

# Proposed 2025 Plan Certification Standards and Regulation Updates

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# Proposed 2025 Plan Certification Standards

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- Anticipated: Value plan adjustments in January as needed to remain within federal actuarial value ranges (pending release of the 2025 federal AV calculator)
- No other 2025 Value Plan changes contemplated at this time



# Regulation Updates

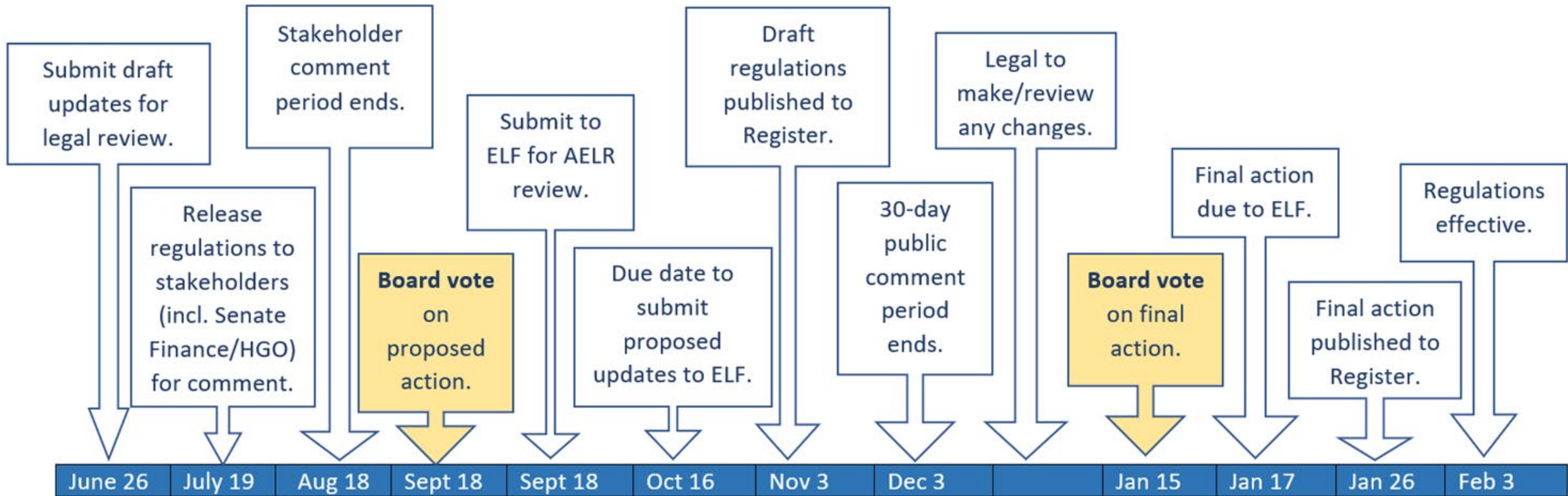
# Regulatory actions to be considered today:

- 1. Proposed:** Federal conformity and policy proposed updates (14.35.07.08, .12, .14, and .19; 14.35.14.06 and .07; 14.35.15.05 and .08; and 14.35.16.07)
- 2. Final:** Medicaid to Private Plan Enrollment Program (14.35.07.22)
- 3. Final:** Young Adult Subsidy Program (14.35.19.03)



# 1. Federal conformity and policy proposed updates

# Timeline



# Proposed Regulatory Changes: Federal Conformity Updates

- ✓ Clarify: dependents remain in household plan until end of PY in which they turn 26
- ✓ Give consumers two years (up from one) to resolve failure to file and reconcile taxes
- ✓ Increase number of Essential Community Providers carriers must contract with to 35%
- ✓ Clarify that plan variant marketing names must be correct and not misleading
- ✓ Establish a timeliness standard for notices of payment delinquency
- ✓ Renewals - Consider plan network in crosswalked plans



# Proposed Regulatory Changes: SEP Updates

- ✓ **Loss of Minimum Essential Coverage**
  - Option to allow people to enroll 1st of the month in the month the coverage is lost
  
- ✓ **Loss of Medicaid/CHIP coverage**
  - Increase to 90 day SEP (currently 60)
  - Following preliminary stakeholder feedback, revise language from “termination of” to “loss of MA or CHIP coverage” to reduce confusion
  
- ✓ **Plan Display Errors**
  - Remove the burden currently on consumers to demonstrate this error

# Proposed Regulatory Changes: MHBE Policy Proposals

- ✓ Limit number of plans per carrier per metal level to 3 starting in PY 2025 (2022 Affordability Workgroup Recommendation)

# Request for Approval of Proposed Regulatory Updates and Authorization to Submit for Review and Publication

MOTION: I move to [approve/defer/reject] the proposed regulations as presented, and authorize MHBE to submit the proposed regulations [as presented/as amended] to the Joint Committee on Administrative, Executive, and Legislative Review for review and to the Department of Legislative Services for publication in the Maryland Register.

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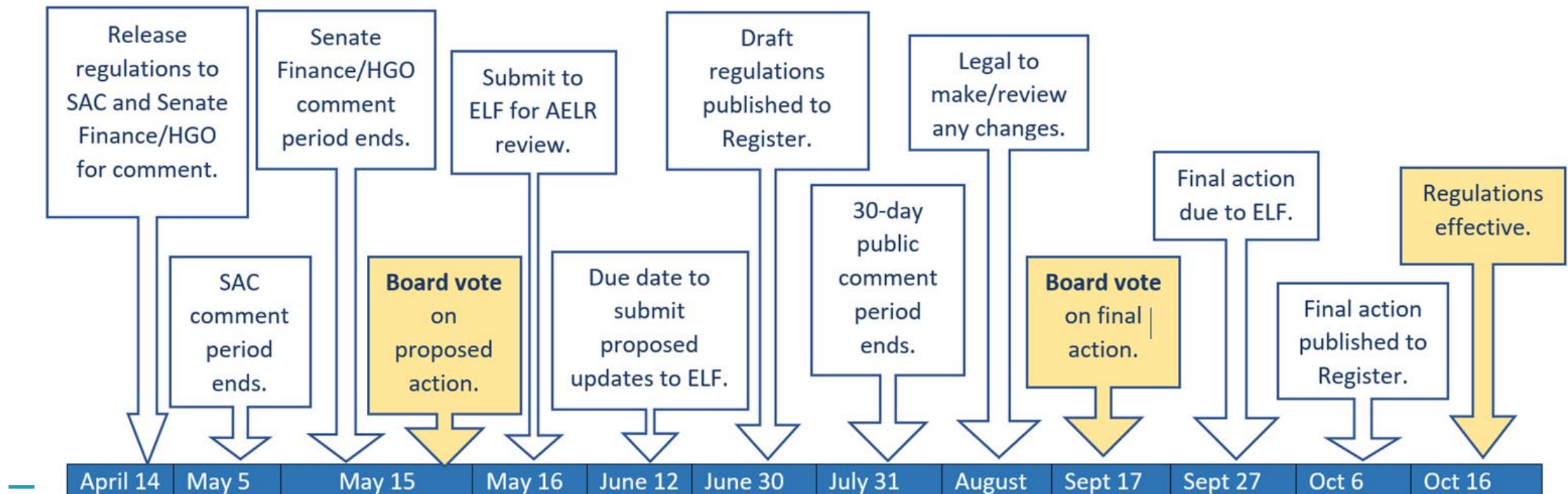
## 2. Medicaid to Private Plan Enrollment Program

# Background

- Medicaid terminations have been suspended during the Public Health Emergency. Terminations resumed this spring, with the first notices going out in April for coverage ending May 31.
- Program goals:
  - Simplify enrollment process/coverage transition for Medicaid enrollees becoming QHP eligible
  - Increase individuals who maintain coverage

# Status

- Board approved emergency action in February and voted to move forward with proposed action in May
- Proposed action was published in the MD Register on June 30
- MHBE did not receive any public comments
- Next step: Obtain Board approval to submit final action for publication in the Register



# Request for Approval to Submit for Publication

MOTION: I move to [approve/defer/reject] the Medicaid to Private Plan Enrollment Program final regulations as presented, and authorize MHBE to submit them to the Division of State Documents for publication in the Maryland Register [as presented/as amended].

# 3. Young Adult Subsidy



# Background

- Current regulations assume that 2022-2023 would be the only years of the program.
- HB814/SB601 of 2023 extended the Young Adult Health Insurance Subsidies Pilot Program through 2025.
- Proposed update will allow for the Board to continue setting payment parameters for future program years beyond 2023.

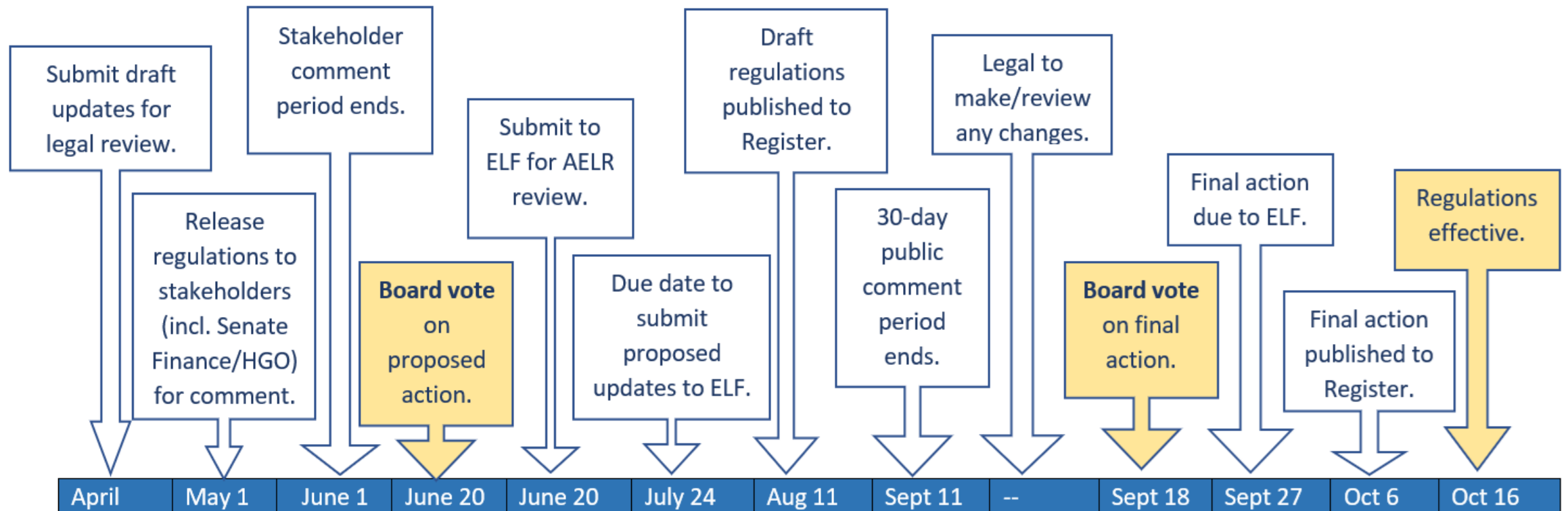
# 14.35.19.03(D) Proposed Update

## D. In *any* calendar [years 2022 and 2023] *year of the program*:

- (1) The Board may limit the availability of subsidies, regardless of eligibility, if the costs of the program are projected to exceed the budgeted allowance for that calendar year;
- (2) The limit described in §D(1) of this regulation may take the form of:
  - (a) A limit on the number of enrollees eligible for the subsidy;
  - (b) A limit on increases in subsidies during a plan year for enrollees after enrollment; or
  - (c) Any other limit or combination of limits as the Board deems appropriate;
- (4) Any limit on the availability of subsidies for enrollees in the program shall be applied uniformly to all enrollees after the effective date of the Board's decision; and
- (5) The Exchange shall monitor the data outlined in Regulation .05 of this chapter to determine, in consultation with the Maryland Insurance Administration, the recommended limits to the Program.

# Status

- Board voted to move forward with proposed action at June meeting
- Proposed action was published in the MD Register on August 11
- MHBE did not receive any public comments
- Next step: Obtain Board approval to submit final action for publication in the Register



# Request for Approval to Submit Final Action for Publication

MOTION: I move to [approve/defer/reject] the final Young Adult Subsidy regulatory updates as presented, and authorize MHBE to submit them to the Division of State Documents for publication in the Maryland Register [as presented/as amended].

# Appendix



# Medicaid to Private Plan Enrollment Program - Proposed Eligible Populations

1. Medicaid enrollees who are determined QHP eligible during a redetermination (once redeterminations resume) and do not select a QHP within a certain period of time
2. Medicaid enrollees who:
  - reported income exceeding the Medicaid eligibility threshold during the public health emergency,
  - did not return to MHC to update their information during their redetermination, and
  - MHC verifies their most recent attested income using electronic data sources.

# Proposed Plan Selection Hierarchy

