

Individual Coverage HRAs and Qualified Small Employer HRAs: Issuer Requirements Overview

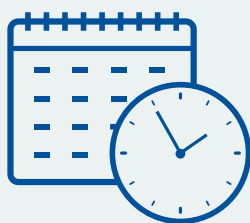
PURPOSE AND OVERVIEW

This document provides guidance on applications of the individual coverage health reimbursement arrangement (HRA) rules, focusing on the following aspects:

- Special enrollment periods (SEPs),
- Guaranteed availability requirements, and
- Rules around accepting premium payments made by or on behalf of an enrollee in connection with an individual coverage HRA or qualified small employer HRA (QSEHRA) in which the enrollee is enrolled.

SEP REQUIREMENTS

The HRA and QSEHRA SEP is available when a qualified individual newly gains access to an individual coverage HRA or a QSEHRA. This SEP applies even if the individual was previously offered or enrolled in an HRA, as long as the individual is not covered by the HRA on the day immediately prior to the first day on which coverage under the HRA can become effective.



In other words, this SEP is available to people who have not previously been offered an individual coverage HRA or provided a QSEHRA, and to those who had access to the HRA during a prior plan year(s) or earlier during the current plan year, but are not currently covered by the HRA.

The SEP triggering event is the first day on which coverage for the individual under the individual coverage HRA can take effect or the first day on which coverage under the QSEHRA takes effect.

If the consumer selects a plan before the triggering event, coverage must start the first of the month after the triggering event or, if the triggering event is on the first day of a month, on the date of the triggering event. If the plan selection is made on or after the triggering event, coverage must start the first day of the month following plan selection.

Questions related to health reimbursement arrangements can be directed to HRA@cms.hhs.gov

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GUARANTEED AVAILABILITY

Under the guaranteed availability requirements, a plan offered through the Exchange generally must be available to individuals who apply for the plan outside the Exchange.



If an individual declines to enroll through the Marketplace (or is ineligible to do so) and wishes to enroll directly with the issuer, issuers must accept every individual that applies for such coverage, unless an exception applies.

ACCEPTING PAYMENTS IN CONNECTION WITH AN ICHRA OR A QSEHRA

Issuers on the Exchange must accept premium payments made by or on behalf of an enrollee in connection with an individual coverage HRA or QSEHRA, when payments are made using a method that the issuer is already required to accept.

SEE THE FOLLOWING RESOURCES FOR MORE INFORMATION:

- [Final HRA Rules](#)
- [FAQs on Health Insurance Market Reforms and Marketplace Standards](#)
- [HHS Notice of Benefit and Payment Parameters for 2022](#)
- [Notice of Benefit and Payment Parameters for 2022 Final Rule Fact Sheet](#)
- [Federally-Facilitated Exchanges and Federally-Facilitated Small Business Health Options Program Enrollment Manual](#)

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