



Regulations Update  
April 18, 2016

# Regulations Drafting and Stakeholder Process Overview

- Original authority for interim procedures, authority has expired
- Converting IPs to regulations and amend/add to existing regulations (eligibility, enrollment, carrier/plan cert, dental and SHOP)
- Amendments/additions are based on:
  - Federal regulations
  - Annual carrier/plan certification issuer letter
  - Existing MHBE operational processes that have been discussed with the Board and stakeholders
- Circulated drafts with Board, partner agencies and stakeholders
- Based on initial feedback will provide additional opportunities for feedback through multi-meeting public workgroup process

- MHBE staff to review/address comments received to date
  - Public written comments may be submitted by April 27
- MHBE will share revised draft versions prior to meetings
- May 12: Public Meeting on Chapters 7 and 14
- May 17/18: Public Meeting on Chapters 15-17
- Additional public written comments may submitted by May 23
- June 20: Request Board vote
  - Proceed with AELR and Maryland Register requirements
- Share future regulations drafts with stakeholders

- Round 1:
  - 14.35.07 (repurposed) - Eligibility and Enrollment in QHP/APTC/CSR
  - 14.35.14 (repurposed) - Termination, Cancellation and Rescission of QHP
  - 14.35.15 (new) - Carrier Certification Standards
  - 14.35.16 (new) - Plan Certification Requirements
  - 14.35.17 (from interim procedure) – Carrier Appeals
  - 14.35.01.02 (amended to incorporate addt'l definitions for Chapters 7, 14-16)
- Future Rounds:
  - Eligibility Redeterminations
  - Verification of Eligibility for QHP/Financial Assistance
  - SHOP
  - Dental
  - Misc. amendments to pre-existing rules (i.e. navigator, producer chapters)

Round 1:  
Key Areas of Comments Received To Date

- Federal rules are drafted to direct Exchange action and require that the Exchange establish rules in order to regulate third parties
- Incorporating text of federal rule in lieu of cross-reference reduces confusion for third-party because:
  - 1) Federal rules already include cross-references
  - 2) Federal rules require Exchange to establish standards and processes
- Alternative: Utilize cross-references where appropriate
  - May be difficult with sections that mix federal standard with Exchange-specified standard/approach
  - Working through review of content with stakeholders to ensure that text aligns with federal rule

- 14.35.07.12 – Birth, adoption, court order
  - Effective date: Date of birth, adoption, court order
    - Mirrors current MHBE approach
    - Alternative: 1<sup>st</sup> of month after event
- 14.35.07.13 – Error, Misrepresentation, Inaction; Material Violation or Misconduct; Exceptional Circumstances
  - Notify MHBE w/in 10 days of event or should have known about event
    - Ensures consumer's have time if issue isn't identified until after application/enrollment (i.e. in bill); Protects consumer against significant coverage gaps; Mirrors Medicaid approach with appeal for coverage continuation
    - Note: Will update Term chapter with new federal rules on retro terms due to termination errors or fraudulent, etc enrollment
  - SEP: 60 days
    - Mirrors current contracts; maximum time available under federal rules
  - Effective Date: TBD by Exchange based on issue
    - Mirrors current MHBE approach
  - Exceptional Circumstances: Include items specified in federal guidance



- In general: Standards mirror 2017 Issuer Letter and existing requirements in Carrier Reference Manual
- Removed sections from Issuer Letter superseded by HB1318 based on MHBE interpretation of HB1318 requirements
- Remaining areas required under fed law or not addressed by HB1318
  - MHBE staff will further review language and intent of HB1318 with proposed carrier/plan cert standards and current federal law requirements

- Will update Terminations chapter with new federal rules on retro terms due to termination errors or fraudulent, etc enrollment (45 CFR 155.430(b))
- 14.35.14.03A and B – Termination at individual level
  - Working to address policyholder and contract requirements with stakeholders for instances where the “primary” is terminated
- 14.35.14.04 - Terminations by carriers at consumer request
  - Carriers now accept consumer requests via paper process with MHBE
  - MHBE with carriers will continue to work on auto transmittal process
    - Process ensures data is current with MHC as well
- 14.35.14.03C – Carrier termination record requirements
  - Establishes processes for carriers to keep records under 45 CFR 155.430(c)(1)