State Health Reform Assistance Network
Charting the Road to Coverage

Final HHS Notice of Benefit and Payment Parameters for 2016: Brief Summary of Key Provisions for the 2016 Plan Year

Prepared in advance of a discussion on 2016 form review by:

Center on Health Insurance Reforms
Georgetown University Health Policy Institute

On February 27, 2015, the federal Department of Health and Human Services published the Notice of Benefit and Payment Parameters for 2016 Final Rule. *See* Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016; Final Rule, 80 Fed. Reg. 10750 (February 27, 2015). This final rule can be accessed at: http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf.

The following is a brief summary of the key provisions specific to form review and other notable provisions specific to the 2016 plan year.

I. Key Provisions Specific to Form Review for the 2016 Plan Year

Enrollment Periods (Open and Special Enrollment): The final rule provides that the open enrollment period for non-grandfathered individual market policies for the 2016 coverage year will run from November 1, 2015 through January 31, 2016. The rule also modifies existing standards related to effective dates for coverage selected during certain special enrollment periods and establishes new special enrollment qualifying events. *See* 45 C.F.R. §§155.410 & 155.420.

Definition of Habilitative Services: The rule defines habilitative services. Where habilitative services are not covered by a state's benchmark plan and are not defined through state action, an issuer must provide coverage consistent with the new federal definition and in a manner that is no less favorable than its coverage of rehabilitative services. *See* 45 C.F.R. §156.115(a)(5).

Meaningful Access to Coverage Materials: The final rule specifies that, in order for QHP issuers to satisfy the existing requirement to provide "oral interpretation" services, they must provide telephonic interpreter services in at least 150 languages. *See* 45 C.F.R. §155.205(c)(2)(i).

Annual Update to Cost-Sharing Limits: The final rule establishes the maximum annual limitation on cost sharing for calendar year 2016 at $6,850 for self-only coverage and $13,700 for other than self-only coverage. *See* 80 Fed. Reg. at 10825.

Pediatric Age: Insurers must cover pediatric benefits until the end of the month in which an enrollee turns 19. *See* 45 C.F.R. §156.115(a)(6).

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Drug Exceptions Process: The final rule sets forth more detailed procedures for the drug exceptions review process, and allows an enrollee to request an independent external review if a health plan denies an initial request for an exception. Additionally, the cost sharing for drugs approved through the exceptions process must count toward the annual limitation on cost sharing. *See* 45 C.F.R. §156.122(c).

II. Other Notable Provisions for the 2016 Plan Year

Publication of Provider Directories: QHP issuers must publish an up-to-date, accurate, and complete provider directory in a manner that is easily accessible to plan enrollees, prospective enrollees, the State, the Marketplace, HHS, and OPM. QHP issuers in the FFM must also make directory information available in a machine-readable format to enable third parties to create resources that aggregate information on different plans. *See* 45 C.F.R. §156.230(b).

Publication of Formularies: Formulary drug lists must be accurate, up-to-date, and complete, and must include any tiering structure and restrictions on how a drug can be obtained. To be considered complete, it must list all drugs that are EHB and all drug names that are currently covered by the plan. The formulary must be published so that is easily accessible and QHP issuers in the FFM must make formularies available in a machine-readable format to allow the creation of aggregated information sources. *See* 45 C.F.R. §156.122(d).

Improving Consumer Access to Information: Beginning November 1, 2015, QHP issuers must provide separate SBCs for each plan variation. Effective January 1, 2016, issuers must provide a new SBC to enrollees upon notice of the enrollee's assignment into a new plan variation. *See* 45 C.F.R. §156.420(h) & §156.425(c).

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