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## The Center for Consumer Information & Insurance Oversight

# Fact Sheets & Frequently Asked Questions (FAQs)

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Additional FAQs and resources related to the Affordable Care Act may be available on other agencies' websites, including:

BusinessUSA.gov

# **Updates**

November 27, 2017

Draft 2019 Letter to Issuers in the FFE

November 27, 2017

Proposed Guidance on Unified Rate Review Timeline

November 27, 2017

Proposed Key Dates Calendar for 2018

October 27, 2017

Proposed 2019 Payment Notice

October 27, 2017

Draft 2019 Actuarial Value Calculator

June 30, 2017

Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year

June 8, 2017

Reducing Regulatory Burdens Imposed by the Patient Protection and Affordable Care Act & Improving Healthcare Choices To Empower Patients

May 17, 2017

Guidance for the Proxy Direct Enrollment Pathway for 2018 Individual Market Open Enrollment Period

April 13, 2017

Market Stabilization Final Rule

- · Department of Labor
- · Department of Treasury
- · Office of Personnel Management

#### **Affordable Care Act**

#### FAQs

September 20, 2010

Affordable Care Act Implementation FAQs (Set 1)
This set of FAQs addresses implementation topics including compliance, grandfathered health plans, claims, internal appeals and external review, dependent coverage of children, out-of-network emergency services, and highly compensated employees.

• October 8, 2010

Affordable Care Act Implementation FAQs (Set 2)
This set of FAQs addresses grandfathered health plans, dental and vision benefits, rescissions, preventive health services, and ACA effective date for individual health insurance policies.

• October 12, 2010

Affordable Care Act Implementation FAQs (Set 3)
This set of FAQs addresses the exemption for group health plans with less than two current employees.

October 29, 2010

Affordable Care Act Implementation FAQs (Set 4)
This set of FAQs addresses grandfathered health plans.

December 22, 2010

Affordable Care Act Implementation FAQs (Set 5)
This set of FAQs addresses a variety of ACA implementation topics, the HIPAA nondiscrimination and wellness program rules, and the Mental Health Parity and Addiction Equity Act of 2008.

April 1, 2011
 Affordable Care Act Implementation FAQs (Set 6)

This set of FAQs addresses grandfathered health plans.

November 17, 2011

Affordable Care Act Implementation FAQs (Set 7)
This set of FAQs addresses the Summary of Benefits and Coverage and
Uniform Glossary requirements of PHS Act §2715 and the Mental
Health Parity and Addiction Equity Act of 2008.

• February 9, 2012

Frequently Asked Questions from Employers Regarding Automatic Enrollment, Employer Shared Responsibility, and Waiting Periods (PDF - 93 KB)

This Bulletin provides information on questions from employers and other stakeholders regarding the provisions of the Affordable Care Act governing automatic enrollment, employer shared responsibility, and the 90-day limitation on waiting periods.

• March 19, 2012

Affordable Care Act Implementation FAQs (Set 8)
This set of FAQs addresses the Summary of Benefits and Coverage requirements of PHS Act §2715.

May 11, 2012

Affordable Care Act Implementation FAQs (Set 9)
This set of FAQs addresses the Summary of Benefits and Coverage requirements of PHS Act §2715.

August 7, 2012

Affordable Care Act Implementation FAQs (Set 10)
This FAQ addresses the Summary of Benefits and Coverage requirements of PHS Act §2715.

January 24, 2013

Affordable Care Act Implementation FAQs (Set 11)

This set of FAQs addresses the employer notice of coverage options,

health reimbursement arrangements, disclosure of information related to firearms, employer group waiver plans supplementing Medicare Part D, fixed indemnity insurance and payment of PCORI fees. Related information: CMS Bulletin on Non-Medicare Supplemental Drug Benefits.

(\*\*Note: See Technical Release 2013-03 for comprehensive guidance addressing health reimbursement arrangements that was issued after the date of these FAQs.).

#### February 20, 2013

Affordable Care Act Implementation FAQs (Set 12)
This set of FAQs addresses limitations on cost-sharing under the ACA and coverage of preventive services under the ACA.

## March 8, 2013

Affordable Care Act Implementation FAQs (Set 13) This set of FAQs addresses expatriate health plans.

#### · April 23, 2013

Affordable Care Act Implementation FAQs (Set 14)
This set of FAQs addresses the Summary of Benefits and Coverage requirements of PHS Act §2715.

#### April 29, 2013

Affordable Care Act Implementation FAQs (Set 15)
This set of FAQs addresses annual limit waiver expiration date based on a change to a plan or policy year, provider non-discrimination, coverage for individuals participating in approved clinical trials and transparency reporting.

#### September 4, 2013

Affordable Care Act Implementation FAQs (Set 16)
This set of FAQs addresses the employer notice of coverage options and the 90-day waiting period limitation.

#### November 8, 2013

Affordable Care Act Implementation FAQs (Set 17)
This set of FAQs addresses the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), as amended by the Affordable Care Act.

## January 9, 2014

Affordable Care Act Implementation FAQs (Set 18)
This set of FAQs addresses coverage of preventive services, limitations on cost-sharing, expatriate health plans, wellness programs, fixed indemnity insurance, and the Mental Health Parity and Addiction Equity Act of 2008.

#### May 2, 2014

Affordable Care Act Implementation FAQs (Set 19)
This set of FAQs addresses updated DOL model notices, limitations on cost-sharing, coverage of preventive services, health FSA carryover and excepted benefits, and the Summary of Benefits and Coverage requirements of PHS Act §2715.

## • July 17, 2014

Affordable Care Act Implementation FAQs (Set 20)
This set of FAQs addresses coverage of preventive services.

#### October 10, 2014

Affordable Care Act Implementation FAQs (Set 21)
This set of FAQs addresses limitations on cost sharing under the ACA.

## November 6, 2014

Affordable Care Act Implementation FAQs (Set 22)
This set of FAQs addresses compliance of premium reimbursement arrangements.

## February 13, 2015

Affordable Care Act Implementation FAQs (Set 23) This set of FAQs addresses excepted benefits.

March 30, 2015

Affordable Care Act Implementation FAQs (Set 24)
This set of FAQs addresses proposed changes to the SBC regulations, as well as a new SBC template and associated documents.

#### April 16, 2015

Affordable Care Act Implementation FAQs (Set 25)
This set of FAQs addresses the wellness program requirements.

#### May 11, 2015

Affordable Care Act Implementation FAQs (Set 26)
This set of FAQs addresses coverage of preventive services.

#### May 26, 2015

Affordable Care Act Implementation FAQs (Set 27)

This set of FAQs addresses limitations on cost sharing and provider non-discrimination.

#### August 11, 2015

Affordable Care Act Implementation FAQs (Set 28)

This set of FAQs addresses transparency reporting for non-QHP issuers and non-grandfathered group health plans.

#### October 23, 2015

Affordable Care Act Implementation FAQs (Set 29)

This set of FAQs addresses coverage of preventive services, wellness programs, and the Mental Health Parity and Addiction Equity Act of 2008.

#### March 11, 2016

Affordable Care Act Implementation FAQs (Set 30)

This set of FAQs addresses the summary of benefits and coverage (SBC)

## April 20, 2016

Affordable Care Act Implementation FAQs (Set 31)

This set of FAQs addresses coverage of preventive services, rescissions, out-of-network emergency services, coverage for individuals participating in approved clinical trials, limitations on cost-sharing under the Affordable Care Act, the Mental Health Parity and Addiction Equity Act and the Women's Health and Cancer Rights Act.

## June 21, 2016

Affordable Care Act Implementation FAQs (Set 32)

This set of FAQs addresses notice of coverage options – COBRA and the Health Insurance Marketplace.

## October 21, 2016

Affordable Care Act Implementation FAQs (Set 33)

This set of FAQs addresses premium reduction arrangements for student health plan coverage

## October 27, 2016

Affordable Care Act Implementation FAQs (Set 34)

This set of FAQs addresses coverage of preventive services under the Affordable Care Act and the Mental Health Parity and Addiction Equity Act

#### December 20, 2016

Affordable Care Act Implementation FAQs (Set 35)

This set of FAQs addresses special enrollment for group health plans, coverage of preventive services under the Affordable Care Act and qualified small employer health reimbursement arrangements.

#### January 9, 2017

Affordable Care Act Implementation FAQs (Set 36)

This set of FAQs addresses coverage of contraceptive services

## January 12, 2017

Affordable Care Act Implementation FAQs (Set 37)

This set of FAQs addresses health reimbursement arrangements and Code section 162(m)(6).

## June 16, 2017

Affordable Care Act Implementation FAQs (Set 38) [PDF, 109KB]

This set of FAQs addresses mental health and substance use disorder

parity implementation and the 21st Century Cures Act. Related information: Draft Model Form to Request Documentation from an Employer-Sponsored Health Plan or an Insurer Concerning Treatment Limitations [PDF, 89KB]

## **Consumer Support and Information**

## **Consumer Assistance Program Grants**

#### **Fact Sheets**

- November 21, 2011
   State Consumer Assistance Program Participation in Exchange Core Area 10
- June 22, 2012
   New Funding Opportunity for Consumer Assistance Programs
- August 24, 2012
   Consumer Assistance Program Grants: Helping States Give Consumers
   Greater Control of their Health Care
- August 24, 2012
   Consumer Assistance Program Grants: How States Are Using New Resource to Give Consumers Greater Control of their Health Care

#### FAQs

- April 20, 2012
   CAP Limited Competition Funding Opportunity Announcement
- June 7, 2012
   New Consumer Assistance Programs Funding Opportunity for all States and Territories
- September 26, 2014
   CAP Limited Competition Funding Opportunity Announcement

## **External Appeals**

## **Fact Sheets**

- June 22, 2011
   Affordable Care Act: Working with States to Protect Consumers
- June 19, 2012
   HHS-Administered Federal External Review Process
- July 24, 2013

2013 County Data for Culturally and Linguistically Appropriate Services This Fact Sheet provides data so that group health plans and health insurance issuers offering non-grandfathered health coverage can determine the counties in which they are required to provide notices related to a consumer's right to external review in a culturally and linguistically appropriate manner.

 December 12, 2014
 Culturally and Linguistically Appropriate Services (CLAS) County Data [PDF, 201KB]

\*Updated February 9,2015

## Summary of Benefits and Coverage and Uniform Glossary

#### **Fact Sheets**

- August 17, 2011
   Providing Clear and Consistent Information to Consumers about Their Health Insurance Coverage
- July 24, 2013
   2013 County Data for Culturally and Linguistically Appropriate Services
   This Fact Sheet provides data so that group health plans and health
   insurance issuers offering health coverage can determine the counties
   in which they are required to provide the summary of benefits and

coverage in a culturally and linguistically appropriate manner.

- December 12, 2104
   Culturally and Linguistically Appropriate Services (CLAS) County Data\*
   [PDF, 201KB]
   \*Updated January 7, 2015
- December 22, 2014
   Proposed Summary of Benefits and Coverage and Uniform Glossary
   Rules
- June 12, 2015
   Summary of Benefits and Coverage and Uniform Glossary Final Rule
- January 27, 2016
   Culturally and Linguistically Appropriate Services (CLAS) County Data

#### FAQs

- September 8, 2015
   SBC Online Posting of Policy and Certificate of Coverage
- March 11, 2016
   FAQs Regarding the Summary of Benefits and Coverage (SBC) Related to Rate Filing and QHP Certification
- July 8, 2016
   FAQs on the Summary of Benefit and Coverage Applicability Date

## **Outreach and Education Resources**

September 29, 2011

Consumer Fact Sheets

- Adding Adult Children to Your Health Plan (PDF English 178 KB, Spanish 89 KB)
- Curbing Insurance Cancellations (PDF English 170 KB, Spanish 63 KB)
- Eliminating Dollar Limits on Your Benefits (PDF English 184 KB, Spanish 104 KB)
- Getting Value for Your Premium Dollar (PDF English 172 KB, Spanish 104 KB)
- Lowering Your Cost for Preventive Services (PDF English 353 KB, Spanish 111 KB)
- Protecting Children With Pre-Existing Health Conditions (PDF English 252 KB, Spanish 450 KB)
- Protecting Your Choice of Health Care Providers (PDF English 219 KB, Spanish 94 KB)
- Are You in a Grandfathered Health Plan (PDF English 307 KB, Spanish 57 KB)
- Putting the Brakes on Unreasonable Health Insurance Rate Increases (PDF - English 77 KB, Spanish 63 KB)
- April 7, 2011

#### Consumer Posters and Brochures

- State Consumer Assistance Poster (PDF English 1 MB, Spanish 884 KB)
- o State Consumer Assistance Brochure (PDF 2 MB)

# Language Access Taglines for Exchanges, Qualified Health Plan (QHP) Issuers, and Web-Brokers

## FAQs

August 10,2016
 Language Access Tagline Frequently Asked Questions

#### Content Requirements for Plan Finder

#### **Fact Sheets:**

May 1, 2011
 Establishing the Web Portal Called For in the Affordable Care Act (PDF – 115 KB)

#### Pre-Existing Condition Insurance Plan (PCIP)

#### **Fact Sheets**

July 29, 2010
 About the New Pre-Existing Condition Insurance Plan

February 14, 2014
 State by State Enrollment in the Pre-Existing Condition Insurance Plan

 April 24, 2014
 Special Enrollment Period for Individuals Losing Coverage through the Pre-Existing Condition Insurance Program (PCIP) on April 30, 2014

#### **FAQs**

May 8, 2013
 PCIP State Contracts and Extension

## **Health Insurance Marketplaces**

#### **Fact Sheets**

 January 13, 2013
 State Health Insurance Marketplaces (List of Conditionally Approved Exchanges)

May 31, 2013
 Progress Continues in Building Exchanges
 Marketplace Timeline (PDF - 240 KB)
 Narrative Description of Marketplace Timeline (PDF - 204 KB)

June 14, 2013
 Notice of Proposed Rulemaking on Program Integrity

June 24, 2013
 Marketplace Outreach Timeline [PDF, 195KB]

June 26, 2013
 HHS Final Rule and Treasury Notices on Individual Shared
 Responsibility Provision Exemptions, Minimum Essential Coverage, and
 Related Topics

 July 5, 2013
 Eligibility Final Rule: Strengthening Medicaid, The Children's Health Insurance Program and The New Health Insurance Marketplace

August 28, 2013
 Program Integrity Rule: Exchanges, SHOP, Eligibility Appeals:
 Safeguarding Federal Funds and Furthering Consumer Protection

 October 24, 2013
 Program Integrity Rule: Exchanges, Premium Stabilization Programs and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014

 May 6, 2016
 Special Enrollment Periods and the Consumer Operated and Oriented Plan Program

December 12, 2016
 Pre-Enrollment Verification for Special Enrollment Periods

December 12, 2016
 Promoting Transparency and Appropriate Coverage for Dialysis Patients

#### **FAQs**

November 29, 2011

State Exchange Implementation Questions and Answers (PDF – 135 KB)

November 9, 2012

Frequently Asked Questions on the Blueprint for Exchanges

• December 10, 2012

Exchanges, Market Reforms and Medicaid Frequently Asked Questions (PDF - 356 KB)

March 29, 2013

Frequently Asked Questions on Reuse of Exchange for Ancillary Products (PDF - 127 KB)

• May 14, 2013

Frequently Asked Questions on Health Insurance Marketplaces (PDF – 86 KB)

· July 10, 2013

Question and Answer on Assessment Fees Collected in a State-based Marketplace (PDF – 124 KB)

August 5, 2013

Question and Answer on Health Insurance Marketplaces and Income Verification (PDF – 104 KB)

September 30, 2013

Question and Answer on Members of Congress and Staff Accessing Coverage through Health Insurance Exchanges (Marketplaces) IPDF, 168KBI

October 28, 2013

Question and Answer on Enrollment Period [PDF, 143KB]

November 4, 2013

Question and Answer on Third Party Payments of Premiums for Qualified Health Plans in the Marketplaces [PDF, 112KB]

December 13, 2013

Question and Answer on Choice of Methodology for Cost-Sharing Reduction Reconciliation [PDF, 105KB]

February 7, 2014

Third Party Payments of Premiums for Qualified Health Plans in the Marketplaces [PDF, 172KB]

February 21, 2014\*

Question and Answer on Medicaid Managed Care Contractors Outreach to Former Enrollees [PDF, 167KB]
\*Updated January 15, 2015

• May 9, 2014

Question and Answer on Cost-Sharing Reductions for Contract Health Services [PDF, 110KB]

June 12, 2014

Frequently Asked Questions on Essential Community Providers (PDF – 106 KB)

June 1, 2015

Frequently Asked Questions on State-Based SHOP Direct Enrollment

· July 28, 2015

Frequently Asked Questions on State-based Marketplace Options for Implementing Exemptions from the Shared Responsibility Payment

September 18, 2015

Frequently Asked Questions Regarding Agents and Brokers Operating in the SHOP Marketplace

September 18, 2015

Frequently Asked Questions Regarding the Federally-Facilitated Marketplace's (FFM) 2016 Employer Notice Program

September 28, 2015

Frequently Asked Questions Regarding Periodic Data Matching in the Federally-facilitated Marketplaces

- October 23, 2015
   Frequently Asked Questions On The Applicability Of The Minimum
- Acceptable Risk Standards for Exchanges (MARS-E) 2.0 To Qualified Health Plan (QHP) Issuers
- May 3, 2016
   Frequently Asked Questions on Incarceration and the Marketplace
- July 21, 2016
   Frequently Asked Questions on Annual Income Threshold Adjustment
- August 1, 2016
   Frequently Asked Questions on Summer/Fall 2016 Medicaid/CHIP
   Periodic Data Matching
- March 24, 2017
   Frequently Asked Questions for State Medicaid/CHIP Agencies on Spring/Summer 2017 Medicaid/CHIP Periodic Data Matching
- June 9, 2017
   Frequently Asked Questions for State Medicaid/CHIP Agencies on Summer 2017 Medicaid/CHIP Periodic Data Matching [PDF, 196KB]
- July 19, 2017
   Frequently Asked Questions Regarding Third-party Auditor
   Operational Readiness Reviews for the Proxy Direct Enrollment
   Pathway [PDF, 82KB]

#### In-Person Assistance

#### Fact Sheets

 June 10, 2014
 Helping Consumers Apply & Enroll Through the Marketplace (PDF -213KB)
 Navigator Funding Opportunity Announcement

## **FAQs**

April 9, 2013
 Frequently Asked Questions: Navigator Funding Opportunity
 Announcement
 Overview of Applying for the Cooperative Agreement to Support
 Navigators in Federally-facilitated and State Partnership Marketplaces
 (PDF - 381 KB)

## Plan Management

## Fact Sheets

- February 20, 2013
   Essential Health Benefits Standards: Ensuring Quality, Affordable Coverage
- November 27, 2017
   2019 Draft Annual Letter to Issuers for 2019

#### FAQs

- February 17, 2012
   Frequently Asked Questions on the Essential Health Benefits Bulletin (PDF – 88 KB)
- February 20, 2013
   State Evaluation of Plan Management Activities of Health Plans and Issuers (PDF - 35 KB)
- August 8, 2016
   Auto Re-enrollment for QHPs no longer available in the Marketplace
- October 14, 2016
   Frequently Asked Questions on Health Insurance Marketplace
   Standards

- December, 16, 2016
   Second Lowest Cost Silver Plan Technical FAQs
- December 23, 2016
   FAQ on Compliance Safe Harbor for Issuers Affected by the Extension of the Enrollment Deadline to December 19, 2016
- January 3, 2017
   Frequently Asked Questions on Medicaid Managed Care Organizations
- January 19, 2017
   Machine-Readable FAQ for FF-SHOP QHPs
- April 13, 2017
   FAQ on Compliance Standard for Issuers in Federally-facilitated Marketplaces

#### **Exchange Planning and Establishment Grants**

#### **Fact Sheets**

- July 29, 2010
   Health Insurance Exchanges: State Planning and Establishment Grants
- January 20, 2011
   Health Insurance Exchange Establishment Grants Fact Sheet
- November 21, 2011
   State Consumer Assistance Program Participation in Exchange Core
   Area 10
- January 22, 2014
   Creating a New Competitive Marketplace: Health Insurance Exchange
   Establishment Grants Awards List

#### **FAQs**

- June 29, 2012
   Exchange Establishment Cooperative Agreement Funding FAQs
- November 9, 2012
   Consolidated Exchange Establishment Cooperative Agreement Funding FAQs
   This page contains information from the funding opportunity
- April 23, 2013
   Using Section 1311(a) Funding for Marketing Activities in a Plan Management State Partnership Marketplace or Federally-facilitated Marketplace

announcement and frequently asked questions from applicants.

- May 13, 2013
   Allowable Uses of Section 1311 Funding for States in a State Consumer Partnership Marketplace
- May 13, 2013
   Allowable Uses of Section 1311 Funding for States in a State
   Partnership Marketplace or in States with a Federally-Facilitated
   Marketplace
- December 5, 2013
   Frequently Asked Questions on Use of 1311 funding for Change Orders and Congressional Inquiries
- December 30, 2013
   State-based Marketplaces (SBMs): Frequently Asked Questions on the State-based Marketplace Annual Reporting Tool (SMART)
- February 27, 2014
   CMS Bulletin to Marketplaces on Availability of Retroactive Advance
   Payments of the PTC and CSRs in 2014 Due to Exceptional
   Circumstances
- March 14, 2014
   Use of 1311 Funds and No Cost Extensions
- September 19, 2014

The Use of 1311 Funds, Project Periods, and Updating the Cost Allocation Methodology

June 8, 2015
 Clarification of the Use of 1311 Funds for Establishment Activities

#### **Early Innovator Grants**

#### **Fact Sheets**

 February 16, 2011
 States Leading the Way on Implementation: HHS Awards "Early Innovator" Grants to Seven States

#### **Territory Cooperative Agreements**

#### **FAQs**

 February 15, 2011
 Territory Cooperative Agreements for the Affordable Care Act's Exchanges

#### **Premium Stabilization Programs**

#### **Fact Sheets**

November 30, 2012
 Technical Fact Sheet: Draft Notice of Payment and Benefit Parameters (PDF – 117 KB)

March 1, 2013
 HHS Notice of Benefit and Payment Parameters

March 11, 2013
 Technical Fact Sheet: HHS Notice of Benefit and Payment Parameters for 2014 (PDF - 234 KB)

November 25, 2013
 Proposed 2015 HHS Notice of Benefit and Payment Parameters

 November 21, 2014
 Proposed 2016 HHS Notice of Benefit and Payment Parameters Fact Sheet

February 20, 2015
 Final 2016 HHS Notice of Benefit and Payment Parameters Fact Sheet

 November 20, 2015
 Proposed 2017 HHS Notice of Benefit and Payment Parameters Fact Sheet

February 29, 2016
 Final 2017 HHS Notice of Benefit and Payment Parameters Fact Sheet

 August 29, 2016
 Proposed 2018 HHS Notice of Benefit and Payment Parameters Fact Sheet

December 16, 2016
 Final 2018 HHS Notice of Benefit and Payment Parameters Fact Sheet

 October 27, 2017
 Proposed 2019 HHS Notice of Benefit and Payment Parameters Fact Sheet

## **FAQs**

September 12, 2011
 Questions and Answers on Risk Adjustment White Paper

November 8, 2013
 Question and Answer on Submission of Reinsurance Enrollment Count (PDF – 127 KB)

April 11, 2014
 Question and Answer on Budget Neutrality for the Risk Corridors

- May 22, 2014
   Questions and Answers on Reinsurance Contributions Process
- June 8, 2016
   Questions and Answers from the March 31, 2016, HHS-Operated Risk
   Adjustment Methodology Meeting
- July 26, 2016
   Deadline for Submission of MLR and Risk Corridors Data for the 2015
   Benefit Year
- August 22, 2016
   FAQs for Federally-facilitated Marketplace (FFM) User Fee Adjustment Submission Requirements
- October 27, 2017
   FAQs for Federally-facilitated Exchange (FFE) User Fee Adjustment Submission Requirements Benefit Year 2016

#### Consumer Operated and Oriented Plan (CO-OP) Program

#### FAQs

- October 11, 2011
   Frequently Asked Questions regarding the CO-OP Program FOA
- January 27, 2016
   Frequently Asked Questions regarding the CO-OP Program

#### **Fact Sheets**

- December 8, 2011
   New Federal Loan Program Helps Nonprofits Create Customer-Driven Health Insurers
- September 26, 2014
   CO-OP Awardees Announced

## Other Insurance Protections

## COBRA

## **Fact Sheets**

October 17, 2012
 COBRA Continuation Coverage

## **FAQs**

October 19, 2011
 COBRA Continuation Coverage Questions and Answers

## **Mental Health Parity**

## **Fact Sheets**

- October 25, 2011
   Mental Health Parity and Addiction Equity Act
- October 27, 2016
   Final Report of President Obama's Mental Health and Substance Use
   Disorder Parity Task Force
- October 27, 2016
   Factsheet: Mental Health and Substance Use Disorder Parity Task
   Force Announces New Actions and Recommendations
- October 27, 2016
   Compliance Assistance Materials Index

## **Newborns' and Mothers Health Protection**

## **Fact Sheets**

January 30, 2012
 Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

#### Women's Health and Cancer Rights

#### **Fact Sheets**

January 30, 2012
 Women's Health and Cancer Rights Act of 1998 (WHCRA)

#### **Health Insurance Market Reforms**

#### **Fact Sheets**

 November 20, 2012
 Technical Fact Sheet: Proposed Rule for Health Insurance Market Reforms (PDF - 128 KB)

February 22, 2013
 Final Rule for Health Insurance Market Reforms

February 27, 2013
 Technical Fact Sheet: Health Insurance Market Reforms (PDF - 75 KB)

March 15, 2013
 Ensuring Health Insurance Protections for Consumers

 March 14, 2014
 Exchange and Insurance Market Standards for 2015 and Beyond and Final 2015 Letter to Issuers in the Federally-facilitated Marketplace

May 16, 2014
 Exchange and Insurance Market Standards for 2015 and Beyond

#### **FAQs**

 April 26, 2013
 Questions and Answers Related to the Health Insurance Market Reforms

 May 16, 2014
 Frequently Asked Questions on Health Insurance Market Reforms and Marketplace Standards

 June 3, 2014
 Frequently Asked Question on Qualified Health Plans and Guaranteed Availability Standards

 April 16, 2015
 Frequently Asked Questions on Health Insurance Market Reforms and Wellness Programs

 June 15, 2015
 Frequently Asked Questions on Uniform Modification and Plan/Product Withdrawal

 October 19, 2015
 Frequently Asked Questions on the Impact of PACE Act on State Small Group Expansion
 \*Updated December 17, 2015

 February 29, 2016
 Frequently Asked Questions on the 2017 Moratorium on Health Insurance Provider Fee

 May 26, 2016
 Frequently Asked Question on Health Insurance Market Reforms and Marketplace Standards

December 16, 2016
 Frequently Asked Questions on Agent/Broker Compensation and Discriminatory Marketing Practices

## **Annual Limits**

#### **FAQs**

February 10, 2012
 Questions and Answers Related to Annual Limit Waivers

## **Coverage for Young Adults**

#### **Fact Sheets**

April 20, 2010

Young Adults and the Affordable Care Act: Protecting Young Adults and Eliminating Burdens on Families and Businesses

#### **FAQs**

• June 29, 2010

Young Adults and the Affordable Care Act: Protecting Young Adults and Eliminating Burdens on Businesses and Families

#### **Grandfathered Plans**

#### **Fact Sheets**

 November 17, 2010
 Amendment to Regulation on "Grandfathered" Health Plans under the Affordable Care Act

#### Medical Loss Ratio

#### **Fact Sheets**

- November 22, 2010
   Medical Loss Ratio: Getting Your Money's Worth on Health Insurance
- December 2, 2011
   Medical Loss Ratio: Final Rule
- February 16, 2012
   Potential Estimated Rebates Saved by HHS Determinations on State MLR Adjustment Applications
- November 30, 2012
   Technical Fact Sheet: Draft Notice of Payment and Benefit Parameters (PDF – 117 KB)

## Prevention

#### **Fact Sheets**

 June 28, 2013
 Women's Preventive Services Coverage and Non-Profit Religious Organizations

## **Review of Insurance Rates**

## Fact Sheets

- December 21, 2010
   Shining a Light on Health Insurance Rate Increases
- February 24, 2011
   Nearly \$200 Million Available to Help States Fight Health Insurance
   Premium Increases
- May 19, 2011
   Fighting Unreasonable Health Insurance Premium Increases
- September 20, 2011
   Over \$100 Million to Help States Crack Down on Unreasonable Health Insurance Rate Hikes
- September 21, 2012
   Rate Review Grant Map: State-by-State Summary of Rate Review Grants
- November 20, 2012
   Technical Fact Sheet: Proposed Effective Rate Review Rule Changes for Health Insurance Market Reforms (PDF - 70 KB)
- May 3, 2013
   States with Effective Rate Review Programs

#### FAQs

14 of 15

- June 7, 2010
   Premium Review Grant Solicitations: FAQs
- July 1, 2010
   Grant Proposals: FAQs
- August 22, 2011
   Rate Review Training: Technical FAQs Set 1
- October 24, 2011
   Rate Review Training: Technical FAQs Set 2
- May 8, 2013
   Rate Review Grants: Cycle III funding opportunity FAQs Set 1
- June 6, 2013
   Rate Review Grants: Cycle III funding opportunity FAQs Set 2

#### **Student Health Plans**

#### **Fact Sheet**

- February 9, 2011 Improving Health Insurance Protections for Students
- March 16, 2012
   Student Health Plans Final Rule

#### **FAQs**

March 9, 2011
 Status of Student Health Insurance Coverage with Policy Years Starting
 Prior to January 1, 2012

## Self-Funded, Non-Federal Governmental Plans

## **Fact Sheet**

July 18, 2014
 Self-Funded Non-Federal Governmental Plans



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244



# **CLAS County Data**

# **Edition Date: January 2016**

PHS Act section 2719 requires non-grandfathered group health plans and health insurance issuers offering non-grandfathered health insurance coverage to provide relevant notices in a culturally and linguistically appropriate manner. The regulations implementing section 2719 require these plans and issuers to make certain accommodations for notices sent to an address in a county meeting a threshold percentage of people who are literate only in the same non-English language. This threshold percentage is set at 10 percent or more of the population residing in the claimant's county, as determined based on American Community Survey (ACS) data published by the United States Census Bureau. 26 C.F.R. § 54.9815-2719T, 29 C.F.R. § 2590.715-2719, and 45 C.F.R. § 147.136.

Section 2715 of the PHS Act requires group health plans and health insurance issuers offering group and individual coverage to provide the summary of benefits and coverage (SBC) and uniform glossary in a culturally and linguistically appropriate manner. The regulations implementing section 2715 adopt the ten percent threshold set forth in the section 2719 implementing regulations. 26 C.F.R. § 54.9815-2715, 29 C.F.R. § 2590.715-2715, and 45 C.F.R. § 147.200. The list below includes all counties which meet or exceed the 10 percent threshold (rounded to the nearest percent) for the 2010-2014 ACS data and is applicable until the next edition. This list will be updated annually following the release of the applicable ACS data.<sup>2</sup>

## Relation to Other Language Access and Nondiscrimination Laws

We note that QHP issuers are also responsible for complying with the culturally and linguistically appropriate standards set forth at 45 CFR § 155.205(c) with respect to oral interpretation, written translations, taglines, and website translations. HHS expects to issue guidance beginning in February 2016 identifying the non-English languages that are triggered by these standards for each State as well as sample taglines.

In the majority of states, the languages meeting this threshold are also among the top 15 languages spoken by the LEP populations of that state. However, where a language spoken by at least 10 percent of the population in the claimant's county (such as Navajo) is not among the top 15 languages spoken by the LEP population of the state, QHP issuers nevertheless must comply with both standards, when applicable.

We also remind QHP issuers of their obligations to provide information in an accessible manner to individuals with limited English proficiency under federal civil rights laws that also might apply, including Section 1557 of the Affordable Care Act and Title VI of the Civil Rights Act of 1964 and its implementing regulation.

## Summary of Benefits and Coverage Page Limit

QHP issuers must include an addendum with language taglines in the top 15 languages spoken by the LEP populations of that state in their summaries of benefits and coverage (SBCs) for QHPs offered

<sup>&</sup>lt;sup>1</sup> The relevant ACS data set is U.S. Census, 2010-2014 American Community Survey 5-Year Estimates, Table B16001, Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over.

<sup>&</sup>lt;sup>2</sup> The 2010-2014 data was released on December 3, 2015. Assuming the general timing of the release of the data does not change in future years, CMS anticipates releasing this list in December or the following January of each year.

through a Marketplace. Any additional taglines required under Public Health Service Act 2715 and its implementing regulations may also be included in this addendum. The addendum, which must only include tagline information required by language access standards for critical documents, will not count towards the four double-sided page limit for the SBC.

Note: Counties may have been added or removed compared to previous years based on changes in the data.

State	County	Chinese	Navajo	Spanish	Tagalog
		Percentage	Percentage	Percentage	Percentage
Alabama	Franklin County	**	***	10%	75
Alaska	Aleutians East		( <b>**</b>	11%	22%
	Borough				
	Aleutians West			1	12%
Arizona	Census Area		10%		
Arizona	Apache County			2004	
	Santa Cruz County			30%	
	Yuma County		***	22%	
Arkansas	Sevier County	**		15%	
California	Colusa County	FE.	••	21%	144
	Fresno County	THE STATE OF THE S	**	15%	
	Glenn County		22	14%	**
	Imperial County			32%	
	Kern County			16%	
	Kings County	-		17%	
	Los Angeles County			18%	1000
	Madera County			17%	34
	Merced County			19%	
	Mono County			10%	
	Monterey County			26%	
	Napa County		170	14%	-
	Orange County			12%	
	Riverside County			13%	
	San Benito County		_	17%	
	San Bernardino			13%	
	County				
	San Diego County	-	2-	10%	
	San Francisco	12%			
	County				1
	San Joaquin County			12%	
	Santa Barbara County	-		16%	
	Santa Cruz County		22	12%	
	Stanislaus County			13%	100

	Sutter County			10%	
	Tulare County	<del> </del>		22%	
	Ventura County	4-	225	14%	55
	Yolo County			10%	-
Colorado	Adams County	441	**	10%	
	Costilla County	**	**	12%	
	Eagle County	**		13%	
	Morgan County	**	**	12%	
	Phillips County			13%	
	Saguache County	**		11%	
Florida	Collier County		-	12%	
	DeSoto County			19%	
	Hardee County			21%	**
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	Miami-Dade County	94		31%	
	Okeechobee County			13%	, <del>-</del>
	Osceola County			16%	
Georgia	Atkinson County			10%	
	Echols County			15%	
	Hall County			12%	
	Stewart County			14%	
	Whitfield County			15%	
Idaho	Cassia County		***	10%	**
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	Jerome County	•		15%	**
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	Minidoka County	**		13%	
	Power County			11%	
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lowa	Buena Vista County			13%	
	Crawford County	22		12%	
Kansas	Edwards County	22		10%	
	Finney County			16%	
	Ford County	**		18%	
	<b>Grant County</b>			18%	
	Hamilton County		<b>-</b>	14%	
	Haskell County	••		10%	
	Seward County	**		27%	**
	Stanton County			15%	H=
	Stevens County		4.	13%	

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New Mexico	Chaves County			12%	
	Doña Ana County			15%	
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	Luna County		-	18%	
	Mora County			15%	
	San Miguel County			14%	
	Santa Fe County			10%	
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Oklahoma	Harper County	75		10%	
	Texas County			20%	
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	Aibonito Municipio		**	86%	
	Añasco Municipio	**	-	87%	
	Arecibo Municipio	**		81%	••
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Las Piedras			84%	
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	Morovis Municipio			88%	
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	Patillas Municipio			86%	
	Peñuelas Municipio			86%	
	Ponce Municipio	**	77	79%	
	Quebradillas Municipio			84%	
	Rincón Municipio			73%	
	Río Grande Municipio		-	81%	-
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