

Federal Questions & State Responses on Maryland's 1332 Waiver Amendment Application

1. We would like to better understand Maryland's estimate of the waiver population that would enroll in coverage. On page 35 of the application, it's noted that Maryland relied on Washington's > 250% FPL enrollment among the waiver population in 2024 to estimate Maryland's 2026 enrollment among the waiver population with incomes > 250% FPL, since both states have a similar sized OEI population. Does this population include any individuals who did not report income? We noticed in page 3 of Washington's [February report](#) that 118 individuals did not report income.

State Response: The state included this population and assumed these individuals' income would be above 250% FPL as they voluntarily opted out of receiving WA's premium subsidy.

2. Did Maryland adjust Washington's enrollment estimate to reflect any net premium differences between Washington and Maryland, and/or for any premium changes that would occur between 2024 and 2026 due to the expiration of the IRA enhanced PTC schedule? If so, how?

State Response: The state did compare premiums between the two states and found MD's were approximately 15% lower than WA's. Additionally, we note that WA's waiver began during ARPA's enhanced subsidies and MD's would begin after its expected expiration, likely having a morbidity impact on premiums. The state modeled the impact of ARPA's expiration and projects premiums would increase approximately 25% in MD. This 25% increase along with the MD's premiums starting 15% lower results in an expected premium difference of approximately 6%. The state believes this small premium differential allows for a meaningful comparison to WA's waiver and resulting enrollment.

3. What data or research informed Maryland's estimated number of DACA recipients among the OEI population that would enroll under the waiver?

State Response: Footnote 15, along with exhibits 5 and 7, suggest that 14 people out of the potential 292 enrollees are estimated to be DACA recipients. The state assumed approximately 6% of the eligible population were DACA recipients based on data from a 2023 report from the U.S. Citizen and Immigration Services.

4. What data or research informed Maryland's 2027-2030 projections of this population?

State Response: The state assumed net new enrollment would slowly decline as the program matured. Actuarial judgement was used in selecting this slope.

5. Does the state have estimates of how many mixed status households may benefit from this waiver?

State Response: The state did not model the impact at this level of granularity.

6. Does the state have estimates of how many OEI individuals who are currently in individual market plans (unsubsidized off-Exchange) may enroll in QHPs under the amended waiver?

State Response: The state does not have this estimate due to the lack of data. The enrollment estimate includes all enrollees regardless of whether they had prior coverage.

7. Can the state elaborate (in a few sentences) on what is leading the OEI population to enroll in coverage? For example, is the enrollment effect mostly due to mixed status households being able to enroll in the same plan, or does plan shopping have an impact as well?

State Response: The state believes individuals will enroll in coverage due to number of reasons including mixed households now being eligible to enroll in the same plan, marketing efforts increasing awareness of individual market plans and reducing hesitation to interact with government programs due to this population's immigration status, and additional options for coverage. The state did not attempt to quantify the impact of each option as total enrollment was validated against WA's waiver.

8. What data or research informed Maryland's selection load estimate of 1.20?

State Response: Actuarial judgement was used in selecting this factor due to a lack of relevant data on this population's expected behavior. We assumed the morbidity of those enrolling would be higher than the eligible population due to the lack of subsidies and the decision to pay the full premium.

9. Can the state describe how they arrived at the morbidity impact on premiums described in Exhibit 3? As part of the explanation, can the state explain whether/how the estimated age factor accounts for the age curve (i.e., does this factor reflect how both cost and premiums vary with age)?

State Response: The morbidity impact shown in Exhibit 3 is the weighted average morbidity of the projected OEI population (0.85) and non-OEI population (1.0) by their expected population amounts. The OEI population is expected to be approximately 0.10% of the total individual market. The age factor represents how underlying claims cost would vary by age and thus impact the overall morbidity level. We note the federal age curve does not directly reflect the true expected claim differences between ages as its purpose is to limit premiums. However, the state used the curve to estimate the difference between claim costs and premiums. If we had instead used half of the federal age curve to model the difference between claims costs and premiums, the total morbidity load would be 0.87 and not materially impact the results.

10. Please explain what is driving the lower subsidized enrollment among the 250-300% and 300-400% FPL population in the with-waiver scenarios compared to the baseline. Can the state explain the changes in assumptions or modeling that may have informed the lower subsidized enrollment with-waiver compared to without-waiver?

State Response: In the baseline scenario where the reinsurance program no longer exists it is assumed that those previously receiving PTC will not lapse coverage as their net premiums are

shielded from rate increases as they are indexed to income. Therefore, all lapses would come from unsubsidized individuals receiving large premium increases. However, higher premiums from the expiration of the reinsurance program results in some higher income (primarily younger) individuals who were previously ineligible becoming eligible for PTC due to premiums being a higher percentage of their income. As a result, the PTC population increases slightly without reinsurance as some previously unsubsidized individuals become subsidized and do not lapse coverage.

11. In Exhibit 6, do the percentages mean projected % premium reductions in individual market under the amendment when compared to the baseline?

State Response: Yes.

12. Please explain what steps for outreach the state will take to educate the public and consumers about the waiver amendment's expansion of eligibility for QHPs.

State Response: Our plan for educating the public and consumers includes a robust marketing and outreach strategy as well as comprehensive consumer assistance worker training.

Outreach and marketing: We plan to create a suite of communications materials including talking points, fact sheets, updated Immigration Brochures, social media posts, and updated website content. We will share the information broadly through our extensive network of partners that ranges from stakeholders at the grassroots level to elected officials and community leaders. We ship brochures and collateral materials to around 200 locations every open enrollment. We may also host an open enrollment kick off webinar to discuss this key update and others in advance of the 2026 plan year. Our health care navigators also participate in hundreds of community events across the state where this new information will be shared directly with consumers where they live, work and play. Many navigators are bilingual and engage with the community in a multitude of languages.

Comprehensive Training for Consumer Assistance Workers: We will develop and implement detailed training for all frontline staff to ensure they understand the eligibility expansion under the waiver amendment. We will conduct a Hot Topics Live Webinar on Immigration Status and Enrollment. This will empower them to accurately assist and guide consumers through the enrollment process. To aid our Consumer Assistance Workers, we'll provide them with clear, accessible support materials, such as Job Aids and Policy Pointers to help answer common questions and streamline the process in our eligibility system HBX.

13. Does the state anticipate the waiver amendment impacting SBMI reporting or other types of reporting?

State Response: Yes, we anticipate modifying SBMI reporting in line with other states with similar waivers, such that any additional information or data on persons newly eligible for Exchange coverage under the waiver will be provided to the Departments in the aggregate, to be used only for the purposes of oversight of the waiver. We have not identified other reporting for which we

anticipate potential impacts at this time, but we may do so as we proceed with implementation if the waiver amendment is approved.

14. To estimate the coverage impact of the waiver amendment, it looks like Maryland started with Washington's waiver on-Exchange enrollment number from OE 2024, and then adjusted this number for MD to reflect state-specific characteristics. While this approach is not concerning from a methodological point of view, this approach does not allow us to parse out the number of people who would *newly* enroll in coverage in MD, and therefore, makes it difficult to draw conclusions about the waiver amendment's impact on the risk pool. (In other words, since the WA data referenced is total QHP enrollment and is inclusive of people who were off-Exchange and then migrated to on-Exchange under WA's waiver, extending this to MD means that it is not possible to distinguish the number of people who are newly obtaining coverage under the amendment.)

We understand that MD previously said it does not have the data to estimate how many OEI individuals currently enrolled in unsubsidized off-Exchange plans may enroll in QHPs under the amendment. However, can the state provide an estimate for the number of residents expected to newly enroll in coverage under the waiver amendment? A rough estimate with any caveats noted would be helpful.

Additionally, in discussion of the affordability guardrail, footnote #2 of the L&E analysis notes: 'L&E assumed no currently insured OEI would switch coverage to purchase an unsubsidized QHP plan.' If this assumption also applies to the coverage estimate, please clarify.

State Response: The state believes that the number of individuals currently enrolled in unsubsidized Off-exchange plans is very small. This is likely because these individuals are hesitant to interact with government services, are not familiar with health insurance options, and find the cost of purchasing a plan to be high. The best estimate using actuarial judgement of those newly enrolling in coverage from the waiver is 280 out of the 292 total expected to enroll. Regarding the coverage requirement, footnote #2 was referencing OEI who have non-marketplace coverage through their employer, not currently enrolled unsubsidized OEI.

15. Please provide a link to the source in footnote #14 of the L&E analysis ('12.12.2022 Washington Health Benefit Exchange Waiver 1332 Information.pdf (wahbexchange.org)').

State Response: The primary source used was the following report:

https://www.uscis.gov/sites/default/files/document/data/Active_DACA_Recipients_March_FY23_qtr2.pdf