

Non-Network Plan Attestation Questions

In order to comply with 45 CFR 156.236(b)(4) through (b)(9), a non-network plan applying for QHP certification to be offered through a Federally-facilitated Exchange must answer either “Yes” or “No” to the following list of questions within the Plans and Benefits User Interface in the Marketplace Plan Management System:

1. Does your plan make benefit amounts publicly available to plan enrollees, potential enrollees, and providers in an easily accessible and understandable format?
2. Does your plan provide consumer-friendly information to plan enrollees and potential enrollees about potential balance billing scenarios and expected out-of-pocket costs, including historical data on actual out-of-pocket costs incurred by its enrollees while accessing providers (including ECPs) in the area?
3. Does your plan have a methodology for determining benefit amounts?
4. Does your plan have an available exceptions process under the non-network plan for enrollees who cannot find providers (including ECPs) willing to accept the plan’s benefit amounts as payment in full?
5. Does your plan have a strategy for providing adequate customer service or online provider directory assistance resources to assist plan enrollees and potential enrollees in finding providers (including ECPs) in their area who will accept the plan’s benefit amount as payment in full?
6. Does your plan have a strategy for conducting outreach to available providers (including ECPs) in a particular area to determine whether they would accept the plan’s benefit amount as payment in full?

PRA DISCLOSURE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1415. This information collection requires QHP issuers, including SADP issuers, to ensure access to a sufficient number and geographic distribution of essential community providers (ECPs), where available, that serve predominantly low-income, medically underserved individuals. The time required to complete this information collection is estimated to average less than 1,458 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under 2702(c) of the Public Health Service Act and will be kept private in accordance with regulations at 45 CFR 155.260, Privacy and Security of Personally Identifiable Information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850 and Elizabeth.Hechtman@cms.hhs.gov, Attention: Information Collections Clearance Officer.