Certification Process Frequently Asked Questions

Certification Process Frequently Asked Questions (FAQ) #9

Release Date: September 29, 2015

The questions and answers in this document were collected from the 2015 Qualified Health Plan (QHP) Webinar Series for issuers during the following session dates:

- June 11, 2015
- June 16, 2015

Policy

Other

Q1: Does the child dependent residency requirement for Qualified Health Plans (QHPs), which specifies that QHPs cannot require dependents to live in the same household as the primary subscriber for certain relationships, apply to QHP medical-only products and/or off-Marketplace Stand-alone Dental Plans (SADPs)?

A1: The Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond Final Rule (i.e., Market Rules, 79 FR 30239) requires, at 45 CFR 147. 120, QHP issuers that make dependent coverage of children available to make such coverage available for children until attainment of age 26, regardless of support, residency, or dependency factors. As excepted benefits, issuers of stand-alone dental plans are not subject to the Market Rules but would be subject to any existing State laws on child residency.

Templates

Benefits Template

Q2: How should issuers denote dollar copay per day after deductible in the "Delivery and All Inpatient Service for Maternity Care" benefit category?

A2: The fields Inpatient Hospital Services (e.g., Hospital Stay), Skill Nursing Facilities, Mental/ Behavioral Health Inpatient Services, and Substance Abuse Disorder Inpatient Services are the only

fields on the plans and benefits template that accommodate a cost sharing option of copay per day after deductible. The template does not accommodate per day and per stay options for the benefit "Delivery and All Inpatient Service for Maternity Care", so issuers would note the copay design in the Benefit Explanation field and in the plan brochure.

Other

Other

Q3: When should issuer/plan Uniform Resource Locators (URL) required as part of the Qualified Health Plan (QHP) application be active/live?

A3: URLs should be active by the time issuers send signed QHP agreements to CMS. There is no prohibition on having URLs go live before then, although URLs should clearly identify the plan year to which they apply (i.e. 2015 or 2016) to ensure that consumers may correctly identify the benefit and formulary year.