

Notice of Benefit and Payment Parameters 2023

Final Rule





Proposed Rules → Final Rules

Proration

- CMS will require SBEs like Colorado to prospectively report their plan year 2024 proration methodology in 2023 and will allow SBEs the option to report their PY 2023 methodology in 2022.

Codified as proposed for the FFM and SBE-FPs. Flexibility remains for SBEs.

State-Based Exchange Improper Payment Measurement Program

Existing SMART
process continues.

- Not finalized as proposed.
- HHS will continue to evaluate potential duplicative requirements.

- Potential changes to renewals cross-mapping/cross-walking
 - CMS sought comments on more expansive cross-walking/mapping
 - New administration seems to be taking a different approach to health equity
- Connect for Health Colorado will continue to partner with the DOI to determine the best approach for Colorado.

Renewals

HHS will continue to consider this a topic for future rulemaking.

- Reversal of previous administration's policy
- No longer allows application of binder payments to past-due premiums
- New interpretation should help lower-income and more vulnerable populations, including financially assisted customers with a potentially larger past-due amount

Guaranteed Issue
(past-due
premiums)

May lead to
improved
effectuation rates

Finalized as proposed

- Mandatory issuer CSR payment reporting
- ESC verification (transition to a risk-based ESC verification process)
- Standardized plans (local legislation has followed suit)
- Special Enrollment Period Verifications
- Quality Improvement Strategy (QIS) Standards
- Medical Loss Ratio (MLR) methodology
- Essential Community Provider threshold (FFM + SBE-FP)
- Actuarial value and de minimis variation
- User fee
- Web-broker display standards and broker/web-broker standards of conduct