



MARYLAND HB 247 AND HB 536 MEDICARE SUPPLEMENT ENROLLMENT PERIODS

Medicare Sales Broker Training

2023

Proprietary and Confidential

MARYLAND HOUSE BILL 247 — THE BIRTHDAY RULE

What is Maryland HB 247?

Why was Maryland HB 247 passed?

What changes will CareFirst make to the Maryland MedPlus application and the Agent iStore?

Open Enrollment Period for Medicare Supplement Plan **Following an Individual's Birthday**

This bill requires a carrier that sells Medicare Supplement policies to provide an enrolled individual the opportunity to switch to a different Medicare Supplement policy with equal or lesser benefits within 30 days following the individual's birthday.

A carrier is prohibited from denying or conditioning a new policy, discriminating in the pricing of the policy, or denying, reducing, or conditioning coverage because of the health status, claims experience, receipt of health care, or medical condition of the individual.

The bill is effective January 1, 2023 beginning with July 1, 2023 birthdays.

Why was Maryland HB 247 (the Birthday Rule) passed?

- Currently, federal law provides for a guaranteed issue period for Medicare Supplement coverage at the time an individual qualifies for Medicare coverage. If an individual wants to change policies, the individual would likely be subject to underwriting, possibly charged higher premiums or denied coverage.
- Similarly, to those electing a Medicare Advantage Plan or Part D plan who are provided an annual open enrollment period to change plans, the State of Maryland, will provide an opportunity for these individuals enrolled in a Medicare Supplement plan to change plans to equal or lesser benefits, within 30 days following their birthday under this new “birthday rule”.
- Several States have enacted the Medicare Supplement birthday rule, namely California, Oregon, Illinois, Idaho, and Nevada, while Missouri, Maine and Washington have enacted legislation that are variations on the same approach. In addition, New York and Connecticut offer guaranteed issue at any time.

CareFirst and the New Birthday Open Enrollment Rule (HB247)

Changes to the Maryland MedPlus application

As a result of the passing of HB247, effective July 1, 2023, The Maryland MedPlus application will now have a new **question (3E)** specifically asking if the applicant is applying for coverage 30 days following their birthday.

The “note” now includes question **3E** as guaranteed acceptance.

| SECTION 3. ELIGIBILITY INFORMATION | |
|--|--|
| Please answer the following questions regarding your eligibility: | |
| 3A. Did you turn age 65 in the last 6 months? | <input type="radio"/> Yes <input type="radio"/> No |
| 3B. Please answer Yes if one of the following applies: You are age 65 or older and, at the time of this application, you are within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B OR, you are turning 65 and your birthdate falls within the same month in which you first enrolled or will enroll in Medicare Part B OR, you are turning 65 and - your birthdate falls on the first of the month - your Medicare Part B enrollment is the first of the month *prior* to the month you turn 65 | <input type="radio"/> Yes <input type="radio"/> No |
| 3C. Are you under age 65, eligible for Medicare due to a disability, AND are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B? | <input type="radio"/> Yes <input type="radio"/> No |
| 3D. Are you under the age of 65, eligible for Medicare due to a disability, AND did your Medicare Part B enrollment take effect more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months? If your Part B effective date was more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months, please state the date of your Medicare Eligibility Notification letter below and include a copy of the notification letter with this application. The date of your Medicare Eligibility Notification letter is: ____ / ____ / ____ | <input type="radio"/> Yes <input type="radio"/> No |
| 3E. Are you applying on or during the 30 days following your birthday for a replacement Medicare supplement policy with equal or lesser benefits? (Please attach a copy of supporting documentation showing your active Medicare Supplement plan enrollment.) | <input type="radio"/> Yes <input type="radio"/> No |
| NOTE: <ul style="list-style-type: none">■ If you answered YES to 3A, 3B, 3C, 3D or 3E, your acceptance is guaranteed. Skip 3F and Section 4, and go directly to Section 5.■ If you answered NO to 3A, 3B, 3C, 3D and 3E then proceed to section 3F. | |

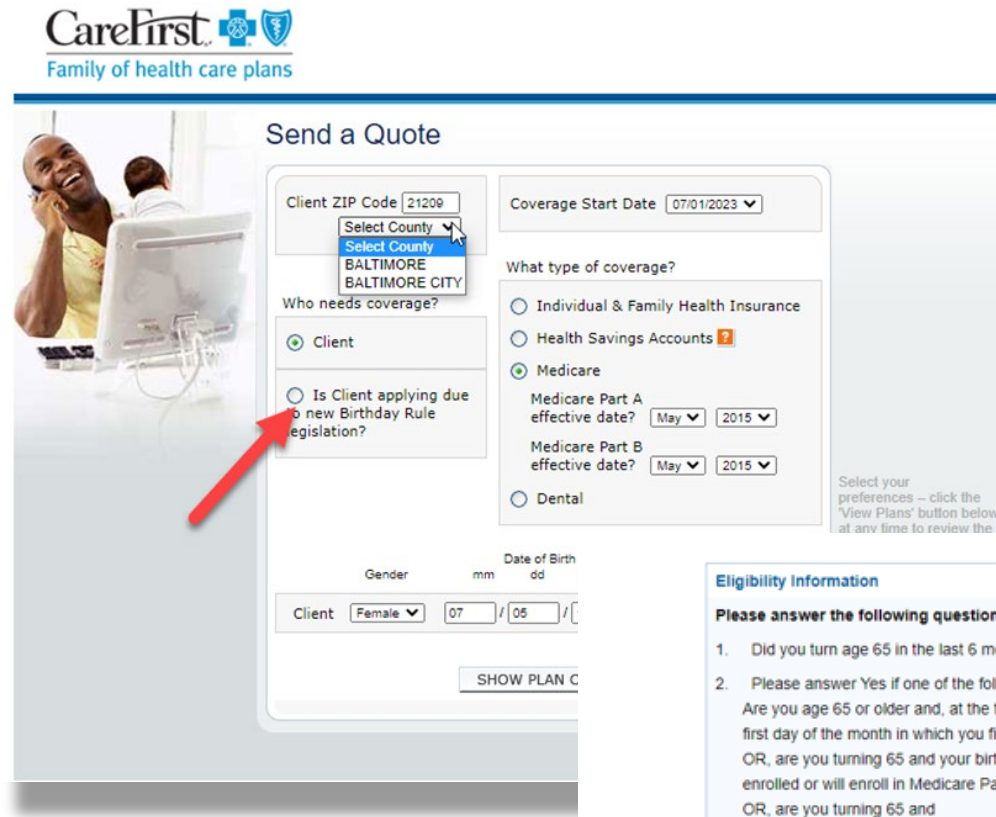
CareFirst and the new Birthday Open Enrollment Rule (HB 247)

Changes to the Agent iStore Demographic Screen

Effective 7/1/23, a new question will appear on the quote screen and the application when selecting a county in Maryland.

The question displayed is “Is the client applying due to new Birthday Rule legislation?”

Those who are eligible and applying during the birthday rule open enrollment period, will be quoted **non-tobacco Level 3 Maryland MedPlus Rates**.



Eligibility Information

Please answer the following question regarding your eligibility:

1. Did you turn age 65 in the last 6 months? ☐ Yes ☒ No
2. Please answer Yes if one of the following applies:
Are you age 65 or older and, at the time of this application, are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B
OR, are you turning 65 and your birthdate falls within the same month in which you first enrolled or will enroll in Medicare Part B
OR, are you turning 65 and
- your birthdate falls on the first of the month
- your Medicare Part B enrollment is the first of the month "prior" to the month you turn 65? ☐ Yes ☒ No
3. Are you under age 65, eligible for Medicare due to a disability, AND are you within 6 months from the first day of the month in which you first enrolled, or will enroll in Medicare Part B? ☐ Yes ☒ No
4. Are you under the age of 65, eligible for Medicare due to a disability, AND did your Medicare Part B enrollment take effect more than 6 months ago, but you were notified by Medicare of your retroactive enrollment within the past 6 months? ☐ Yes ☒ No
5. Are you applying on or during the 30 days following your birthday for a replacement Medicare supplement policy with equal or lesser benefits? (Please attach a copy of supporting documentation showing your active Medicare Supplement plan enrollment.) ☒ Yes ☐ No

CareFirst and the new Birthday Open Enrollment Rule (HB 247)

NEW APPLICANTS

Under HB247, an individual enrolled in an active Medicare Supplement plan can move to an equal or lesser benefits plan. NEW applicants coming from an active Medicare Supplement plan with another carrier to a MedPlus plan will be quoted a level 3 rate. Based on MIA guidance, below is the mapping matrix for new applicants.

| NEW APPLICANTS MOVING FROM MED SUPP PLAN: | NEW APPLICANTS ENROLLING MAPPED TO MEDPLUS PLAN: | | | | | | | | |
|---|--|------------|----|----|----|----|----|----|----|
| | High Ded G | High Ded F | A | N | L | B | M | G | F |
| High Ded Plan G | OK | | | | | | | | |
| High Ded Plan F | OK | OK | | | | | | | |
| Plan A | | | OK | | | | | | |
| Plan N | | | | OK | | | | | |
| Plan L | | | | | OK | | | | |
| Plan B | | | OK | | | OK | | | |
| Plan M | | | | OK | | | OK | | |
| Plan G | OK | OK | OK | OK | OK | OK | OK | OK | |
| Plan F | OK | OK | OK | OK | OK | OK | OK | OK | OK |
| Plan C | | | OK | OK | OK | OK | OK | | |
| Plan D | | | OK | OK | OK | OK | OK | | |
| Plan K | | | | | | | | | |
| Plan E | OK | OK | OK | OK | OK | OK | OK | OK | OK |
| Plan H | | | OK | OK | OK | OK | OK | | |
| Plan I | | | OK | OK | OK | OK | OK | OK | |
| Plan J | OK | OK | OK | OK | OK | OK | OK | OK | OK |
| High Ded Plan J | OK | OK | | | | | | | |

**Plans C, D, E, H, I, J, High Deductible J, and K are not available options with CareFirst.

CareFirst and the new Birthday Open Enrollment Rule (HB 247)

Existing MedPlus Members

Existing CareFirst MedPlus members can move to a lesser benefits plan at anytime including the birthday rule. CareFirst will continue the same matrix when moving from a MedPlus plan to lesser benefits MedPlus plan with no medical underwriting. Current MedPlus members will remain in the level rating they are currently in.

| CURRENT MEDPLUS MEMBERS - PLAN MOVEMENT | | | | | | | | | |
|---|-------------------------|------------|----|----|----|----|----|----|----|
| SUBSEQUENT MEDPLUS MEMBERS MOVING FROM | MOVING TO MEDPLUS PLAN: | | | | | | | | |
| | High Ded G | High Ded F | A | N | L | B | M | G | F |
| High Ded Plan G | OK | | | | | | | | |
| High Ded Plan F | OK | OK | | | | | | | |
| Plan A | OK | OK | OK | | | | | | |
| Plan N | OK | OK | OK | OK | | | | | |
| Plan L | OK | OK | OK | OK | OK | | | | |
| Plan B | OK | OK | OK | OK | OK | OK | | | |
| Plan M | OK | OK | OK | OK | OK | OK | OK | | |
| Plan G | OK | OK | OK | OK | OK | OK | OK | OK | |
| Plan F | OK | OK | OK | OK | OK | OK | OK | OK | OK |

Q. For the birthday rule, HB 247, why are applicants receiving a Level 3 rate?

The Maryland Insurance Administration provided a matrix that defines the equal or lesser policies for all carriers. However, the matrix does not define rate levels within those policies. Since the mandate prohibits us from underwriting the policy by discriminating the price because of health status, claims experience or medical condition, CareFirst will be quoting level 3 rates for new individuals applying for a MedPlus plan during the birthday open enrollment period.

Q. Can an individual apply by going through medical underwriting to see if they can obtain a lower rate?

An individual can apply for MedPlus coverage at anytime and proceed to be medically underwritten. They would answer the birthday rule question (3E) as “no”.

Q. How does the birthday rule impact current CareFirst MedPlus members?

Current CareFirst MedPlus members can downgrade their plan at anytime without medical underwriting. Current MedPlus members are presented rates within their current rate level.

MARYLAND HOUSE BILL 536 — MEDICAID REDETERMINATIONS RESUMING

What is Maryland HB 536?

Why was Maryland HB 536 passed?

What are the changes to the CareFirst MedPlus application and Agent iStore?

What is Maryland HB 536?

Continuous Medicaid ending - Medicaid Redeterminations

Special Enrollment Period for Medicare Supplement Plans

This bill requires a carrier that issues Medicare Supplement policies in the State must issue any Medicare supplement policy the carrier sells in the State to an individual eligible for Medicare if the individual;

- (1) is enrolled in Medicare Part B while enrolled in Medicaid;
- (2) remained in Medicaid due to a suspension of terminations by Medicaid during a federal health emergency and was not disenrolled or terminated until at least six months following the effective date of enrollment in Medicare Part B;
- (3) applies for the Medicare Supplement policy during the 63-day period following the later of notice of termination or disenrollment or the date of termination from Medicaid; and
- (4) submits evidence of the date of termination or disenrollment from Medicaid with the application for a Medicare supplement policy.

For individuals who meet the above criteria, a carrier may not deny or place a condition on the issuance or effectiveness of a Medicare Supplement policy that is offered and is available for issuance to new enrollees by the carrier; discriminate in the pricing of a Medicare Supplement policy because of health status, claims experience, receipt of health care, or medical condition; or impose an exclusion of benefits based on a preexisting condition under a Medicare Supplement policy on these individuals.

Why was Maryland HB 536 passed?

- Under the Families First Coronavirus Response Act, enacted in 2021, the federal government directed state Medicaid programs, for the duration of the Public Health Emergency, to cease terminations for most Medicaid enrollees, including those whose coverage would otherwise terminate because they enrolled in Medicare Part B.
- The Federal Public Health Emergency ends on May 11, 2023. Continuous enrollment for Medicaid was once tied to the end of the public health emergency. However, recent legislation (the 2023 Consolidated Appropriations Act) decoupled this provision from the public health emergency and ended continuous enrollment for Medicaid on March 31, 2023.
- Maryland will begin Medicaid redeterminations and disenrolling people from the program as of April 1, 2023, with a 60-day notice ending their Medicaid as of May 31, 2023. Maryland Medicaid redeterminations and disenrollment will take at least a year to complete.
- **Prior** to the Federal Public Health Emergency, when an individual who was enrolled in Medicaid became eligible for Medicare Part B, the individual no longer satisfied the eligibility requirements for Medicaid. The individual was terminated from the Medicaid program and would then be able to take advantage of the Medicare Supplement open enrollment period. (Within six months following their Medicare Part B effective date.)

Why was Maryland HB 536 passed?

- As a result of the continuous Medicaid enrollment under the Public Health Emergency, many individuals remained in Medicaid, turned 65, enrolled in Medicare Part B and remained enrolled in Medicaid for at least six months. Since these individuals are not able to take advantage the Medicare Supplement open enrollment period, they will now be offered a Special Enrollment Period to enroll into a Medicare Supplement plan once their Medicaid coverage ends.
- They must apply for a Medicare Supplement plan within 63 days following either the latter of receipt of the letter from Medicaid or the Medicaid termination effective date. Documentation must be submitted with the application.

Changes to the Maryland MedPlus application

As a result of the passing of HB536, effective 7/1/23, the Maryland MedPlus application will now have a new eligibility question 8 in Section 3, specifically asking if they are applying for coverage due to their Medicaid coverage ending and have been enrolled in Medicare Part B for at least six months. The “note” now includes a required statement regarding the Special Enrollment Period under HB536 as guaranteed issuance.

Question 5N in Section 5 confirms eligibility.

| SECTION 3. ELIGIBILITY INFORMATION (CONTINUED) | |
|---|--|
| 8. Due to changes in Medicaid's continuous enrollment condition per the Consolidated Appropriations Act of 2023, are you applying for a Medicare Supplement policy due to dis-enrollment within the past 63 days from the state Medicaid program and you have been enrolled in Medicare Part B for more than 6 months? | <input type="radio"/> Yes <input type="radio"/> No |
| NOTE: <ul style="list-style-type: none">■ If you answered YES to Question 8 in Section 3F please do not answer Section 4 Health Evaluation, you are guaranteed issuance.■ If you answered YES to any question in Section 3F you must submit evidence of the date of termination or disenrollment of the other plan OR evidence of enrollment in Medicare Part D along with this application. Skip Section 4 and go directly to Section 5.■ If you answered NO to ALL questions in Section 3 (3A, 3B, 3C, 3D, 3E <u>AND</u> 3F) continue to Section 4. | |
| 5N. Due to changes in Medicaid's continuous enrollment condition per the Consolidated Appropriations Act of 2023, are you applying for a Medicare Supplement policy due to dis-enrollment within the past 63 days from the state Medicaid program and you have been enrolled in Medicare Part B for more than 6 months? (Please attach a copy of supporting documentation such as a redetermination letter from the State Medicaid program or a Certificate of Coverage) If NO, continue to Section 6. If YES, fill in the start and end dates during which you were covered for medical assistance through the state Medicaid program: START ____ / ____ / ____ END ____ / ____ / ____ | <input type="radio"/> Yes <input type="radio"/> No |

Changes to the Agent iStore Application

Those who are eligible and applying for a MedPlus plan due to the new Special Enrollment Period, will be asked questions within the iStore application. These questions will appear effective 7/1/23 when an applicant resides in Maryland.

Rates quoted for this Special Enrollment Period will be Level 1 Rates.

Enrollment eligibility will be verified based on the effective date of Medicare Part B and documentation showing end of Maryland Medicaid coverage.

terminated, and solely because of your Medicare eligibility, you are not eligible for the tax credit for health insurance costs (under Section 35 of the Internal Revenue Code).

* Medicare health plan includes a Medicare Advantage Plan; a Medicare Cost plan (under 1876 of the federal Social Security Act); a similar organization operating under demonstration project authority effective for periods before April 1, 1999); a Health Care Prepayment Plan (under an agreement under 1833 (a)(1)(A) of the federal Social Security Act), a Medicare Select policy, HCFA certified provider sponsored organization, or a Program of All-Inclusive Care for the Elderly (PACE).

8 Due to changes in Medicaid's continuous enrollment condition per the Consolidated Appropriations Act of 2023, are you applying for a Medicare Supplement policy due to disenrollment within the past 63 days from the state Medicaid program and you have been enrolled in Medicare Part B for more than 6 months? ☒ Yes ☐ No

not the same as Federal Medicare. Medicaid is a program run by the state to assist with medical costs for lower or limited-income people.)

NOTE TO APPLICANT: If you are participating in a Spend-Down Program and have not met your Share of Cost, please answer **NO** to this question.

4. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (e.g., a Medicare Advantage Plan, or a Medicare HMO or PPO)? ☐ Yes ☒ No

5. Do you have another Medicare supplement policy in force? ☐ Yes ☒ No

6. Have you had medical coverage under an employer or union group plan, COBRA coverage, or been enrolled in a Medicare Advantage plan within the past 63 days? ☐ Yes ☒ No

7. Due to changes in Medicaid's continuous enrollment condition per the Consolidated Appropriations Act of 2023, are you applying for a Medicare Supplement policy due to disenrollment within the past 63 days from the state Medicaid program and you have been enrolled in Medicare Part B for more than 6 months? (Please attach a copy of supporting documentation such as a redetermination letter from the State Medicaid program or a Certificate of Coverage) ☒ Yes ☐ No

Frequently Asked Questions — House Bill 536

Q. If Medicaid redeterminations begin April 1, 2023 with a 60-day notice ending Medicaid coverage as of May 31, 2023, when can someone who meets eligibility criteria enroll in CareFirst MedPlus?

An eligible applicant can enroll in CareFirst MedPlus with an effective date of June 1, 2023. Our revised Maryland MedPlus application will be ready by July 1, 2023 effective dates. Therefore, our current Maryland MedPlus application will need to be submitted for those applying with a June 1, 2023 effective date under this special enrollment period. (Paper only)

CareFirst will review the Part B effective date listed on the application(2D) along with the answer to the current question (5D) if the individual has been enrolled in Medicaid. The applicant should submit a copy of their Medicaid redetermination letter with the application.

| SECTION 2. MEDICARE COVERAGE INFORMATION | |
|---|--|
| Please provide the following Medicare information as printed on your red, white and blue Medicare identification card. You must have both Medicare Part A (hospital) and Medicare Part B (medical/surgical) coverage or will obtain Medicare coverage before the effective date of this CareFirst MedPlus policy. | |
| Medicare Number: | |
| Medicare Hospital (PART A) Effective Date: | Medicare Medical/Surgical (PART B) Effective Date: |
| ____/____/____ Month Day Year | ____/____/____ Month Day Year |

| SECTION 5. PAST AND CURRENT COVERAGE (CONTINUED) | |
|---|--|
| 5D. Are you covered for medical assistance through the state Medicaid program? (Medicaid is not the same as federal Medicare. Medicaid is a program run by the state to assist with medical costs for lower or limited-income people.) NOTE TO APPLICANT: If you are participating in a Spend-Down Program and have not met your Share of Cost, please answer NO to this question. If NO, skip to question 5G. If YES, continue to 5E. | <input type="radio"/> Yes <input type="radio"/> No |

Q. What if someone who turned 65 and did not enroll in Medicare while continuously enrolled in Maryland Medicaid?

Although Medicaid expansion eligibility ends when a person turns 65, people have not been disenrolled from Medicaid due to aging out of the program during the pandemic. A person with Medicaid expansion coverage who turned 65 between March 2020 and March 2023 was not disenrolled from Medicaid unless they requested disenrollment or moved out of the state.

These individuals will be able to transition to Medicare and will have a Medicare special enrollment period that will allow them to do so without any late enrollment penalties. The details are in a final rule that CMS issued in late 2022 (see Section 406.27(e)).

The Medicare special enrollment period begins when the person is notified that they're no longer eligible for Medicaid (which will happen before the Medicaid coverage is discontinued) and continues for **six months** after Medicaid ends. People who use this Medicare special enrollment period have an opportunity to have their Medicare coverage begin retroactively back to the day after their Medicaid ended, although Medicare premiums would also have to be paid back to that date. The Medicare coverage will start the month after they sign up, or the date their Medicaid coverage ends, whichever they choose.

Q. What if someone has Medicare while continuously enrolled in Maryland Medicaid and now wants to enroll in Medicare Advantage and/or Part D?

If an individual has Medicare and Medicaid, and they lose Medicaid, they can join a Medicare Advantage Plan with drug coverage or Medicare drug plan, if they don't already have one. They can also change their current Medicare Advantage Plan or Medicare drug plan.

They can join a plan or make coverage changes for **three months** from the date the State notifies them that their Medicaid coverage is ending, or the date the Medicaid coverage ends, whichever's later.

Q. If any individual receives Medicare, could they still qualify for Maryland Medicaid?

If the individual receives Medicare, they could qualify for Medicaid if their income is low enough. There are also Medicaid programs to help pay for health care costs. These programs can pay for Medicare premiums and co-pays, if the individual has low income and assets.

Qualified Medicare Beneficiary, or QMB, pays for the individual's premiums and co-pays if their income is below 100% of the Federal Poverty Level, or \$1,084 monthly for a single person.

Specified Low Income Medicare Beneficiary, or SLMB, pays for the individual's premiums and co-pays, if their income is below 135% of the Federal Poverty Level, or \$1,296 monthly for a single person.

Frequently Asked Questions — House Bill 536

Ask your CareFirst Medicare Broker Representative for a copy of this flier issued by Medicare or visit www.medicare.gov to download a copy.

https://www.medicare.gov/media/document/12177-2023-03-508.pdf?linkit_matcher=1



Losing Medicaid?
Medicare coverage could be an option

If you recently lost (or will soon lose) Medicaid, you may be able to sign up for Medicare or change your current Medicare coverage. Don't wait. If you qualify, you'll have a limited time to sign up or make changes.

| | |
|--|--|
| If you now qualify for Medicare but didn't sign up for it when you first became eligible: | If you have Medicare and Medicaid, and you lose Medicaid, you can: |
| <ul style="list-style-type: none">■ You can sign up for Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), or both without paying a late enrollment penalty.■ You have 6 months after your Medicaid coverage ends to sign up.■ You can sign up by filing out a CMS-10797 form and mailing or faxing it to your local Social Security office. You can also call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778. | <ul style="list-style-type: none">■ Join a Medicare Advantage Plan with drug coverage or Medicare drug plan, if you don't already have one.■ Change your current Medicare Advantage Plan or Medicare drug plan.■ Join a plan or make coverage changes for 3 months from the date your state notifies you that your Medicaid coverage is ending, or the date your Medicaid coverage ends, whichever is later. |

Remember: Your Medicare coverage will start the month after you sign up, or the date your Medicaid coverage ends, whichever you choose.

Note: If you drop a Medicare Advantage Plan, you have the option to return to Original Medicare.

Want to learn more about Medicare coverage?

Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Call your State Health Insurance Assistance Program (SHIP) for free, personalized health insurance counseling. Visit shiphelp.org, or call 1-800-MEDICARE to get the phone number.

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For more information, contact
Your CareFirst Medicare Broker
Representative

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