

State of Indiana

ESSENTIAL HEALTH BENEFITS FAQ

1. What is Indiana's essential health benefits benchmark plan?

Indiana's EHB is the [Anthem Blue Access PPO](#) plan including [state mandates](#).

2. Can Indiana change their benchmark plan?

Yes, Indiana can evaluate other plan options to potentially choose a different benchmark for plan years 2016 and 2017. The plan listed above is effective for plan years 2014 and 2015.

3. Is Indiana allowing substitutions?

No, EHB substitutions are not allowed.

4. What plans have to include the EHB package?

All non-grandfathered, individual and small group plans must include the benefits in Indiana's current EHB package as part of their plan design for 2014-2015.

5. Where is the EHB template posted, and is it correct for Indiana?

The template should be posted at <http://cciio.cms.gov/resources/data/ehb.html> for all states. Indiana's EHB information is also posted at <https://www.cms.gov/files/document/bmp-summary-py2025-2027.pdf>. The information at both sites is correct provided that some benefit information needs further clarification. View the certificate of coverage and below details for complete benefit information.

- **Bariatric Surgery-** Not Covered. Morbid Obesity coverage is considered a must offer for small group and HMO group filings. Therefore an employer can choose to offer and the benefit is then covered for employees. Since it is not part of the EHB, it is not a mandate and any premium for this would not be covered under PTC.
- **Other- Autism Services-** For additional benefit information, view Bulletin 136 <http://www.in.gov/idoi/files/Bulletin136.pdf> and Bulletin 179 http://www.in.gov/idoi/files/Bulletin_179.pdf.
- **Other- Chemotherapy-** For additional benefit information, view Bulletin 172 http://www.in.gov/idoi/files/Bulletin_172_001.pdf.
- The table below highlights the benefit conversions followed by the correct limit quantity and units as applicable. For essential health benefits, dollar limits are converted to service limits

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Benefit	Correct Limit Quantity/Limit Units
Private-Duty Nursing	\$50,000 per benefit period is equal to <u>82 visits per benefit period</u> . \$100,000 per lifetime is equal to <u>164 visits per lifetime</u> .

6. Does Indiana define habilitation services?

No, Indiana is not defining. According to the Indiana EHB Benchmark Plan, habilitative services are covered at parity with rehabilitative services.

7. Are the visit limits or limit quantities offered separate for Outpatient Rehabilitation and Habilitation Services?

The limits must be separated for rehabilitation and habilitation services to meet EHB requirements. There must be coverage for Outpatient Rehabilitation PT, OT & ST for a minimum of 20 visits each (20/20/20) AND coverage for Outpatient Habilitation PT, OT & ST for an additional minimum of 20 visits each (20/20/20).

8. Do limits apply to ABA coverage for the treatment of Autism?

Behavioral therapies such as Applied Behavioral Analysis (“ABA”) for the treatment of Autism may not be subject to limitations that apply to rehabilitative services such as physical, occupational or speech therapy. IDOI Bulletin 136 remains in effect and benefits will remain covered under the new plans.

8. Are the visit limits or limit quantities offered separate for Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services?

No. The Department of Health and Human Services (HHS) released the Standards Related to Essential Health Benefits (EHB) Final Rule on February 20, 2013. The final rule confirms that non grandfathered plans offering coverage in the individual and small group markets, on and/or off the exchange must comply with the parity standards applicable to mental health and substance use disorder benefits set forth in 45 CFR 146.136. These benefits must be implemented to comply with the requirements set forth under the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 in order to satisfy the requirement to provide EHB.

In summary, mental health and substance abuse benefits need to be offered at parity in which coverage can be no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. The mental health and substance abuse benefits are not subject to service limits.

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9. Are the visit limits or limit quantities offered separate for Mental/Behavioral Health and Substance Abuse Disorder Inpatient Services?

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10. Is the lifetime benefit for Substance Abuse Disorder separate from Mental/Behavioral Health Benefit?

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In summary, mental health and substance abuse benefits need to be offered at parity in which coverage can be no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. The mental health and substance abuse benefits are not subject to service limits.

11. Are the pediatric dental and vision benefits part of the Anthem PPO EHB benchmark plan?

No, Indiana defaulted to the FEDVIP MetLife Dental PPO and Blue Vision PPO for pediatric dental and vision benefits.

Questions should be directed to compliance@idoi.in.gov

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