Plan Management Stakeholder Committee

Thursday, March 6, 2025

MARYLAND HEALTHBENEFIT EXCHANGE

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 Certification

Plan Certification

As we prepare for the upcoming plan certification period, we would like to highlight the following important dates and information:

- A checklist of required materials and the certification packet will be sent to carriers by end of April 2025. The Value Plan Attestation will be included in the certification packet.
- Carrier applications and additional documents (items not submitted via SERFF) must be submitted to Plan Management by Monday, June 2, 2025.
- PY 2026 binder submissions are required to be submitted via SERFF on Monday, June 2, 2025. Please reach out to Plan Management for any assistance or questions regarding SERFF binders.
- The Telehealth template should be submitted in SERFF under the supporting documentation section.

Value Plan Attestation

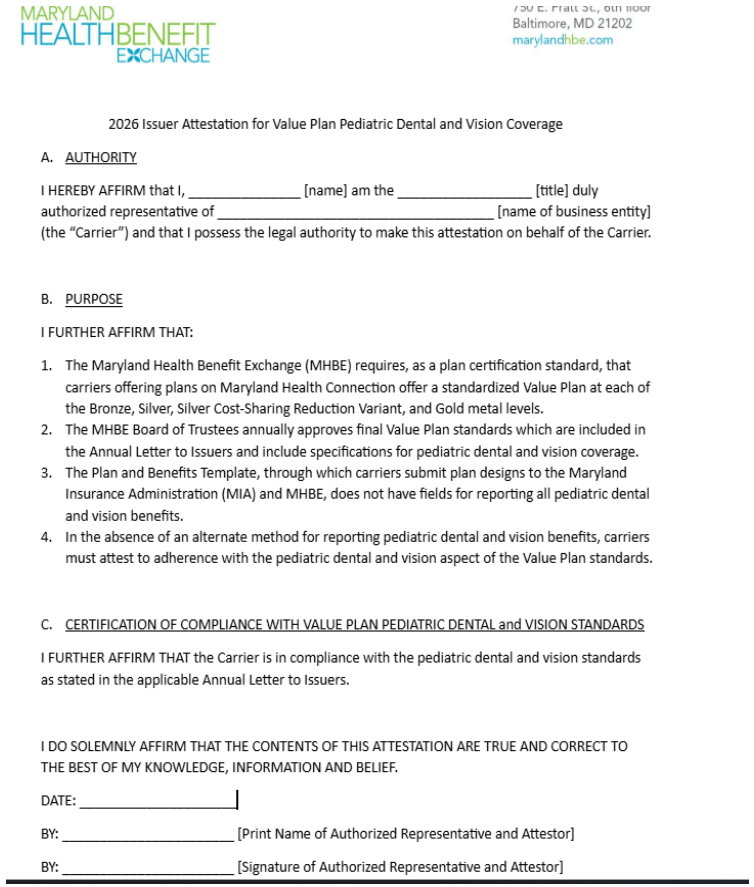
The attestation will be used to confirm the following value plan standards are met-

Pediatric Vision

- Eye exam by an Ophthalmologist
- Basic Lenses
- Frames
- Contacts – elective (i.e., in lieu of lenses and frames)
- Contacts – medically necessary
- Low Vision Testing
- Low Vision Aid

Pediatric Dental

- Class III Major Services
- Class IV Major Services - Restorative



MARYLAND HEALTHBENEFIT EXCHANGE

750 E. Pratt St., 6th floor
Baltimore, MD 21202
marylandhbe.com

2026 Issuer Attestation for Value Plan Pediatric Dental and Vision Coverage

A. AUTHORITY

I HEREBY AFFIRM that I, _____ [name] am the _____ [title] duly authorized representative of _____ [name of business entity] (the "Carrier") and that I possess the legal authority to make this attestation on behalf of the Carrier.

B. PURPOSE

I FURTHER AFFIRM THAT:

1. The Maryland Health Benefit Exchange (MHBE) requires, as a plan certification standard, that carriers offering plans on Maryland Health Connection offer a standardized Value Plan at each of the Bronze, Silver, Silver Cost-Sharing Reduction Variant, and Gold metal levels.
2. The MHBE Board of Trustees annually approves final Value Plan standards which are included in the Annual Letter to Issuers and include specifications for pediatric dental and vision coverage.
3. The Plan and Benefits Template, through which carriers submit plan designs to the Maryland Insurance Administration (MIA) and MHBE, does not have fields for reporting all pediatric dental and vision benefits.
4. In the absence of an alternate method for reporting pediatric dental and vision benefits, carriers must attest to adherence with the pediatric dental and vision aspect of the Value Plan standards.

C. CERTIFICATION OF COMPLIANCE WITH VALUE PLAN PEDIATRIC DENTAL and VISION STANDARDS

I FURTHER AFFIRM THAT the Carrier is in compliance with the pediatric dental and vision standards as stated in the applicable Annual Letter to Issuers.

I DO SOLEMNLY AFFIRM THAT THE CONTENTS OF THIS ATTESTATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: _____

BY: _____ [Print Name of Authorized Representative and Attestor]

BY: _____ [Signature of Authorized Representative and Attestor]

MARYLAND HEALTHBENEFIT EXCHANGE

2026 Value Plan Standards

MHBE Board approved updates for PY 2026

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.**
  - **All carriers must cover, at $0 cost sharing:**
  - **Test strips and glucometers**
  - **Preferred brands of insulin**
  - **At least one from each of the following classes of oral hypoglycemics:**
    - **Biguanides (such as metformin)**
    - **Thiazolidinediones (such as pioglitazone or rosiglitazone)**
    - **Sulfonylureas (such as glipizide, glyburide, gliclazide, or glimepiride)**

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.

2026 Value Plan Standards

		Subject to Deductible	2026 Gold	2026 CSR 94%	2026 CSR 87%	2026 CSR 73%	2026 Base Silver	2026 Expanded Bronze
Actuarial Value			81.89%	94.92%	87.92%	73.87%	71.75%	64.71%
Medical Deductible			$1,000	$0	$1,000	$4,500	$4,500	$10,150
Drug Deductible			$150	$0	$150	$750	$750	n/a
Medical MOOP			$8,500	$1,950	$2,850	$6,800	$8,500	$10,150
Rx MOOP			$600	$250	$500	$1,300	$1,300	n/a
Combined MOOP			$9,100	$2,200	$3,350	$8,100	$9,800	$10,150
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	$5	$10	$35	$35	$35
Specialist Visit		Yes - No	$35	$20	$35	$110	$110	$110
Mental/Behavioral Health and Substance Use Disorder Office Visits		Yes - No	$10	$5	$10	$35	$35	$35
Mental/Behavioral Health and Substance Use Disorder Outpatient Services		Yes - No	$10	$5	$10	$35	$35	$0
Imaging (CT/PET Scans, MRIs)		Yes - No	$400	$125	$350	$600	$600	n/a
Speech Therapy		Yes - No	$10	$5	$10	$35	$35	$35
Occupational and Physical Therapy		Yes - No	$10	$5	$10	$35	$35	$35
Preventive Care/Screening/Immunization		Yes - No	$0	$0	$0	$0	$0	$0
Laboratory Outpatient and Professional Services		Yes - No	$25	$10	$25	$45	$45	$55
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	$6	$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
Additional Standardized Service Categories								
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	$5	$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	$0
Inpatient Physician and Surgical Services		Yes - No	$30	$10	$25	$40	$40	n/a
Outpatient Rehabilitation Services		Yes - No	$10	$5	$10	$35	$35	$35
Urgent Care Centers or Facilities		Yes - No	$40	$15	$30	$75	$75	$75
Pediatric Vision								
	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
Pediatric Dental								
	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	50%	20%	30%	40%	50%	50%
	Class IV Major Services – Restorative	Yes - No	50%	20%	30%	40%	50%	50%
	Class V Orthodontic Services	Yes - No	50%	50%	50%	50%	50%	50%

MARYLAND HEALTHBENEFIT EXCHANGE

Plan Management

Loss of Medicaid SEP

- The new special enrollment period for loss of Medicaid extends the enrollment period for those who have lost Medicaid to 120 days.
- Scheduled for the May 30, 2025, release.
- The code “MAD” will be sent in Loop 2750 on the 834 transactions for the Extend Loss of MA SEP.

N1*75*SEP REASON~

REF*17*MAD - Medicaid Disenrollment~

MARYLAND HEALTHBENEFIT EXCHANGE

Carrier Interchange Best Practices

Please review and share with all staff who have access to the carrier interchange.

- Each carrier should have one point of contact (POC) and one back up for sending requests to add/revoke users for the carrier interchange.
- There are 10 licenses per carrier for interchange access. Please keep track of users and review lists before sending additional user requests.
- Please do not contact the Salesforce help desk team directly or respond to emails sent by the Salesforce help desk with additional requests.
- Requests sent to the dedicated carrier interchange email (TBD) will be processed within 24 hours. Requests for access errors will be prioritized.
- When sending emails for log in error messages please include the current IP address you are using.
- Accounts are suspended after 60 days of inactivity. Please make sure users are logging in periodically to prevent account suspension.
- New phones require new MFA download.

Carrier Interchange for SADP

MHBE has completed the addition of stand-alone dental carriers to the carrier interchange application. Authorizations and onboarding of users should be complete by April 1, 2025. We will work with escalated cases teams to transition escalations from Excel to processing in the carrier interchange application. SADP carriers should be prepared to provide a list of users who are currently working on escalated cases and will need access to the carrier interchange. There are 10 user licenses per carrier.

QHP 90 Day Verification

MHBE began the process of reconciling enrollments for consumers who failed to provide necessary documentation that supports their citizenship and immigration status, for those who have not met the filing requirements to qualify for the premium tax credit, and for those who have not provided the necessary documentation to verify income discrepancy. Below are the stats for disenrollment and reduced/removed APTC:

- Disenrolled due to citizenship/immigration – 1,790
- Reduced or removed APTC - 747

Questions?…Contact Us

Plan Management Team:
Kimberly Edwards, 410-547-6320, Kimberly.Edwards@maryland.gov
Nicole Edge, 410-547-6782, Nicole.Edge@maryland.gov

MARYLAND HEALTHBENEFIT EXCHANGE

PMSC Presentation from MHBE IT

March 6, 2025

1095A EOY Recon Report

- No change to the 1st EOY Recon report
- Carriers will be requested to send 2nd EOY Recon report by 01/12 instead of 01/15
- Recon report can be split into multiple files as needed
- Report should reflect at the individual level and should list the subscriber as well as the dependents
- Coverage begin date should reflect the individual's coverage begin date. For example, if a policy exists from 01/01/2025 and an applicant is added later with an effective date of 04/01/2025, existing applicants should reflect 01/01/2025 and the new applicant should reflect 04/01/2025
- Coverage begin and end date should align with Report month. For example, if an applicant is covered only for the first 2 months in the year, we want this applicant to be listed with Reporting month 1 and 2. There could be other applicants in the policy who are covered beyond 2nd month, who should be reported accordingly
- Only active coverage should be reported on the report
- Premium amount should reflect total premium, not individual premium

1095A EOY Recon Report

Important fields for SBE analysis

SUBSCRIBER_ID
MEMBER_HIX_ID
RELATIONSHIP_TYPE
FIRST_NAME
LAST_NAME
MIDDLE_NAME
SSN
PLAN ID (Length=14 +2 csr tier)
PREMIUM_AMOUNT
APTC_AMOUNT
CSR_AMOUNT
COVERAGE_START_DATE
COVERAGE_END_DATE
REPORT_MONTH

Format

Financial amounts – Number (Not comma separated)
SSN – Number (No hyphens)
SSN – 9 digits in total (0s to be prefixed if needed)

MARYLAND HEALTHBENEFIT EXCHANGE

Questions & Comments

MHC for Small Business Update

Mimi Hailegeberel
Small Business Programs Manager

MHC-SB Operations Update

Membership

MHC for Small Business developing a one stop shop:

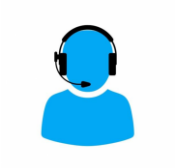
⏩**Employer** ⏩**Employee** ⏩**Broker/GA** ⏩**MHC-SB Support** ⏩**NFP Call Center**

Tech Support

MHC-SB Support Staff and NFP CSR Reps will provide technical support.

Notices

Automated notices for enrollment deadlines, payment reminders will be in user accounts via MHC-SB.



Call Center

Our call center will operate weekdays from 8AM to 6PM. Toll-free numbers are under development. Agent training plan is underway.

Billing

NFP will provide the back-end billing system on the portal.

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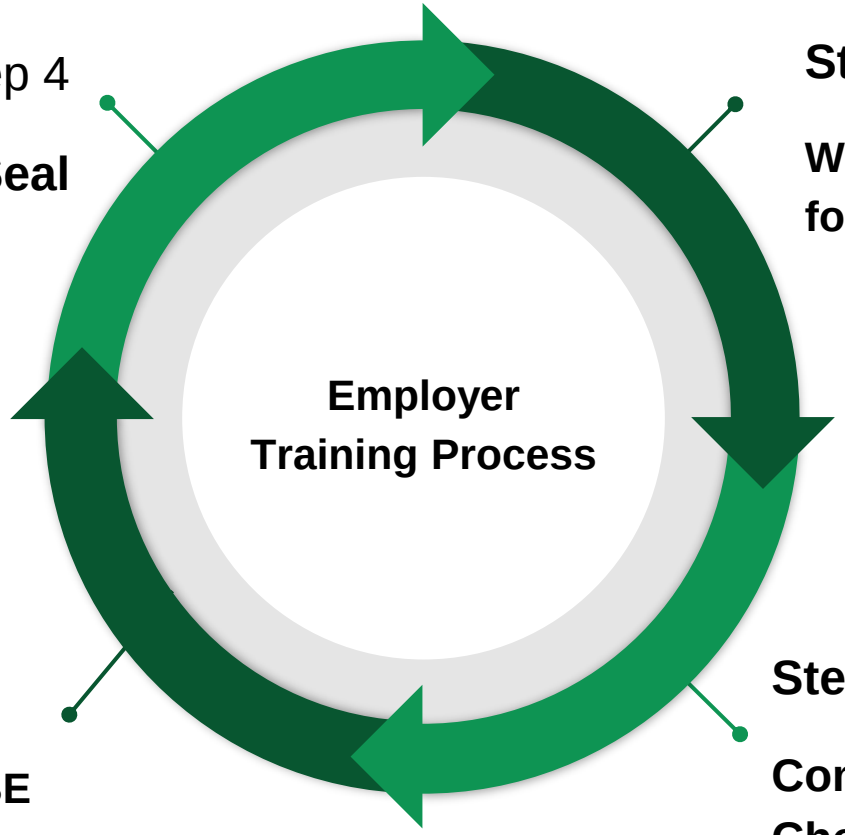
Small Business Outreach & Education Program



Step 4

Issue Seal

Note: The broker must notify MHBE that your employees received the presentation.

Step 1

Watch the Videos on MHC for Small Business website.

Step 2

Complete the Knowledge Checks & get a Certificate of Completion.

Step 3

Employer schedules an in-person/virtual presentation for employees with a certified MHBE broker.

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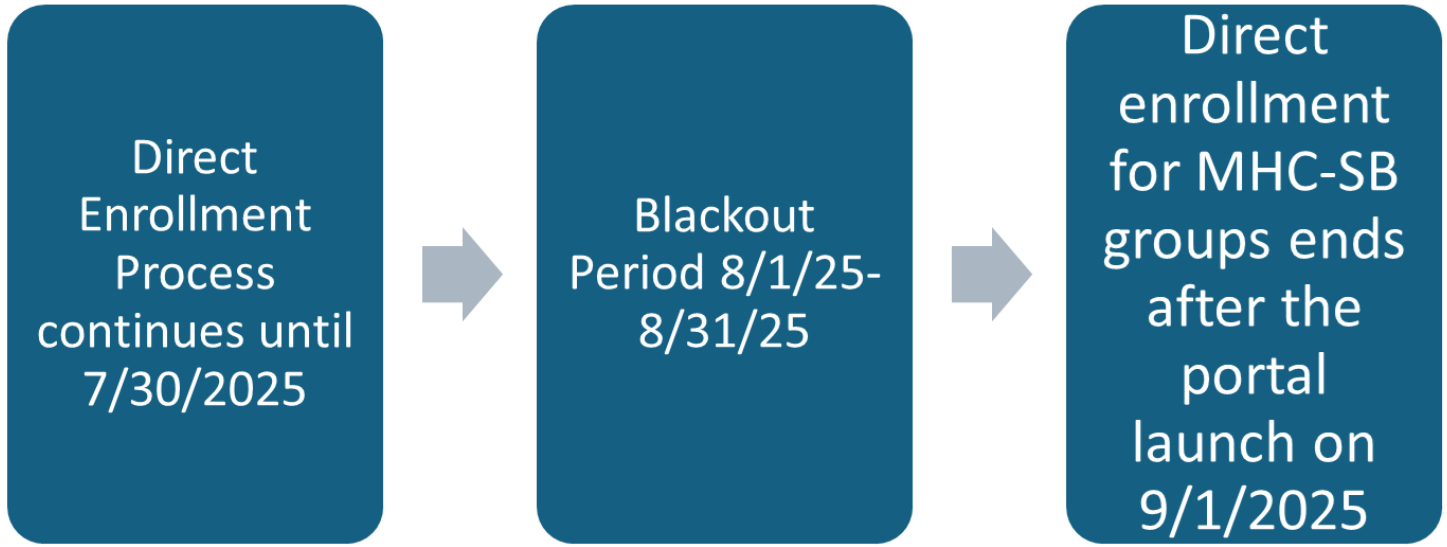
Direct Enrollment Phase-Out Process

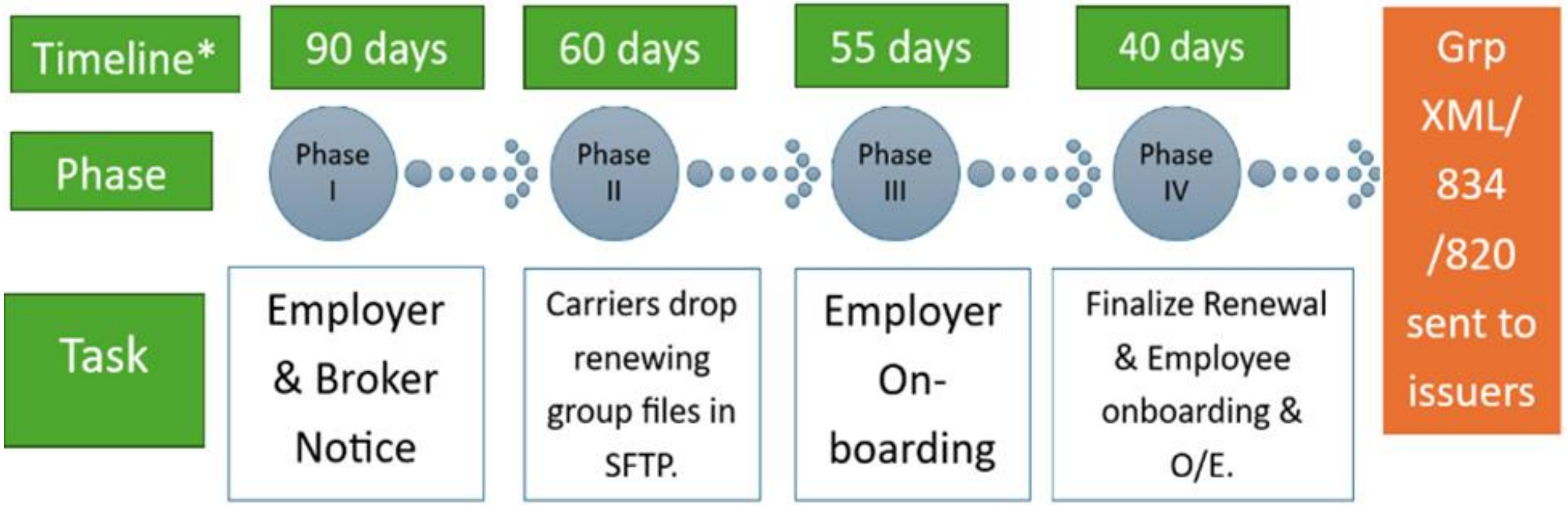
URL: www.marylandhealthconnection.gov/smallbusiness



MHC Small Business Enrollment											
Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Employers	43	88	113	107	148	152	156	121	117	120	131
Covered Lives	263	604	735	588	853	821	878	649	645	669	738

maryland health connection for small business

Group Migration Plan



*The timeline is set to count backward from each group's renewal date. For example, a group renewing on November 1st will begin receiving communication from MHC-SB and issuers on August 1st.

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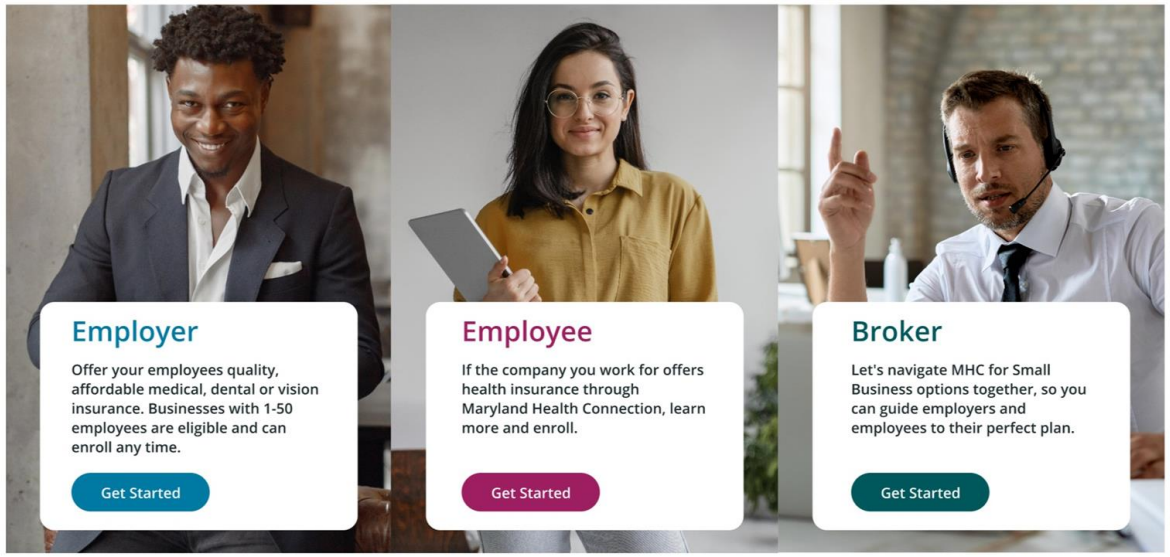
Tools to Promote Small Biz

- Employer, Employee and Broker Guides
- Outreach & Education Program
- What is MHC for Small Business? English and Spanish
- Small Business tax credits
- How to get help (promoting free authorized broker support)
- Testimonial broker and small business testimony - owner/employees



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2025 Broker Achievement Awards

Date: May 1, 2025
Time: 11 am -2 pm

Attendees: 120 Top Brokers, MHBE Leadership & Board,

Location: Maryland Live!

Host: MHBE Executive Director, Michele Eberle

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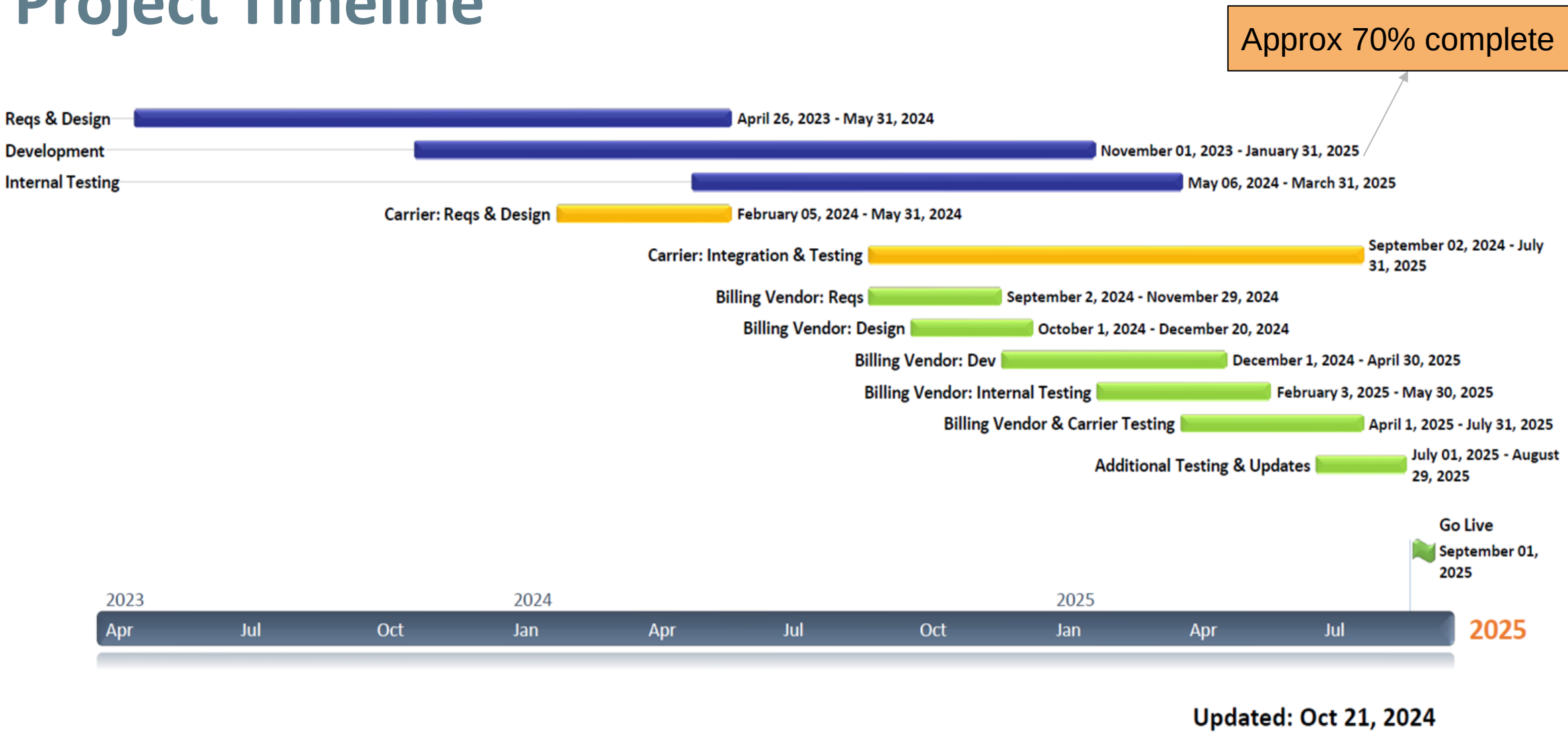
Project Timeline



Updated: Oct 21, 2024

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Questions?