

# **Title 14 INDEPENDENT AGENCIES**

## **Subtitle 35 MARYLAND HEALTH BENEFIT EXCHANGE**

### **14.35.07 Eligibility Standards for Enrollment in a Qualified Health Plan, Eligibility Standards for APTC and CSR, and Eligibility Standards for Enrollment in a Catastrophic Qualified Health Plan in the Individual Exchange**

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

#### **.22 Medicaid Transition Easy Enrollment Program**

- A. To the extent permissible by federal law, the Exchange shall enroll an individual into a QHP if the individual was enrolled in Medicaid or MCHP through the Exchange and loses Medicaid or MCHP eligibility after:
  - (1) A redetermination based on a change in circumstances reported after April 15, 2023, pursuant to which the individual is determined eligible for a QHP but does not enroll in a QHP following receipt of the QHP eligibility determination; or
  - (2) A renewal conducted between April 15, 2023, and April 30, 2024, provided the Exchange verifies that the individual's most recent attested income exceeds the Medicaid-eligible amount as described in Health-General Article, §15-103(a)(2), Annotated Code of Maryland, and the individual meets eligibility requirements under COMAR 14.35.07 to enroll in a QHP.
- B. The Exchange shall select a plan for an individual described in §A(1) of this regulation on a date no earlier than the seventh day after the date of the QHP eligibility determination.
- C. To the extent permissible by federal law, the Exchange shall select a plan for an individual described in §A(2) of this regulation on a date no earlier than the day immediately following the day that the individual's Medicaid coverage terminates.
- D. The QHP into which the Exchange enrolls an individual shall be determined by the Exchange using the guidance in this section.
  - (1) For an individual who has tax household members who are already enrolled in a QHP, the Exchange shall enroll the individual into the household QHP.
  - (2) For an individual who is eligible for a CSR plan for up to 150 percent FPL or a CSR plan for 151-200 percent FPL and does not have tax household members already enrolled in a QHP, the Exchange shall enroll the individual in:
    - (a) The lowest-cost Silver plan in the individual's region, if the individual's former managed care organization does not have an affiliate offering QHPs in that region; or
    - (b) The lowest-cost Silver plan offered by an affiliate of the individual's former managed care organization, if an affiliate offers a QHP in the individual's region.
  - (3) For an individual who is not eligible for a CSR plan for up to 150 percent FPL or a CSR plan for 151-200 percent FPL and does not have tax household members already enrolled in a QHP, the Exchange shall enroll the individual in a plan based on the guidance in this subsection.
    - (a) If an affiliate of the individual's former managed care organization offers QHPs in the individual's region, the Exchange shall enroll the individual in the lower-cost option of either:
      - (i) The lowest-cost Gold plan offered by the managed care organization affiliate; or
      - (ii) The lowest-cost Silver plan offered by the managed care organization affiliate.
    - (b) If an affiliate of the individual's former managed care organization does not offer QHPs in the individual's region, the Exchange shall enroll the individual in the lower-cost option of either:
      - (i) The lowest-cost Gold plan in the region; or
      - (ii) The lowest-cost Silver plan in the region.
- E. For plans selected for an individual under §A(1) of this regulation, enrollment shall be effective on:
  - (1) The first day of the month following the date of QHP selection pursuant to §B of this regulation, if the selected plan has a premium greater than zero dollars; or
  - (2) The first day of the month following the individual's confirmation of enrollment, if the selected plan has a premium of zero dollars.
- F. To the extent permissible by federal law, for plans selected for an individual under §A(2) of this regulation, enrollment shall be effective on:
  - (1) The first day of the month following the date of QHP selection pursuant to §C of this regulation, if the selected plan has a premium greater than zero dollars; or
  - (2) The first day of the month following the individual's confirmation of enrollment, if the selected plan has a premium of zero dollars.
- G. References to "cost" under this regulation mean premium cost to the consumer after APTCs and state-based subsidies are applied.