

ACA COMPLIANCE CHECKLIST - MAJOR MEDICAL

Last Updated: 3/28/2024

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.

A. MARKET REFORMS				
Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
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 on Rescissions	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

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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
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

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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
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"/> 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 <input type="checkbox"/> No

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Essential Health Benefits Package	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
EHB Package – Pediatric	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<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"/> Yes <input type="checkbox"/> No
EHB Package - Prescription Drug Coverage	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirements Related to Cost-Sharing	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<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"/> Yes <input type="checkbox"/> No
Child-Only Plan	ACA §1302(f)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<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"/> Yes <input type="checkbox"/> No

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Mental Health Parity	ACA §1563/PHSA §2726	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Reform Regulatory Requirements for the Group Health Insurance Market	45 C.F.R. Subtitle A Subchapter B Part 146	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Reform Regulatory Requirements for the Group and Individual Health Insurance Markets	45 C.F.R. Subtitle A Subchapter B Part 147	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Reform Regulatory Requirements for the Individual Health Insurance Market	45 C.F.R. Subtitle A Subchapter B Part 148	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Reform Regulatory Requirements – Essential Health Benefits	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
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, Review Pending, submitted on _____

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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
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, 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 - NCQA/URAC Date of Accreditation.: _____ <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

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Uniform Enrollment Form	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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C. PENNSYLVANIA - STATE REQUIRED BENEFITS				
Statutory Requirement	ACA/PHSA 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
Maternity Care	40 P.S. §§1581-1584	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No

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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
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

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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
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

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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
Coverage for Orally Administered Chemotherapy Medications	40 P.S. §764b.1	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Services and Quality Eye Care for Insured Pennsylvanians	Act 103 of 2018	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Synchronization	Act 46 of 2019	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fair Access to Cancer Treatment	Act 6 of 2020	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No