

Title 14

INDEPENDENT AGENCIES

Subtitle 35 MARYLAND HEALTH BENEFIT EXCHANGE

14.35.01 General Provisions

Authority: Insurance Article, §31-106(c)(1)(iv), Annotated Code of Maryland

Notice of Proposed Action

The Maryland Health Benefit Exchange proposes to amend Regulation **.02** under **COMAR 14.35.01 General Provisions**.

Statement of Purpose

The purpose of this action is to define vocabulary used in COMAR 14.35.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Jessica Grau, Health Policy Analyst, Maryland Health Benefit Exchange, 750 East Pratt Street, Baltimore, MD 21202, or call 410-547-6888, or email to mhbe.publiccomments@maryland.gov, or fax to 410-547-7373. Comments will be accepted through December 10, 2018. A public hearing has not been scheduled.

.02 Definitions.

A. (text unchanged)

B. *Terms Defined.*

[(1) “Administration” means the Maryland Insurance Administration.]

(1) “Advance payments of the premium tax credit” means payment of the federal tax credits authorized by 26 U.S.C. §36B and its implementing regulations, which are provided on an advance basis to an eligible individual enrolled in a qualified health plan through the Exchange under § 1412 of the Affordable Care Act.

(2) “Advanced premium tax credit (APTC)” has the meaning stated in 45 CFR §155.20.

[(3) “MCHP” means the Maryland Children’s Health Program.]

(3) “Affordable Care Act (ACA)” means the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended, including by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152), and the regulations issued under it.

(4) “Authorized carrier” means a carrier that the Exchange certifies is authorized to offer a qualified plan in the Exchange under COMAR 14.35.15.

(5) “Board” has the meaning stated in Insurance Article, §31-101, Annotated Code of Maryland

(6) “Bronze coverage level” means the level of coverage described under §1302(d)(1)(A) of the ACA.

[(4)] (7) (text unchanged)

[(5)] (8) “Carrier” has the meaning stated in Insurance Article, §31-101, Annotated Code of Maryland.

(9) “Catastrophic plan” means a qualified health plan described in §1302(e) of the Affordable Care Act.

(10) “Certification standard” means a process, procedure, requirement or condition of participation in the Exchange under COMAR 14.35.15 or COMAR 14.35.16.

[(6)] (11) (text unchanged)

(12) “Cost sharing” means any expenditure required by or on behalf of an enrollee with respect to covered benefits; such term includes deductibles, coinsurance, copayments, or similar charges, but excludes premiums, balance billing amounts for non-network providers, and spending for non-covered services.

[(7)] (13) “Cost-sharing reductions (CSR)” [has the meaning stated in 45 CFR §155.20] means reductions in cost sharing for an eligible individual enrolled in a silver level plan through the Exchange or for an individual who is an Indian enrolled in a QHP through the Exchange.

(14) “Coverage” means insurance through which benefits are provided

[8] (15) (text unchanged)

(16) “Dependent” has the meaning stated in 26 CFR §54.9801-2 with respect to eligibility for coverage under an individual or SHOP QHP because of a relationship to a qualified individual or enrollee

(17) “Eligibility determination” means a decision by the Exchange about an applicant’s eligibility to enroll in a QHP or insurance affordability program or terminate a qualified individual’s enrollment in a QHP or insurance affordability program.

(18) “Enrollee” means a qualified individual, or qualified employee, who is enrolled in a qualified plan through the Individual or SHOP Exchange.

(19) “Enrollment” means the qualified individual’s coverage in a qualified plan, catastrophic plan, or insurance affordability program through the Exchange.

[(9)] (20) “Exchange” has the meaning stated in Insurance Article §31-101(e)(1)-(2), Annotated Code of Maryland

[(10)] (21) “Exchange annual training” means the yearly training administered to certified navigators, licensed navigators, application counselors, and authorized producers by the Exchange as part of its training program.

(22) “Gold coverage level” means the level of coverage described under §1302(d)(1)(C) of the ACA.

(23) “Grace period” means the period of time during which a carrier is prohibited from terminating an enrollee’s enrollment in a qualified plan, as specified in:

(a) Insurance Article, §15-1315(c)—(e), Annotated Code of Maryland, if the enrollee is receiving advanced premium tax credits;

(b) Insurance Article, §15-209, Annotated Code of Maryland, for insurers due to non-payment of premium;

(c) COMAR 31.10.25.04C, for non-profit health service plans;

(d) COMAR 31.12.07.05D, for HMOs;

(e) COMAR 31.12.04.05A, for dental plan organizations;

(f) COMAR 31.11.10.04I for insurers and non-profit health service plans offering small employer coverage in health benefit plans; or

(g) COMAR 31.12.07.04I, for HMOs offering small employer coverage in health benefit plans.

(24) “Health benefit plan” has the meaning stated in Insurance Article, §31-101, Annotated Code of Maryland.

(25) “HHS” means the federal Department of Health and Human Services.

[(11)](26) (text unchanged)

[12](27)—[(17)] (32) (text unchanged)

(33) “Limited cost sharing plan variation” means the cost-sharing reduction variation of a QHP described in 45 CFR §156.420(b)(2).

[(18)] (34) (text unchanged)

[(19)] (35) “Maryland Children’s Health Program (MCHP)” has the meaning stated in COMAR 10.09.43.02B(22).

(36) “Maryland Insurance Administration” means the insurance administration for the State established under Insurance Article, §2-101, Annotated Code of Maryland.

[(20)] (37) (text unchanged)

(38) “Minimum essential coverage (MEC)” has the meaning stated in 26 USC §5000A(f) and the corresponding regulation under 26 CFR §1.5000A-2(a).

[(21)] (39)—[(22)] (40) (text unchanged)

(41) “Plain language” has the meaning stated in § 1311(e)(3)(b) of the Affordable Care Act.

(42) “Plan variation” means a zero cost sharing plan variation, a limited cost sharing plan variation, or a silver plan variation.

(43) “Platinum coverage level” means the level of coverage described under §1302(d)(1)(D) of the ACA.

(44) “Product” has the meaning stated in 45 CFR § 154.102.

(45) “Qualified dental plan (QDP)” has the meaning stated in Insurance Article, §31-101, Annotated Code of Maryland.

(46) “Qualified employee” means an employee who has been determined eligible to enroll in a qualified plan through the SHOP Exchange.

(47) “Qualified health plan (QHP)” has the meaning stated in Insurance Article, §31-101, Annotated Code of Maryland

[(23)] (48) (text unchanged)

(49) “Qualified plan” has the meaning stated in Insurance Article, §31-101, Annotated Code of Maryland.

(50) “SHOP Exchange” has the meaning stated in Insurance Article, 31-101, Annotated Code of Maryland.

(51) “Silver coverage level” means the level of coverage described under §1302(d)(1)(B) of the ACA.

(52) “Silver plan variation” means any of the cost-sharing reduction plan variations of the standard silver QHP under 45 CFR §156.420(a).

(53) “Single, streamlined application form” means the eligibility application for Medicaid, MCHP, qualified health plan, stand-alone dental plan, APTC, or CSR through the Exchange.

(54) “Special enrollment period” means the period during which a qualified individual or enrollee, who experiences certain qualifying events may enroll in, or change enrollment in, a QHP through the Exchange outside of the annual open enrollment periods.

(55) “Stand-alone dental plan (SADP)” means a qualified dental plan that meets the requirements under 45 CFR 155.1065(a).

(56) “Zero cost sharing plan variation” means the cost-sharing reduction plan variation of a QHP under 45 CFR §156.420(b)(1).