

## Arkansas Plan Management Checklist

Plan Number: XXXXXXXX

SERFF Number:

XXXXXXX

### QHP Issuer Application Receipt

Rule/regulation/statute

Yes

No

Application data is complete



Received Final QHP Issuer Application Submission Attestation



QHP Issuer Notified of Application Acceptance



### Evaluation of QHP Issuer Application

Rule/regulation/statute

Yes

No

#### Accreditation and Quality Standards

45 CFR 156.275

Applicant has *exchange* accreditation through NCQA and/or URAC, or:



**Year 1-** Applicant has applied for *exchange* accreditation through NCQA and/or URAC

**Year 2-** Issuer procedures and policies are accredited

Attestations and supporting documentation are accurate and complete or accreditation is verified in SERFF



#### Complaint and Compliance

Requested complaint and compliance information received and reviewed



#### Cost-Sharing Reductions

TBD



#### Benefit Design

45 CFR 156.225



Checklist received



Inclusion of all 10 Essential Health Benefits that meet or exceed benchmark plan, including:



*Ambulatory patient services*



*Emergency services*



*Hospitalization*



*Maternity and newborn care*



*Mental health and substance use disorders, incl. behavioral health treatment*



*Prescription drugs*



*Rehabilitative and habilitative services and devices*



*Laboratory Services*



*Preventive and wellness services and chronic disease management*

<i>Pediatric services, incl. oral and vision</i>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusion of additional state benefits- see tab 2	<input type="checkbox"/>	<input type="checkbox"/>

***Discriminatory Benefit Design***

AID Rule and Regulation 19,  
Ark Code Ann. 23-66-201

Completed form filings for certification that submission meets provisions of the Unfair Sex Discrimination rule in Sale of Insurance	<input type="checkbox"/>	<input type="checkbox"/>
New or revised filings must contain this certification		

***State licensure, solvency, and good standing***

Issuer properly licensed	<input type="checkbox"/>	<input type="checkbox"/>
Completed Financial Solvency Review	<input type="checkbox"/>	<input type="checkbox"/>
Completed complaint and compliance review	<input type="checkbox"/>	<input type="checkbox"/>
Company financially solvent and in good standing	<input type="checkbox"/>	<input type="checkbox"/>
Signed Certification form from Finance Division	<input type="checkbox"/>	<input type="checkbox"/>

***Marketing Standards***

45 CFR 156.225

Meets marketing standards	<input type="checkbox"/>	<input type="checkbox"/>
Meets requirement for transparency of coverage	<input type="checkbox"/>	<input type="checkbox"/>
Meets discriminatory benefit design requirements	<input type="checkbox"/>	<input type="checkbox"/>

Arkansas Title 18-23

***Market Reform Rules***

QHP compliance with market reform rules in accordance with state and federal requirements	<input type="checkbox"/>	<input type="checkbox"/>
Received QHP Market Reform Attestation	<input type="checkbox"/>	<input type="checkbox"/>

***Network Adequacy***

45 CFR 156.230

Submission of provider-enrollee ratios for each QHP network	<input type="checkbox"/>	<input type="checkbox"/>
Submission of time/distance measures for each QHP network	<input type="checkbox"/>	<input type="checkbox"/>
Essential community providers listed	<input type="checkbox"/>	<input type="checkbox"/>
Accredited policies and procedures that includes network adequacy	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of issuer's network OR	<input type="checkbox"/>	<input type="checkbox"/>
Attestation detailing issuer's ability to meet network adequacy standards including company policy for ensuring an adequate network		
Provider directory available for online publication with indication of providers no longer accepting new patients	<input type="checkbox"/>	<input type="checkbox"/>
Provider directory available to individuals in English and Spanish	<input type="checkbox"/>	<input type="checkbox"/>

§156.235

PPACA 156.230

**Rating Areas and Actuarial Value**

TBD	PHS SEC.2701 (2a)	<input type="checkbox"/>	<input type="checkbox"/>
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**Service Areas**

Issuer service areas specified		<input type="checkbox"/>	<input type="checkbox"/>
Evaluate or receive attestation that QHP area covers a minimum geographical area that is at least an entire county, or group of counties	PPACA 155.1055(a)	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate or receive attestation that QHP service area is established without regard to racial, ethnic, language, health status related factors, or other specified factors	PPACA 155.1055(b)	<input type="checkbox"/>	<input type="checkbox"/>

<b>Receive Rate and Benefit Data and Information</b>	<b>Rule/regulation/statute</b>	<b>Yes</b>	<b>No</b>
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Plan data and supporting documentation complete		<input type="checkbox"/>	<input type="checkbox"/>
Issuer submission of data completed before end of open enrollment period		<input type="checkbox"/>	<input type="checkbox"/>
Justification information received for rate increase, if applicable		<input type="checkbox"/>	<input type="checkbox"/>
QHP rate and benefit data and information approved		<input type="checkbox"/>	<input type="checkbox"/>

<b>QHP Certification Agreement</b>	<b>Rule/regulation/statute</b>	<b>Yes</b>	<b>No</b>
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Issuer application and plan data approved		<input type="checkbox"/>	<input type="checkbox"/>
Generate QHP approval and add to issuer's filed info		<input type="checkbox"/>	<input type="checkbox"/>
Submit issuer and plan data to CMS		<input type="checkbox"/>	<input type="checkbox"/>
CMS approval received for ratified recommendations for Certified QHPs		<input type="checkbox"/>	<input type="checkbox"/>

<b>Issuer or Plan Non Certification</b>	<b>Rule/regulation/statute</b>	<b>Yes</b>	<b>No</b>
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Notify issuer of non-certification of QHP(s) or Issuer		<input type="checkbox"/>	<input type="checkbox"/>
Update QHP(s) and Issuer Account Information		<input type="checkbox"/>	<input type="checkbox"/>
Appeal of Non-certification received and processed		<input type="checkbox"/>	<input type="checkbox"/>
Conduct Formal hearing process (or deadline to file for appeal has passed)	Ark. Code Ann. 23-61-301 et seq;	<input type="checkbox"/>	<input type="checkbox"/>
Appeal final decision received and forwarded to issuer		<input type="checkbox"/>	<input type="checkbox"/>