

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Consumer Information and Insurance Oversight  
200 Independence Avenue SW  
Washington, DC 20201



April 21, 2021

Mr. Isaac Belbel  
6006 North Mesa Street - Suite 108  
El Paso, Texas 79912

RE: **Five Points MEC Plan - Approval of Application for Recognition as Minimum Essential Coverage.**

Dear Mr. Belbel,

This letter conveys the results of the Center for Medicare and Medicaid's (CMS) review of the Five Points MEC plan, in connection with your application for their recognition as minimum essential coverage (MEC) pursuant to 45 C.F.R. § 156.604.

Section 5000A of the Internal Revenue Code (the Code), as added by the Patient Protection and Affordable Care Act (Affordable Care Act), provides that all non-exempt individuals must enroll in MEC. Also, Federal regulations at 45 C.F.R. 155.420(d)(1)(i) and at 45 C.F.R. 147.104(b)(2) provide for a special enrollment period to enroll in individual market coverage when an individual loses MEC. In addition to the types of coverage designated as MEC in section 5000A of the Code and in the final regulation at 45 C.F.R. § 156.602, the Department of Health and Human Services (HHS), pursuant to authority granted to the Secretary of HHS under section 5000A(f)(1)(E) and delegated to the Centers for Medicare & Medicaid Services (CMS), may recognize "other coverage" as MEC. Such coverage generally must comply with substantially all of the requirements of Title I of the Affordable Care Act that apply to non-grandfathered health plans in the individual market.


Having completed the review of the application for recognition as MEC for the plan referenced above, CMS has determined the plan's coverage complies with substantially all the requirements of Title I of the Affordable Care Act that apply to non-grandfathered plans in the individual market. The plan referenced above is recognized as MEC pursuant to 45 C.F.R. § 156.604, effective April 21, 2021, until you make a substantial change to the benefits provided by the plan or policy (e.g., a reduction in benefits, increase in cost sharing, or the plan no longer complies with a requirement of Title I of the Affordable Care Act that applies to non-grandfathered plans or policies in the individual market).

All coverage recognized as MEC pursuant to 45 C.F.R. § 156.604 are subject to the requirement to provide notice of MEC status to all enrollees pursuant to 45 C.F.R. § 156.604(d), and comply with the information reporting requirements of section 6056 of the Code. All coverage recognized as MEC pursuant to 45 C.F.R. § 156.604 are also subject to HHS audit authority as provided in 45 C.F.R. § 156.606, which states that the Secretary may audit a plan or program recognized as MEC at any time to ensure compliance with the requirements of 45 C.F.R. § 156.604(a).

Please note that if any change is made to the plan, you must notify CMS of the change by sending an email describing the change in coverage to [MEC@cms.hhs.gov](mailto:MEC@cms.hhs.gov) at least 60 days prior to the effective date of the change in coverage. If CMS determines that the change is substantial, CMS will notify you that you must reapply for the changed plan(s) to be recognized as MEC.

If you have any questions or concerns, please contact us via email at [MEC@cms.hhs.gov](mailto:MEC@cms.hhs.gov) and include your organization's name in the subject line. Thank you for your cooperation. Please retain this letter for your records.

Sincerely,

 Digitally signed  
by Samara A.  
Lorenz -S  
Date: 2021.04.21  
15:29:49 -04'00'

Samara Lorenz  
Director, Oversight Group  
Center for Consumer Information & Insurance Oversight