Date: January 15, 2020

From: The Maryland Health Benefit Exchange

To: Issuers Seeking to Participate in Maryland Health Connection in 2022

Title: Draft 2022 Letter to Issuers Seeking to Participate in Maryland Health Connection

The Maryland Health Benefit Exchange (MHBE) is releasing this draft 2022 Letter to Issuers (the Letter). This Letter provides guidance to issuers seeking to offer qualified plans, which include Qualified Health Plans (QHPs) and Stand-Alone Dental Plans (SADPs), through Maryland Health Connection on the Individual and Small Business Marketplaces. Unless otherwise specified, references to the Marketplace include both the Individual and Small Business Marketplaces. Further, requirements for plan certification and issuer certification, unless otherwise specified, are required for both health plan issuers and stand-alone dental plans.

Published rules concerning market-wide and QHP certification standards, eligibility and enrollment procedures, and other Marketplace-related topics, are defined in 45 C.F.R. Subtitle A, Subchapter B and in COMAR 14.35.07, COMAR 14.35.14, COMAR 14.35.15. and COMAR 14.35.16. Supplemental guidance, and other market rules applicable to issuers, may be found in the most recent Maryland Health Connection Carrier Reference Manual. MHBE expects issuers to consult all applicable regulations, in conjunction with this Letter, to ensure full compliance with the requirements of the Affordable Care Act and other applicable state and federal requirements. Throughout the plan year, qualified plans may be required to correct deficiencies identified in MHBE's post-certification activities, as a result of the investigation of consumer complaints, oversight by the Maryland Insurance Administration (MIA) or by MHBE, or an issuer's own industry standard internal compliance, on-going monitoring, and risk management program. While this Letter explains certain issuer requirements it is not a complete list of the regulatory requirements for issuers.

MHBE will accept comments on this letter until February 12, 2021. MHBE encourages respondents to submit comments early. Please note that MHBE had separate public comment periods on 2022 plan certification standards (discussed in Chapter 4 of this draft letter) and is not soliciting comments on 2022 plan certification standards in this public comment period. Comments may be submitted to mhbe.policy@maryland.gov.

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CHAPTER 1: ISSUER ANNUAL CERTIFICATION PROCESS AND STANDARDS

The Affordable Care Act, Sections 31-106 and 31-108 of the Insurance Article, Maryland Code, and COMAR 14.35.15 establish that issuers must meet a number of standards in order to be certified or recertified to operate within the Individual and Small Business Marketplaces. In accordance with these authorities, MHBE has established an Annual Certification Process for health and dental issuers to become certified to offer qualified plans (QHPs and SADPs) on the Individual and Small Business Marketplaces. Unless otherwise specified, the Marketplace refers to the Individual and Small Business Marketplaces.

As in prior years, the certification process will take place during calendar year 2021 for plans effective beginning in 2022. Applications for certification must be submitted annually. MHBE will review and approve or deny each application. This process is described in Chapter 3 of the Carrier Reference Manual. Table 1-A-1 provides an overview of the required submission dates for items included in the certification application. MHBE will review the application against the certification standards described in this chapter and the Carrier Reference Manual.

A. Submission of the Carrier Certification Application

Annually, each issuer must submit a Carrier Certification Application to MHBE to participate in the Marketplace. The application is updated annually and posted to the MHBE partner website at www.marylandhbe.com. For the 2022 plan year, MHBE will continue using a web-based Carrier Application.

As part of the Carrier Certification Application, issuers must also provide the documents listed in Table 1-A-1. Additional information regarding the certification standard addressed by each of these documents is described in section D of this chapter. The table provides due dates for the required documentation and the location of the template for each item, which may be found on MHBE's partner website or with the issuer.

Unless otherwise listed in Table 1-A-1, issuers must submit carrier certification data through the secure System for Electronic Rate and Form Filing (SERFF) Binders. Exceptions to this general rule are for biennial Amendments and Restatements of the Carrier Business Agreement and other legal documents that require submission of a physical copy to MHBE.

Issuers should be mindful of the appropriate formatting and specifications of the submissions to ensure timely approval of the Carrier Application.

Table 1-A-1. Carrier Certification Submission Dates

Item Name	Source	Submission Location for Completed Item	Due Date to MHBE
Carrier Application	MHBE	MHBE website	June 7, 2021
Carrier Logo	Issuer	SERFF	June 7, 2021
List of Subcontractors Attestation	Issuer	SERFF	June 7, 2021
Carrier Business Agreement – Attestation	MHBE	SERFF	June 7, 2021

Non-Exchange Entity Agreement – Attestation	MHBE	SERFF	June 7, 2021
Network Adequacy Attestation	MHBE	SERFF	June 7, 2021
Provider Directory Attestation	MHBE	SERFF	June 7, 2021
State Reinsurance Program Attestation	MHBE	SERFF	June 7, 2021
Discriminatory Benefit Design Attestation	MHBE	SERFF	June 7, 2021
Carrier Certification Review Period	MHBE		June 7 - July 21, 2021
Carrier Certification Approval/Denial Notice	MHBE	SERFF/Issuer Point-of-Contact	July 21, 2021

B. Review of Carrier Certification Applications & Certificate of Carrier Authorization

MHBE must review a Carrier Certification Application submitted to MHBE by an issuer within 45 calendar days of receipt of the completed application. MHBE will notify an issuer if its submitted application is not considered complete and which items are outstanding. All issuers will receive a Carrier Certification Approval or Denial Notice from MHBE within the 45-day period. A Carrier Certification Approval Notice informs the issuer that they are eligible to submit plans for certification by MHBE for the plan year of 2022. Plans submitted to MHBE are required to meet the annual Plan Certification Process and Standards, which are described in the Carrier Reference Manual and Chapter 4 of this Letter.

In such cases where an issuer is denied from participating in the Marketplace, MHBE will provide reasons for the denial and appeal rights to the issuer.

C. Carrier Certification Standards

Issuers must meet certain certification standards to offer plans on the Marketplace. These standards are covered in this section and include licensure and accreditation, among other requirements. These standards are detailed in Chapter 3 of the Carrier Reference Manual. This section includes summary information for each of the standards.

i. Maryland Insurance Administration (MIA) Requirements for Marketplace Participation

Attestation of licensure by the State of Maryland as a risk-bearing entity operating in good standing with MIA, and adherence to applicable rules and standards in the Insurance Article of the Annotated Code of Maryland. This will be collected as part of the Carrier Application.

ii. Requirement for Accreditation

To be certified to participate in the Marketplace, issuers must be accredited by the National Committee for Quality Assurance or the Utilization Review Accreditation Commission by 2021. MHBE will consider an issuer accredited if it meets the federal accreditation standard at 45 CFR § 156.275, and follows the accreditation timeline under 45 CFR § 155.1045.

Issuers will submit their accreditation information for carrier certification through the Carrier Application. MHBE will not collect more information than what is submitted to the FFM.

For issuers that offer dental benefits only, this standard will be met if the issuer holds a current and valid MIA Certificate of Authority.

iii. Requirement for an Active Carrier Business Agreement

To be certified to participate in the Marketplace, issuers must have an active Carrier Business Agreement (CBA) on file with MHBE. The most recent iteration of the Carrier Business Agreement was released in 2019. Additional information may be found in the Carrier Reference Manual.

iv. Requirement for an Active Non-Exchange Entity Agreement

To be certified to participate in the Marketplace, issuers must have an active Non-Exchange Entity Agreement (NEEA). An active NEEA is defined as the latest iteration of the NEEA released by MHBE, and which is signed by MHBE and the issuer and is on file with MHBE. The most recent iteration of the NEEA was released in 2018. Additional information may be found in the Carrier Reference Manual.

v. Network Adequacy, and Provider Directory Attestations

Issuers must complete Network Adequacy and Provider Directory Attestations within the Carrier Application. The attestations require that issuers meet their regulatory and statutory obligations on network adequacy and provider directories in accordance with COMAR 31.10.44 and Insurance Article, §15-112(p)(2)(ii), Annotated Code of Maryland.

Issuers must also adhere to Network Adequacy submission requirements for the Maryland Insurance Administration (MIA). For more information visit the MIA website.

vi. State Reinsurance Program Attestation

As the requirement to submit claims data to MHBE is delegated to CMS, issuers submitting claims under the SRP must submit an annual attestation to the Maryland Health Benefit Exchange attesting compliance with COMAR 14.35.17.05 and the distributed data environments, data requirements, establishment and usage of masked enrollee identification numbers, and data submission deadlines outlined in 45 C.F.R. 153 Subpart H –Distributed Data Collection for HHS-Operated Programs (153.700 – 153.730).

The signed attestation should be mailed to MHBE. A copy of the signed attestation may be submitted through issuer SERFF binders. NOTE: This requirement applies to Individual Market medical carriers only.

vii. Additional Requirements

To be certified to participate in the Marketplace, an issuer must also submit the below items to MHBE. Additional specifications for these items may be found in Chapter 3 of the Carrier Reference Manual.

1. Carrier Logo
2. List of Subcontractors
3. Non-Discriminatory Benefit Design Attestation

D. Waiver Authority

MHBE, with the approval of the MHBE Board of Trustees, may grant a waiver to specific provisions described in this chapter. MHBE may grant the waiver with or without corresponding conditions. To request a waiver, the issuer should inquire with their MHBE Account Manager.[1]

[1] The MHBE Account Manager is the issuer's MHBE Point of Contact for all Plan Management/Operational initiatives. All issuers participating in Maryland Health Connection currently work with an MHBE Account Manager.

E. Denial, Suspension and Revocation of Certification

MHBE may deny, suspend, revoke, or seek other remedies against the QHP issuer offering a plan under Section 31-115(k) of the Insurance Article, Maryland Code for failure to adhere to certification requirements.

Furthermore, MHBE may conduct compliance reviews of a plan during the plan benefit year. The scope of such compliance reviews extends to only include certification standards covered in Section 31-115(k) of the Insurance Article, Maryland Code. If, as a result of such compliance reviews, MHBE finds an issuer to be non-compliant, MHBE will require the issuer to correct and meet compliance. Any denial, suspension or revocation of certification and compliance review findings and corrective action plans is subject to any and all remedies available under state and federal laws and regulations.

CHAPTER 2: QUALIFIED HEALTH PLAN/STAND-ALONE DENTAL PLAN CERTIFICATION PROCESS

The Affordable Care Act, Section 31-115 of the Insurance Article, Maryland Code, and COMAR 14.35.16 establish that QHPs and SADPs must meet a number of standards in order to be certified or recertified to operate within the Marketplace. Several of these are market-wide standards that apply to plans offered in the individual market inside as well as outside of the Marketplace. The remaining standards are specific to qualified plans (QHPs and SADPs) seeking certification or recertification from the Marketplaces.

MHBE has established an Annual Certification Process for certification of qualified plans that a certified issuer would like to offer on the Marketplace. This chapter describes the Individual and Small Business Marketplaces Certification Process for a QHP or SADP to be certified and offered in the Marketplace. Applicable requirements for SADPs have been clearly identified with "SADP." Subject to any changes to federal or state requirements, such as in the MIA Bulletin on the 2022 Rate and Form Filing Deadline or the 2022 Notice of Benefit and Payment Parameters, the following dates are considered finalized.

A. Submission Requirements for QHP/SADP Certification

For a QHP/SADP to be certified for sale through the Marketplace, the plan's issuer must submit the Qualified Plan Certification Application and all required templates for each plan for 2022. Specific details of the documentation within the Plan Certification Application are included in Chapter 4 of the Carrier Reference Manual and within this section.

i. Templates

The templates required as part of the Plan Certification Application are listed in Table 2-A-1. Templates will be located on the CCIIO website for issuer resources at https://www.qhpcertification.cms.gov and the MHBE partner site https://www.marylandhbe.com. All items must be submitted through the plan issuer's SERFF Binders. By April 1, 2021, the 2022 SERFF Binders will be available for use in document submission by issuers. Exceptions to this general rule are limited and may be granted upon request by the issuer and approval by MHBE. Table 2-A-1 includes an initial and final due date. Issuers are encouraged to submit completed templates and supporting documentation, especially if no extensive benefit modifications are expected, earlier than the dates outlined in the table.

For Individual QHPs and SADPs, the entire suite of templates and supporting documentation must be uploaded into the 2022 SERFF Binders by June 7, 2021 for preliminary validation. From the period

between June 7 and September 20, 2021, MHBE will engage with Individual QHP and SADP issuers to begin the data and plan display reconciliation process, which is addressed in further detail in section B of this chapter. Issuers will be unable to view plan data in plan display of the online Maryland Health Connection portal during this period. Issuers are required to participate in plan display testing in the Maryland Health Connection User Acceptance Testing Environment before plans are certified.

Issuers must have their final template suite and supporting documentation into their SERFF Binders by September 7, 2021 (for Small Business QHPs and SADPs) and September 20, 2021 (for Individual QHPs). Final certification in the SERFF portal will occur on September 20, 2021 for Individual QHPs and SADPs. From September 20, 2021 until the start of the 2022 Open Enrollment Period, all plan data for Individual QHP and SADPs will be frozen in production until the change request period begins on November 1, 2021.

Plan Management has scheduled the completion of Small Business Plan Certification for September 21, 2021.

Table 2-A-1. Plan Certification Templates and Submission Dates

Item Name	QHP/ SADP	Initial Submission Date to MHBE	Individual – Final Submission Date to MHBE	SADP – Final Submission Date to MHBE	SHOP – Final Submission Date to MHBE	Description of Item
Plan and Benefits Template	QHP/ SADP	June 7, 2021	Sept. 20, 2021	Sept. 7, 2021	Sept. 7, 2021	Template used to collect plan and benefit details.
Unified Rate Review Template	QHP	June 7, 2021	Sept. 20, 2020	Not Applicable	Sept. 7, 2021	Provides information and data necessary for ERR Reasonableness Review, rate increase monitoring and Market Rating Rules Compliance Reviews by states and CMS
Prescription Drug Template	QHP	June 7, 2021	Sept. 20, 2020	Not Applicable	Sept. 7, 2021	Template to capture prescription drug tiers and cost-sharing structure
Network Template	QHP/ SADP	June 7, 2021	Sept. 20,2021	Sept. 7, 2021	Sept. 7, 2021	Template to capture network ID numbers
Service Area Template	QHP/ SADP	June 7, 2021	Sept. 20,2021	Sept. 7, 2021	Sept. 7, 2021	Information identifying a plan's geographic service area.
Rate Data Template	QHP/ SADP	June 7, 2021	Sept. 20, 2021	Sept. 7, 2021	Sept. 7, 2021	A table for entering plan rates based on rating area, age, and tobacco use

Plan Crosswalk Template	QHP/ SADP	June 7, 2021	Sept. 20, 2021	Sept. 7, 2021	Sept. 7, 2021	Part of 2021 Plan Certification, used in the auto-renewal process to ensure appropriate transfer of enrollees in case of plan exit.
Part II: Consumer Narrative	QHP	June 7, 2021	Sept. 20, 2021	Not Applicable	Sept. 7, 2021	Not a requirement for 2021 Plan Certification, provides consumers with information on the basis for an issuer's rate request increase.
Part III: Actuarial Memorandum	QHP	June 7, 2021	Sept. 20, 2021	Not Applicable	Sept. 7, 2021	Part of 2021 Plan Certification, provides actuarial written narrative describing and supporting the information provided in Part I.
Partial County Service Area Justification Attestation	QHP	Not Applicable	Sept. 20, 2021	Not Applicable	Sept. 7, 2021	Part of 2021 Plan Certification, justification from any issuer that submits a partial county service area. Issuers without changes from prior plan years may submit an attestation to meet this requirement.
Maryland ECP Template	QHP/ SADP	June 7, 2020	Sept. 20, 2021	Sept. 7, 2021	Sept. 7, 2021	Part of 2021 Plan Certification, collects information from issuers on the number of Essential Community Providers they have contracted with. Used to evaluate network inclusion standard.

ii. Plan Display Reconciliation

A critical part of plan certification is ensuring that the QHP/SADP data displayed to consumers accurately displays premiums, benefits, and cost sharing. This requires an extensive reconciliation process between issuer data, including plan templates and URLs, and the display outputs of these items in plan shopping. Plan display reconciliation includes issuers participating in the Small Business Marketplace. Issuers offering plans for small businesses should follow the reconciliation process as detailed in Table 2-A-2 (Individual & Small Business QHP/SADP Plan Display Reconciliation Timeline).

Table 2-A-2. Individual and Small Business QHP/SADP Plan Display Reconciliation Timeline

Event/Period	Entity Responsible for Event/Period	Date of Action	Action Description	Source/ Submission Format
Preliminary Template Submission	Issuers	June 7, 2021	Issuers submit a full suite of Plan Management Templates.	SERFF

Validation Analysis	MHBE	June 7 - June 25, 2021	MHBE will analyze submitted templates for Plan Management Application Validation. MHBE will provide specific required changes to ensure validation.	SERFF Note to Filer
First Round Template Submission	Issuers	June 28, 2021	Issuers will submit full suite of Plan Management Templates with validation changes. Submissions that require no changes do not need to be resubmitted.	SERFF
Extract Analysis + Feedback	MHBE	July 5, 2021	MHBE will deliver to Issuers Plan Management Module Extracts + Feedback. MHBE will provide specific required changes to ensure an improved data extract.	SERFF Note to Filer
Second Round Template Submission	Issuers	July 12, 2021	Issuers will submit a full suite of Plan Management Templates with extract changes.	SERFF
Extract Analysis/Plan Display Printouts	MHBE	July 19, 2021	MHBE will deliver to issuers Plan Management Module Extracts, Feedback, and Plan Display Printouts. MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Printouts. MHBE will provide specific required changes to ensure an improved Plan Display.	SERFF Note to Filer
Third Round Template Submission	Issuers	July 26, 2021	Issuers will submit full suite of Plan Management Template with plan display changes.	SERFF
Live Module Data Review	Issuers/ MHBE	August 28, 2021	Issuers will perform data review in the Maryland Health Connection Anonymous Browsing UAT environment + Template Fixes and Submissions. MHBE will provide specific required changes to ensure an improved Plan Display.	MHC Anonymous Browsing + SERFF + SERFF Note to Filer

Extract Analysis/ Plan Display Printouts	MHBE	August 31, 2021	MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Printouts. MHBE will provide specific required changes to ensure an improved Plan Display. If rates are not finalized by Aug. 31, MHBE will provide a printout of Plan Display as soon as possible after rate finalization to include rates as approved by the MIA.	SERFF Note to Filer
Final Binder Submission	Issuers	Sept. 20, 2021	Issuers will submit final Plan Management Template Suite into SERFF.	SERFF
Issuer Signoff	Issuers	Before Sept. 25, 2021	Issuers will sign-off on plans displayed in UAT environment.	MHC Anonymous Browsing + SERFF Disposition
Plan Upload into Production	MHBE	Sept. 25, 2021	MHBE will target uploading the final templates into production by September 25th and will upload the final templates in production no later than October 1st.	MHC Plan Management Module – Production

Plan Data/Template Point-of-Contact
To facilitate the plan data reconciliation process, issuers are required to submit an Issuer/Administrator Point of Contact for Template Error Resolution to MHBE. This information must include: Legal Entity/Issuer, Name, Title, Phone Number and Email. MHBE collects this information via the Carrier Application.

iii. Special Enrollment Period Resulting from Data Errors in Plan Display
MHBE expects robust issuer participation in the plan display reconciliation process to ensure that consumers on Maryland Health Connection enroll with clear expectations of a QHP/SADP's benefits (including cost sharing), service area, and premium. Consumers who enroll in plans with a materially erroneous data display and demonstrate that the erroneous data influenced the consumer's enrollment decision are eligible for a special enrollment period under 45 CFR § 155.420 (d)(12). As in previous years, MHBE staff will work with partner issuers to ensure minimal errors in plan display.

B. Review of Plan Certification Applications & Certificate of Plan Certification
MHBE must review a Plan Certification Application submitted to MHBE by an issuer within 45 calendar days of receipt of the completed application. MHBE will notify an issuer if its submitted application is not considered complete and which items are outstanding. After the 45-day period, all issuers will receive a Plan Certification Approval or Denial Notice from MHBE, with information on issuer options for appeal. A Plan Certification Approval Notice informs the issuer that they are eligible to offer the plan through the Marketplace for the applicable plan year. The plan certification period begins on the date of confirmation of receipt of a complete plan certification application package by the MHBE Account Manager.

C. Waiver Authority

MHBE, with the approval of the MHBE Board, may waive specific provisions described in this chapter, pursuant to COMAR 14.35.16. MHBE may grant the waiver with or without corresponding conditions. To request a waiver, the issuer should inquire with their MHBE Account Manager.

D. Denial, Suspension and Revocation of Certification[2]

MHBE may deny, suspend, revoke, or seek other remedies against the QHP/SADP issuer offering a plan under Section 31-115(k) of the Insurance Article, Maryland Code.

Furthermore, MHBE may conduct compliance reviews of a plan during the plan benefit year. The scope of such compliance reviews extends to only include certification standards covered under Section 31115(k) of the Insurance Article, Maryland Code. Denials, suspensions, revocations of certification, compliance review findings, and corrective action plans are subject to any and all remedies available under state and federal laws and regulations.

If, as result of such compliance reviews, MHBE finds a QHP/SADP to be non-compliant, MHBE will require the QHP/SADP issuer to correct and meet compliance. If an issuer chooses to withdraw from the Exchange or the plan is decertified by MHBE, the issuer shall follow plan management guidance as specified by MHBE.

CHAPTER 3. OFF-EXCHANGE SADP CERTIFICATION PROCESS AND STANDARDS

MHBE will continue to certify Off-Exchange SADPs. Issuers must complete an application after receiving rate and form approval from MIA.

A. Off-Exchange SADP Submission Requirements & Submission Timeline

SADPs that participate in the Exchange-Certified program must submit an Off-Exchange Dental Carrier Application and provide MHBE with notice of intent to participate after they have been approved by MIA. Exchange certification of the plan can occur any time prospectively or within an eligible plan year.

Unless otherwise directed by MHBE, issuers must submit plan certification data through the secure SERFF Binders. Exceptions to this general rule are limited, and non-allowable before rate release by MIA. MHBE has 45 calendar days from the beginning of the plan certification period to notify the issuer of approval or denial to offer qualified plans on the Marketplace. In such cases where a single plan or a product-type is denied participation on the Marketplace, MHBE will provide to the issuer the reasons for denial and instructions to reapply or appeal.

B. Certification Standards

In order to be certified as an Off-Exchange SADP, plans are required to:

1. Cover the State benchmark pediatric dental essential health benefits,
2. Comply with annual limits and lifetime limits applicable to essential health benefits, and
3. Comply with rules applicable to stand-alone dental plans under 45 CFR § 156.150.

[2] See footnote two.

CHAPTER 4: QUALIFIED PLAN (QHP AND SADP) CERTIFICATION STANDARDS

The Affordable Care Act, Sections 31-106 and 31-108 of the Insurance Article, Maryland Code, and COMAR 14.35.16, establish that QHPs and SADPs must meet a number of standards in order to be certified or recertified as QHPs and SADPs for sale in the Individual and Small Business Marketplaces.

MHBE notes that issuers must comply with the rate and form review procedures established by the MIA in its annual bulletin to issuers. MHBE will provide the MIA with issuer Marketplace data, upon request, to support rate and form review. Further, issuers must comply with the rate increase notification requirements under 45 CFR § 155.1020.

MHBE continues to review its Marketplace participation policies to determine if they continue to meet the needs for supporting consumer choice. MHBE must certify QHPs that are in the interest of qualified individuals as determined by MHBE pursuant to the Affordable Care Act § 1311(e)(1)(B), 45 CFR §155.1000(c)(2), and Insurance Article, § 31-115(b)(7), Maryland Code.

A. Existing Qualified Plan Standards

This chapter presents policies that are new for the 2022 plan year. Issuers that seek to offer coverage on Maryland Health Connection must also meet compliance with existing qualified plan certification policy. These existing standards may be found in Chapter 4 of the Carrier Reference Manual released in 2020.

B. Final 2022 Qualified Plan Standards (New)

This section reviews the final 2022 Qualified Plan Standards that are new for 2022. MHBE has also included technical guidance to aid issuers in implementation.

i. Public Comment Period & Amendments to Proposed 2022 Qualified Plan Standards

At the November 16, 2020 session, the MHBE Board of Trustees reviewed proposed 2022 Qualified Plan Standards. The Board voted to release the proposed standards for public comment. The proposed standards were published to the MHBE public comment web page on September 30 and comments were accepted through October 30. On December 30, MHBE published proposed bronze value plan standards and opened a second public comment period through January 15, 2021 on the proposed bronze value plan standards only.

As of the date of this guidance, four stakeholders submitted formal responses during the public comment periods for the proposed plan certification standards. The submitters included three issuers, a provider association, a state agency, and a consumer advocacy group.

The MHBE Board of Trustees adopted final 2022 Qualified Plan Standards specified at the November 16, 2020 session, with the exception of bronze value plan standards, which are expected to be finalized at the Board's January 19, 2021 session. It is important to note that the 2022 Qualified Plan Standards were finalized with consideration of all stakeholder insight, resulting in amendments to some proposed standards. The final version of the issuer letter will be updated with final bronze value plan standards.

ii. 2022 Value Plan Standards

In response to public feedback on increasing consumer cost sharing and rising out-of-pocket costs in QHPs offered through Maryland Health Connection, MHBE requires that issuers offer "Value" plans that meet certain cost sharing and branding requirements, at the bronze, silver, and gold coverage metal

levels. The goal is to provide consumers with reasonable expectations of deductibles and out-of-pocket costs, while promoting cost-sharing structures that increase the use of high-value care and decrease the use of low-value care, in alignment with state population health goals.

The standard was further developed through the 2019 Affordability Work Group as a starting point for addressing affordability issues. Discussions centered on aligning products in the market with state-wide initiatives under the Total Cost of Care Waiver, and creating incentives for value-based product innovation. Table 4-B-1 below details QHP requirements specific to Value plans for the 2022 plan year.

Table 4-B-1. Value Plan Requirements for the 2022 Plan Year (new requirements in bold)

Requirements	Bronze	Silver	Gold
Minimum offering	Issuers must offer at least 1 "Value" plan.	Issuers must offer at least 1 "Value" plan.	Issuers must offer at least 1 "Value" plan.
Branding	Required.	Required.	Required.
Medical Deductible Ceiling	No requirement. Lower deductibles are encouraged.	$2500 or less.	$1000 or less.
Services Before Deductible	**Proposed** **The following services must be offered as copays before deductible:** ● **Primary Care Visits with copay ≤$40** ● **Mental Health and Substance Use Disorder Outpatient Visits with copay ≤$40** ● **Generic Drugs with copay ≤$20**	The following services must be offered as copays before deductible: ● Primary Care Visit^ ● Urgent Care Visit^ ● Specialist Care Visit ● **Mental Health and Substance Use Disorder Outpatient Visits** ● Generic Drugs ● Laboratory Tests ● X-rays and Diagnostics*+ **Must be covered without cost sharing:** ● **Diabetic Supplies (insulin and glucometers)[$]**	The following services must be offered as copays before deductible: ● Primary Care Visit^ ● Urgent Care Visit^ ● Specialist Care Visit ● **Mental Health and Substance Use Disorder Outpatient Visits** ● Generic Drugs^ ● Laboratory Tests* ● X-rays and Diagnostics* **Must be covered without cost sharing:** ● **Diabetic Supplies (insulin and glucometers)[$]**

^Recommended to maintain or decrease cost sharing from 2021.
*May be subject to limitation.
+May be excluded from before deductible services
[$]Items covered without cost sharing may be limited to preferred brands. Due to the requirements of the benchmark plan and §15-822(d)(3) of the Insurance Article, coverage of test strips is already required without cost sharing for non-high deductible plans.

a. Value Bronze Modifications

MHBE proposed several modifications to the bronze value plans, including modifying before deductible services to include all primary care visits, mental health/substance use disorder outpatient visits, and generic drugs pre-deductible with cost-sharing for these services limited to co-pays to be determined after the release of the 2022 AV calculator. The goal of these changes was to align the plans with the State's focus on primary care and opioid use disorder treatment and prevention and strengthen the value of the plans.

In comments, two carriers and one state agency recommended that the proposal be delayed until after release of the 2022 AV calculator. One additional commenter was in favor of expanding pre-deductible services to align consumer incentives for health care with state population health goals.

b. Value Silver and Gold Modifications

To better align with the State's focus on opioid use disorder treatment and prevention, MHBE proposed modifying the before deductible services to include mental health and substance use disorder outpatient visits. All silver and gold value plans already meet this requirement and no comments were received opposing this proposal.

In addition, to better align the plans with the State's focus on treatment and prevention of diabetes, MHBE proposed to modify before deductible services to include coverage of diabetic supplies (insulin, test strips, and glucometers) with no cost-sharing, and with permitted limitation of items covered with no cost-sharing to preferred brands. One state agency commented that due to the requirements of the benchmark plan and §15-822(d)(3) of the Insurance Article, coverage of test strips is already required without cost sharing unless the plan is a high-deductible plan. MHBE thus removed the requirement to cover test strips, with all other value plan proposals being finalized as proposed.

c. Other Value Plan Requirements - Unchanged from 2021

MHBE will continue to require "Value" branding for Value Plans at all metal levels.

Consistent with previous plan years, value plan offering requirements will be applied at the branded, holding company level. To maximize impact and reduce administrative burden, it is recommended that branded holding companies with multiple product types offer "Value" plans in the product with the greatest share of the holding company's enrollment and span of service area. MHBE recommends that holding companies offer "Value" plans under HMO product lines.

MHBE understands that value plan requirements will increase QHP actuarial value and potentially premiums. Value plans are intended to supply consumers with alternative options that provide minimum expectations of the services that will be offered before deductible. MHBE encourages issuers to offer additional QHPs with lower actuarial value to support premium affordability for unsubsidized consumers and provide distinct options within each metal level.

iii. <u>Telehealth Transparency Standard</u>

The current limitations on in-person healthcare services to ensure patient and provider safety during the pandemic have necessitated the expanded use of telemedicine services. In response, MHBE has set transparency standards to ensure that consumers have access to information on the telehealth services offered by carriers when making enrollment decisions.

To meet the 2022 plan certification standard for telehealth transparency, QHP issuers are required to describe their coverage of telehealth services in their "Important Information About This Plan" document submission. MHBE encourages issuers to address the following topics:

1. The process through which a member can access telehealth services through their health plan,
2. Any enrollee-facing vendors that are contracted to support the issuer's implementation of their telehealth program.
3. The types of providers/services a member may access through telehealth,
4. The enrollee cost-sharing applicable to telehealth services,

5. Any limitations on telehealth providers' ability to prescribe medications,
6. The issuer's protocol for referrals or in-person visits following a telehealth visit, and

iv. Patient Data Availability

Effective July 1, 2021, CMS is requiring managed care entities participating in Medicare Advantage, Medicaid, and CHIP, as well as Medicaid and CHIP fee-for-service (FFS) programs and QHP issuers on the federal exchange, to make available an Application Programming Interface (API) that allows patients to easily access their claims and encounter information, including cost, as well as a defined set of clinical data, if maintained by the issuer, through third-party applications of their choice. In addition, effective January 1, 2022, CMS is requiring all payers listed above except Medicaid and CHIP FFS programs to implement a process that allows electronic health data to be exchanged between payers.

In alignment with the CMS requirements, MHBE proposed to require individual market QHP issuers to comply with 45 CFR 156.221(a)-(f). This requirement was finalized as proposed. MHBE anticipates that these new changes will allow enrollees to easily access their electronic health information held by their insurer so that their claims, encounter, and other relevant health history information will follow them smoothly from plan to plan and provider to provider. MHBE also anticipates that these changes will provide consistency in data availability for enrollees who move between Medicaid, MCHP, and QHP coverage or whose households have a mix of coverage.

v. 2022 Standards for SADPs Only

MHBE adopted the below standards as proposed for SADPs to enhance consumer transparency and inform enrollment decisions. These standards align with the existing provider network and product transparency requirements currently in place for QHPs participating on Maryland Health Connection.

a. SADP Provider Directory

To support a Maryland Health Connection enhancement for consumers to perform a provider search for SADPs, dental carriers shall provide information on in-network providers in a format and at a frequency specified by MHBE. MHBE will have further discussion with dental carriers in 2021 to finalize the format and frequency.

b. Important Information About This Plan

Dental carriers are encouraged to create and provide a link to an "Important Information about This Plan" document to address unique benefits or features of their coverage, which MHC intends to add to the plan shopping tile. This feature is currently available for medical plans, so this would mirror the current medical plan shopping tile.

CHAPTER 5: ISSUER REQUIREMENTS FOR THE STATE REINSURANCE PROGRAM.

This chapter details issuer requirements for participation in the State Reinsurance Program (SRP) under Md. Insurance Code Ann. § 31-117. Issuers should also refer to regulations under COMAR 14.35.17 for information on other requirements under the State Reinsurance Program.

MHBE has extended the agreement with the Centers for Medicare and Medicaid Services (CMS) to administer the SRP by using the External Data Gathering Environment (EDGE) server infrastructure through 2023. Issuers will continue to follow EDGE server data submission timelines and protocols, as under the Risk Adjustment program.

Payment under the SRP is based on reinsurance reports received from CMS. Pursuant to the agreement between MHBE and CMS, CMS applies the approved reinsurance attachment point, coinsurance rate, and cap to carriers' final EDGE server claims and reports the resulting undampened reinsurance payments to CMS. After receipt of CMS's report, in accordance with COMAR § 14.35.17.04, a carrier-specific adjustment factor is calculated by applying the applicable year's dampening factor to the risk adjustment results reported by CMS. The final State Reinsurance Program payment amounts are determined by applying each carrier-specific adjustment factor to the corresponding carrier's reinsurance results.

It should be noted that this approach was approved through Maryland's 1332 Waiver and is a result of MHBE's commitment to reduce issuer administrative burden. Information on the methodology used to calculate the 2021 dampening factor is available on the MHBE website.[3]

MHBE's most recent projections related to the reinsurance program are available on the MHBE website.[4]

A. Parameters for the State Reinsurance Program

The MHBE Board of Trustees set the final parameters for the 2021 SRP at the July 7, 2020 Board meeting. For 2021, the SRP will remit payments for eligible claims according to the below 2021 parameters. Prior years' parameters are included for reference. The 2022 SRP parameters will be finalized in the summer of 2021.

Table 5-A-1. 2019-2021 State Reinsurance Program Parameters.

Parameters	2019	2020	2021
Attachment Point:	$20,000	$20,000	$20,000
Coinsurance Rate:	80%	80%	80%
Cap:	$250,000	$250,000	$250,000
Dampening Factor	.800	.785	.760

B. Program Payment

MHBE will remit reinsurance payments under the 2020 SRP no later than September 30, 2021.

C. Reporting Requirements

For 2021 and future SRP years, issuers are expected to continue regular data submission operations to their EDGE servers as under the Risk Adjustment program. In addition, MHBE will contact issuers in spring 2021 to collect claims and enrollment data and 2020 EDGE data, which will be used by MHBE to update SRP projections.

As outlined in COMAR 14.35.17.03C, for each year that a carrier which offers a reinsurance-eligible plan participates in the State Reinsurance Program, the carrier shall submit to the Board a Carrier Accountability Report by June 30th following the end of the plan year. Carriers participating in the

[3] See documents listed under "Update (6/5/20) at https://www.marylandhbe.com/policy-legislation/public-comment/

[4] https://www.marylandhbe.com/wp-content/uploads/2020/07/MHBE-2021-SRP-Report-Final.pdf and https://www.marylandhbe.com/wp-content/uploads/2020/07/10-Year-Projection-Final.pdf

reinsurance program in plan year 2020 must file a report by June 30, 2021. Carriers participating in the reinsurance program in plan year 2021 must file a report by June 30, 2022.

The report must detail carrier actions to manage the costs and utilization of enrollees whose claims are reimbursed under the program. Guidance to carriers on the plan year 2019 report, submitted in 2020, is available on the MHBE website.[5] This guidance will be updated in 2021, for the plan year 2020 report.

[5] https://www.marylandhbe.com/home/carriers/