Plan Management Stakeholders Committee

Thursday, July 3, 2025

- Welcome
- Meeting Minutes

2025 PMSC Schedule

- March 6th – 2025 Plan Certification Timeline, MHC for Small Business, 2025 IT/EDI Roadmap
- May 1st- Plan/Carrier Certification Materials, Legislative Wrap-up and Impact, ECP Updates
- July 3rd - Testing Schedule, Renewal Schedule, Template Check In, Plan Shopping/HBX updates, Carrier User Acceptance Testing (UAT)
- September 4th - Open Enrollment Schedule and Updates, Marketing Plan (Buys and Engagement), Renewals check-in, New Open Enrollment Functionality, Draft Certification Standards, Tentative Issuer Letter Timeline

Plan Management Updates

Plan Certification Updates & Reminders

- Target for extracts to be sent to carriers is the week of July 7th.
- Carrier webinars are due by August 25, 2025.
- Carrier UAT scheduled for Monday, August 18 – Friday, August 22, 2025.
- Carrier URLs should be live by Friday, September 26, 2025.
- Anonymous browsing scheduled to go live October 1, 2025.

Additional Resources

The following additional resources should be submitted to Plan Management by the dates specified below.

Requests:	Due Date:	QHP/QDP/QVP
Updated payment guide language	August 18, 2025	Medical, Dental and Vision Carriers
Educational & wellness program resources	August 18, 2025	Medical, Dental and Vision
Premium payment threshold policy	August 18, 2025	Medical, Dental and Vision
Copy of mock insurance cards & envelope	August 18, 2025	Medical, Dental and Vision
Copy of mock invoice & envelope	August 18, 2025	Medical, Dental and Vision
Mock Renewal letter	August 18, 2025	Medical Only
Updated call center handoff process	August 18, 2025	Medical, Dental, and Vision
Third party payer policy	August 18, 2025	Medical Only

Open Enrollment Dates

Open Enrollment dates remain the same for 2025, November 1, 2025 – January 15, 2026. Enrollments completed between November 1st – December 31st will receive a January 1, 2026, effective date.

Special Enrollment Period Update

MHBE is planning to update the plan shopping window for households that experience a loss of the primary member. Once the death of a primary member is reported through SSA match, a notice is sent to the household informing the surviving household members they have 60 days from the date of death to re-apply for coverage. The new SEP window allows for 60 days from the date the notice is sent for the family members to re-apply and enroll in coverage.

End of ARPA/Premium Increases on Carrier Renewal Notices

Due to the possibility of the end of ARPA subsidies, MHBE requests carriers to include language in the renewal notices for plan year 2026 to highlight the following:

- Impact of ending subsidies - premium tax credit will decrease
- Premium increases – consumers will pay more out of pocket

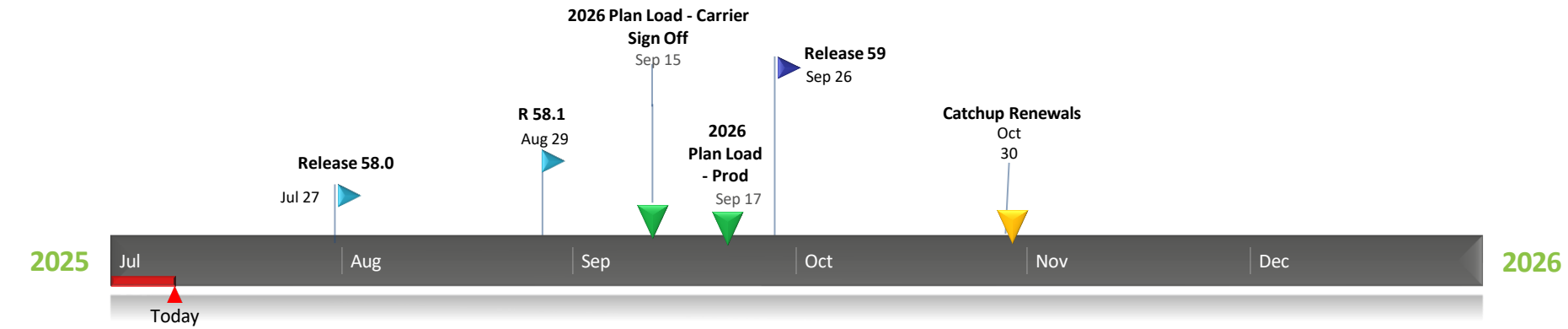
MHC messaging focuses on:

- Big changes are coming to health insurance in 2026 due to the end of enhanced financial assistance.
- As a result of expiring enhanced assistance, premiums may increase, but you could still save by shopping around.
- Premiums are expected to increase for PY 2026. You might be able to save by switching plans. Visit MHC as early as October 1, 2025, to view 2026 plan options.

PMSC Presentation from MHBE IT

July 03, 2025

2026 Plan Load and Renewals Timeline



MARYLAND HEALTHBENEFIT EXCHANGE

Questions & Comments

Federal Updates

CMS *Final* Marketplace Program Integrity Rule

- The Centers for Medicare & Medicaid Services (CMS) released the **"Marketplace Integrity and Affordability"** Proposed Rule on March 10, 2025.
  - In general, the proposals will make enrollment more burdensome, discourage healthier people from enrolling, and result in a more expensive risk pool
  - Proposals are effective upon publication of the final rule, or January 1 of an upcoming plan year.
  - MHBE submitted comment on April 10, 2025.

- The **Final Rule** was published last week on June 25:
  - Many provisions were updated to sunset after 2026 or no longer apply to state-based Marketplaces (SBM).
    - *However*, many of these are now included in the Senate-passed reconciliation bill (passed earlier this week - July 1).

CMS *Final* Marketplace Program Integrity Rule cont'd

Provisions effective upon finalization (8/25/25)

- Rescinds DACA eligibility for Marketplace enrollment and financial assistance
- Eliminate low-income SEP (monthly for those with incomes <150% FPL).
  - Sunsets after 2026. Reconciliation provision would rescind eligibility for financial assistance for individuals enrolled through a non-qualifying life event SEP, such as this one.
- Eliminates the 60 day extension (introduced in 2024) of the required 90-day period for resolving income inconsistencies.
- Requires Income verification when households are eligible for APTC based on attested income, but data sources indicate income is <100% FPL.
  - Sunsets after 2026.
- Prohibits Exchanges from accepting income self-attestation when no IRS data is available.
  - Sunsets after 2026. Reconciliation provision requires pre-enrollment eligibility verification (income, immigration status, etc.) before consumer can receive APTC, effectively ending auto-renewal.

CMS *Final* Marketplace Program Integrity Rule cont'd

Provisions effective beginning PY2026 (or PY2027 if indicated)

- Revised Open Enrollment Period (OEP) for SBMs - must start no later than Nov 1 and end no later than December 31 and last *no longer than 9 weeks.* *(effective for OE for PY2027)*
- Update premium adjustment percentage (estimated to increase net premium by ~4.5%)
- Expand de minimis ranges for actuarial value (plans can be less generous and meet AV requirements)
- Rescind APTC for failure to file and reconcile (FTR) in one prior year. Includes corresponding temporary noticing requirements.
  - Sunsets after 2026, back to 2-year FTR in 2027.
- Eliminates flexibility to move CSR enrollees from bronze to silver plans at renewal (re-enrollment hierarchy).
  - State Marketplaces may continue seeking approval from HHS to design and conduct their own annual eligibility redetermination process
- Temporary removal of issuer to set fixed dollar and gross percentage-based premium payment thresholds. Threshold may be set at 95% of the net premium or higher.
  - Sunsets after 2026.
- Prohibits gender affirming care from being considered an EHB.

CMS *Final* Marketplace Program Integrity Rule cont'd

Provisions in the proposed rule that no longer apply to SBMs:

- Require $5 premium payment to effectuate auto renewals for consumers with $0 plans.
  - Sunsets after 2026. Reconciliation provision would require pre-enrollment eligibility verification (income, immigration status, etc.) before consumer can receive APTC, effectively ending auto-renewal.
- Require pre-enrollment verification for at least 75% of new enrollments through SEPs.
  - Sunsets after 2026. Same reconciliation provision above applies here.

Questions or Comments?

MARYLAND HEALTH BENEFIT EXCHANGE

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