

Review the Proposed Rule

Today, CMS/CCIIO issued a [proposed rule on Market Stabilization \(CMS-9929-P\)](#) for 2018. The publish date is February 17, 2017. Comments are due by March 7, 2017.

The proposed rule proposes new reforms that are critical to stabilizing the individual and small group health insurance markets to help protect patients. This proposed rule would make changes to special enrollment periods, the annual Open Enrollment Period, guaranteed availability, network adequacy rules, essential community providers, and actuarial value requirements; and announces upcoming changes to the qualified health plan certification timeline.

“Americans participating in the individual health insurance markets deserve as many health insurance options as possible,” said Dr. Patrick Conway, Acting Administrator of the Centers for Medicare & Medicaid Services. “This proposal will take steps to stabilize the Marketplace, provide more flexibility to states and insurers, and give patients access to more coverage options. They will help protect Americans enrolled in the individual and small group health insurance markets while future reforms

are being debated.”

The rule proposes a variety of policy and operational changes to stabilize the Marketplace, including:

- **Special Enrollment Period Pre-Enrollment Verification:** The rule proposes to expand pre-enrollment verification of eligibility to individuals who newly enroll through special enrollment periods in Marketplaces using the [HealthCare.gov](https://www.healthcare.gov) platform. This proposed change would help make sure that special enrollment periods are available to all who are eligible for them, but will require individuals to submit supporting documentation, a common practice in the employer health insurance market. This will help place downward pressure on premiums, curb abuses, and encourage year-round enrollment.
- **Guaranteed Availability:** The rule proposes to address potential abuses by allowing an issuer to collect premiums for prior unpaid coverage, before enrolling a patient in the next year’s plan with the same issuer. This will incentivize patients to avoid coverage lapses.
- **Determining the Level of Coverage:** The rule proposes to make adjustments to the de minimis range used for determining the level of coverage by providing greater flexibility to issuers to provide patients with more coverage options.
- **Network Adequacy:** The proposed rule takes an important step in reaffirming the traditional role of states to serve their populations. In the review of qualified health plans, CMS proposes to defer to the states’ reviews in states with the authority and means to assess issuer network adequacy. States are best positioned to ensure their residents have access to high quality care networks.
- **Qualified Health Plan (QHP) Certification Calendar:** In the rule, CMS announces its intention to release a revised proposed timeline for the QHP certification and rate review process for plan year 2018. The revised timeline would provide issuers with additional time to implement proposed changes that are finalized prior to the 2018 coverage year. These changes will give issuers flexibility to incorporate benefit changes and maximize the number of coverage options available to patients.
- **Open Enrollment Period:** The rule also proposes to shorten the upcoming annual Open Enrollment Period for the individual market. For the 2018 coverage year, we propose an Open Enrollment Period of November 1, 2017, to December 15, 2017. This proposed change will align the Marketplaces with the employer-sponsored insurance

market and Medicare, and help lower prices for Americans by reducing adverse selection.

The proposed rule can be found here: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-03027.pdf>