



**Date:** March 29, 2023

**From:** The Maryland Health Benefit Exchange

**To:** Issuers Seeking to Participate in Maryland Health Connection in 2024

**Title:** Final 2024 Letter to Issuers Seeking to Participate in Maryland Health Connection

The Maryland Health Benefit Exchange (MHBE) is releasing this 2024 Letter to Issuers (the Letter). This Letter provides guidance to issuers seeking to offer qualified plans, which include Qualified Health Plans (QHPs), Vision Plans, 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 issuers of health plans, vision plans, 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 and the 834 Companion Guide.<sup>1</sup> 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.

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<sup>1</sup> Issuer guidance available here: <https://www.marylandhbe.com/carriers/>

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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, vision, and dental issuers to become certified to offer qualified plans (QHPs, Vision, 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 2023 for plans effective beginning in 2024. 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](http://www.marylandhbe.com). For the 2024 plan year, MHBE will continue using a web-based Carrier Certification 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 C 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, QHP and SADP issuers must submit carrier certification data through the secure System for Electronic Rate and Form Filing (SERFF) Binders. MHBE will provide additional guidance to Vision issuers on how to submit carrier certification documents. 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	QHP/SADP/ Vision	Source	Submission Location for Completed Item	Due Date to MHBE
Carrier Application	All	MHBE	MHBE website	June 5, 2023
Carrier Logo	All	Issuer	SERFF	June 5, 2023
List of Subcontractors Attestation	All	Issuer	SERFF	June 5, 2023
Carrier Business Agreement – Attestation	All	MHBE	SERFF	June 5, 2023

Non-Exchange Entity Agreement – Attestation	All	MHBE	SERFF	June 5, 2032
Network Adequacy Attestation	QHP	MHBE	SERFF	June 5, 2023
Provider Directory Attestation	QHP/SADP	MHBE	SERFF	June 5, 2023
Patient Data Availability Attestation	QHP - Individual	MHBE	SERFF	June 5, 2023
State Reinsurance Program Attestation	QHP - Individual	MHBE	SERFF	June 5, 2023
Discriminatory Benefit Design Attestation	All	MHBE	SERFF	June 5, 2023
Carrier Certification Review Period	All	MHBE		June 5 - July 21, 2023
Carrier Certification Approval/Denial Notice	All	MHBE	SERFF/Issuer Point-of-Contact	July 21, 2023

**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 2024. 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. Please refer to Table 1-A-1 for information on whether a standard applies to health, dental, and/or vision issuers.

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

To be certified to participate in the Marketplace, issuers must provide 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, Accreditation Association for Ambulatory Health Care, or the Utilization Review Accreditation Commission by 2023. 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 collected by the Federally-Facilitated Marketplace (FFM).

For issuers that offer vision or 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 2022. 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 2022. 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. Patient Data Availability Attestation

Issuers must complete the Patient Data Availability Attestation within the Carrier Application. The attestation requires that individual market QHP issuers comply with the CMS requirements at 45 CFR 156.221.

vii. 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).

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

### viii. 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.<sup>2</sup>

### **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 2024 Rate and Form Filing Deadline or the 2024 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 2024. Specific details of the documentation within the Plan Certification Application are included in Chapter 4 of the Carrier Reference Manual and within this section.

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<sup>2</sup> 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.

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.ghpcertification.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, 2023 the 2024 SERFF Binders should 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 2023 SERFF Binders by June 5, 2023, for preliminary validation. From the period between June 5 and September 12, 2023, MHBE will engage with Individual QHP and SADP issuers on 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 12, 2023 (for Individual QHPs and SADPs) and September 19, 2023 (for Small Business QHPs). Final certification in the SERFF portal will occur on September 12, 2023, for Individual QHPs and SADPs. From September 12, 2023 until the start of the 2024 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, 2023.

Plan Management has scheduled the completion of Small Business Plan Certification for September 19, 2023.

**Table 2-A-1. QHP/SADP 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 5, 2023	Sept. 12, 2023	Sept. 12, 2023	Sept. 19, 2023	Template used to collect plan and benefit details.
Unified Rate Review Template	QHP	June 5, 2023	Sept. 12, 2023	Not Applicable	Sept. 19, 2023	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 5, 2023	Sept. 12, 2023	Not Applicable	Sept. 19, 2023	Template to capture prescription drug tiers and cost-sharing structure
Network Template	QHP/SADP	June 5, 2023	Sept. 12, 2023	Sept. 12, 2023	Sept. 19, 2023	Template to capture network ID numbers
Service Area Template	QHP/SADP	June 5, 2023	Sept. 12, 2023	Sept. 12, 2023	Sept. 19, 2023	Information identifying a plan's geographic service area.
Rate Data Template	QHP/SADP	June 5, 2023	Sept. 12, 2023	Sept. 12, 2023	Sept. 19, 2023	A table for entering plan rates based on rating area, age, and tobacco use
Plan Crosswalk Template	QHP/SADP	June 5, 2023	Sept. 12, 2023	Sept. 12, 2023	Sept. 19, 2023	Part of 2023 Plan Certification, used in the auto-renewal process to ensure appropriate transfer of enrollees in case of plan exit.
Part III: Actuarial Memorandum	QHP	June 6, 202	Sept. 12, 2023	Not Applicable	Sept. 19, 2023	Part of 2023 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. 12, 2023	Not Applicable	Sept. 19, 2023	Part of 2023 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 5, 2023	Sept. 12, 2023	Sept. 12, 2023	Sept. 19, 2023	Part of 2023 Plan Certification, collects information from issuers on the number of Essential Community Providers they have contracted with. Used to evaluate network inclusion standard.
Transparency in Coverage Template	QHP/SADP	June 5, 2023	Sept. 12, 2023	Sept. 12, 2023	Sept. 19, 2023	Part of 2023 Plan Certification, collects numerical claims data from issuers.

URL Template	QHP/SADP	June 5, 2023	Sept. 12, 2023	Sept. 12, 2023	Sept. 19, 2023	Part of 2023 Plan Certification, collects URLs data that will display in plan shopping on MHC. Submit in SERFF Supporting Documents Section.
Telehealth Cost Share Template	QHP	Jun 5, 2023	September 12, 2023	Not Applicable	Sep 19, 2023	State specific QHP template to collect information on cost sharing for virtual care. This template is under development.

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. **Consistent with the process established for plan year 2023, issuers will be required to submit a final Rate Data Template that has been MIA approved prior to MHBE’s plan upload. This requirement will coincide with issuer sign-off in the month of September of each year.** 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 (QHP/SADP Plan Display Reconciliation Timeline).

**Table 2-A-2. 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 5, 2023	Issuers submit a full suite of Plan Management Templates.	SERFF
Validation Analysis	MHBE	June 5 - June 26, 2023	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	July 3, 2023	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 10, 2023	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 17, 2023	Issuers will submit a full suite of Plan Management Templates with extract changes.	SERFF
Extract Analysis/Plan Display Printouts	MHBE	July 24, 2023	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 31, 2023	Issuers will submit full suite of Plan Management Template with plan display changes.	SERFF
Live Module Data Review	Issuers/ MHBE	August 28, 2023 through September 1, 2023	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	September 4, 2023	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	Individual QHP and SADP: Sept. 12, 2023 SHOP: Sept. 19, 2023	Issuers will submit final Plan Management Template Suite into SERFF.	SERFF

Issuer Signoff	Issuers	Individual QHP and SADP: Before Sept. 15, 2023 SHOP: Sept. 20, 2023	Issuers will sign-off on plans displayed in the UAT environment.	MHC Anonymous Browsing + SERFF Disposition
Plan Upload into Production	MHBE	Individual QHP and SADP: Sept. 15, 2023 SHOP: Sept. 26, 2023	MHBE will target uploading the final individual QHP and SADP templates into production by September 15 <sup>th</sup> and will upload the final templates in production no later than October 2.	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 plans 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**

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 established under Section 31-115(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 implement corrective actions and come into 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 in ceasing to do business on the Exchange.

### **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.

### **CHAPTER 4: 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 plan certification standards that are new for the 2024 plan year. Issuers that seek to offer coverage on Maryland Health Connection must also comply with existing qualified plan certification standards. These existing standards may be found in Chapter 4 of the Carrier Reference Manual and in previous years' Annual Letter to Issuers.

### **B. New 2024 Qualified Plan Standards**

This section reviews the final 2024 Qualified Plan Standards that are new for 2024. MHBE has also included technical guidance to aid issuers in implementation.

At the November 21, 2022 meeting, the MHBE Board of Trustees reviewed the proposed new 2024 Qualified Plan Certification Standards as listed below. The Board voted to release the proposed standards for public comment. The proposed standards were published to the MHBE public comment web page on November 30 and comments were accepted through December 30. MHBE received one comment from Maryland Citizen's Health Initiative in support of the proposed standards, and one comment from Kaiser Permanente regarding technical considerations for implementation of the link to the plan contract in the Summary of Benefits and Coverage. The MHBE Board of Trustees adopted the 2024 Qualified Plan Certification Standards as final at the January 17, 2023 session, with the exception of the 2024 Value Plan Standards.

The Board voted to approve the 2024 Value Plan Standards at the February 21, 2023 session. The 2024 Value Plan Standards were approved separately from the rest of the Plan Certification Standards due to the December 2022 release of the federal Draft Actuarial Value Calculator (AVC), which measures adherence to federal restrictions on plan generosity. MHBE staff made changes to the Value Plan designs to comply with these federal restrictions and posted proposed updates for public comment from December 22, 2022 to January 27, 2023. The three individual market carriers submitted written comments on the proposed updates. More details on the public comment process and content of the comments on the 2024 Value Plan Standards can be found in the presentation to the Board on February 21, 2023.<sup>3</sup>

#### **i. 2024 Value Plan Standards**

In 2024, Value Plans will have standardized cost sharing for commonly used services and Value Plan standards from previous plan years will be retired. Each individual market licensed issuer must offer one Value Plan at each of the Bronze, Silver, and Gold metal levels that adhere to the plan designs in Appendix 1. Carriers must identify these standardized Value Plans, and only these plans, with "Value" or "Value Plan" in the plan name. Value Plans must also include \$0 cost sharing for certain diabetes care management services, also as specified in Appendix 1.

#### **ii. Link to Actual Plan Contract in Summary of Benefits & Coverage**


Carriers must include a direct link to the actual plan contract, not a sample contract, in the plan's Summary of Benefits & Coverage. The link should be located in the section indicated by the image below. The link should go directly to the contract and should not require additional clicks from the consumer to

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<sup>3</sup> <https://www.marylandhbe.com/wp-content/uploads/2023/02/Policy-Items-Board-2.21.23.pdf>

reach the contract.

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
 Coverage Period: [See Instructions]  
 Coverage for: \_\_\_\_\_ | Plan Type: \_\_\_\_\_

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall	\$	

iii. NCQA Health Equity Accreditation

This standard was a unanimous recommendation of the MHBE Health Equity Workgroup. It requires existing issuers offering plans through MHC to achieve the NCQA Health Equity Accreditation by December 31, 2023. Issuers that have received the NCQA Multicultural Healthcare Distinction prior to PY2024 will be determined to provisionally meet the certification requirement, but must transition to the NCQA Health Equity Accreditation according to their certification renewal timeline with NCQA. New issuers will be required to achieve accreditation within 18 months of offering coverage on MHC.

**CHAPTER 5: QUALIFIED VISION PLAN CERTIFICATION PROCESS AND STANDARDS**

Starting for PY2024, MHBE will partner with vision plans to offer adult vision benefits to consumers in the individual market. MHC will host links to external vision plan websites where consumers may enroll in vision plans. Section 31-115 of the Insurance Article, Maryland Code establishes that Qualified Vision Plans (QVPs) must meet a number of standards in order to be certified or recertified to operate within the Marketplace.

This chapter describes the Certification Process and Standards for a QVP to be certified and offered in the individual Marketplace. (Please refer to Chapter 1 for information on the issuer annual certification process and standards applicable to QVP issuers.) Subject to any changes to federal or state requirements, the following dates are considered finalized.

**A. Submission Requirements for QVP Certification**

**Table 5-A-1. QVP Certification Documents and Submission Dates**

Item Name	Initial Submission Date to MHBE	Final Submission Date to MHBE	Description of Item
Plan documents and rates	June 5, 2023	Sept. 12, 2023	2024 plan documents and rates filed with MIA for the high and low plan to be offered through MHC.
Information for MHC website	June 5, 2023	August 25, 2023	Vision plan website URL to which MHC will link, brief description of the vision issuer to include on the MHC website, and vision plan call center toll-free phone number and hours

Item Name	Initial Submission Date to MHBE	Final Submission Date to MHBE	Description of Item
Vision plan website screenshots	June 5, 2023	August 25, 2023	Screenshots illustrating consumer plan shopping and enrollment experience on vision plan website
Enrollment and billing documents	June 5, 2023	August 25, 2023	Mock member card, enrollment packet, invoice, and payment policy

**Table 5-A-2. Other QVP Certification Key Dates**

Event/Period	Entity Responsible for Event/Period	Date of Action	Action Description
Link testing	MHBE and Issuers	Sep. 18 - Sept 25, 2023	Test MHC link to vision carrier website
Plan shopping	Issuers	Oct. 1 - Oct. 31, 2023	Issuers' websites live for consumers to review plans
Enrollment starts for PY24	Issuers	Nov. 1, 2023	Issuers accept enrollment in PY24 coverage

### **B. Plan Certification Standards for QVPs in the Individual Market**

Participating vision plans must:

- Be available at a high and a low level (two QVPs per carrier)
- Be licensed for sale in the MD individual market as of plan year 2023
- Provide a Maryland-specific account manager to work with the MHBE plan management team
- Offer the following services:
  - A website cob-branded with MHC that serves as a landing page for consumers and includes a provider directory, a simple and easy-to-understand description of plans' covered benefits and out-of-pocket expenses, and allows consumers to compare and enroll in plans;
  - A customer service call center with a toll-free number that is sufficiently staffed to handle questions and assist consumers;
  - Ability for member to pay bill electronically;
  - Ability to generate member enrollment materials and notices;
  - Ability to provide reporting to MHBE on plan selection, enrollment, and member demographics (reporting template to be provided by MHBE); and
  - Other services determined necessary by MHBE.

### **C. 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 plans 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.

#### **D. Denial, Suspension and Revocation of Certification**

MHBE may deny, suspend, revoke, or seek other remedies against a QVP 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 established under Section 31-115(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 QVP to be non-compliant, MHBE will require the issuer to implement corrective actions and come into 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 in ceasing to do business on the Exchange.

### **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 2024. 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.

Please note that carriers participating in the SRP are required to comply with applicable components of the 1332 State Waiver Program Compliance Supplement August 2020, including but not limited to, documented adherence with the Procurement Suspension and Debarment requirements.<sup>4</sup>

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<sup>4</sup> [https://www.whitehouse.gov/wp-content/uploads/2020/08/2020-Compliance-Supplement\\_FINAL\\_08.06.20.pdf](https://www.whitehouse.gov/wp-content/uploads/2020/08/2020-Compliance-Supplement_FINAL_08.06.20.pdf);  
See section 4-93.423.

**A. Parameters for the State Reinsurance Program**

The MHBE Board of Trustees set the final parameters for the 2023 SRP at its July 18, 2022 meeting. For the 2023 plan year, the SRP will remit payments for eligible claims according to the below 2023 parameters. Prior years’ parameters are included for reference. The Board set estimated 2024 SRP parameters at its February 21, 2023 meeting and will vote on final 2024 SRP parameters in the summer of 2023.

**Table 6-A-1. 2019-2024 State Reinsurance Program Parameters**

<b>Parameters</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024 (Estimated)</b>
Attachment Point:	\$20,000	\$20,000	\$20,000	\$20,000	\$18,500	\$19,500
Coinsurance Rate:	80%	80%	80%	80%	80%	80%
Cap:	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Dampening Factor	.800	.785	.760	.805	.840	TBD

**B. Program Payment**

MHBE will remit reinsurance payments under the SRP no later than September 30 of the year following the program year.

**C. Reporting Requirements**

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 2023 to collect claims and enrollment data and 2022 EDGE data, which will be used by MHBE to update SRP projections.

As outlined in COMAR 14.35.17.03(C), 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 30<sup>th</sup> following the end of the plan year. Carriers participating in the reinsurance program in plan year 2022 must file a report by June 30, 2023. Carriers participating in the reinsurance program in plan year 2023 must file a report by June 30, 2024.

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 2021 report, submitted in 2022, is available on the MHBE website.<sup>5</sup> This guidance will be updated in 2023, for the plan year 2022 report.

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<sup>5</sup> <https://www.marylandhbe.com/home/carriers/>

## Appendix 1: 2024 Value Plan Designs

	Subject to Deductible	Gold	CSR 94%	CSR 87%	CSR 73%	Base Silver	Bronze - Expanded
Actuarial Value		81.20%	94.77%	87.48%	73.82%	71.49%	64.81%
Medical Deductible*		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,450
Drug Deductible*		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP*		\$6,750	\$1,750	\$2,500	\$6,050	\$7,600	\$9,450
Rx MOOP*		\$600	\$250	\$500	\$1,500	\$1,500	n/a
Emergency Room Services	Yes - No	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	Yes - No	\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Specialist Visit	Yes - No	\$30	\$15	\$30	\$90	\$90	\$90
Mental/Behavioral Health and Substance Use Disorder Office Visits	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Mental/Behavioral Health and Substance Use Disorder All Other Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$0
Imaging (CT/PET Scans, MRIs)	Yes - No	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	Yes - No	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	Yes - No	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	Yes - No	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes - No	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	Yes - No	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	Yes - No	\$10	\$0	\$5	\$25	\$25	\$25
Preferred Brand Drugs	Yes - No	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	Yes - No	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	Yes - No	\$75	\$25	\$60	\$100	\$100	n/a

\*The deductibles and MOOPs shown are for a self-only plan. For a family plan, each member has an individual medical and Rx deductible and MOOP of the amount shown. An individual family member cannot contribute more than the self-only deductible or MOOP toward meeting the family deductible or MOOP. The family has a total medical and Rx deductible and MOOP that is twice the amount shown for a self-only plan. Once the family deductible or MOOP has been met, this satisfies the deductible or MOOP for all family members.

<b>Additional Standardized Service Categories</b>							
Durable Medical Equipment	Yes - No	20%	10%	20%	30%	30%	n/a
Emergency Transportation/Ambulance	Yes - No	\$300	\$50	\$100	\$350	\$350	n/a
Habilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Home Health Care Services	Yes - No	\$30	\$10	\$25	\$45	\$45	n/a
Hospice Services	Yes - No	\$0	\$0	\$0	\$0	\$0	n/a
Inpatient Physician and Surgical Services	Yes - No	\$30	\$10	\$25	\$40	\$40	n/a
Outpatient Rehabilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Substance Abuse Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Urgent Care Centers or Facilities	Yes - No	\$40	\$15	\$30	\$75	\$75	\$75
<b>Pediatric Vision</b>							
Routine Eye Exam for Children (optometrist)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Eye exam by an Ophthalmologist	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Basic Lenses	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Frames	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – elective (i.e. in lieu of lenses and frames)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – medically necessary	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Low vision testing	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Low vision aid	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
<b>Pediatric Dental</b>							
Class I Preventive & Diagnostic Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Class II Basic Services	Yes - No	20%	20%	20%	20%	20%	20%
Class III Major Services	Yes - No	20%	20%	20%	20%	20%	20%
Class IV Major Services – Restorative	Yes - No	50%	50%	50%	50%	50%	50%
Class V Orthodontic Services	Yes - No	50%	50%	50%	50%	50%	50%

Enrollees with a primary diagnosis of diabetes pay \$0 cost-sharing for:

- PCP visits
- Dilated retinal exam (1x per year)
- Diabetic foot exam (1x per year)
- Nutritional counseling visits
- Lipid panel test (1x per year)
- Hemoglobin A1C (2x per year)
- Microalbumin urine test or nephrology visit (1x per year)
- Basic metabolic panel (1x per year)
- Liver function test (1x per year)
- A select list of diabetes supplies and medications within the diabetic agent's drug class, as defined by the insurer. An insurer is not required to change the drugs that are on the insurer's formulary.

Insurers may charge less than the copays shown for services delivered via telehealth.

Insurers may combine the two outpatient surgery copays into a single copay.