



CENTER FOR HEALTH LAW & POLICY INNOVATION Harvard Law School

HEALTH PLAN “RED FLAGS”

Elements of a Qualified Health Plan (QHP)

- Premium and cost-sharing requirements
- Outpatient services
- Inpatient services
- Provider networks
- Prescription drug formularies

Primary Care

- Does plan contract with client’s current providers?
- Does the plan consider client’s provider to be a primary care provider or specialist?
- Are providers geographically accessible?
- Do consumers need referrals to see specialists? How do you get a referral?
- Cost-sharing to see PCP, even if just to get referral?
- Cap on visits?

HIV/AIDS

- Specific mention of HIV/AIDS related services?
- Mention of anti-retroviral drugs in formulary?
- Is case management / nutritional counseling / medical nutrition automatically available for HIV? Or are they subject to medically necessary determination?

Mental Health and Substance Use Disorders

- What are procedures for getting outpatient mental health and/or substance use disorder treatment?
- Is the provider network adequate?
- Caps on outpatient or inpatient days?
- Treatment exclusions?
- High co-insurance, with additional co-pay? (e.g., co-insurance could be 20-30% after the deductible, with an additional \$10-\$60 co-pay).

- High cost sharing for rehabilitation services? (e.g., 20-30% co-insurance for rehabilitation or habilitative services after the deductible)
- **Parity law requires coverage of mental health and substance use disorder benefits to be at least as generous and affordable as surgical and physical health benefits.**

Diabetes

- Checklist: equipment and supplies, nutritional counseling, prescription drugs, self-management education, case management, endocrinologists.
- No specific mention of endocrinologists is red flag.

Nutritional Counseling

- Is nutritional counseling or medical nutrition therapy available?
- What is scope of coverage of case management? Does it include any complex treatment subject to a “medically necessary” determination?

Emergency care

- What cost-sharing schedules are imposed on a consumer for inpatient care?
- Ambulatory urgent care co-pay? (e.g., \$15-75 even if using non-hospital facility)
- Red flag: emergency room visits could increase in cost up to 5x (i.e., first visit to an emergency is \$100-\$150, and then each successive visit is \$500)
- Is the ER co-pay waived if patient is admitted?
- Cost per day of inpatient stays?