	10.2	<input type="checkbox"/> Provides an annual open enrollment period October 15 to December 7.	45 CFR §155.410(e)		X	
	10.3	<input type="checkbox"/> Provides notice prior to the annual open enrollment period.	45 CFR §155.410(d)		X	Note: Exchange required to provide notice under reg. Is the Exchange going to require QHPs provide notice?
	10.4	<input type="checkbox"/> Provides special enrollment periods for qualified enrollees. <input type="checkbox"/> Provides notice to individuals eligible to enroll during a special enrollment period. <input type="checkbox"/> REVIEWER: <input type="checkbox"/> Check with form review for compliance for special enrollment period (Life and Health Director), AND <input type="checkbox"/> Check with form review for compliance with notice (Life and Health Director).	45 CFR §155.420		X	Note: Any additional state-based triggering events? E.g. domestic partnership.
<input type="checkbox"/>	XI	Enrollment Process for Qualified Individuals				<ol style="list-style-type: none"> 1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	11.1	<input type="checkbox"/> Enrolls a qualified individual when Exchange notifies the issuer that the individual is a qualified individual and transmits information to the issuer.	45 CFR §156.265 (b)(1)		X	
	11.2	<input type="checkbox"/> If an applicant initiates enrollment directly with the issuer for enrollment through the Exchange, the issuer either: <ul style="list-style-type: none"> <input type="checkbox"/> Directs the individual to file an application with the Exchange; or <input type="checkbox"/> Ensures that the individual received an eligibility determination for coverage through the exchange through the exchange Internet website. 	45 CFR §156.265 (b)(2)		X	
	11.3	<input type="checkbox"/> Accepts enrollment information consistent with the privacy and security requirements established by the Exchange.	45 CFR §156.265 (c)		X	
	11.4	<input type="checkbox"/> Uses the premium payment process established by the Exchange.	45 CFR §156.265 (d)		X	
	11.5	<input type="checkbox"/> Provides new enrollees an enrollment information package that is compliant with accessibility and readability standards.	45 CFR §156.265 (e)		X	

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	11.6	<input type="checkbox"/> Reconciles enrollment files with HHS and the Exchange no less than once a month.	45 CFR §156.265 (f); 45 CFR §156.400 (d)		X	
	11.7	<input type="checkbox"/> Acknowledges receipt of enrollment information transmitted from the exchange in accordance with Exchange standards.	45 CFR §156.265 (g)		X	
<input type="checkbox"/>	XII	Termination of Coverage of Qualified Individuals	45 CFR §155.430; 45 CFR §156.270			1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	12.1	<input type="checkbox"/> Terminates coverage only if: <input type="checkbox"/> Enrollee is no longer eligible for coverage through the Exchange; <input type="checkbox"/> Enrollee's coverage is rescinded; <input type="checkbox"/> QHP terminates or is decertified; <input type="checkbox"/> Enrollee switches coverage: <input type="checkbox"/> During an annual open enrollment period; <input type="checkbox"/> Special enrollment period; or <input type="checkbox"/> Obtains other minimum essential coverage. <input type="checkbox"/> For non-payment of premium only if: <input type="checkbox"/> Applies termination policy for non-payment of premium uniformly to enrollees in similar circumstances; <input type="checkbox"/> Enrollee is delinquent on premium payment; <input type="checkbox"/> Provides the enrollee with notice of such payment delinquency; and <input type="checkbox"/> Provides a grace period of at least 3 consecutive months if an enrollee is receiving advance payments of the premium tax credit and has previously paid at least one month's premium. <input type="checkbox"/> REVIEWER: <input type="checkbox"/> Check with form review for termination compliance (Life and Health Director), AND <input type="checkbox"/> Check with form review for compliance with notice (Life and Health Director).	45 CFR §155.430(b); 45 CFR §156.270		X	
	12.2	<input type="checkbox"/> Provides reasonable notice of termination of coverage to the exchange and enrollee (this includes effective date of termination). <input type="checkbox"/> REVIEWER: Check with form review for notice and effective date compliance (Life and Health Director).	45 CFR §155.430 (d); 45 CFR §156.270 (b)		X	
	12.3	<input type="checkbox"/> Maintains records of terminations of coverage for auditing.	45 CFR §155.430(c); 45 CFR §156.270(h)		X	

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<input type="checkbox"/>	XIII	Accreditation Standards	45 CFR §1045; 45 CFR §156.275			1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	13.1	<input type="checkbox"/> Accredited on the basis of local performance in the following categories by an accrediting entity recognized by HHS: <ul style="list-style-type: none"> <input type="checkbox"/> Clinical quality measures, such as the HEDIS; <input type="checkbox"/> Patient experience ratings on a standardized CAHPS survey; <input type="checkbox"/> Consumer access; <input type="checkbox"/> Utilization management; <input type="checkbox"/> Quality assurance; <input type="checkbox"/> Provider credentialing; <input type="checkbox"/> Complaints and appeals; <input type="checkbox"/> Network adequacy and access; and <input type="checkbox"/> Patient information programs. 	45 CFR §156.275(a)(1)	X (Standardized CAHPS data will not be captured in SERFF for plan year 1)	X (States could require CAHPS data be submitted via SERFF for plan year 1)	
	13.2	<input type="checkbox"/> Authorizes the accrediting entity to release to the exchange and HHS a copy of its most recent accreditation survey and survey-related information.	45 CFR §156.275(a)(2)	X		
	13.3	<input type="checkbox"/> Accredited within the timeframe established by the Exchange. <input type="checkbox"/> Maintains accreditation.	45 CFR §156.275(b)	X		
<input type="checkbox"/>	XIV	Quality Assurance Program				
	14.1	<input type="checkbox"/> Implements and reports on a <u>quality improvement strategy</u> or strategies used to reward quality through the use of market based incentives. <u>Improvement strategy</u> is any strategy that includes increased reimbursement or other financial incentive for: <ul style="list-style-type: none"> • Improving health outcomes through the implementation of activities that include quality reporting, effective case management, care coordination, chronic disease management, medication and care compliance initiatives, including use of the medical home model, for treatment or services under the plan or coverage; • Implementation of activities to prevent hospital readmissions through a comprehensive program that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional; • Implementation of activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology; and • Implementation of wellness and health promotion activities. 	45 CFR §156.200 (b)(5) 42 U.S.C. §13031		X	

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<input type="checkbox"/>	XV	Segregation of Funds				
	15.1	<input type="checkbox"/> Does not use federal funds for abortion.	45 CFR §156.280		X	
<input type="checkbox"/>	XVI	Other Substantive Requirements				
	16.1	<input type="checkbox"/> Complies with all Exchange processes, procedures and requirements.	45 CFR §156.200(b)(2)		X	
	16.2	<input type="checkbox"/> Paid the Exchange user fee.	45 CFR §156.200(b)(6)		X	
	16.3	<input type="checkbox"/> Complies with risk adjustment program.	45 CFR §156.200(b)(7)		X	
	16.4	<input type="checkbox"/> Does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation.	45 CFR §156.200(e)		X	
	16.5	<input type="checkbox"/> Is in the interest of qualified individuals.	45 CFR §155.1000(c)(2)		X	
	16.6	<input type="checkbox"/> Complies with internal claims and appeals and external review processes. <input type="checkbox"/> <i>REVIEWER: Check with form review for compliance (Life and Health Director).</i>	45 CFR §147.136		X	
	16.7	<input type="checkbox"/> If provides coverage through a direct primary care medical home: <input type="checkbox"/> Medical home meets criteria established by HHS; <input type="checkbox"/> Issuer meets all requirements otherwise required; and <input type="checkbox"/> Issuer coordinates the services covered by the direct primary care medical home.	45 CFR §156.245		X	
<input type="checkbox"/>	XVII	Other Reporting Requirements				1. Regulator verifies directly through evidence that requirement is met. 2. Regulator will accept verification by company officer that requirement has been met. 3. Regulator will accept verification by company officer that company is taking steps to meet the requirements prior to [DATE].
	17.1	<input type="checkbox"/> Collects and transmits data to and from, exchanges, HHS, Treasury, and reinsurance entities. <input type="checkbox"/> Provides a description of system infrastructure's capacity to securely interface with these entities for data transfers, including enrollment, reconciliation, claims encounter data, and reports.		X (for Plan Management data transfers between SERFF and an Exchange)		

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	17.2	<ul style="list-style-type: none"> <input type="checkbox"/> Reports to U.S. DHHS on prescription drug distribution and costs the following information (paid by PBM or issuer): <ul style="list-style-type: none"> <input type="checkbox"/> Percentage of all prescriptions that were provided through retail pharmacies compared to mail order pharmacies, and <input type="checkbox"/> Percentage of prescriptions for which a generic drug was available and dispensed compared to all drugs dispensed, broken down by pharmacy type: <ul style="list-style-type: none"> <input type="checkbox"/> Independent pharmacy, <input type="checkbox"/> Supermarket pharmacy, and <input type="checkbox"/> Mass merchandiser pharmacy. <input type="checkbox"/> Aggregate amount and type of rebates, discounts or price concessions that the issuer or its contracted PBM negotiates that are: <ul style="list-style-type: none"> <input type="checkbox"/> Attributable to patient utilization, and <input type="checkbox"/> Passed through to the issuer. <input type="checkbox"/> Total number of prescriptions that were dispensed. <input type="checkbox"/> Aggregate amount of the difference between the amount the issuer pays its contracted PBM and the amounts that the PBM pays retail pharmacies, and mail order pharmacies. 	45 CFR §156.295			

*SERFF is expected to collect data for analysis of the requirements in this column.

**SERFF may be used to collect state-specific, document-based information to support review of requirements in this column.