

Minimum Essential Coverage Data Dictionary

The following is a data dictionary for the minimum essential coverage application spreadsheet. HHS notes that, in addition to meeting the “substantially all” test with respect to compliance with Title I provisions that would not otherwise apply, to the extent that requirements in Title I would directly apply to the coverage by their own terms, HHS will evaluate the plan or policy to see if it complies with these requirements. The Minimum Essential Coverage Guidance MEC Application Form can be found at:

<http://cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/minimum-essential-coverage.html>.

Field Name	Valid Values	Special Instructions	
Background Information	Name of Plan/Policy Sponsor or Government Agency	<i>Text</i>	<i>E.g. “XYZ Bureau”</i>
	Name of Plan/Policy (use a new row for each plan/policy application)	<i>Text</i>	<i>Use a new row for each plan/policy For coverage with multiple tiers, use a separate row for each tier</i>
	Applicant (Plan/Policy Situs) City	<i>Text</i>	<i>If there is no city, put “N/A”</i>
	Applicant (Plan/Policy Situs) State	<i>Text</i>	<i>For foreign entities, list the name of the country in this row</i>
	Plan/Policy Effective Date (mm/dd/yyyy)	<i>MM/DD/YYYY</i>	<i>List the effective date for which minimum essential coverage recognition is requested</i>
	Name of Person Certifying the Application	<i>Text</i>	<i>Same as the Certifying Official in HIOS MEC Module</i>
	Title of Individual Providing Certification	<i>Text</i>	
	Total Number of Individuals Covered by Plan/Policy (include all dependents covered)	<i>Numeric</i>	<i>Provide the total number of individuals covered by the policy as of the date of this application</i>
	Eligibility Criteria (describe briefly)	<i>Text</i>	

Contact Information for the Individual Providing Certification	Certifier Street Address	<i>Text</i>	<i>Use business address</i>
	Certifier City	<i>Text</i>	<i>Use business address</i>
	Certifier State	<i>Text</i>	<i>Use business address</i>
	Certifier Zip code	<i>xxxxx</i>	<i>Use business address</i>
	Phone Number	<i>xxx-xxx-xxxx</i>	<i>Provide a direct phone number for individual providing certification</i>
Early Market Reforms <i>(List the document that demonstrates that the coverage complies with each provision.)</i>	Prohibition against lifetime and annual limits (PHS Act § 2711)	<i>Text</i>	<i>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2711</i> <i>If <u>None</u>, Enter 0</i>
	Prohibition on rescissions (PHS Act § 2712)	<i>Text</i>	<i>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2712</i> <i>If <u>None</u>, Enter 0</i>
	Coverage of preventive health services (PHS Act § 2713)	<i>Text</i>	<i>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2713</i> <i>If <u>None</u>, Enter 0</i>
	Extension of dependent coverage (PHS Act § 2714)	<i>Text</i>	<i>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2714</i> <i>If <u>None</u>, Enter 0</i>
	Development and utilization of summary of benefits and coverage documents and standardized definitions (PHS Act § 2715)	<i>Text</i>	<i>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2715</i> <i>If <u>None</u>, Enter 0</i>

<p>Early Market Reforms (List the document that demonstrates that the coverage complies with each provision.)</p>	<p>Ensuring the quality of care (PHS Act § 2717)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2717</p> <p>If <u>None</u>, Enter 0</p>
	<p>Bringing down the cost of health care coverage (PHS Act § 2718)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2718</p> <p>If <u>None</u>, Enter 0</p>
	<p>Appeals process (PHS Act § 2719)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2719</p> <p>If <u>None</u>, Enter 0</p>
	<p>Patient protections (PHS Act § 2719A)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2719A</p> <p>If <u>None</u>, Enter 0</p>
<p>Health Insurance Market Reforms (List the document that demonstrates that the coverage complies with each provision.)</p>	<p>Fair health insurance premiums (PHS Act § 2701)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2701(the prohibition on rating based on gender)</p> <p>If <u>None</u>, Enter 0</p>
	<p>Guaranteed availability of coverage (PHS Act § 2702)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrates that the coverage complies with PHS Act § 2702</p> <p>If <u>None</u>, Enter 0</p>
	<p>Guaranteed renewability of coverage (PHS Act § 2703)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2703</p> <p>If <u>None</u>, Enter 0</p>

<p>Health Insurance Market Reforms (List the document that demonstrates that the coverage complies with each provision.)</p>	<p>Prohibition of preexisting condition exclusions or other discrimination based on health status (PHS Act § 2704)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2704</p> <p>If <u>None</u>, Enter 0</p>
	<p>Prohibiting discrimination against individual participants and beneficiaries based on health status and the Genetic Information Nondiscrimination Act (PHS Act § 2705)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2705</p> <p>If <u>None</u>, Enter 0</p>
	<p>Non-discrimination against providers in health care (PHS Act § 2706)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2706</p> <p>If <u>None</u>, Enter 0</p>
	<p>Coverage for individuals participating in approved clinical trials (PHS Act § 2709)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2709</p> <p>If <u>None</u>, Enter 0</p>
<p>Newborns' and Mothers' Health Protection Act (PHS Act § 2725)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2725</p> <p>If <u>None</u>, Enter 0</p>	
<p>Mental Health Parity and Addiction Equity Act (PHS Act § 2726)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2726</p> <p>If <u>None</u>, Enter 0</p>	
<p>Women's Health and Cancer Rights Act (PHS Act § 2727)</p>	<p>Text</p>	<p>List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2727</p> <p>If <u>None</u>, Enter 0</p>	

<p align="center">Actuarial value no less than 60 percent (ACA § 1302(d)(1))</p>		<p><i>Text</i></p>	<p><i>List the documents submitted for review that demonstrate that the coverage complies with ACA § 1302(d)(1)</i></p> <p align="center"><i>If <u>None</u>, Enter 0</i></p>	
	<p align="center">Does the coverage provide the essential health benefits listed below in compliance with PHS Act § 2707?</p>	<p>Ambulatory patient services</p>	<p><i>Text (Y/N)</i></p>	<p><i>If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707</i></p>
		<p>Emergency</p>	<p><i>Text (Y/N)</i></p>	<p><i>If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707</i></p>
		<p>Hospitalization</p>	<p><i>Text (Y/N)</i></p>	<p><i>If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707</i></p>
		<p>Laboratory services</p>	<p><i>Text (Y/N)</i></p>	<p><i>If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707</i></p>
		<p>Pediatric services, including oral and vision care</p>	<p><i>Text (Y/N)</i></p>	<p><i>If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707</i></p>
		<p>Maternity and newborn care</p>	<p><i>Text (Y/N)</i></p>	<p><i>If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707</i></p>

Does the coverage provide the essential health benefits listed below in compliance with PHS Act § 2707?		Mental health and substance use disorder services, including behavioral health treatment	Text (Y/N)	If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707
		Rehabilitative and habilitative services and devices	Text (Y/N)	If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707
		Preventive and wellness and chronic disease management	Text (Y/N)	If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707
		Prescription drugs	Text (Y/N)	If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707
Payment Limits		Plan/Policy deductible	Dollar amount	Enter in-network deductible If <u>None</u> , Enter 0
		Out-of-pocket maximum limit	Dollar amount	If <u>None</u> , Enter 0
Cost Sharing Information	Office Visit	Copay (if applicable)	Dollar amount for copay Percent for coinsurance	Amount paid by enrollee Enter in-network cost share amount If <u>None</u> , Enter 0 <u>For Rx</u> , Enter generic retail cost share amount
		Coinsurance (if applicable)		
	Hospital Inpatient	Copay (if applicable)		
		Coinsurance (if applicable)		
	Emergency Room	Copay (if applicable)		
		Coinsurance (if applicable)		
Rx	Copay (if applicable)			
	Coinsurance (if applicable)			