



Qualified Health Plan – Frequently Asked Questions 2013

Question	Answer
1. Understanding that the Ohio Department of Insurance must have all QHP's to CCIIO prior to July 31, 2013, is the Department going to impose a timeline on QHP filings?	Yes, ODI will not accept QHP binder filings after June 21, 2013. <i>updated 5/13/13</i>
2. Can an issuer add plans to a QHP Binder after submission?	No, additional plans cannot be added to a QHP Binder after it is submitted in SERFF. Additional plans would require withdrawal and a complete resubmission of the QHP Binder. Please take this into consideration when planning your QHP Application Binder submissions. <i>updated 5/13/13</i>
3. Where will issuers be required to file QHP submissions?	All QHPs are required to be filed with ODI through SERFF. However, before a QHP can be submitted to ODI through SERFF for review, issuers will be required to register on the Health Insurance Oversight System (HIOS) and generate a HIOS issuer ID (if the issuer does not already have one) and any applicable HIOS Plan and Product IDs for each proposed QHP the issue intends to market. These IDs are required in the various federal templates that will be used for filings. ODI strongly encourages issuers to register on HIOS as soon as possible. <i>updated 4/05/13</i>
4. Contracts that will be filed for products seeking QHP certification will include new language that reflects ACA related regulatory changes (federal grace period requirements, terminations, etc.). Will ODI review only look at this new language, or will your review also look at language that has been previously approved and is currently in place?	No, the substantive nature of the regulatory changes will require ODI to review all language within a filing to ensure compliance with all applicable laws and regulation. <i>updated 1/25/13</i>

<p>5. Does a QHP have to offer all “actuarial value” plans or can it just offer one?</p>	<p>As required under the Final Exchange Regulation, QHP issuers must offer at a minimum a silver level plan and a gold level plan, but may elect to offer additional levels as well. The final regulation can be found here http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf <i>updated 3/1/13</i></p>
<p>6. Pursuant to the requirements for issuers to be considered a Qualified Health Plan, the issuer must be accredited by NCQA or URAC. If the issuer currently is meeting the CMS requirements as a Medicare Advantage (MA) Plan, will the contract between CMS and the MA Plan fulfill the accreditation requirement?</p>	<p>If an issuer has an existing commercial or Medicaid plan that has been accredited by either NCQA or URAC and is comparable to the QHP the issuer intends on selling, the issuer will have complied with the QHP-Accreditation certification requirement until the end of calendar year 2015. Beginning in 2016, all QHPs sold on the Exchange will need to be accredited. ODI is not aware of written guidance specific to MA plans. <i>updated 3/27/13</i></p>
<p>7. Is there a listing or directory that you can provide of Essential Community Providers (ECP) who offer dental and/or vision services?</p>	<p>HHS is expected to release an updated non-exhaustive list of federally recognized Essential Community Providers. At this time, we do not have information regarding whether dental or vision providers will be included. Generally, in order to satisfy the QHP-ECP requirement, issuers will need to either contract with HRSA 340B ECPs (HRSA 340B is a federal funding program that is used to recruit and retain providers in rural areas that otherwise would not be an ideal location to set-up shop) or comply with requirements related to the ECP write-in option. However, acceptance of ECP write-ins are not guaranteed. <i>updated 3/27/13</i></p>
<p>8. For Essential Community Providers (ECP), will Ohio use the Safe Harbor and Simplified Requirements that CMS has developed? Will ODI accept facility names (and not require individuals)? Are there other sets of standards that issuers can use?</p>	<p>Issuers are expected to ensure that QHP and Stand Alone Dental Plan networks include a sufficient number and types of ECPs. As part of this review, ODI will approve the ECP certification requirements so long as one of the following standards is satisfied: the safe-harbor standard; the minimum expectation standard; or the alternate standard for integrated issuers. Proposed ECPs will be cross-referenced with the ECP List published by CMS. The ECP List includes providers at the facility-name level – not the individual provider level. The ECP List can be found at the following: https://data.cms.gov/dataset/Non-Exhaustive-List-of-Essential-Community-Providers/ibqy-mswg If an ECP an issuer has contracted with is not on the list, issuers will have the opportunity to write-in additional ECPs. Those write-ins will then be reviewed and either accepted or denied. Please see the following HHS issued letter for more information: http://cciio.cms.gov/resources/regulations/Files/2014_letter_to_issuers_04052013.pdf. <i>updated 4/26/13</i></p>

<p>9. For the service area portion of the QHP, will ODI consider service areas that include only partial counties? (For FFE, CMS will consider issuer's service areas including only partial counties but as a rule expect full county service areas.)</p>	<p>As part of the service area review, ODI expects the service area of a QHP to be, at a minimum, an entire county or group of counties. ODI will be conducting an automated check to identify partial county requests. If a partial county request is identified, ODI will then conduct a case-by-case manual review to determine whether the partial county service area is justified. <i>updated 4/26/13</i></p>
<p>10. Should a QHP's on-line directory and paper directory automatically denote which providers are ECP and Tribal providers?</p>	<p>No, written guidance has been released that would require an issuer to automatically denote whether a provider is an ECP or Tribal provider. <i>updated 3/27/13</i></p>
<p>11. When reviewing a HIC's network for plan year 2014, will ODI rely on the HIC's current accreditations?</p>	<p>Yes, we will accept evidence of network accreditation by URAC or NCQA. An Ohio licensed HIC's network, quality assurance and utilization review processes were reviewed/approved at the time the certificate of authority was issued or the last evaluation of a service area expansion or major modification adding a line of business. ODI will also collect and review applicable federal templates and attestations. <i>updated 5/30/13</i></p>
<p>12. How will ODI review network adequacy for HIC applicants seeking licensure changes such as certificate of authorities, service area expansion, and major modifications?</p>	<p>ODI will utilize normal review processes for licensure as outlined in Chapter 1751 of the Ohio Revised Code. ODI will also collect and review applicable federal templates and attestations. <i>updated 5/30/13</i></p>
<p>13. How will ODI conduct network adequacy review of PPO/Indemnity QHPs?</p>	<p>For PPO Indemnity QHPs, the Department will accept as evidence of network adequacy an existing NCQA or URAC accreditation of the issuers' commercial major medical or Medicaid plans. If the PPO/Indemnity Issuer is not accredited, ODI will require issuers to submit an access plan as part of the QHP application. The access plan must demonstrate that the issuer has standards and procedures in place to maintain an adequate network. Instructions for completing the required access plan information can be found at: http://www.serff.com/documents/plan_management_data_instructions_ch6.pdf <i>updated 4/05/13</i>. Finally, ODI will review QHP application issuer attestations that relate to network adequacy and collect the Network ID template and review for compliance with federal law. <i>updated 5/30/13</i></p>
<p>14. Will Letters of Intent with Facilities and Providers at the time of the QHP filing be</p>	<p>A QHP will not be rejected/denied/disapproved solely on the basis that an issuer has submitted letters of intent as a means of complying with the network adequacy and ECP QHP certification requirements. However, QHPs that are submitted with letters of intent will be</p>

<p>sufficient?</p>	<p>disapproved if an issuer/provider contract is not in effect by July 31, 2013. <i>updated 5/30/13</i></p>
<p>15. Should a QHP issuer's provider directory denote which providers are ECPs?</p>	<p>QHP issuers are required to make its provider directory for a QHP available for publication online and to potential enrollees in hard copy upon request. In the provider directory, a QHP issuer must identify providers that are accepting new patients. Aside from those requirements, QHP issuers are free to provide additional information, including whether the provider is recognized as an ECP. <i>updated 5/30/13</i></p>
<p>16. In Ohio, are QHPs required to contract with Indian Health Care providers and offer limited cost sharing products for Native Americans?</p>	<p>No. The federal database does not include Ohio as having any federally recognized tribes nor does the HHS "List of Indian Providers" include any Ohio-based providers. Accordingly, QHPs will not be required to contract with Indian Health Care providers or file the Model QHP Addendum for Indian Health Care Providers with QHP binder submissions. <i>updated 5/30/13</i></p>