



Authorized Broker Manual

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CHAPTER 1 – Manual Purpose

The Maryland Health Benefit Exchange Act of 2012 enables the Maryland Health Benefit Exchange (MHBE) to adopt policies, procedures, and regulations to meet federal and state requirements. This manual contains information on the policies, procedures, and regulations that have been adopted by the Maryland Health Benefit Exchange (MHBE) Board of Trustees. The purpose of this manual is to provide brokers with the adopted policies, procedures, and regulations that are relevant to them.¹

¹ Maryland Health Benefit Exchange (MHBE) refers to the public corporation and independent unit of state government.

CHAPTER 2 – About MHBE

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law by President Barack Obama. The law provides for the creation of health insurance exchanges for all states. A health insurance exchange is a marketplace to help individuals, families and small businesses shop for coverage through easy comparison of available plan options based on price, benefits and services, and quality.

2.1 Maryland's Model: A State-Based Marketplace

The ACA provides each state the flexibility to determine the design and operating model that will work best for its citizens. An exchange may be operated by the state government, the federal government, or through services coordinated in a state-federal government partnership.

In a letter dated October 9, 2012, to U.S. Secretary of Health and Human Services Kathleen Sebelius, Governor Martin O'Malley formally declared the State of Maryland's intention to establish a state-based health insurance marketplace (SBM). In December 2012, the State of Maryland received conditional approval to operate the Maryland Health Connection, Maryland's state-based marketplace.

As a state-based exchange, Maryland is responsible for the development and operation of all core functions including:

- Consumer support for coverage decisions
- Eligibility determinations for individuals
- Enrollment in qualified plans
- Approval of participating carriers
- Certification of plans
- Operation of a Small Business Health Options Program (SHOP), branded as Maryland Health Connection for Small Business
- Consumer Assistance programs

CHAPTER 3 – The MHBE-Broker Partnership

3.1 Overview

Insurance brokers play an important role in ensuring Marylanders have access to affordable health care insurance options. As trained and licensed professionals, insurance brokers are the only consumer assistance workers who are qualified to advise their consumers on enrolling in a plan that is best suited to their needs. The Maryland Health Benefit Exchange understands the importance of insurance brokers to the general public, and as a result, we have created the Broker Authorization Program.

3.2 The Broker Authorization Program

The MHBE has designed a three-step process for licensed health insurance brokers seeking their initial authorization.

- Step 1 – Submit the Broker Authorization Application with required documentation
- Step 2 – Complete the MHBE Training
- Step 3 – Receive Notification of Authorization from MHBE

Upon completion of these three steps, licensed brokers will be authorized to sell plans offered on Maryland Health Connection for a period of two years. Only brokers who have received authorization can sell Maryland Health Connection plans.

Out-of-state and/or Federal Exchange authorization will not be accepted as a replacement for Maryland authorization.

Both resident and non-resident brokers are eligible to apply.

3.3 Application Updates

Authorized brokers should notify MHBE of any changes to the information provided on their application. These changes include updates to a broker's name, contact information, agency, and/or a broker's captive status. The change of information should be completed by logging into Salesforce at <https://mhbe.force.com/training/CustomCommunityLogin> and updating the latest application.

3.4 Mid-year Documentation Updates

During the year, if an Authorized Broker's license issued by the Maryland Insurance Commissioner is about to expire, or if the broker's Errors & Omissions (E&O) insurance is about to expire, MHBE Broker Operations will contact the broker to request an updated Maryland Insurance License and/or an updated E & O Certificate. If this information is not provided in the time period requested, this will result in the suspension or revocation of a broker's authorization.

3.5 Authorization Renewal

Broker authorization expires two years after the date it is issued. MHBE will send out a renewal notice to authorized brokers no later than 60 days prior to the expiration of their authorization. If a broker wishes to renew their authorization, the broker will need to submit a renewal application with the required documentation. Once the broker has submitted the required renewal information, MHBE Broker Operations will confirm the broker's eligibility to renew and issue the broker a new MHBE Authorization Letter with a new two-year term.

3.6 Required Annual Retraining

Authorized Brokers will be required to meet annual retraining requirements prior to Open Enrollment each year. MHBE Broker Operations will send Authorized Brokers an email when retraining requirements need to be met, including detailed instructions on how to complete the required training.

3.7 Suspension or Revocation

The MHBE may suspend or revoke a broker's authorization as set forth under Insurance Article, §31-113(m)(3), Annotated Code of Maryland.

3.8 Authorization Reinstatement

If a broker's authorization is suspended, the broker can contact MHBE Broker Operations to ascertain what requirements need to be met for reinstatement, as long as the broker is still in the two-year authorization period listed on their Authorization Letter. The broker can contact MHBE Broker Operations at mhbe.producers@maryland.gov.

If a broker is suspended and their two-year authorization period lapses, the broker will need to complete a new Authorization Application in order to be reinstated.

3.9 Captive Brokers

The Maryland Insurance Administration, on July 15, 2013, issued Bulletin 13-22 regarding Fair Marketing Standards for Captive Producers. The Bulletin can be located here: <https://insurance.maryland.gov/Insurer/Documents/bulletins/bulletin-13-22-captive-producer.pdf>

3.10 Broker Compensation

As indicated in the Maryland Health Benefit Exchange Act of 2012, an insurance broker may not be compensated by the individual exchange for the sale of a qualified health plan or qualified dental plan offered in the individual exchange; carriers will continue to be responsible for compensation of brokers that sell plans on Maryland Health Connection. Carriers will continue to develop their own models of compensation for brokers. Carriers are expected to develop equivalent compensation and incentives for sales inside and outside of Maryland Health Connection.

Additionally, carriers are required to collect and maintain broker compensation data including agreements, policies, procedures, programs and other information regarding broker compensation both within Maryland Health Connection and in the individual and small group insurance markets outside of Maryland Health Connection.

3.10.1 MHBE Carrier Contacts and Contracting Requirements

MHBE has authorized the following insurance carriers to offer plans on Maryland Health Connection. The authorized insurance companies include:

- Aetna (MHC for Small Business only)
- CareFirst
- Delta Dental: Delta Dental of Pennsylvania, Alpha Dental Programs, Inc
- Dominion Dental Services Inc. (Individual Exchange only)
- Kaiser Foundation Health Plan of the Mid-Atlantic
- United Healthcare

Below are the points of contact for becoming appointed with each carrier, along with any contracting requirements that have been provided to MHBE by the carrier.

Aetna (*Aetna only participates in MHC for Small Business)

Point of Contact:

David Brock, Sr. Operations Manager
(800) 727-9951
dlbrock@aetna.com

CareFirst

Point of Contact:

Alexis Hippe, Sr. Regulatory Project Manager
(410) 998-7003
Alexis.hippe@carefirst.com

Contracting Requirements (Required even if you are contracted with CareFirst off-Exchange already):

- Request a contracting agreement via BCC@CareFirst.com
- Provide CareFirst with a copy of your MHBE Authorization Letter
- Select a General Agent from via <https://broker.carefirst.com/carefirst-resources/broker-pdf/consumer-direct-contractor-list.pdf>
- Complete a W-9 via https://broker.carefirst.com/carefirst-resources/broker-pdf/W9_Form.pdf - only required if the broker receives authorization to not select a General Agent
- Provide CareFirst with your Errors & Omissions Certificate and your MD Insurance License

These documents should be submitted to BCC@CareFirst.com for processing.

Alpha Dental and Delta Dental

Point of Contact:

Kristen Stoll, Account Manager
(916) 858-5930
kstoll@delta.org

Contracting Requirements:

- <https://www.deltadentalins.com/brokers/>

Dominion Dental

Point of Contact:

Melissa Guffey, Manager Regulatory Affairs
(703) 212-3506
mguffey@dominionnational.com

Contracting Requirements:

- To request a broker kit, please call Dominion Dental's Group Service Center at 877-559-9624 or send an email to gsc@DominionDental.com

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Point of Contact:

Katherine Wait, Sr. Director, National Exchange Operations
(909) 239-0117
Katherine.r.wait@kp.org

Contracting Requirements:

Point of Contact:

Broker Shared Service Center
(844) 268-2943
BrokerSupport-MAS@kp.org

- Complete a Broker Information Sheet via https://account.kp.org/static/bcssp/pdfs/broker/mid/ever/KP_MAS_Broker_Information_Sheet.doc
- Complete a W-9 Form via https://account.kp.org/static/bcssp/pdfs/shared/mid/ever/KP_MID_Fillable_W9_Form.pdf
- Submit proof of your E&O Insurance Coverage
- Complete a Broker Agreement via https://account.kp.org/static/bcssp/pdfs/broker/mid/ever/KP_MAS_Broker_Agreement_Contract.pdf
- Submit your Direct Deposit Form – if requested by Kaiser Permanente

Mail, email, or fax copies of these documents to:

Kaiser Permanente
Broker Shared Service Center
Email: BrokerSupport-MAS@kp.org
3100 Thornton Avenue, 3rd Floor
Burbank, CA 91504
Phone: (844)268-2943
Fax: (818)557-3983

Kaiser Permanente will apply for all broker appointments on behalf of the broker and will pay all fees associated with becoming appointed with Kaiser Permanente. Brokers will receive notification about the status of their appointment.

United Health Care

Point of Contact:

Katherine Kenny
(240) 632-8079
Kathy_kenny@uhc.com

UnitedHealthcare does not pay commission nor offer appointments.

3.11 Broker of Record Policy

Once a broker is authorized, they will receive log-in credentials for the Broker Portal on Maryland Health Connection. The Broker Portal allows the broker to connect with consumers through a “tango” process and track the consumers they assist and enroll through the Exchange. The tango process must be completed so that the broker’s name and NPN are submitted to the carrier with the consumer’s enrollment as the Broker of Record. If the tango process is not completed before enrollment, the tango can be completed at a later time, but commission is paid from the date of tango, not the original date of enrollment, so best practice is to tango at the beginning of the broker-consumer relationship.

3.11.1 Becoming a Broker of Record

The below procedure outlines how to become the Broker of Record before completing the enrollment:

Step 1: The consumer should log into their consumer account at www.marylandhealthconnection.gov and select “Find Assistance” on their home page. The consumer should then search for and select the broker they wish to designate as their Broker of Record.

Step 2: The broker must then log into their Broker Portal and select “accept Client Partnership Request.” Once the broker “accepts,” the subsequent new enrollment file will go to the carrier with the broker as the Broker of Record.

3.11.2 Broker of Record Special Circumstances

Maryland Health Connection reserves the right to make a Broker of Record change under special circumstances such as:

- Broker death or disability
- Broker retirement
- Suspension or revocation of the broker’s license by the Maryland Insurance Commissioner

3.11.3 Broker of Record Issues

From time to time, brokers find that they are not receiving a commission for one or more of their enrollments. When this situation occurs, brokers should confirm the enrollment in question is on the Book of Business.

Brokers can export their Book of Business from the My Clients page in the broker portal.

If the enrollment is not listed on the broker’s Book of Business, the broker should send an email to MHBE Broker Operations containing only the Person ID stating that the enrollment is not listed on their Book of Business. MHBE Broker Operations will investigate why the enrollment is not on the Book of Business and will advise on how to proceed.

If the enrollment is listed on the broker’s Book of Business, the broker should proceed as follows:

- If the broker uses a TPA, the broker should have their TPA contact the carrier to address the commission issue.
- If the broker does not use a TPA, the broker should contact the carrier directly to address the commission issue.

The carrier will be able to advise whether there is a contracting issue, whether the consumer was terminated for non-payment, etc. If the carrier says that MHBE did not send a file with the broker listed as the Broker of Record, the broker should escalate the commission issue through the broker portal.

Please note, MHBE does not pay commissions. Commission disputes should be addressed with the carrier. MHBE can only assist in ensuring that a broker is listed as the Broker of Record at the carrier if the concern is reported timely. MHBE cannot assist with Commission issues older than 18 months.

3.12 Marketing & Outreach Guidelines for Authorized Insurance Brokers

3.12.1 General Guidelines

The Maryland Health Connection logo may not be used or displayed on marketing materials developed by authorized brokers; only the seal “Authorized Insurance Broker/Maryland Health Connection” may be used on marketing and outreach materials.



Insurance brokers authorized by the Maryland Health Benefit Exchange to sell plans through Maryland Health Connection will receive a “seal” to display on marketing materials, including: brochures, business cards, advertisements, pamphlets, etc.

PowerPoint presentations and PDFs may not be altered or reproduced without the consent of the Maryland Health Benefit Exchange.

Authorized insurance brokers may attend community outreach events organized by Maryland Health Connection, and they may distribute business cards at these events. Pamphlets or other marketing materials may not be distributed unless prior advanced authorization has been obtained through the marketing department at the Maryland Health Benefit Exchange two weeks prior to the event.

Authorized brokers may host community outreach events. All events must include information about all insurance companies and health plans available through Maryland Health Connection in an unbiased manner.

3.12.2 Social Media Community Guidelines

Authorized insurance brokers may participate in Maryland Health Connection's social media community on Facebook, Twitter, Instagram, LinkedIn and YouTube as long as they abide by the Social Media Policy: <https://www.facebook.com/MarylandConnect/app/1718780348366121/>

The Social Media Policy applies to all of Maryland Health Connection's social channels. Please take special note of the provision: "Maryland Health Connection does not accept promotional posts, including advertisements for commercial or business transaction and/or recruitment of any kind." Maryland Health Connection reserves the right to moderate and/or delete comments if the policy is violated.

3.13 Broker Support

MHBE is committed to providing the support necessary to ensure the success of Authorized Brokers.

3.13.1 The Broker Operations Team

MHBE has established a Broker Operations team to provide support to Maryland's Brokers. The Broker Operations team can help with:

- The MHBE Broker Authorization Program
- Maryland Health Connection policies and procedures
- Broker system access issues (passwords, etc.)

The Broker Operations team cannot help with:

- Non-Maryland Health Connection market issues
- Broker relationships with exchanges in other states
- General, non-exchange-related aspects of health reform under the ACA

To reach the Broker Operations team, send an e-mail to mhbe.producers@maryland.gov.

3.13.2 The Broker Support Hotline

The MHBE Call Center has a designated team of Broker Support Representatives who can help Authorized Brokers with their consumer enrollment issues. The Broker Support Hotline can help with:

- Consumer enrollment issues
- Consumer system access issues (passwords, etc.)
- Broker system access issues (passwords, etc.)

The Broker Support Hotline cannot help with:

- Broker Authorization issues
- Broker training issues

To reach the Broker Support Hotline, call 844-224-6761.

3.13.3 Escalated Cases Support

From time to time, brokers may find a consumer has a problem with their on-Exchange application or enrollment. When situations like this occur, brokers can escalate these cases via one of two channels:

- By calling the Broker Support Hotline at 844-224-6761
- By escalating through the broker portal

3.13.4 The Maryland Health Connection for Small Business Team

MHBE has established a team to provide support to Maryland's Small Business brokers. The Small Business team can help with:

- Small business policies and procedures
- Small business employer eligibility questions
- Small business employer enrollment issues. However, note that currently small businesses enrollment happens directly with carriers, not through MHC for Small Business, so most enrollment questions should be directed to carriers.

The team cannot help with:

- Individual Marketplace policies and procedures
- Individual Marketplace enrollment issues

To reach the Small Business team, send an e-mail to mhc.smallbiz@maryland.gov.

3.13.5 MHBE Training Support

MHBE's Training Support Team operates an email support box to help brokers with their training-related issues. The MHBE Training Support Team can help with:

- Issues with accessing, starting, or completing training

The MHBE Training Support Team cannot help with:

- Broker Authorization issues
- Consumer issues

To reach the MHBE Training Support team, write to mhc.trainingsupport@maryland.gov.

CHAPTER 4 – Individual Exchange

4.1 Enrollment Periods

4.1.1 Annual Open Enrollment

The Annual Open Enrollment Period is a period each year during which any individual eligible to enroll in a QHP through Maryland Health Connection may enroll in a plan or change coverage.

There is no Open Enrollment Period for Medicaid/MCHP. Consumers can enroll in Medicaid year-round if they are eligible.

4.1.1.1 Open Enrollment Effective Dates

Consumers that enroll between Nov. 1 and Dec. 15 will have coverage beginning Jan. 1.

4.1.1.2 Annual Renewal of Coverage

One month prior to Open Enrollment, consumers who are currently enrolled through Maryland Health Connection will receive an Annual Renewal Notice. The Annual Renewal Notice will state that the consumer is either eligible or ineligible for automatic renewal. If the consumer is ineligible for automatic renewal, they will need to complete a new application for coverage during the Open Enrollment Period; consumers can do this by using the “Report a Change” option in their Maryland Health Connection account.

If the consumer is eligible for automatic renewal, the Annual Renewal Notice will list the current coverage and the consumer’s eligibility for coverage, assuming no additional changes are reported. If eligible for automatic renewal, the consumer will have three options:

- If the consumer has no changes to report and is satisfied with their current plan, the consumer’s coverage will automatically renew without further action. However, it is always advisable for consumers to review the information in their application and the available plans to determine if their information is correct or if another plan would better meet their needs and budget. Consumers can review their renewal application starting on the first day of Open Enrollment by logging into their Maryland Health Connection account and selecting “More” on their account homepage, then “Review/Print Application.” Consumers can browse plans at <https://secure.marylandhealthconnection.gov/AHCT/LandingPageCTHIX> using the “Get an Estimate” feature.
- If the consumer has changes to report, or would like to shop for a different plan, the consumer will need to select “Change My Information” from their online account.
- If the consumer who is otherwise eligible for automatic renewal does not want coverage through Maryland Health Connection, the consumer will need to terminate their coverage before December 31. Until coverage is terminated, consumers will continue to be billed for coverage. The consumer can use the “End My Current Coverage” feature from their online account.

4.1.2 Special Enrollment Periods (SEPs)

A Special Enrollment Period is a time outside of the annual Open Enrollment Period during which a consumer may sign up for health coverage. A consumer may be eligible for a 60-day SEP through Maryland Health Connection after certain qualifying life events that involve a change in family status or loss of other health coverage.

4.1.2.1 Qualifying Life Events

There are a variety of life events and circumstances that may allow a consumer to enroll in a qualified health plan through Maryland Health Connection or change their current plan during a special enrollment period. Whether a consumer qualifies for a special enrollment period depends on the type of event and how it affects eligibility for coverage.

Examples of life events that may allow a consumer to enroll in coverage through Maryland Health Connection outside of the Annual Open Enrollment Period include:

- Getting married or divorced
- Having a child, adopting a child, or placing a child for adoption or in foster care
- Getting pregnant
- Certain changes in income – some examples include:
 - If a consumer is currently enrolled through Maryland Health Connection and their CSR Level changes as a result of an income change, they will be eligible to select a new plan
 - If a consumer's change in income results in the consumer no longer being eligible for Medicaid, the consumer will be eligible for an SEP in which to select a QHP
 - Consumer had individual coverage outside the marketplace and has suffered an income reduction such that they are now eligible for APTC
- Moving to or from Maryland, and certain moves within the state – if a consumer is moving within the state, the move must result in the consumer gaining access to plans not previously available to them in order for the consumer to be eligible to select a new plan
- Having a change in disability status
- Gaining or losing a dependent
- Certain losses of other health coverage (such as employer ending coverage, COBRA coverage period ends, or loss of job or employee leaving a job that provides coverage — but not termination for consumer's failure to pay plan premium)
- Becoming ineligible for Medicaid or MCHP
- Tax Time SEP (January-June) – not available with amended or late tax filing
- Other changes that may affect eligibility include change in tax filing status; change of citizenship or immigration status; incarceration or release from incarceration; change in status as an American Indian/Alaska Native or tribal status
- Certain errors or exceptional circumstances; these are reviewed on a case-by-case basis.

4.1.2.2 Special Enrollment Period Effective Dates

For most life events, if a consumer qualifies for a Special Enrollment Period to enroll in or change plans, coverage will begin on the 1st of the following month. For example, if selection is made on July 16, coverage will begin Aug. 1.

In the case of a birth, adoption or placement in foster care, the plan selected through an SEP will take effect on the date of the birth, adoption, or placement in foster care. For example, if the

consumer has a baby on July 12 and selects a plan through Maryland Health Connection on July 16, coverage for the family will begin July 12.

Certain SEP-triggering life events (listed below) follow the “15th of the month rule.” For example, if selection is made before the 15th, coverage will begin on the 1st of the following month – if the consumer enrolls on July 15, coverage will begin Aug. 1. If selection is made after the 15th of the month, but before the month ends, coverage will begin on the 1st of the next following month. For example, if selection is made on July 16, coverage will begin Sept. 1.

- Gained new Immigration status
- Newly Eligible for APTC
- Gain or loss of APTC
- Change in CSR

4.2 Eligibility

4.2.1 Individual and Family Subsidies

For Marylanders with income from 138% to 400% of the Federal Poverty Level (FPL), tax credits are available to reduce the amount of monthly premiums for private insurance plans purchased through Maryland Health Connection. Additionally, for Marylanders with income from 100% to 250% of the FPL, cost sharing reduction plans that reduce the amount of co-pays, coinsurance and deductibles are also available.

In addition to the tax credits and cost sharing reduction tools created to increase coverage, Maryland implemented the Medicaid expansion option. Marylanders with income less than 138%* of FPL, with respect to family size, who are otherwise eligible, are eligible for enrollment in the state Medicaid program. Certain Maryland residents may not be eligible for Medicaid programs even if income is below 138% of FPL due to their immigration status.

All Marylanders are eligible to purchase a qualified health plan on Maryland Health Connection, but not all will be eligible to receive a tax credit. Similarly, Marylanders who qualify for Medicaid are still eligible to purchase a qualified health plan on the Marketplace, but will be unable to receive any tax credits to assist in paying for that plan.

*States that participate in the Medicaid expansion option must offer coverage for those making up to 133% of FPL, however a 5% disregard for income is also applied - effectively increasing eligibility up to 138% of FPL.

Medicaid is also available for pregnant women below 264% FPL, Maryland Children’s Health Program (MCHP) is available for children under 200% FPL, and MCHP Premium is available for children between 200% and 300% FPL. A premium of \$54 or \$67 is required for MCHP premium. The premium is determined by the household’s FPL. If an individual has an income below 138% FPL, but if an individual does not qualify for Medicaid due to immigration status, the individual may qualify for tax credits and cost sharing reductions.

4.2.2 Advance Premium Tax Credit

Individuals who qualify for the premium tax credit may choose how they take advantage of the tax credit. These individuals may:

- Use the maximum tax credit for which they qualify to reduce their monthly premium costs.
- Take the tax credit at the end of the year when filing federal income tax.
- Use a portion of the tax credit to reduce their monthly premium costs and defer the rest of the credit to the end of the year when filing federal income tax.

If the individual chooses to apply any portion of their tax credit to their monthly premium costs, carriers will receive payment for that portion of the premium directly from the U.S. Treasury. An individual's tax credit amount is determined based on their expected income for the coming benefit year. Individuals whose incomes change over the course of the benefit year such that their tax credit becomes too generous for their income, or they become ineligible for tax credits, should report the change in income to Maryland Health Connection. In addition, the consumer must reconcile these credits with their tax payment. For additional information on the tax credit and how it can be claimed, please review IRS's final regulation.

<http://www.gpo.gov/fdsys/pkg/FR-2012-05-23/pdf/2012-12421.pdf>

4.2.3 Cost-sharing Reductions

Marylanders whose income falls between 100% and 250% of FPL may qualify to choose a plan with significantly reduced cost sharing, including reductions in deductibles, copays and coinsurance. Unlike an APTC, a cost sharing reduction (CSR) is not a tax credit. A CSR simply makes a silver metal level plan more affordable for a consumer by reducing or eliminating co-pays and, lowering deductibles or coinsurance. Consumers can only take advantage of CSRs if they enroll in a silver metal level plan. Enrollment in non-silver metal level plans will result in the consumer receiving no CSRs.

There are specially designed limited and zero-cost sharing plans available for eligible members of federally recognized Native American tribes or Alaska natives. If an eligible individual has income up to 300% FPL, they are eligible for a zero cost sharing plan. If an individual has income above 300% FPL, or does not request consideration for financial assistance, they are eligible for a limited cost sharing plan.

4.2.4 Appeals

There may be times when a consumer is unhappy with the result of an eligibility determination or with the enrollment process and wishes to file an appeal. If a consumer is unhappy with any decision made by the Maryland Health Benefit Exchange, and they wish to file an appeal, the consumer should visit <https://www.marylandhealthconnection.gov/appeals/> to obtain a Request for Case Review form.

Brokers may help consumers complete and submit the Request for Case Review form, but the form should be signed by the consumer. If your consumer would like you to participate in the appeal, such as speaking with the appeals coordinator, obtaining information about the case or appeals status, advocating on the consumer's behalf, or attending any subsequent hearing, you should have your consumer complete and submit the Release of Information form found via <http://www.marylandhbe.com/wp-content/uploads/2015/06/Release-of-Information.pdf>.

It is important to note, during the application process, the consumer is asked if they have or would like to appoint an authorized representative. The broker should NOT be listed as the authorized representative except in very rare circumstances (e.g., you are helping your adult, disabled nephew enroll in coverage). Authorized representative in the context of the Maryland Health Connection application has a specific legal purpose which is not appropriate for most broker-client relationships. If a consumer would like you to participate in their appeal, they should NOT list you as their authorized representative; they should instead just complete the Release of Information form and submit the Release with their Appeals request.

4.3 Medicaid

4.3.1 Medicaid Enrollment by Brokers

Brokers may encounter consumers who are eligible for Medicaid and the household composition will determine next steps.

- If the entire household is eligible for Medicaid, the consumer should be referred to their local health department to complete their application and enrollment. Brokers should not enroll Medicaid-only households, and will not receive any compensation for assisting with these enrollments.
- Split households: If some members of the household are eligible for a QHP and others are eligible for a Medicaid program, enrollment for both programs should be completed.

4.3.2 Medicaid for Aged, Blind, and Disabled (ABD)

Individuals can qualify for Medicaid on the basis of being aged, blind, or disabled. These individuals cannot, however, apply for Medicaid using Maryland Health Connection.

Individuals who want to apply for Medicaid on the basis of being aged, blind, or disabled should be referred to their local health department or their local department of social services office to apply for benefits. Health Department and Social Services offices can be found at this link:

<https://www.marylandhealthconnection.gov/get-help-enrolling/>.

4.4 Post Enrollment

4.4.1 Reporting Changes

People often experience changes in their lives throughout the course of a year, e.g., they may get married, get pregnant, have a child, or gain or lose employment. Certain changes must be reported via the consumer's online Maryland Health Connection account. These changes may result in the consumer being eligible for a different affordability program, or for more or less financial assistance. Some of these changes, if not reported, can have an adverse effect on the consumer's tax filing. A consumer should always "Report a Change" from their online Maryland Health Connection Account if the consumer:

- Gets married or divorced
- Gets pregnant
- Has a child, adopts a child, or places a child for adoption or in foster care
- The consumer has a change in income
- Moves outside of Maryland, or somewhere else within the state
- Has a change in disability status
- Gains or loses a dependent

- Gains access to employer-sponsored coverage, Tricare, or Medicare
- Has a change in tax filing status
- Has a change in citizenship or immigration status
- Becomes incarcerated or is released from incarceration

4.4.2 Children Aging Out of Coverage

4.4.2.1 Aging Out of QHPs

Children can enroll in a parent’s QHP until they turn 26, even if they are:

- Married
- Not living with their parents (but if over 21, must live in Maryland or if out state, are temporarily living outside of Maryland and intend to return to Maryland such as when the child is attending school out of state)
- Attending school
- Not financially dependent on their parents
- Eligible to enroll in their employer’s plan

If a child is enrolled in the family’s QHP and turns 26, the child can remain on the plan until the end of the plan year. When the household renews coverage at the end of the year the 26 year-old child will not be included, but will receive a separate notice to visit Maryland Health Connection to create a new account and apply as a separate household.

4.4.2.2 Aging Out of Medicaid/MCHP

Dependent children eligible for, and enrolled in, Medicaid or MCHP are generally eligible until they turn 19, but some may still be eligible for Medicaid until 21. Leading up to the child’s birthday, the consumer will generally receive information explaining that the child will be aging out of Medicaid/MCHP. At this time, the child will be eligible for an SEP and the child can be enrolled in the following ways:

- The parent can “Report a Change” from their online account in order to enroll the child in their QHP. The consumer should list the loss of Medicaid coverage for the child in the SEP section of the application.
- If the child will file his/her own taxes in the upcoming year, and will not be claimed by the parents, the child can also complete a new account/application for his or her own health coverage. The child should list the loss of Medicaid coverage in the SEP section of the application. Remember, however, if the child’s parents are enrolled in a QHP, the child is eligible to enroll in the parent’s QHP until age 26.

4.4.3 Internal Revenue Service (IRS) Flag

If, at renewal, the household is determined ineligible for a QHP with financial assistance because, “we cannot determine if [their] tax household filed a [previous year’s] federal tax return,” this means the IRS has flagged the consumer. If the consumer is flagged by the IRS for not filing, or reconciling, the previous year’s federal tax return, the consumer will not be able to enroll with an APTC until they have filed and/or reconciled the previous year’s tax return with the IRS (the consumer may still enroll without assistance until the flag is cleared). Once the consumer files and/or reconciles the previous year’s tax return with the IRS, and the flag is removed by the IRS, the consumer will be eligible to have financial

assistance restored for the remaining months of the plan year if they are actively enrolled at the time the flag is cleared. It is important to note that the IRS flag will not be removed until at least the end of the month after the consumer files/reconciles with the IRS, but it could take until the end of the subsequent month before the IRS flag is removed.

In the event that the consumer claims to have filed and reconciled their previous year's tax return, yet the consumer is still being flagged by the IRS, the consumer may complete the attestation on the income portion of the application and financial assistance will be restored. At the conclusion of open enrollment, all households who attested to filing/reconciling will be re-checked against IRS data. If the flag persists, the eligibility will be re-determined without financial assistance for the remainder of the year.

4.4.4 Termination of Coverage

If a consumer no longer wishes to be enrolled with Maryland Health Connection, they can voluntarily terminate their coverage at any time. The termination date of the plan will be the last day of the month in which the consumer requests termination. For example, if a consumer requests termination of coverage on June 19, coverage will end on June 30.

Consumers can terminate their coverage by taking one of the following actions:

- If the consumer wishes to terminate the entire policy, not just an individual member of the household, they can use the "End My Current Coverage" feature in their online account
- If the consumer wishes to terminate only one member of the household, when multiple members are enrolled in the plan, they should report a change to indicate which household members are no longer seeking coverage.

4.4.4.1 Termination Due to Death

If a consumer's coverage needs to be terminated due to death, the effective date of the termination will be the date of death. If a broker has a consumer that needs to be terminated due to death, the broker should escalate the case by following the instructions in Section 3.13.3.

In the event of death of the primary subscriber where other members are enrolled in a QHP, there may be a gap in coverage for the remaining household members. For example, if a primary subscriber passes away on June 20, the entire household will be terminated effective June 20. When the remaining household members reapply with a new primary subscriber due to a loss of coverage on June 20, they will not be reenrolled until July 1, leaving them with a gap in coverage from June 21 through June 30.

4.4.5 Payments

4.4.5.1 QHP and Dental Binder Payments

Consumers enrolling a QHP via Maryland Health Connection are required to make their binder payment prior to the effective date of their policy. Consumers who enroll less than 15 days before their effective date must make their binder payment within 15 days of enrollment. Consumers who fail to make a timely binder payment will not be reinstated unless the failure was due to Exchange or carrier error.

4.4.5.2 QHP Subsequent Payments – Enrolled with APTC

Consumers enrolled in a QHP with APTC will be given a grace period for subsequent payments as long as they made a timely binder payment. The grace period for subsequent payments for those enrolled in a QHP with APTC is 90 days. Once the consumer gets 90 days behind on their payments, the consumer's coverage will be terminated. Consumers who are terminated for non-payment of subsequent premiums will not be reinstated unless the failure to make a timely payment was due to Exchange or carrier error.

4.4.5.3 QHP Subsequent Payments – Enrolled without APTC

Consumers enrolled in a QHP without APTC will be given a grace period for subsequent payments as long as they made a timely binder payment. The grace period for subsequent payments for those enrolled in a QHP without APTC is 31 days. Once the consumer gets 31 days behind on their payments, the consumer's coverage will be terminated. Consumers who are terminated for non-payment of subsequent premiums will not be reinstated unless the failure to make a timely payment was due to Exchange or carrier error.

4.4.5.4 Dental Subsequent Payments

Consumers enrolled in a Dental plan will be given a grace period for subsequent payments as long as they made a timely binder payment. The grace period for subsequent payments for those enrolled in a Dental plan is 31 days. Once the consumer gets 31 days behind on their payments, the consumer's coverage will be terminated. Consumers who are terminated for non-payment of subsequent premiums will not be reinstated unless the failure to make a timely payment was due to Exchange or carrier error.

4.4.5.5 MCHP Premium Payments

Consumers enrolled in MCHP Premium should receive a billing invoice from Medicaid. Consumers are required to make their payments by the invoice due dates. If a consumer has questions about MCHP Premium payments, the consumer should contact the MCHP Premium Case Management Unit at 410-767-6883 (toll-free: 1-866-269-5576).

4.4.6 Form 1095

Consumers enrolled with Maryland Health Connection at any point during the tax year will receive a Form 1095 at the end of the year. The Form 1095 is an IRS tax form. Like other tax forms consumers receive, the 1095 is generally sent out by the end of January each year for the previous year.

4.4.6.1 Form 1095-A

Form 1095-A is produced for any individual or family who enrolled in a QHP through Maryland Health Connection, for any period of time in the last tax year. It has information about the health insurance the consumer and their family members received through Maryland Health Connection. It also has information about the amount of any APTC that may have been paid to the consumer's health plan in the last year. Consumers will need the 1095-A when they file their taxes.

4.4.6.2 Form 1095-B

Form 1095-B is produced for any individual who enrolled in Medicaid or MCHP through Maryland Health Connection, for any period of time in the last tax year. It is an IRS tax form that serves as proof that a consumer met the Affordable Care Act requirement to have health coverage. Consumers will need the 1095-B when they file their taxes. Some households may receive both

forms if some household members are enrolled in a private health plan and some members are enrolled in Medicaid or MCHP.

4.4.6.3 Form 1095 Not Received

If a consumer does not receive their Form 1095 by the end of the second week in February, there are a couple of possible solutions:

- Consumers can access and print their Form 1095 from “My Documents” within their online Maryland Health Connection account
- If a consumer cannot locate their 1095 via their online Maryland Health Connection account, the consumer will need to request a copy of their 1095 by contacting the Consumer Support Hotline at 855-642-8572

4.4.6.4 Form 1095 Corrections

If a consumer receives a Form 1095 they believe is incorrect, a corrected Form 1095 can be requested by contacting the Consumer Support Hotline at 855-642-8572. The MHBE will review the correction request and send out an amended 1095 if the correction request is validated.

CHAPTER 5 – MHC for Small Business

5.1 Overview

As a state-based marketplace, the Maryland Health Benefit Exchange is responsible for the development and operation of a Small Business Health Options Program (MHC for Small Business) with these required functions:

- Certification of MHC for Small Business Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs)
- Determination of Employer Eligibility to Purchase MHC for Small Business QHPs and QDPs

MHBE offers health insurance options for small employers who provide health insurance to their employees. These small employers may qualify for federal tax credits to lower costs on employee health benefits. For MHC for Small Business purposes, a small business is defined as having 50 or fewer full time equivalent (FTE) employees.

5.2 MHC for Small Business Direct Enrollment

As of July 1, 2018, MHBE implemented a MHC for Small Business Direct Enrollment Process with the carriers.

Maryland SHOP's name was rebranded to Maryland Health Connection for Small Business in July 2019 and a new website with a quoting tool was launched. A guide to using the new website is available through the training portal at <https://captivateprime.adobe.com/mhbe>.

5.2.1 Eligibility

MHC for Small Business Employer Eligibility is determined by MHBE when an application is submitted after creating an account on our website (<https://mhsmallbiz.marylandhealthconnection.gov>). Participating MHC for Small Business insurance carriers will assist producers and employers with plan implementation. Please refer to the contact information and instructions provided by MHC for Small Business. Please contact MHC for Small Business via email at mhc.smallbiz@maryland.gov with any questions

5.2.2 MHC for Small Business Coverage Models

Small businesses that purchase coverage through the MHC for Small Business have the option of choosing between two coverage models for their employees:

- Employer Choice – Small employers may select either one plan from one carrier or select one carrier and allow employees to choose from among the plans offered by that carrier across metal levels.
- Employee Choice – Small employers select up to two consecutive metal levels of coverage and employees may choose any plan within those levels from any participating carrier.

5.2.3 MHC for Small Business Renewal Business

Employers and their producers should contact their chosen MHC for Small Business insurance carriers to renew benefits, even if remaining with the same plans. An employer will receive a renewal package from their insurance carriers prior to the group's renewal date which should contain contact information for the assigned renewal representative. The participating MHC for Small Business insurance carriers will assist these groups to maintain their MHC for Small Business coverage and/or make renewal

changes. The participating MHC for Small Business carriers will administer and bill the employer's MHC for Small Business coverage.

If an employer is renewing with more than one insurance carrier, they should send a copy of the group renewing paperwork to MHC for Small Business via secure email at mhc.smallbiz@maryland.gov. MHC for Small Business will determine the participation level across all insurance carriers and will contact the chosen insurance carriers to advise of the same. Employer groups only enrolling with one insurance carrier do not need to copy MHC in on any correspondence with the insurance carriers.

5.2.4 MHC for Small Business Group Maintenance

All current groups have transferred to direct enrollment with their participating MHC for Small Business carriers at this time. The insurance carriers will manage the ongoing maintenance of MHC for Small Business group. These ongoing management functions include adding and removing employees from coverage, notices, billing, and collection of premiums. If an Employer fails to pay the premium on time, the MHC for Small Business insurance carrier will also process the cancellation of coverage.

5.2.5 Broker of Record Updates

Employers can change their Producer of Record. This can be done directly with the insurance carrier of record, but a copy of this change should be sent to MHC for Small Business via email at mhc.smallbiz@maryland.gov.

CHAPTER 6 – PII

6.1 Definition

During the enrollment process, brokers are on the receiving end of information from consumers. This information will relate to personal identity, income and other information. Much of the information received by broker is considered Personally Identifiable Information (PII).

PII may include, but is not limited to:

- First and last name
- Address
- Date of birth
- Social Security Number
- Email address
- Phone number
- Insurance/Medicaid ID number
- Passport/alien number
- Place of employment
- Income information

6.2 Broker Responsibilities

Brokers have several responsibilities regarding PII. These responsibilities include, but are not limited to, protecting consumers' PII from unauthorized use, access and disclosure. Brokers should refer to their Non-Exchange Entity Agreement for a full list of their responsibilities regarding PII. If a broker needs a copy of their signed Non-Exchange Entity Agreement, they can login to Salesforce LMS via <https://mhbe.force.com/training/CustomCommunityLogin>.

6.3 Electronically Transmitting PII

When communicating by email with Maryland Health Benefit Exchange about a consumer, Authorized Brokers must take steps to protect the consumer's privacy:

- When communicating by email, Identify consumers by Person ID or Application ID or household member status (husband, wife, dependent, etc.)
- Instead of emailing consumer details, call the Broker Support Hotline at 844-224-6761 or escalate through the Broker Portal

6.4 PII Breach Penalties

Brokers who violate the terms of the Non-Exchange Entity Agreement may be subject to fines, legal action, and/or the revocation of their Broker Authorization.

CHAPTER 7– Additional Questions Not Covered Elsewhere in This Manual

7.1 How do I log into my Broker Portal?

- Go to www.marylandhealthconnection.gov
- Click on “Enroll Now or Log In”
- Click on “Proceed”
- Click on “Sign In”
- Enter your User ID and Password
- Complete MFA verification

7.2 What if I don’t receive the MFA verification code?

The first step is to make sure your MFA phone number and email address are correct on your broker application.

Brokers should expect to receive e-mail from the address MarylandHealthConnection@info.maryland.gov with the subject of “Verify Your Maryland Health Connection Account.” Brokers who do not receive these e-mails in a timely fashion should check their Spam or other filtered folders, and possibly contact their local IT support or service providers to ensure the e-mail address is not blocked.

If you are still unable to receive the code after completing the above steps, send an email to mhbe.producers@maryland.gov for assistance.

7.3 I receive an error when I try to access the MHC website. What do I do?

This usually occurs if you are accessing the website using a bookmarked URL. Occasionally bookmarks need to be updated by going directly to the website www.marylandhealthconnection.gov

If this does not resolve the issue, the next step is to clear your browser’s cache.

If these steps have been completed and you are still unable to access the MHC website, send an email to mhbe.producers@maryland.gov with a screenshot of the issue (without PII).

7.4 How long does it take for an escalation to be resolved?

Most escalated issues are resolved in 24-48 hours, although some issues are complex and require more time. Brokers can call the Broker Support Hotline to request the status on any escalation.