

NON-GRANDFATHERED INDIVIDUAL QUALIFIED HEALTH PLAN (QHP) STANDARDS CHECKLIST

This checklist identifies code and rule citations that may be applicable to your filing. You should carefully review the requirements of Chapters 21, 39, and 52, of Title 41, Idaho Code and IDAPA 18.01.30. This checklist is only intended to address requirements that have sometimes been a source of confusion or omitted from individual health policy filings. The company representative certifying the forms are in compliance with the Idaho Insurance Code must initial each listed item to indicate that he or she has specifically reviewed the forms and determined that the filing complies with the identified code section or rule and include the page number of the forms showing compliance with the specific requirement.

Requirement	Citations	Comments	Additional Qualifying Information	Company Explanation (In or out of Exchange)	Page #	Initials of Certifying Person
IDAHO CODE AND RULE REQUIREMENTS						
All forms must be filed including policies, applications, riders, endorsements and amendments	Idaho Code § 41-1812	This requirement applies to all individual QHPs that are filed to be sold thru the Exchange and those outside the Exchange. The company must submit all policies as a new product. Riders or endorsements are not allowed on plans in the Exchange. Only optional riders with additional premium are allowed outside the Exchange.				
Refund of Unearned Premium To Policyholder	Idaho Code § 41-1333	This provision must be included in all Individual QHPs.				

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Prescription Drug Benefit	Idaho Code § 41-1844	Insurer cannot require an insured to obtain prescriptions from a mail order pharmacy nor set forth any additional fees or deductibles if a registered pharmacy agrees to the same terms and conditions as the mail order pharmacy.				
Recreational Related Activities	Idaho Code § 41-1845	No insurer may deny or exclude medical benefits based on the individual's casual or nonprofessional participation in recreational-related activities.				
External Appeal	Title 41, Chapter 59, Idaho Code IDAPA 18.01.05	Forms must include description of external review process as set forth in statute and rule.				
Free Choice of Provider	Idaho Code § 41-2103(8)	The insured is entitled to a free choice of medical doctor or podiatrist, if authorized by law to perform particular services. Dental contracts must include denturist pursuant to Idaho Code § 54-3318.				

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Complications of Pregnancy	Idaho Code § 41-2140 IDAPA 18.01.31	Complications of pregnancy as defined in Rule 31 cannot be excluded. All Cesarean section deliveries are considered complications of pregnancy.				
Coverage for Newborn and Adopted Children	Idaho Code § 41-2140, § 41-3923 IDAPA 18.01.06	If the plan covers dependents: all newborn children must be covered from and after the moment of birth; and all adopted children are covered from and after the moment of birth if placed within 60 days of birth, or from the date of placement if placed more than 60 days after birth. No preexisting condition limitation may be imposed. QHPs must include the definition of "placed" and "congenital anomaly" and must include the required timeframe for payment of additional premium for newborn and adopted children.				
Coverage of Disabled Dependent Child	Idaho Code § 41-2139	If the dependent of an insured is unmarried and incapable of self-sustaining employment by reason of intellectual or physical disability, policies must provide coverage for such dependent whose coverage would otherwise terminate due to attained age.				

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Coverage for Abortions in Exchange Prohibited	Idaho Code § 41-1848 Section 1303 of ACA Idaho Code § 41-2142 Idaho Code § 41-3924	Idaho law prohibits QHPs in the Exchange from offering coverage for elective abortions. This prohibition does not apply to an abortion performed if it is the recommendation of one (1) consulting physician that an abortion is necessary to save the life of the mother or if the pregnancy is a result of rape, as defined in Idaho Code § 18-6101, or incest as determined by the courts. Elective Abortions are allowed outside the Exchange by endorsement with additional premium.				
Mammography Coverage	Idaho Code § 41-2144 Idaho Code § 41-3926	All QHPs must cover mammography. The forms must comply with the Women's Health and Cancer Act and meet the minimum guidelines of EHB for Preventive Services.	EHB Preventive Services requires mammography coverage.			
Renewability of Coverage	Idaho Code § 41-5207	All QHPs are guaranteed renewable at the option of the insured.				

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Discontinuance	Idaho Code § 41-5207(1)(e) Bulletin 13-01	A carrier may discontinue non-grandfathered products which have not met the requirements to have been in use for 36 consecutive months and to cover no more than 15% of its total number of insureds and dependents in all lines of business.				
Outline of Coverage	Idaho Code § 41-4205 IDAPA 18.01.30.101.01	An outline of coverage is required for all QHPs, both in and out of the Exchange.	This is in addition to the Federal Summary of Benefits and Coverage form.			
Extension of Benefits for Maternity	IDAPA 18.01.30.013.05	If the insurer cancels or refuses to renew, policies providing pregnancy benefits shall provide for an extension of benefits for pregnancy commencing while the policy is in force and for which benefits would have been payable had the policy remained in force.				
Time of Payment of Claims	Idaho Code § 41-2112, Title 41, Chapter 56, Idaho Code	QHP contracts must contain a statement that any loss will be paid immediately upon receipt of due written proof of loss.				

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Ten-Day Free Examination	Idaho Code § 41-2138	All individual QHPs must contain a provision that allows the insured a 10-day examination period during which time the insured may return the policy if not satisfied.				
Newborns' & Mothers' Health Protection Act	Idaho Code § 41-2140(4)	No policy shall provide medical expense maternity benefits which restrict the length of a hospital stay in a manner that would be in conflict with the federal Newborns' & Mothers' Health Protection Act.				
Premium Rates	Idaho Code § 41-5206 IDAPA 18.01.72 Bulletin 13-02 45 CFR Parts 144, 147, 150	Companies must submit a complete rate filing for initial forms and for any rate increases or changes in rating methods in the form of a rate manual. Companies must also submit their annual certification of compliance by September 15 of each year. Submissions must be made electronically through SERFF.				
Dependent Limiting Age	Idaho Code § 41-5203 PHSA §2714(75 Fed Reg 27122, 45 CFR § 147.120)	Coverage shall be provided for children under the age of 26 and for any unmarried child of any age who is medically certified as disabled and dependent upon the parent.				

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Coordination of Benefits	<u>IDAPA 18.01.74</u>	All QHPs must comply with the requirements of Rule 74. The company should review the definitions and other provisions of Rule 74 carefully.				
Domestic Partner Language	<u>Idaho Code § 32-201</u>	Idaho law defines marriage as a civil contract between a man and a woman; the policy may not define or use the term “spouse” in a manner inconsistent with the statutory definition of marriage.				

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ACA REQUIREMENTS						
Benchmark Plan	Section 1302(b)(2)(A) of ACA	Blue Cross of Idaho Small Employer Preferred Blue PPO Plan Federal Employees Dental and Vision Insurance Program (FEDVIP) dental plan	http://cciio.cms.gov/resources/EHBBenchmark/idaho-ehb-benchmark-plan.pdf			
Essential Health Benefits	Section 1302 of ACA PHSA § 2711 (75 Fed Reg 37188, 45 CFR § 147.126) PHSA § 2711 (75 Fed Reg 37188, 45 CFR § 147.126)	1. Ambulatory Patient Services 2. Emergency Services (see below) 3. Hospitalization 4. Maternity and Newborn Care 5. Mental Health and Substance Use Disorder Services, including behavioral health treatment 6. Prescription Drugs (see Formulary below) 7. Rehabilitative and Habilitative Services and Devices 8. Laboratory Services 9. Preventive and Wellness Services and Chronic Disease Management (see below) 10. Pediatric Services, including Oral and Vision Care	No lifetime limits on EHB Emergency Services, same benefit in/out of network Pediatric oral services are not required to be embedded in medical policy if stand-alone dental in Exchange			

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	PHSA § 2719A (75 Fed Reg 37188, 45 CFR § 147.138)	Emergency services must be covered without prior authorization and paid at the same rate for nonparticipating providers as for participating providers.				
	PHSA § 2713 (75 Fed Reg 41726, 45 CFR § 147.130)	Preventive Services must be covered without cost sharing (deductibles, co-payments, or coinsurance).				
	78 Fed Reg 12867, 45 CFR § 156.122	Prescription Drug Formulary	http://cciio.cms.gov/resources/EHBBenchmark/idaho-ehb-benchmark-plan.pdf			
Rescissions	PHSA § 2712 (75 Fed Reg 37188, 45 CFR § 147.128)	Insurer may not rescind a policy except for fraud or intentional misrepresentation of a material fact.				
Internal Appeal	PHSA § 2719 (75 Fed Reg 43330, 76 Fed Reg 37208, 45 CFR § 147.136)	Insurer must provide an internal claims and appeals process that meets the requirements of Section 2719(a)(1) of the Public Health Service Act.				

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Primary Care Providers	PHSA § 2719A (75 Fed Reg 37188, 45 CFR § 147.138) Idaho Code § 41-3915	Insurer must allow an enrollee with a child to designate any willing participating pediatrician as the primary care provider for the child.				
Gynecological and Obstetrical Services	PHSA § 2719A (75 Fed Reg 37188, 45 CFR § 147.138) Idaho Code § 41-3915	A participating gynecologist or obstetrician may be authorized as a primary care provider if designation of a primary care provider is required or allowed.				
Preexisting Conditions	PHSA § 1255 (75 Fed Reg 37188, 45 CFR § 147.108)	Effective January 1, 2014, no QHP can include any preexisting condition exclusion.				

_____ Signature and title of certifying company officer or representative

_____ Date