

NON-GRANDFATHERED SMALL EMPLOYER 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 22, 39 and 47, Title 41, Idaho Code, and IDAPA 18.01.69. This checklist is only intended to address requirements that have sometimes been a source of confusion or omitted from small employer 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 includes 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, amendments	Idaho Code § 41-1812	This requirement applies to all small employer QHPs that are filed to be sold through 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 small employer 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	Form must include description of external review process as set forth in statute and rule.				
Complications of Pregnancy	Idaho Code § 41-2210 IDAPA 18.01.31	Complications of pregnancy as defined in Rule 31 cannot be excluded. All Cesarean section deliveries are considered complications of pregnancy.				

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Coverage for Newborn and Adopted Children	Idaho Code § 41-2210 IDAPA 18.01.06	<p>If the plan covers dependents: all newborn children must be covered from and after the moment of birth; and all adopted children must be 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.</p>				
Coverage of Disabled Dependent Child	Idaho Code § 41-2203	<p>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.</p>				

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Coverage for Abortions in Exchange Prohibited	Idaho Code § 41-1848 Section 1303 of ACA Idaho Code § 41-2210A	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 § 41-2218	All QHPs must cover mammographies. 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 § 41-4707	All QHPs are guaranteed renewable at the option of the employer.				

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Conversion	Idaho Code § 41-4708B Idaho Code § 41-2210D	Group carriers that do not have an individual product on file with the Department will provide a conversion plan with benefits at least equal to the standard health benefit plan.				
Coordination of Benefits	IDAPA 18.01.74	All QHPs must comply with the requirements of Rule 74. The company should review the definitions and other provisions of Rule 74 carefully.				
Applicability	IDAPA 18.01.69.015	All QHPs must be issued to an employer of 2-50 employees whether the individuals covered reside in Idaho or another state.				
Entire Group Coverage	IDAPA 18.01.69.046	All eligible employees and their dependents shall have the option to choose one or more plans and may be subject to participation requirements.				
Extension of Benefits Disabled	Idaho Code § 41-2213	Extension of benefits must be provided for a period of not less than 12 months for individuals who are disabled and continue to be totally disabled at the date of discontinuance of the policy.				

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Extension of Maternity Benefits	Idaho Code § 41-2214	Extension of benefits must be provided for a period of not less than 12 months for individuals who are pregnant at the date of the discontinuance of the policy.				
Replacement Contracts	Idaho Code § 41-2215	Any carrier providing replacement coverage for a QHP within 60 days from the date of discontinuance of the prior policy shall immediately cover all employees and dependents validly covered under the prior policy on the date of discontinuance.				
Premium Rates	Idaho Code § 41-4706 IDAPA 18.01.69 Bulletin 13-01 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 March 15 of each year. Submissions must be made electronically through SERFF.				
Domestic Partner Language	Idaho Code § 32-201	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 (EHB)	Section 1302 of ACA PHSA § 2711 (75 Fed Reg 37188, 45 CFR § 147.126) PHSA § 2711 (75 Fed Reg 37188, 45 CFR § 147.126)	<ol style="list-style-type: none"> 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 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 	<p>No lifetime limits on EHB</p> <p>Emergency Services, same benefit in/out of network</p> <p>Pediatric oral services are not required to be embedded in medical policy if stand-alone dental in Exchange.</p>			

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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 Appeals	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 pre-existing condition exclusion.				
Waiting Periods	PHSA § 2708	Effective January 1, 2014, waiting periods are prohibited from being greater than 90 days.				

_____ **Signature and title of certifying company officer or representative**

_____ **Date**