Summary of key provisions of the Final Market Stabilization Rule

Guaranteed Availability and Unpaid Premiums – Under the final rule, insurers may require consumers to pay any unpaid premium balances from the previous 12 months before re-enrolling the consumers in coverage. Insurers may refuse enrollment if the enrollee does not pay the total amount due.

2018 Open Enrollment Period – For 2018, the open enrollment period will be reduced to 45 days, and will run from November 1, 2017 through December 15, 2017.

Pre-Verification of New Enrollee Eligibility for Special Enrollment – Beginning in June 2017, individuals and families newly applying for coverage through the federal Marketplace will be required to provide evidence of their eligibility for a special enrollment period. These applicants will have their enrollments held in a "pended" state while their eligibility is verified. If the verification process would cause the new enrollee to pay two or more months of premium for retroactive coverage, the enrollee may request a one month delay in the start of his/her coverage.

Limits on Changing Plans and Metal Level during Special Enrollment – Within the federal Marketplace, existing enrollees who qualify for a special enrollment period based on gaining a dependent will generally be limited to adding the new dependent to their existing plan. For most other special enrollments[1], existing Marketplace enrollees will be limited to choosing a plan from the same metal level as their current plan. In both cases, an exception applies if the enrollment group also becomes newly eligible for cost sharing reductions. In that case, enrollees will be allowed to move to a silver plan if previously enrolled at a different metal level.

Tightening Other Special Enrollment Periods – The rule also makes the following changes to special enrollment periods:

- *Loss of Minimum Essential Coverage* – The federal Marketplace will begin screening enrollees who apply for this special enrollment period to ensure they were not recently terminated from Marketplace coverage for failing to pay premiums.
- *Marriage* – In the individual market, a newly married couple will qualify for a special enrollment period based on marriage only if at least one spouse provides evidence that he/she was enrolled in minimum essential coverage for at least one day during the previous 60 days[2].
- *Permanent Move* – Individuals applying for a special enrollment period based on a permanent move will be required to provide evidence of prior coverage during the previous 60 days[3].
- *Exceptional Circumstances* – The federal Marketplace will apply a more rigorous test to special enrollment periods for exceptional circumstances, including requiring supporting documentation where practicable. CMS will provide guidance on the specifics of this test.

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[1] The limitation on changing metal levels does not apply to when the special enrollment period is for erroneous enrollment, new eligibility for APTC, AI/AN, exceptional circumstance, or domestic abuse/spousal abandonment.
[2] This requirement does not apply to couples who were previously living outside of the United States and American Indian/Alaska Natives.
[3] Previously, these individuals were allowed to attest to having prior coverage.

Metal Level De Minimis Range – Beginning with 2018, the rule relaxes the minimum actuarial value of metal level plans from -2 percent of the target to -4 percent.

Network Adequacy – Beginning with the 2018 plan year, CMS will defer to state reviews of network adequacy in states using healthcare.gov.

Essential Community Providers – Marketplace plans will be required to contract with a minimum of 20 percent (reduced from 30 percent) of the essential community providers in their service areas. Marketplace issuers will also be allowed to "write-in" essential community providers on their QHP applications, so long as the written-in provider submits a formal petition to CMS before the deadline for changes to the QHP application.