

**2017 ACA COMPLIANCE CHECKLIST – MAJOR MEDICAL**

Filing Company: \_\_\_\_\_ SERFF Tr. No. \_\_\_\_\_

Please confirm, by checking the appropriate box, the compliance status of the referenced form(s) with each specified ACA requirement.

<b>A. MARKET REFORMS</b>				
<b>Statutory Requirement</b>	<b>ACA/PHSA Section</b>	<b>Product Applicability</b>	<b>Location of Provision in the Form</b>	<b>Certification of Compliance</b>
Elimination of Annual Limits	ACA §1001/PHSA §2711	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Elimination of Lifetime Limits	ACA §1001/PHSA §2711	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Prohibition of Rescission	ACA §1001/PHSA §2712	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No

**A. MARKET REFORMS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Preventive Health Services	ACA §1001/PHSA §2713	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Extension of Dependent Coverage	ACA §1001/PHSA §2714	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Uniform Explanations of Coverage and Standardized Definitions	ACA §1001/PHSA §2715	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Prohibition on Discrimination in Favor of Highly Compensated Individuals	ACA §1001/PHSA §2716	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No

**A. MARKET REFORMS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Appeals Process	ACA §1001/PHSA §2719	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Protections	ACA §1001/PHSA §2719A	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Prohibition of Pre-Existing Condition Exclusions	ACA §1201/PHSA §2704	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fair Premiums (limited rating factors)	ACA §1201/PHSA §2701	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Availability	ACA §1201/PHSA §2702	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Renewability	ACA §1201/PHSA §2703	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No

**A. MARKET REFORMS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Prohibition on Discrimination Based on Health Status	ACA §1201/PHSA §2705	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Discrimination in Health Care	ACA §1201/PHSA §2706	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive Coverage	ACA §1201/PHSA §2707	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Prohibition on Excessive Waiting Periods	ACA §1201/PHSA §2708	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage for Participating in Approved Clinical Trials	ACA §1201/PHSA §2709	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes

**A. MARKET REFORMS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
				<input type="checkbox"/> No
Essential Health Benefits Package	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
EHB Package – Pediatric	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
EHB Package - Habilitative Services	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
EHB Package - Prescription Drug Coverage	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No

**A. MARKET REFORMS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Requirements Related to Cost-Sharing	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Actuarial Value/Metal Level	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child-Only Plan	ACA §1302(f)	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Rules Relating to Coverage of Abortion Services	ACA §1303	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Parity	ACA §1563/PHSA §2726	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No

**A. MARKET REFORMS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
<p>Health Insurance Reform Regulatory Requirements for the Group Health Insurance Market</p>	<p>45 C.F.R. Subtitle A Subchapter B Part 146</p>	<p><input type="checkbox"/> Group</p> <p><input type="checkbox"/> Grandfathered Group (as applicable)</p> <p><input type="checkbox"/> Transitional (as applicable)</p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Health Insurance Reform Regulatory Requirements for the Group and Individual Health Insurance Markets</p>	<p>45 C.F.R. Subtitle A Subchapter B Part 147</p>	<p><input type="checkbox"/> Group</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Grandfathered Group (as applicable)</p> <p><input type="checkbox"/> Grandfathered Individual (as applicable)</p> <p><input type="checkbox"/> Transitional (as applicable)</p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Health Insurance Reform Regulatory Requirements for the Individual Health Insurance Market</p>	<p>45 C.F.R. Subtitle A Subchapter B Part 148</p>	<p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Grandfathered Individual (as applicable)</p> <p><input type="checkbox"/> Transitional (as applicable)</p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

A. MARKET REFORMS				
Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Health Insurance Reform Regulatory Requirements – Essential Health Benefits	45 C.F.R. Subtitle A Subchapter B Part 156 Subpart B	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Network Adequacy Requirements	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes, Approved on _____ <input type="checkbox"/> No, If review pending, submitted on _____

B. QHP REQUIREMENTS				
Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Definition of Qualified Health Plan	ACA §1301	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Marketing Requirements	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. QHP REQUIREMENTS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Network Adequacy Requirements	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes, Approved on _____  <input type="checkbox"/> No, If review pending, submitted on _____
Essential Community Providers Requirement	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes  <input type="checkbox"/> No
Accreditation Requirement	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes – Accred. Body: NCQA/URAC Date of Accred.: _____  <input type="checkbox"/> No
Quality Improvement Strategy	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes  <input type="checkbox"/> No
Uniform Enrollment Form	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes  <input type="checkbox"/> No

**B. QHP REQUIREMENTS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Standard Format for Health Benefit Options	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality Measures for Performance Information	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Quality Reporting Measures	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Parity	ACA §1311(j)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Exchange Functions: Certification of Qualified Health Plan Regulations	45 C.F.R. Subtitle A Subchapter B Part 155 Subpart K	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Exchange Health Insurance Issuers Standards Regulations	45 C.F.R. Subtitle A Subchapter B Part 156	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. PENNSYLVANIA - STATE REQUIRED BENEFITS**

Statutory Requirement	PA Statute/Regulation Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Alcohol/Substance Abuse Disorder Services	40 P.S. §§908-1 -908-8	<input type="checkbox"/> Group		<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious Mental Illness	40 P.S. §764g	<input type="checkbox"/> Group		<input type="checkbox"/> Yes <input type="checkbox"/> No
Autism Services	40 P.S. §764h	<input type="checkbox"/> Group		<input type="checkbox"/> Yes <input type="checkbox"/> No
Colorectal Screening	40 P.S. §764i	<input type="checkbox"/> Group		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mini-COBRA	40 P.S. §764j	<input type="checkbox"/> Group		<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Children	40 P.S. §752.1	<input type="checkbox"/> Group		<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. PENNSYLVANIA - STATE REQUIRED BENEFITS**

Statutory Requirement	PA Statute/Regulation Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Maternity Care	40 P.S. §§1581-1584	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Childhood immunization	40 P.S. §§3501-3508	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mammography screening (3D mammogram covered at no cost per announcement of 10/5/2015)	40 P.S. §764c	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gynecological examination and routine pap smears	40 P.S. §§1571-1577	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Anesthesia for Children and Developmentally Disabled	40 P.S. §§3510.1 – 3510.5	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Reimbursement	40 P.S. §§3041-3042	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inclusion of Child Medical Support	23 Pa. C.S.A. §4326	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. PENNSYLVANIA - STATE REQUIRED BENEFITS**

Statutory Requirement	PA Statute/Regulation Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Reconstructive Surgery	40 P.S. §764d	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes Care Management	40 P.S. §764e	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemotherapy/Cancer Hormone Treatment	40 P.S. § 764b	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Foods	40 P.S. §3901 - 3909	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Newborn Children	40 P.S. § 771-774	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physically Handicapped or Mentally Retarded Dependent	40 P.S. § 752 (A)(9)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. PENNSYLVANIA - STATE REQUIRED BENEFITS**

Statutory Requirement	PA Statute/Regulation Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Health Insurance Coverage for Soldiers Returning from Deployment Who are Full-time Students	51 Pa. C.S. § 7309(d)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Parity and Addiction Equity	40 P.S. §§908-11 – 908-16	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Genetic Information Nondiscrimination	40 P.S. §§908-11 – 908-16	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Availability	40 P.S. §§1302.1 et seq.	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Coverage for Dependent Students on Medically Necessary Leave of Absence	40 P.S. §§908-11 – 908-16	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Renewability	40 P.S. §§1302.1 et seq.	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No