Date: **December 12, 2016**

From: **The Maryland Health Benefit Exchange**

To: **Issuers Seeking to Participate in Maryland Health Connection in 2018**

Title: **DRAFT 2018 Letter to Issuers Seeking to Participate in Maryland Health Connection**

The Maryland Health Benefit Exchange (MHBE) is releasing this draft 2018 Letter to Issuers (the Letter). This Letter provides operational and technical guidance to issuers seeking to offer qualified plans, which include Qualified Health Plans (QHP) and Stand-Alone Dental Plans (SADP), through Maryland Health Connection on the Individual and Small Business Health Options Program (SHOP) Marketplaces. Unless otherwise specified, references to the Marketplace include both the Individual and SHOP Marketplaces.

MHBE appreciates all public comments provided in response to this draft Letter. MHBE will review all comments submitted and will incorporate suggestions, as deemed beneficial. MHBE will release a document that includes each public comment and MHBE's response to the comment. MHBE looks forward to further discussing the comments that MHBE stakeholders will submit.

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 the MHBE Interim Procedures on Carrier and Qualified Health Plan Certification, approved by the Board of Trustees on October 23, 2012. Supplemental guidance and other market rules applicable to issuers may be found in the most recent Maryland Health Connection Carrier Reference Manual[1]. 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 and risk management program.

MHBE strives to ensure that Maryland Health Connection is a competitive marketplace offering consumers choices while balancing regulatory requirements and stakeholder input. MHBE seeks

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[1] MHBE Carrier Reference Manual, published October 2014 at http://www.marylandhbe.com/wp-content/uploads/2014/10/Carrier-Reference-Manual_2014b.pdf.

stakeholder input through a variety of avenues, including the Standing Advisory Committee (SAC) and the Plan Management Stakeholder Committee (PMSC, formerly EIAC), prior to presenting many of the new standards proposed in this Letter for 2018. MHBE will continue to use these avenues to propose, discuss, and develop carrier and plan certification standards in the future. MHBE will also continue to monitor approaches taken in other marketplaces.

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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 the MHBE Interim Procedures on Carrier and Qualified Plan Certification (adopted by the MHBE Board of Trustees (Board) on Oct. 23, 2012) establish that issuers must meet a number of standards in order to be certified or recertified to operate within the Individual and SHOP 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 SHOP Marketplaces. Unless otherwise specified, the Marketplace refers to the Individual and SHOP Marketplaces.

The certification process will take place during calendar year 2017 for plans effective beginning in 2018. Applications for certification must be submitted annually. MHBE will review, and approve or deny, each application. The process is described in detail under sections A through C and E and F in this chapter. 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.

A. Submission of the Carrier Certification Application[2]

Annually, each issuer must submit a Carrier Certification Application to MHBE and be authorized by MHBE to participate in the Marketplace. The application is updated annually and posted to the MHBE partner website at www.marylandhbe.com. MHBE will also inform current participating issuers when the updated application is published on the partner website and the deadline for submission.

For the 2018 plan year, issuers who have been previously certified by MHBE will continue their certification under the terms of the First Restatement and Amendment of the Carrier Business Agreement effectuating January 1, 2016.

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 the item, which may be found on MHBE's partner website, CCIIO's issuer resources 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.

New for the 2018 Carrier Certification period, MHBE seeks to reduce issuer administrative burden through development of a single integrated Carrier Application. The following submission requirements: Carrier Application, Network Access Plan, Carrier Logo, and the Attestations for the Carrier Business

[2] *See* MHBE Carrier and Qualified Plan Certification Interim Procedures .03 "Application Procedures" at A-C.

Agreement, Non-Exchange Entity Agreement, and Subcontracted Vendors will be included in the integrated application. Issuers will be notified of release of the integrated notification.

Table 1-A-1. **Carrier Certification Submission Dates**

Item Name	Source for Item Template	Submission Location for Completed Item	Due Date to MHBE
Carrier Application	MHBE	SERFF	June 1, 2017
Network Access Plan	MHBE	SERFF	June 1, 2017
Carrier Logo	Issuer	SERFF	June 1, 2017
List of Subcontractors Attestation	Issuer	SERFF	June 1, 2017
Carrier Business Agreement – Attestation	MHBE	SERFF	June 1, 2017
Non-Exchange Entity Agreement – Attestation	MHBE	SERFF	June 1, 2017
Carrier Certification Review Period	MHBE		June 1 – July 17, 2017
Carrier Certification Approval/Denial Notice	MHBE	SERFF/Issuer Point-of-Contact	July 17, 2017

B. Review of Carrier Certification Applications & Certificate of Carrier Authorization[3]

MHBE must review a Carrier Certification Application submitted to MHBE by an issuer within 45 calendar days of receipt of the application. During the review period, MHBE may follow up with the issuer regarding any incomplete application items. After the 45-day period, all issuers will receive a Carrier Certification Approval or Denial Notice from MHBE. A Carrier Certification Approval Notice informs the issuer that they are eligible to submit plans for certification by MHBE for the plan year of 2017. Plans submitted to MHBE are required to meet the annual Plan Certification Process and Standards, which are described in Chapters 2 and 4, respectively, for 2018. Off-Exchange SADP Certification Process and Standards are described in Chapter 3 for 2018.

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

In order to be certified to offer plans through the Marketplace, an issuer must meet certain standards. These standards are covered in this section and include licensure and accreditation, among other requirements.

[3] *See* MHBE Carrier and Qualified Plan Certification Interim Procedures .03 “Application Procedures” at ¶ D.

i. Maryland Insurance Administration Requirements for Marketplace Participation

To be certified to participate in the Marketplace, issuers must attest to MHBE that the issuer is licensed by the State of Maryland as a risk-bearing entity and is operating in good standing with MIA. Additionally, the issuer must continue to adhere to the applicable rules and standards in the Insurance Article of the Annotated Code of Maryland. Issuers should use the Carrier Application document to meet this requirement.

ii. Requirement for Accreditation

To be certified to participate in the Marketplace, issuers participating must hold a current accreditation for 2018.

For issuers that offer health benefits only, this standard will be met if the issuer is accredited by the National Committee for Quality Assurance (NCQA) or the Utilization Review Accreditation Commission (URAC). MHBE will consider an issuer accredited if it has an accreditation status deemed acceptable under the federal accreditation standard described in Centers for Medicare & Medicaid Services (CMS) 2018 Letter to Issuers in 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.

A change from 2017, MHBE will supplement the Carrier Application document with questions that will allow the issuer to provide information on their accreditation status.

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. An active CBA is defined as the latest iteration of the CBA that is signed by MHBE and the issuer and on file with MHBE. In general, the CBA contains terms and conditions regarding compliance with MHBE policies and state and federal regulations. The CBA is automatically renewed biennially and is subject to restatement and amendment.

The most recent iteration of the CBA was renewed for all issuers with a 2016 MHBE certification for two years effective January 1, 2016. An issuer that was certified in 2016 applying for 2018 certification must submit to MHBE a written notice, on issuer letterhead, attesting that the issuer has an active CBA. An issuer that was not certified in 2016 applying for 2018 certification must execute a CBA with MHBE. MHBE will provide the issuer a fillable PDF of the CBA at least 60 calendar days prior to the effective date of the CBA.

A change from 2017, MHBE will supplement the Carrier Application document with the CBA attestation.

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 that is signed by MHBE and the issuer and that the signed NEEA is on file with MHBE. In general, the NEEA is required by MHBE to ensure compliance with the requirements of the ACA, including 45 CFR § 155.260(b)(2) and 45 CFR § 155.270(a), regarding confidentiality, privacy, and security of data accessed by the issuer or exchanged between the issuer and MHBE. The NEEA replaces the previously used MHBE Trading Partner Agreement.

An active NEEA is on file with MHBE for all issuers that were certified by MHBE for 2016. An issuer certified in 2016 applying for 2018 certification must submit to MHBE a written notice, on issuer letterhead, attesting that the issuer has an active NEEA. An issuer that was not certified in 2016 applying for 2017 certification must execute a NEEA with MHBE. MHBE will provide the issuer a fillable PDF of the NEEA at least 60 calendar days prior to the effective date of the NEEA.

A change from 2017, MHBE will supplement the Carrier Application document with the NEEA attestation.

v. Requirement for Network Access Plan

To be certified to participate in the Marketplace, an issuer must annually submit a Network Access Plan using the template provided by MHBE for each of the issuer's networks. This template provides details about standards for network composition and the inclusion of Essential Community Providers and is used to review the numbers and types of providers in an issuer's internal network composition standards. This template is different than network adequacy templates that HMOs may be required to submit to the Department of Health and Mental Hygiene.

The Network Access Plan will not be shared publicly or be used to assess issuer network composition for the 2018 plan year, but will be used to inform MHBE of an issuer's internal network composition standards.

Each plan year MHBE updates and tailors Network Access Plan questions and submission requirements. For the 2018 plan year, MHBE will update the Network Access Plan to include questions on issuer usage of telemedicine as it pertains to supplementing networks and providing increased access to care. MHBE will provide an updated Network Access Plan at the end of January 2017. MHBE will integrate the Network Access Plan into the 2018 Carrier Application.

vi. Miscellaneous Other Requirements

To be certified to participate in the Marketplace, an issuer must also submit the below-listed items to MHBE:

1. **Carrier Logo**: The issuer must provide the logo in .jpg format with 140 x 50 dimensions. The logo will be used for plan shopping on the Maryland Health Connection website.
2. **List of Subcontractors**: The issuer will provide a list of any material subcontractor who performs work related to Marketplace functions for the issuer, as addressed in the CBA. For 2018, a renewing issuer should provide any updates to their most recent list on file with MHBE. If the issuer has no updates, the issuer must notify MHBE that the issuer has no updates to their previously filed list. MHBE will consolidate this submission requirement to the Carrier Application

These requirements will be included in the integrated Carrier Application.

D. Waiver Authority[4]

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.[5]

E. Denial, Suspension and Revocation of Certification[6]

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 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 are subject to appropriate remedies 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 the MHBE Carrier and Qualified Health Plan Interim Procedures, approved by the Board on Oct. 23, 2012, 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.

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[4] *See* MHBE Carrier and Qualified Health Plan Certification Interim Procedures .10 "Waiver Authority."

[5] 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 the MHBE Account Manager.

[6] *See* MHBE Carrier and Qualified Health Plan Certification Interim Procedures .08 "Qualified Plan Decertification."

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 SHOP Marketplaces Certification Process for a QHP or SADP to be certified to be offered in the Marketplace. Applicable requirements for SADPs have been clearly identified with "SADP." This timeline will be finalized pending any changes to federal or state requirements, such as in the MIA Bulletin on the 2018 Rate and Form Filing Deadline. Chapter 4 describes the certification standards for QHPs.

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 Plan Certification Application and all required templates for each plan for 2018. Additionally, the QHP/SADP must adhere to the certification standards addressed in Chapter 4. Finally, the issuer must also successfully participate in the plan data and display reconciliation process with MHBE addressed in this section in further detail.

i. Templates Required: The templates required as part of the Plan Certification Application are listed in Table 2-A-1. Additional information regarding the certification standard addressed by each of these documents is described in the table and Chapter 4. All templates will be located on the CCIIO website for issuer resources at http://www.marylandhbe.com/carriers-and-shop-administration/carriers/. All items must be submitted through the plan issuer's SERFF Binders. Starting April 1, 2017, the 2018 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 QHP and SADPs, the entire suite of templates and supporting documentation must be uploaded into the 2018 SERFF Binders by July 3, 2017 for preliminary validation. From the period between July 3 and September 1, 2017, MHBE will engage with issuers (Individual QHP and SADP) to begin the data and plan display reconciliation process, called the Template Submission Window, 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. From September 1 through September 12, 2017, issuers will participate in plan display testing in the Maryland Health Connection User Acceptance Testing Environment.

Issuers must have their final template suite and supporting documentation into their SERFF Binders by September 2, 2017 (for SHOP QHPs and SADPs) and September 22, 2017 (for Individual QHPs). Final certification in the SERFF portal will occur on September 22, 2017 for Individual QHPs and SADPs. From September 23, 2017 until the start of the 2018 Open

Enrollment Period, all plan data for Individual QHP and SADPs will be frozen in production until the change request phase begins on November 1, 2017.

SHOP issuers are not required to submit CCIIO templates into their binders until MIA Rate and Form release (to be determined by MIA). Plan Management has scheduled the completion of SHOP Plan Certification for September 8, 2017. On September 12, 2017 Plan Management will provide the certified CCIIO templates to the SHOP Administrator to begin the Plan Data Reconciliation process. The Plan Data Reconciliation period is set to end on October 15, 2017. By October 16, 2017 all SHOP Administrators must submit their SHOP Administrator Attestation Form.

MHBE will release any new templates to issuers in January and February 2017. The timelines prescribed in this Letter are subject to MIA rate release schedule.

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 -Submission Date to MHBE	Description of Item
Plan and Benefits Template	QHP/SADP	July 3, 2017	September 12, 2017	September 1, 2017	September 1, 2017	Template used to collect plan and benefit details.
Unified Rate Review Template	QHP	July 3, 2017	September 12, 2017	Not Applicable	September 1, 2017	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	July 3, 2017	September 12, 2017	Not Applicable	September 1, 2017	Template to capture prescription drug tiers and cost-sharing structure
Network Template	QHP/SADP	July 3, 2017	September 12, 2017	September 1, 2017	September 1, 2017	Template to capture network ID numbers
Service Area Template	QHP/SADP	July 3, 2017	September 12, 2017	September 1, 2017	September 1, 2017	Information identifying a plan's geographic service area.

Item Name	QHP/SADP	Initial Submission Date to MHBE	Individual - Final Submission Date to MHBE	SADP – Final Submission Date to MHBE	SHOP -Submission Date to MHBE	Description of Item
Rate Data Template	QHP/SADP	July 3, 2017	September 12, 2017	September 1, 2017	September 1, 2017	A table for entering plan rates based on rating area, age, and tobacco use
Rating Business Rules Template	QHP/SADP	July 3, 2017	September 12, 2017	September 1, 2017	September 1, 2017	This is a federal data collection template for the issuer specific business rules to calculate rates based on various factors
Plan Crosswalk Template	QHP/SADP	Not Applicable	July 1, 2016	September 2, 2016	September 2, 2016	Part of 2018 Plan Certification, used in the auto-renewal process to ensure appropriate transfer of enrollees in case of plan exit.
Part I: Unified Rate Review Template	QHP	Not Applicable	May 1, 2016	Not Applicable	September 2, 2016	Part of 2018 Plan Certification, submitted when issuer files Rates with the Maryland Insurance Administration
Part III: Actuarial Memorandum	QHP	Not Applicable	July 1, 2016	Not Applicable	September 2, 2016	Part of 2018 Plan Certification, provides actuarial written narrative describing and supporting the information provided in Part I.
Partial County Service Area Justification	QHP	Not Applicable	July 1, 2016	Not Applicable	September 2, 2016	Part of 2018 Plan Certification, justification from any issuer that submits a partial county service area.

ii. Plan Display Reconciliation

A major facet of plan certification is ensuring that the QHP/SADP displayed to consumers as part of the plan shopping process on Maryland Health Connection accurately displays plan benefits

and cost sharing. This functionality requires an extensive reconciliation process between issuer inputs, including plan templates and SBCs, and the output of this items in plan shopping.

The Plan Data/Plan Display Reconciliation process occurs during the SERFF Template and MHBE Materials Resubmission Phase and the Plan Certification period as outlined in Tables 2-A-2 (Individual), 2-A-3 (SHOP), and 2-A-4 (SADP).

Additional details for QHP, SHOP and SADP plan display reconciliation are outlined below.

Individual QHP Display Reconciliation

The Plan Data/Plan Display Reconciliation process occurs over the SERFF Template/PM Materials Resubmission Phase and the Plan Certification period.

Table 2-A-2. Individual QHP

Event/Period	Entity Responsible for Event/Period	Date of Action	Action Description	Source/ Submission Format
Preliminary Template Submission	Issuers	July 3, 2017	Issuers submit full suite of Plan Management Templates	SERFF
Validation Analysis	MHBE	July 10, 2017	MHBE will analyze submitted templates for Plan Management Application Validation MHBE will provide actionable and specific required changes to ensure validation	SERFF Note to Filer
First Round Template Submission	Issuers	July 17, 2017	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 24, 2017	MHBE will deliver to Issuers Plan Management Module Extracts + Feedback MHBE will provide actionable and specific required changes to ensure an improved data extract	SERFF Note to Filer

Event/Period	Entity Responsible for Event/Period	Date of Action	Action Description	Source/ Submission Format
Second Round Template Submission	Issuers	July 28, 2017	Issuers will submit full suite of Plan Management Templates with extract changes.	SERFF
Extract Analysis/Plan Display Print-outs	MHBE	August 4, 2017	MHBE will deliver to issuers Plan Management Module Extracts, Feedback, and Plan Display Print-outs MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Print-outs. MHBE will provide actionable and specific required changes to ensure an improved Plan Display	SERFF Note to Filer
Third Round Template Submission	Issuers	August 11, 2017	Issuers will submit full suite of Plan Management Template with plan display changes.	SERFF
Extract Analysis/ Plan Display Print-outs	MHBE	August 18, 2017	MHBE will deliver to issuers Plan Management Module Extracts, Feedback, and Plan Display Print-outs MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Print-outs. MHBE will provide actionable and specific required changes to ensure an improved Plan Display	SERFF Note to Filer
Live Module Data Review	Issuers/ MHBE	September 3, 2017	Issuers will perform data review in the Maryland Health Connection Anonymous Browsing UAT environment + Template Fixes and Submissions MHBE will provide actionable and specific required changes to ensure an improved Plan Display.	MHC Anonymous Browsing + SERFF + SERFF Note to Filer
Issuer Sign-off	Issuers	September 21, 2017	Issuers will sign-off on plans displayed in UAT environment	MHC Anonymous Browsing + SERFF Disposition

Event/Period	Entity Responsible for Event/Period	Date of Action	Action Description	Source/ Submission Format
Final Binder Submission.	Issuers	September 21, 2017	Issuers will submit finalize Plan Management Template Suite into SERFF	SERFF
Plan Upload into Production	MHBE	September 22, 2017	MHBE will upload the final templates into production by September 22	MHC Plan Management Module – Production

SHOP QHP Display Reconciliation
The Plan Data Reconciliation process occurs during the SHOP Administrator/Issuer Reconciliation Phase. For 2018 plan certification, issuers will work directly with the SHOP Administrator to resolve benefit/rate discrepancies. Issuers will notify the MHBE Account Manager as to when the final suite of templates is submitted to SERFF.

For SHOP Plan Certification and SHOP Administrator/Issuer Reconciliation Phases, SERFF will be used to hold all versions of the plan templates, which may be updated upon the discovery of any data errors. Issuers and SHOP Administrator teams must work collaboratively to ensure that plans are displayed and quoted appropriately to consumers. Issuers and the SHOP Administrator may directly communicate with each other with template updates, so long as template are concurrently updated within SERFF. The Issuer is not required to notify MHBE of submissions that are not finalized.

To reduce confusion and to encourage a streamlined process, all parties 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. This information is due to MHBE Plan Management by September 3, 2017. An email to mhbe.carriers@maryland.gov is sufficient to provide this information.

Additionally, per the SHOP Plan Management II memorandum issued February 9, 2015[7], SHOP issuers and administrators must follow these rules:

i. For the purposes of quoting and rate testing, partner issuers and SHOP Administrators must use the Standardized Quoting Scenario set.
ii. Issuers must notify MHBE Plan Management of any forthcoming rate changes that are different from the quarterly rates indicated in the submitted Rate Data Template. If no notice is given to MHBE Plan Management, the SHOP Administrators will use the data

[7] Available at http://www.marylandhbe.com/carriers-and-shop-administration/shop-administrators/.

already provided to inform their quoting engines. These notices should be provided in a protected .pdf and submitted to mhbe.carriers@maryland.gov.

iii. MHBE SHOP and MHBE Plan Management will allow issuers to submit documentation requesting an exemption from the SERFF Template Rule for specific benefit structures that cannot be accurately described in the CCIIO Templates. Issuers and SHOP Administrators may then correct the displayed benefits using appropriate means. Exemption requests should be provided to MHBE Plan Management in a protected .pdf to mhbe.carriers@maryland.gov.

After partner issuers have determined that their plans are displayed and quoted correctly on the SHOP Administrator portal, the SHOP Administrator must submit the SHOP Administrator Attestation Form to Plan Management to finalize reconciliation and approve the plans for sale.

SADP Display Reconciliation

The Plan Data/ Plan Display Reconciliation process occurs over the SERFF Template/PM Materials Resubmission Phase and the Plan Certification period.

Table 2-A-4. SADP

Event/Period	Entity Responsible for Event/Period	Date of Action	Action Description	Source/ Submission Format
Preliminary Template Submission	Issuers	July 3, 2017	Issuers submit full suite of Plan Management Templates	SERFF
Validation Analysis	MHBE	July 10, 2017	MHBE will analyze submitted templates for Plan Management Application Validation MHBE will provide actionable and specific required changes to ensure validation	SERFF Note to Filer
First Round Template Submission	Issuers	July 17, 2017	Issuers will submit full suite of Plan Management Templates with validation changes. Issuers will also submit a completed Plan Shopping Tile and Plan Compare Template for each of their plans. Submissions that require no changes do not need to be resubmitted	SERFF

Event/Period	Entity Responsible for Event/Period	Date of Action	Action Description	Source/ Submission Format
Extract Analysis + Feedback	MHBE	July 24, 2017	MHBE will deliver to issuers Plan Management Module Feedback. MHBE will leverage map how benefits will be displayed in the plan shopping module and will match them accordingly MHBE will provide actionable and specific required changes to ensure an improved data extract	SERFF Note to Filer
Second Round Template Submission	Issuers	July 28, 2017	Issuers will submit full suite of Plan Management Templates with identified required changes	SERFF
Extract Analysis + Feedback	MHBE	August 4, 2017	MHBE will deliver to issuers Plan Management Module Extracts, Feedback, and Plan Display Print-outs MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Print-outs. MHBE will provide actionable and specific required changes to ensure an improved Plan Display	SERFF Note to Filer
Live Module Data Review	Issuers/MHBE	September 3, 2017	Issuers will perform data review in the Maryland Health Connection Anonymous Browsing UAT environment + Template Fixes and Submissions MHBE will provide actionable and specific required changes to ensure an improved Plan Display.	MHC Anonymous Browsing + SERFF + SERFF Disposition
Final Binder Submission.	Issuers	September 21, 2017	Issuers will submit finalize Plan Management Template Suite into SERFF	SERFF
Issuer Sign-off	Issuers	September 21, 2017	Issuers will sign-off on plans displayed in UAT environment	MHC Anonymous Browsing + SERFF Disposition

Event/Period	Entity Responsible for Event/Period	Date of Action	Action Description	Source/ Submission Format
Plan Upload into Production	MHBE	September22, 2017	MHBE will upload the final templates into production by this date	MHC Plan Management

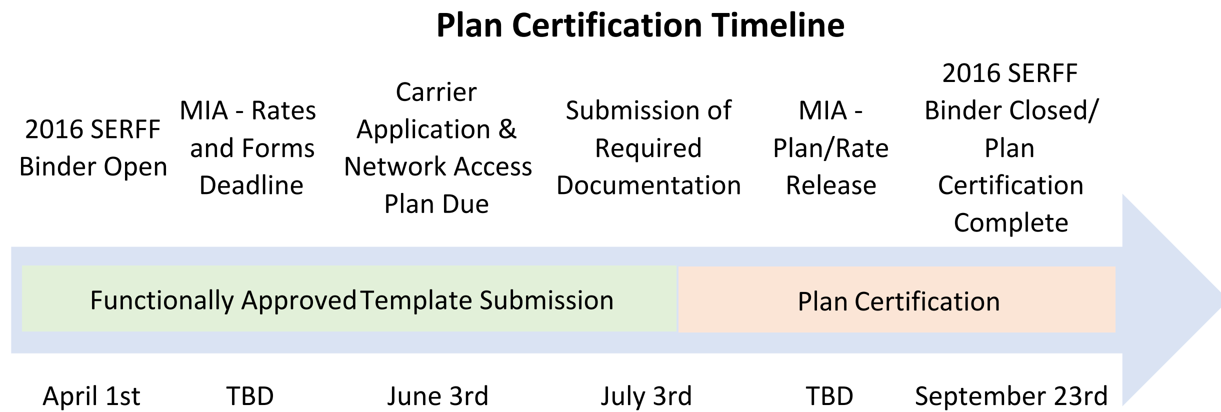
B. Review of Plan Certification Applications & Certificate of Plan Certification[8]

MHBE must review a Plan Certification Application submitted to MHBE by an issuer within 45 calendar days of receipt of the application. During the review period, MHBE may follow up with the plan's issuer regarding any incomplete application items. After the 45-day period, all issuers will receive a Plan Certification Approval or Denial Notice from MHBE. A Plan Certification Approval Notice informs the issuer that they are eligible to offer the plan for sale through the Marketplace for the plan year of 2017.

SADPs participating in the SHOP Marketplace will use the same processes, timelines, and submission requirements outlined in Table 2-A-1 and Table 2-A-3.

For the 2017 plan year, MHBE will follow the following dates for plan certification. The Plan Certification process is delineated by two phases, the Functionally Approved Template Submission Window and the Plan Certification period. *Some the dates below have also been addressed, where applicable, above in Tables 2-A-1 through 4.*

Table 2-B-1. Individual QHP



[8] *See* MHBE Carrier and Qualified Plan Certification Interim Procedures .03 "Application Procedures" at ¶ D.

Functionally Approved Template Submission Window

Plan Certification

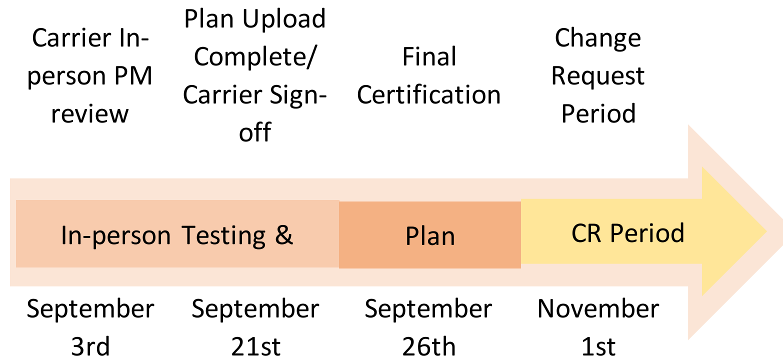


Table 2-B-2. SHOP QHP

SHOP Plan Certification Timeline

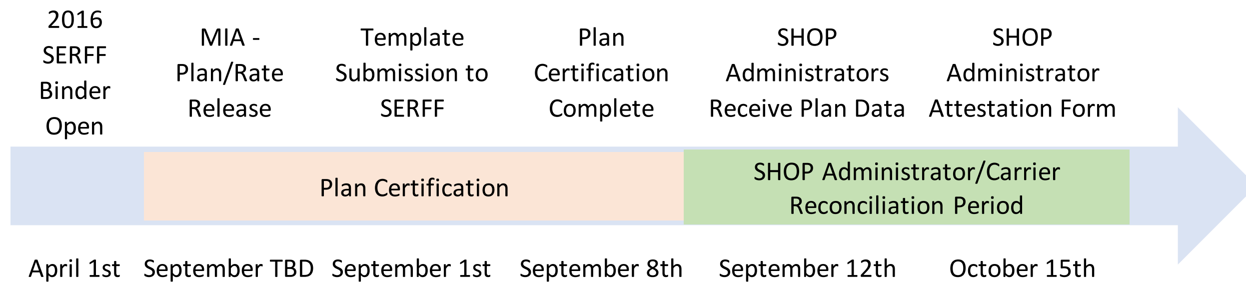
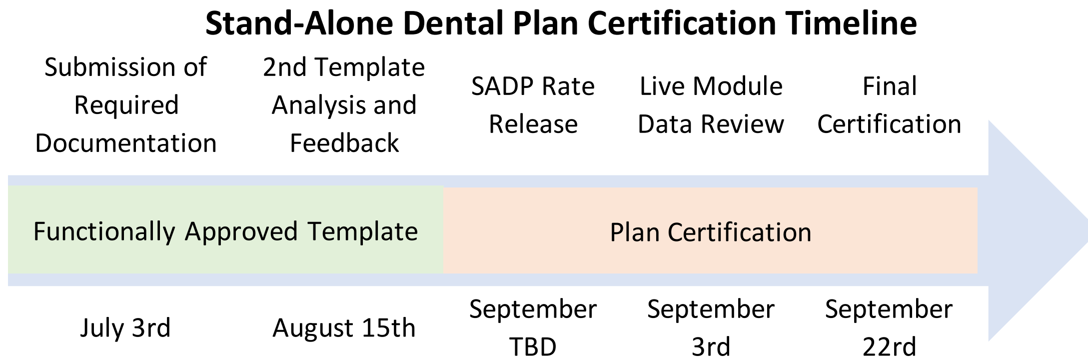


Table 2-B-3. SADP



C. Waiver Authority[9]

MHBE, with the approval of the MHBE Board, may grant a waiver to a 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.[10]

D. Denial, Suspension and Revocation of Certification[11]

A critical role MHBE serves in Maryland is plan oversight. 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 31-115(k) of the Insurance Article, Maryland Code. Any denial, suspension or revocation of certification and compliance review findings and corrective action plans are subject to appropriate remedies 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 not to offer a plan in the Exchange or the plan is decertified by MHBE, the issuer shall follow Plan Management Guidance, released on July 15, 2015, on decertification of a qualified plan, and other operational procedures as specified by MHBE.

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[9] *See* MHBE Carrier and Qualified Health Plan Certification Interim Procedures .10 "Waiver Authority."

[10] *See* Footnote 6.

[11] *See* MHBE Carrier and Qualified Health Plan Certification Interim Procedures .08 "Qualified Plan Decertification."

CHAPTER 3. OFF-EXCHANGE SADP CERTIFICATION PROCESS AND STANDARDS

MHBE will continue to certify Off-Exchange Stand-Alone Dental Plans (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 are required to 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 System for Electronic Rate and Form Filing (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 to participate 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:

i. Cover the State benchmark pediatric dental essential health benefits;
ii. Comply with annual limits and lifetime limits applicable to essential health benefits;
iii. Comply with annual limits on cost sharing applicable to stand-alone dental plans under 45 CFR § 156.150; and
iv. Meet the same actuarial value requirements for the pediatric dental essential health benefits that is required for a qualified dental plan.

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 the MHBE Interim Procedures on Carrier and Qualified Plan Certification, adopted by the Board on Oct. 23, 2012, 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 SHOP Marketplaces. Several of these are market-wide standards that apply to plans offered in the individual and small business markets inside as well as outside of the Marketplace. The remaining standards are specific to QHPs or SADPs seeking certification or recertification from the Marketplace. Each section of this chapter describes MHBE's planned approach for evaluating QHPs or SADPs against a certain standard when MHBE is reviewing a plan for certification for 2018.

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.

The plan certification application process for the Individual Marketplace is described in Chapter 2 and for the SHOP Marketplace in Chapter 3.

A. Maryland Insurance Administration Requirements for Marketplace Participation

For a plan to be considered for plan certification, the issuer must comply with the Rate and Form Review procedures established by MIA in its annual bulletin to issuers. Issuers must respond to MIA form and rate inquiries in a timely fashion without unreasonable delay. MHBE will provide MIA with issuer Marketplace data, upon request, to support the rate and form review process.

For any premium rate increase for a qualified plan sold on the Marketplace, the issuer will provide to MHBE the associated Preliminary Justification Forms I and II filed with MIA, in accordance with 45 CFR § 155.1020, and will notify MHBE of the final disposition of the premium rate increase request at least 45 calendar days before its effective date. This standard remains unchanged for 2018.

B. Rating Requirements

All issuers, including SADPs, participating in the Marketplace must cap dependent premium rating at three dependents under 21. The premiums for no more than the three oldest covered children must be taken into account in determining the total family premium, in accordance with 45 CFR §147.102(c)(1). For example, an enrollment group with four dependents under 21 may only be billed for the first three dependents. This standard remains unchanged for 2018.

C. Marketing and Benefit Design of QHPs

Continuing in 2018, in accordance with 45 CFR §156.225, MHBE will require an attestation that the plan's issuer: 1) complies with any applicable laws and regulations regarding marketing by health insurance issuers; and, 2) does not employ marketing practices or benefit designs have the effect of discouraging the enrollment of individuals with significant health needs in QHPs. The attestation is required to be submitted as part of the issuer's SERFF Binders.

During 2017, MHBE plans to further review new federal proposed requirements and will conduct a detailed analysis of plan benefits following the FFM approach to determine if specific plan certification standards are needed to address discriminatory benefit design in future years.[12] This standard remains unchanged for 2018.

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[12] MHBE has authority under ACA § 1557 and 45 C.F.R. § 156.200 to review QHP benefit plans for discriminatory effect as part of plan certification. Additionally, under State law, fair marketing standards are developed jointly by the Exchange and the MIA Commissioner. See Ins. § 31-115(k)(2)(x).

D. Service Area Standards
For the 2017 plan year, issuers may serve an area smaller than one county if they demonstrate that boundaries are not designed to discriminate against individuals excluded from the service area. Issuers servicing an area smaller than one county must submit a detailed Partial County Service Area Justification as a part of their application. Issuers that offer non-statewide plans must submit data on the demographics of the areas served by each qualified plan the issuer offers for sale within the SHOP Exchange or Individual Exchange, in accordance with 45 CFR §155.1055(b).

MHBE will permit service area changes by the issuer after the initial data submission by petition for limited reasons, such as an issuer's inability to secure enough providers or MHBE's request to serve an unmet need, as determined by the MIA or MHBE. No service area changes will be permitted after the final data submission (September 12, 2016) unless the change constitutes an expansion of the service areas rather than contractions of the service area. This standard remains unchanged for 2018.

E. Plan Offering Limitation Standards & Standardized Benefit Designs
For the 2017 plan year for QHPs, MHBE will require that issuers continue to meet the four-benefit designs maximum per metal level requirement. MHBE will continue to revisit the limitation standard yearly to determine if the standard continues to meet expectations for promoting consumer choice. For 2018, MHBE will review the utility of additional limitation standards – such as the proposed federal standards including standardized plan designs and limits on total number of unique plans offered – with stakeholders and the SAC for consideration in future standards.

For the 2017 plan year for SADPs, MHBE will require that issuers continue to meet the single benefit design per coverage type per tier per product type requirement (i.e. 1 benefit design per tier, 1 per level of coverage, and 1 per product type = 8 total plans allowed).

i. Standard Benefit Design
MHBE proposes to establish "standardized" QHPs for the individual marketplace at the silver and gold levels. Issuers participating on the individual marketplace must include, within their annual QHP product offerings, at least one standardized offering. These options will include three silver level cost-share reduction variations and one gold standard variation. MHBE will release guidance on the benefit structure, methodological framework, of the QHPs with release of this 2018 DRAFT Issuer Letter. These options will apply toward metal level limitation standards. For example, implementation of this standard would allow an issuer to offer up to three silver plans and one silver standardized plan for four total silver plans. Issuers must also consider standard benefit design plans to meet meaningful difference standards when offering other non-standard QHPs.

Specifically, MHBE seeks comment on the benefit and cost-sharing structure of the proposed standardized benefit design and operational limitations/concerns that may limit an issuer's ability to offer the proposed standardized benefit. MHBE also seeks comment from stakeholders on the benefits (and adverse implications) of offering a standardized plan

design, a reasonable timeline to implementation, and whether adoption should be an optional phase-in or required for participation on the Marketplace. MHBE also seeks comments on process for implementation of a standardized benefit design.

Additional information on the Standardized Benefit Design may be found on the MHBE Partner Site under Public Comments titled "MHBE 2018 Plan Certification Proposal – Standardized Benefit Design for Silver and Gold QHPs."

ii. Prominent Display of Standardized Benefits Design QHPs

MHBE will create an indicator and filtering mechanism for prominent display of standardized QHPs. Standardized QHPs would be displayed first in plan shopping in ascending order of premium cost.

iii. Plan Naming Convention

MHBE seeks comment on a naming convention for the Standardized Benefit Design. MHBE proposes the following naming convention for Standardized Benefit Design: Maryland Choice <Issuer_Name> <Network_Type> <Metal_Level> Plan.

Ex. Maryland Choice SunnyHealth HMO Silver Plan

F. Meaningful Difference

Starting with the 2017 plan year, MHBE will require that issuers adopt the Federally-facilitated Marketplace (FFM) "meaningful difference" standard as described in 45 CFR §156.298 for non-cost-sharing variations of all QHPs offered in the Marketplace. MHBE will utilize the meaningful difference tools provided by CCIIO to ensure plans are compliant with the federal standard.

This standard remains unchanged for 2018.

G. Consumer Support and Service Transparency Requirements

Transparency and accessibility of information is an important piece of fulfilling one of MHBE's guiding principles of improving accessibility to health care to all Marylanders. For 2018, plan issuers must follow a number of standards related to transparency, accessibility and accuracy of information provided to consumers about the plan. MHBE is amending or removing standards for this area in 2018.

i. Standards of Network Management

For 2018, MHBE removes all standards from the 2017 Final Issuer Letter in their entirety as they pertain to this section.

ii. Treatment Cost Examples

MHBE will create a committee to help design the requirements for determining the coverage example methodology. The committee will be leverage to assist MHBE determine appropriate examples for Outpatient/Inpatient Substance Use Disorder Treatment Costs and

Outpatient/Inpatient Mental Health Treatment Costs; develop a uniform template and criteria for determining and reporting treatment costs; and an appropriate location to share the information in the future.

iii. Additional Information within SBC Link

For 2018, MHBE removes all standards from the 2017 Final Issuer Letter in their entirety as they pertain to this section.

iv. Network Adequacy Metrics

For 2018, MHBE removes all standards from the 2017 Final Issuer Letter in their entirety as they pertain to this section.

v. CRISP Provider Data Submission

For the 2017 plan year, MHBE will continue the Chesapeake Regional Information System for our Patients (CRISP) Provider Directory submission requirements covered in further detail in the Carrier Reference Manual. Requirements for the provider directory data submission format will be determined by CRISP. For 2018, MHBE returns to an earlier standard where issuers must submit provider directory data to CRISP every 14 calendar days. The provider directory data must be current, accurate, and complete.

MHBE will also allow carriers to voluntarily submit information to CRISP and MHBE regarding program and community health center names, providers' affiliations with certain facilities, programs and centers, and any other information that may assist consumers search for specific programs or centers by name.

vi. Provider Directory Availability on Issuer Website

Pursuant to 45 CFR §156.230(b), Issuers must make available, in a manner to be determined by the issuer, provider directory information on their website without requiring a login.

MHBE removes the requirement for issuers to develop machine-readable provider directory files in the format specified by CCIIO. The format already developed for the CRISP Provider Directory submissions is deemed sufficient for this purpose.

vii. Provider Directory Improvement Strategy and Transparency Requirements

For 2018, MHBE removes all standards from the 2017 Final Issuer Letter in their entirety as they pertain to this section.

viii. Network Breadth Categories

New in 2018, MHBE proposes, in line with the FFM proposal, to add a network breadth indicator on Maryland Health Connection Plan Shopping to denote a QHPs relative network coverage. Maryland Health Connection will develop the following indicators to display network breadth – Broad, Standard, Basic, IDS (integrated delivery system). MHBE proposes

to utilize the same statistical approach leveraged by the FFM to determine the appropriate indicator for each QHP network. More information on the Network Breadth Categories may be found at the link in the footnotes. [13]

MHBE believes that providing consumers with additional information at the point of enrollment results in improved outcomes. MHBE will utilize the CCIIO definitions for this process but will work with stakeholders to determine if Maryland-specific language amendments are necessary.

H. Essential Community Providers

Pursuant to 45 CFR § 156.235, issuers are required to include Essential Community Providers (ECP) within the plan's provider network. This section describes MHBE's approach to the definition of ECP, ECP network inclusion standards, the methodology for determining compliance with the inclusion standard, and the evaluation of ECP inclusion in SADPs.

i. Essential Community Provider Definition

For plan years beginning in 2017, MHBE defines an ECP as a provider that is: an ECP defined under 45 CFR § 156.235(c), a local health department, an outpatient mental health center or substance use disorder treatment provider, as described at COMAR 10.09.80.03.B(1) & B(3), that is licensed or approved by DHMH as programs or facilities, or a school-based health center. These types of providers are included in Table 4-H-1 below. Annually, by the end of January, MHBE will provide a comprehensive list of the types of providers to be included in the state-ECP expansion group.

All providers that fall in these ECP categories must also meet the issuer's credentialing certification standards in order to be considered an ECP for that issuer. MHBE strongly encourages carriers to use inclusive, objective, transparent, and Parity Act-compliant standards that do not effectively exclude any type of ECP MHBE will continue to review with stakeholders whether a credentialing standard is necessary in future years.

Table 4-H-1. ECP Categories

ECP Category	ECP Provider Types Included in Category
Family Planning Providers	Title X Family Planning Clinics and Title X "Look-Alike" Family Planning Clinics
Federally Qualified Health Centers (FQHC)	FQHC and FQHC "Look-Alike" Clinics, Outpatient health programs/facilities operated by Indian

[13] The Updated CMS Bulleting on Network Breadth Information for Qualified Health Plans on HealthCare.gov is available at https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/NA-Pilot-Final-Guidance-Clean-093016.pdf (September 30, 2016).

	tribes, tribal organizations, programs operated by Urban Indian Organizations
Hospitals	Disproportionate Share Hospital (DSH) and DSH-eligible Hospitals, Children's Hospitals, Rural Referral Centers, Sole Community Hospitals, Free-standing Cancer Centers, Critical Access Hospitals
Indian Health Care Providers	Indian Health Service (IHS providers), Indian Tribes, Tribal organizations, and urban Indian Organizations
Ryan White Providers	Ryan White HIV/AIDS Program Providers
Other ECP Providers	STD Clinics, TB Clinics, Hemophilia Treatment Centers, Black Lung Clinics, Community Mental Health Centers, Rural Health Clinics, and other entities that serve predominantly low-income, medically underserved individuals.
2016 Expansion Providers	Local health departments, outpatient mental health centers, and substance use disorder treatment providers, as described at COMAR 10.09.80.03.B(1) & B(3), licensed or approved by DHMH as programs or facilities, and school-based health centers.

ii. ECP Network Inclusion Standards

MHBE adopts the following ECP network inclusion standards for all QHP plans and carrier networks:

a. The issuer must contract with at least 30% of available ECPs in each plan's service area as part of each plan's provider network. MHBE will allow a write-in option and an alternative standard for issuers to meet this requirement addressed in further detail below.

b. Issuers must offer contracts in good faith to the following provider types:

- all available Indian Health Care Providers in service area,
- any willing Local Health Department in the plan's service area, and
- at least one ECP in each ECP category in each county in service area, where an ECP in that category is available and provides medical or dental services by issuer plan type.

Offering a contract in "good faith" will be met if the issuer offers the same contract terms that a willing, similarly-situated, non-ECP provider would accept or has accepted from the issuer. New for 2018, and adding to the definition of offering contracts in "good faith," issuers must utilize the DHMH state-amendment for contracting with public providers when offering contracts, including to ECP expansion providers. Specifically for Local Health Departments, issuers must offer contracts for all services – including behavioral health and pediatric dental services. MHBE requires that issuers be able to provide verification of such offers if MHBE requests the contracts to verify good-faith compliance.

Due to the expanded list of ECPs and change in ECP calculation methodology for ECPs as described below, issuers will not be able to rely entirely on the federal CMS ECP template. MHBE will provide a reporting template and operational guidance in February 2017, as provided in February 2016, to assist carriers in meeting this requirement.

During calendar year 2017, MHBE will assess whether a separate threshold standard is needed for specialties, such as mental health or substance use disorder providers, for future plan certification standards.

iii. Calculation Methodology for ECP Network Inclusion Standard:

MHBE will determine whether the issuer meets the ECP inclusion standard using the calculation methodology described in the Final 2016 Letter to Issuers in Federally-facilitated Marketplaces.[14] However, MHBE will amend this methodology to include the State-provider expansion of the federal ECP definition as part of the denominator. In addition, MHBE will count individual providers located at one physical location each as a provider for the denominator.

To account for denominators that may vary between issuers depending on the number of providers offered a contract in good faith that also meet the issuer's credentialing requirements, the issuer may need to follow the alternative ECP network inclusion standard instead. MHBE will provide stakeholders with further clarification and guidance on calculation of the both numerator and denominator of 30% network inclusion standard.

iv. ECP Write in Options (Dental ECPs Included)

In alignment with FFM approach, MHBE will not allow Write-ins for plan year 2018. MHBE will work with issuers to develop a petition process that mirrors the approach utilized by the FFM to expand their ECP list. MHBE will develop this approach through the Plan Management Stakeholder Committee.

v. Alternative ECP Network Inclusion Standards

If an issuer cannot meet the general ECP standard, the issuer may satisfy this standard under an alternative justification. MHBE believes that two groups of issuers in particular, as discussed below, may qualify for the alternative standard.

First, QHP issuers that provide a majority of covered professional services through physicians employed by the issuer or through a single contracted medical group qualify to comply with an alternative standard for ECP network inclusion. Issuers that qualify for the alternative standard must demonstrate through a narrative that low-income members receive appropriate access to care and satisfactory service. Such issuers must submit to MHBE provider quality and patient satisfaction metrics to MHBE. Issuer may work with MHBE to determine an approach for meeting this requirement acceptable approaches include provision of National Quality Forum (NQF)-endorsed or submitted for endorsement by NQF metrics, development of a statistically rigorous CAHPS survey of cost-sharing reduction eligible members, or others approaches deemed acceptable by MHBE.

The narrative explanation should describe the extent to which the issuer's provider sites are accessible to, and have services that meet the needs of, specific underserved populations, including:

a. Individuals with HIV/AIDS (including those with comorbid behavioral health conditions);
b. American Indians and Alaska Natives (AI/AN);
c. Low-income and underserved individuals seeking women's health and reproductive health services; and
d. Other specific populations served by ECPs in the service area.

MHBE will continue to engage stakeholders for feedback on the selected quality and patient satisfaction metrics. Within the scope for consideration are CAHPS, HEDIS, and other metrics reported to accrediting organizations.

Second, QHP issuers that do not provide a majority of covered professional services through physicians employed by the issuer or through a single contracted medical group may also qualify for the alternative standard if the issuer is unable to meet the 30% standard because of the volume of providers that are unable to meet the issuer's credentialing requirements. In these cases, the issuer should also provide a written narrative that includes the items addressed above. Issuers with questions on operational guidance for meeting the ECP standard should visit the MHBE Partner Website (marylandhbe.com) under the Plan Certification Tools page.

vi. Dental ECP Inclusion Standard

MHBE will follow the FFM approach for evaluation of ECP Network Inclusion for SADPs. SADPs will be considered compliant with the ECP standard if, in their application, they offer a contract in good faith to at least 30% of available ECPs in each plan's service area to participate in the plan's provider network and offer a contract in good faith to all available Indian health care providers in the plan's service area. MHBE considers the ECP category per county service area

requirement not applicable to SADPs, but strongly encourages SADP issuers to contract with at least one FQHC and any willing LHDs. In 2017, MHBE will work with stakeholders to determine if an ECP category per county service area requirement should be imposed in future plan years.

I. Expanded Primary Care Benefits

In consultation with MIA, the SAC, and stakeholder groups, MHBE will review and, if deemed appropriate, develop a proposal to present to the Board regarding expanded consumer access to Primary Care Benefits. Specifically, MHBE will explore the possibility of requiring an increased number of primary care visits without cost.

This standard remains unchanged.

J. Optional Embedded Pediatric Dental Benefit

Starting in 2017, a QHP may or may not include embedded pediatric dental benefits. QHP issuers intending to offer plans without embedded pediatric dental benefits must inform MHBE of such intent and identify the affected plan by HIOS ID.

This standard remains unchanged.

K. Prescription Drugs

The certification standards for prescription drug coverage will remain consistent with the previous year's requirements. Specifically:

i. Prescription drugs covered under the plan's medical benefit must be identified in the plan's MIA filings and the issuer must continue certifying compliance with MIA's filing requirements under 45 CFR 156.122(a)(1);

ii. The drug formulary Internet link provided by the issuer must link directly to the list of covered drugs without requiring further navigation. This formulary drug list URL link should be the same direct formulary drug list link for obtaining information on prescription drug coverage in the SBC, in accordance with 45 CFR 147.200(a)(2)(i)(L). The formulary drug link must include tiering and be up-to-date, accurate, and complete. New in 2018 MHBE will not require issuers to produce prescription drug information in a machine-readable format;

iii. Issuers have the option of identifying a drug as a "preventive drug" covered at zero cost; and

iv. Issuers must have in place or create a drug exception process for standard situations that are not emergency circumstances by which an enrollee can request access to a drug not on the plan's formulary. The issuer must notify the enrollee of its coverage decision no more than 72 hours after receipt of the exception request. Issuers must have an external review process by an independent review organization for denied requests. The external review organization must complete its review and provide a decision within 72 hours of receiving the review request. In addition to carrier internal and IRO processes, the existing external review process by MIA under Title 15, Subtitle 10A of the Insurance Article will satisfy this requirement.

Plans must continue to meet standards to improve consumer usability of issuer formulary directories. Specifically:

i. For QHP issuer formulary directories, the tier descriptive category (i.e. generic, preferred brand, etc.) must be made clear for each drug in the formulary. Where the tier descriptive categories may not be added to the formulary directory, i.e. "Tier I" is unable to be changed to "Generic," a legend that explicitly relates a tier's numeric category (0, I, II, III, etc.) with the its descriptive category (Preventive, Generic, Preferred Brand, Brand, etc.) may be included with the directory, with MHBE approval, as an additional option to meet this requirement. Issuers that choose the legend option must have the legend clearly displayed on each viewable section of the formulary. MHBE recognizes that drugs may move from brand to generic tiers during the plan year, and it is expected that issuers update their formularies to reflect such changes expeditiously.
ii. The issuer will continue to keep account of member drug exceptions processed during the plan year and provide summary metrics on processed member drug exceptions to MHBE if requested. MHBE will provide further guidance on how to meet this requirement if necessary.

In addition, MHBE will work with stakeholders to determine if the collection and release of additional information would be useful to consumers for future years.

L. SHOP Specific QHP Standards

The following standards apply to issuers seeking to participate in the Maryland Health Connection SHOP. Specifically these standards pertain to expansion of small group enrollment and rating options under the SHOP. These standards originate from small group feedback on what attributes would make the SHOP more attractive.

i. Employee Choice Model Expansion

In the current model employers may choose the metal level at which they will offer coverage, employees may then select any QHP offered by any issuer across the chosen metal level. MHBE proposes an expansion to the employee choice model whereby employers may select up to two consecutive metal levels (e.g., bronze and silver, or silver and gold). Employees will be able to select any plan between the chosen metal levels across any issuer.

ii. Employer Choice Composite Rating

Per MIA Bulletin 15-34, employer groups in the employer choice model may elect to participate in composite rating for either a single QHP offering or multiple QHPs from a single carrier. MHBE encourages issuers to offer at least one QHP that will support composite rating/premium. Issuers that elect to participate in composite rating should identify the plans to MHBE. MHBE will make prominent the issuers that offer composite rating for any number of QHPs.

MHBE understands the discourse that will arise from the proposed standards and encourages all stakeholders to submit comment. MHBE believes that these standards will work to strengthen the SHOP and encourage small groups to partake in the unique benefits the SHOP offers.

M. Post-Certification Standards

To maintain its certification to participate in the Marketplace for 2017, an issuer should also ensure that it complies with post-certification requirements for each plan included in this section.

i. Enrollment Reconciliation Standards

MHBE will establish enrollment reconciliation timeline standards that issuers must meet in order to maintain plan certification approval status. QHP/SADP issuers shall reconcile enrollment files with MHBE no less than once a month in accordance with 45 CFR §155.400(d). This standard may be waived for a given month, on a case by case basis, with the provision of a reconciliation waiver request describing the cause for the issuer's inability to comply.

ii. Broker Payments

Issuers must pay the same broker compensation for plans offered through the Marketplace that the issuer pays for similar plans offered in the State outside the Marketplace. "Similar plan" means a plan with the same HIOS ID.).

iii. Quality Reporting

QHP issuers must comply with federal standards, processes and requirements related to quality reporting through the implementation of the Quality Rating System (QRS) and the Enrollee Satisfaction Survey (ESS). Issuers are also required to continue to provide quality data and Race, Ethnicity, Language, Interpreter Need, and Cultural Competency (RELICC) data to the Maryland Health Care Commission (MHCC).

QHP issuers that have offered plans on MHC for at least two (2) years will submit a quality improvement strategy (QIS) for 2017 in functional areas determined by MHBE oversight and compliance staff. Any questions regarding the QIS federal process or QRS technical requirements should be directed to CMS.

iv. Member Level Reporting Requirement

Participating issuers must provide a Member Level Report (MLR) to MHBE at least once per month. With appropriate reasonable notice (defined as within two weeks), MHBE may request additional MLRs in a month. Annually, and with reasonable advance notice for field requirements, MHBE will review issuer MLRs to determine if they continue to meet the needs, as supplemental information, for MHBE to adjudicate the appropriate corrective actions for consumer enrollment and eligibility errors. With appropriate notice, MHBE may change the frequency of reporting for MLR depending on need.

v. Enrollment Administration Standards for Enrollees with Eligible Third-Party Entity Payments

Pursuant to 45 CFR § 156.1250, an issuer must accept premium payments from the following third-party entities on behalf of plan enrollees:

a. Ryan White HIV/AIDS Program under title XXVI of the Public Health Service Act;
b. Indian tribes, tribal organizations or urban Indian organizations; and
c. State and Federal Government programs.

No provision in this subsection should be construed to exceed the FFM definition.

vi. Requirement to Continue Accumulators When Primary Insured Is Terminated for Outstanding Citizenship/Immigration Verifications

MHBE removes this standard in its entirety. MHBE will pursue a more comprehensive approach to contract terminations through the regulatory process.

vii Special Enrollment Periods (SEPs)

Matching the proposed special enrollment periods detailed in the proposed 2018 Notice of Benefit and Payment Parameters MHBE proposes an SEP expansion to include the following SEPs:[15]

- Victim, or dependent of a victim, of abuse/abandonment seeks to enroll in coverage separate from the perpetrator.
- Demonstration of a material plan data display error influenced the decision to purchase the/a QHP
- Any qualified individual provides evidence that verifies eligibility for financial assistance/QHP enrollment following disenrollment due to data inconsistencies
- A qualified individual who gains or maintains status as an Indian, or becomes a dependent of an Indian and is enrolled (or is enrolling in a QHP on the same application as the Indian), may change from one QHP to another one time per month with the contract holder (of Indian status)

MHBE welcomes comment on the proposed expansion SEPs.

viii. Special Enrollment Period Verifications

For 2018, MHBE proposes to add verification requirements for SEPs due to loss of Minimum Essential Coverage. MHBE will assess the results of the added verification to determine if verifications should be added to other SEPs. MHBE believes in a measured approach due to the operational implications of a blanket SEP verifications process and privacy, special training requirements for specific SEPs.

[15] https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-20896.pdf

MHBE welcomes all comments as they pertain to SEP Verifications, specifically whether verifications are necessary to support the health of the marketplace, recommendations on the appropriate methodology for verifications screening, etc.