

CONNECTICUT HEALTH INSURANCE EXCHANGE

Policy: ESTABLISHING REQUIREMENTS FOR CERTIFICATION, RECERTIFICATION AND DECERTIFICATION OF QUALIFIED HEALTH PLANS

The Exchange shall establish requirements for certification, recertification and decertification of qualified health plans (“QHPs”) in accordance with the requirements of the Affordable Care Act (“ACA”), 45 CFR Parts 155 and 156 and CGS §§ 38a-1080 et seq. (the “Exchange Act”).

Procedure:

Members of the Exchange staff (the “Staff”), in consultation with the Exchange’s Health Plan Benefits and Qualifications Advisory Committee (the “Committee”), are charged with evaluating options and making recommendations to the Board of the Exchange regarding requirements for the certification, recertification and decertification of QHPs. The Staff and the Committee will be assisted by a subject matter expert designated by the Connecticut Insurance Department.

In making such recommendations, the Staff and the Committee shall consider, among other things, the following:

- minimum standards for marketing practices;
- network adequacy;
- essential community providers in underserved areas;
- accreditation;
- quality improvement;
- uniform enrollment forms and descriptions of coverage;
- quality measures for health benefit plan performance;
- a process for appeal of a decertification of a QHP; and
- a process for providing notice of a QHP decertification to all affected parties.

In considering the above items, the Staff and the Committee shall take into account the recommendations provided by the Consumer Experience and Outreach Advisory Committee, the regulations contained in 45 CFR 155 and 45 CFR 156, regarding certification and recertification standards and the decertification process for QHPs, as well as CGS § 38a-1085, Qualified health plans and CGS 38a-1086, Certification of health benefit plans, each as may be amended from time to time, as well as additional guidance bulletins from the United States Department of Health and Human Services.

The Committee is co-chaired by a member of the Exchange Board and a member from the stakeholder community. The Committee will meet at such times and places as the Co-Chairperson from the Exchange’s Board shall designate. All meetings will be open to the public and notice of all meetings will be published on the Exchange’s website.

Members of the public will be afforded an opportunity to address the Committee during a public comment section of the Committee’s meetings, but will not be allowed to participate in the Committee’s discussions or deliberations unless invited to do so by the Committee Chair.

Written comments may be submitted to the Committee by any interested party at any time, directed to the attention of: Julie Lyons, Director of Policy and Plan Management, Connecticut Health Insurance Exchange, 450 Capitol Avenue, Hartford, CT 06106.