WES MOORE Governor

ARUNA MILLER Lt. Governor



MARIE GRANT Acting Commissioner

JOY Y. HATCHETTE Deputy Commissioner

LYNN BECKNER Associate Commissioner Financial Regulation

200 Saint Paul Street, Suite 2700, Baltimore, Maryland 21202 Direct Dial: 410-468-2471 Fax: 410-468-2020 1-800-492-6116 TTY: 1-800-735-2258 www.insurance.maryland.gov

December 31, 2024

The Honorable Bill Ferguson President of the Senate State House, Room H-107 100 State Circle Annapolis, MD 21401

The Honorable Pamela Beidle Chair, Senate Finance Committee Miller Senate Office Building, 3 East Wing 11 Bladen Street Annapolis, MD 21401 The Honorable Adrienne A. Jones Speaker of the House of Delegates State House, Room H-101 100 State Circle Annapolis, Maryland 21401

The Honorable Joseline A. Pena-Melnyk Chair, House Health and Government Operations Committee 241 Taylor House Office Building 6 Bladen Street Annapolis, MD 21401

Re: Report required by House Bill 937, 2022/Ch. 56(4), 2022 (MSAR #: 14161)

Dear President Ferguson, Speaker Jones, Chair Beidle and Chair Pena-Melnyk:

Attached please find The Abortion Care Access Act Data Report for your consideration. The Abortion Care Access Act of 2022 (the "Act") requires that the Maryland Insurance Administration collect data regarding segregated accounts for non-excepted abortion services from State-regulated plans and report the aggregated data to the Senate Finance Committee and the House Health and Government Operations Committee. The Act provides in pertinent part as follows:

(a) The Maryland Insurance Administration shall collect data from State–regulated plans on receipts, disbursements, and ending balances for segregated accounts established under § 1303(b)(2)(B) and (C) of the federal Patient Protection and Affordable Care Act and 45 C.F.R. § 156.280.

(b) The Maryland Insurance Administration shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, as follows:

(3) on or before January 1, 2025, aggregate data collected for the period from January 1, 2023, to December 31, 2023, both inclusive;

Section 4, House Bill 937, Chapter 56(4) of the Acts of 2022.

Five printed copies of this report have also been mailed to the Department of Legislative Services library for its records.

Should you have any questions regarding this report, please do not hesitate to contact me or my Associate Commissioner of External Affairs and Policy Initiatives, Jamie Sexton, at jamie.sexton@maryland.gov.

Sincerely,

Marie R

Marie Grant Acting Insurance Commissioner

cc: Sarah T. Albert, Department of Legislative Services (5 copies)



Abortion Care Access Act Data

Report HB 937, 2022/Ch. 56(4), 2022

Marie Grant Acting Commissioner

December 31, 2024

Reporting Requirement

The Maryland Insurance Administration (MIA) is required under the Abortion Care Access Act of 2022¹ to collect and maintain data from state- regulated plans on receipts, disbursements, and ending balances for segregated accounts established under § 1303(b)(2)(B) and (C) of the federal Patient Protection and Affordable Care Act (ACA) and 45 C.F.R. § 156.280. The Abortion Care Access Act of 2022 also directs the MIA to report the data annually from 2023 through 2026 to the Senate Finance Committee and the House Health and Government Operations Committee. The third of the four reports, which is due on or before January 1, 2025, must include data collected by the MIA for the period from January 1, 2023 to December 31, 2023.

Background

In accordance with § 1303 of the ACA, if an issuer of a qualified health plan (QHP) includes coverage for certain abortion services ("non-excepted abortion services"), federal funds furnished in the form of premium tax credits or costsharing reductions may not be used to pay for those services. Issuers of QHPs that include coverage for non-excepted abortion services must collect from each enrollee in the QHP (without regard to age, sex, or family status) separate premium payments for non-excepted abortion service coverage and for other coverage under the plan, deposit the separate payments into separate allocation accounts, and use payments allocated to those separate accounts exclusively to pay for non-excepted abortion services other than non-excepted abortion services, respectively.

Additionally, each QHP issuer participating in a Health Insurance Marketplace, also known as an "Exchange," must provide the state insurance commissioner "an annual assurance statement attesting that the plan has complied with § 1303 of the Affordable Care Act and applicable regulations." *See* 45 C.F.R. § 156.280(5)(iii).

The MIA notified issuers of QHPs to be sold on Maryland's Individual Health Benefit Exchange of these requirements and the manner in which the Insurance Commissioner would be implementing them in Bulletin 13-24, issued on July 31, 2013. Pursuant to Bulletin 13-24, each QHP issuer is required to file on or before March 1 of each year, an annual supplemental information schedule of receipts, disbursements, and ending balances for segregated accounts for the preceding calendar year ("Schedule").

<u>QHP Segregated Account Data</u>

Please find aggregate data from state-regulated plans on receipts, disbursements, and ending balances for segregated accounts for January 1, 2023 through December 31, 2023, listed below. Please note that in 2023, the mandate requiring coverage for non-excepted abortion services for all QHPs sold on Maryland's Individual Health Benefit Exchange went into effect.² As such, all issuers of QHPs offered on the Maryland Exchange were required to file a schedule and are included in this year's report.

January 1, 2023 to December 31, 2023				
Carrier	Receipts	Disbursements	Ending Balance	
CareFirst BlueChoice, Inc.	1,943,346	77,691	1,865,655	
CareFirst of Maryland, Inc.	71,624	882	70,742	
Group Hospitalization and Medical Services, Inc.	32,580	312	32,268	
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	591,781	45,232	546,549	
Optimum Choice Inc. *Individual filings found in Appendix	290,084	9,607	280,477	

*Individual filings found in Appendix

¹ 2022 MD Laws Ch. 56.

² Ins. Art. § 15-857; 2022 MD Laws Ch. 56.

Appendix

CareFirst BlueCross BlueShield 10455 Mill Run Circle Owings Mills, MD 21117-5559 www.carefirst.com



Segregation of Funds for Certain Abortion Services Covered under Qualified Health Plans Sold on the Individual Exchange

To the best of the undersigned's knowledge and belief, CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc. and CareFirst BlueChoice, Inc. (the "QHPs") have complied with Section 1303 of the Affordable Care Act and applicable regulations (the "ACA") in 2023. The financial accounting systems, including accounting documentation and internal controls, of the segregated account covered by the 2023 annual supplemental information schedule meet the requirements for segregated accounts of funds for the coverage of certain abortion services under the ACA and the QHP's filed and approved segregation plan.

By

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Brian D. Pieninck President and Chief Executive Officer

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Jenny Smith Executive Vice President, Chief Financial Officer, and Treasurer

Supplemental Schedule of Qualified Health Plans Elective Abortion Benefits December 31, 2023

		·				•	
	· . · ·	<u>CFMI</u>		GHMSI		<u>CFBC</u>	
Beginning Balance	\$		\$		\$	-	
Receipts		71,624		32,580		1,943,346	
Disbursements		882		312		77,691	
Ending Balance	\$	70,743	\$	32,268	\$	1,865,655	

State of Maryland

CFMI - CareFirst of Maryland, Inc.

GHMSI - Group Hospitalization and Medical Services, Inc. CFBC - CareFirst BlueChoice, Inc.

Attestation for the Maryland Insurance Administration

Annual Statement of the Chief Executive Officer

Optimum Choice, Inc.

I, Joseph Ochipinti, attest that Optimum Choice, Inc. has complied with section 1303 of the Affordable Care Act ("ACA") and applicable regulations, that the financial accounting systems, including accounting documentation and internal controls, of the segregated account covered by the annual supplemental information schedule meet the requirements for a segregated account under the ACA.

	February 20	0, 2024	
Date:			
Signature:	1, Aur=		
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Attestation for the Maryland Insurance Administration

Annual Statement of the Chief Financial Officer

Optimum Choice, Inc.

I, Erica Kinzelman, attest that Optimum Choice, Inc. has complied with section 1303 of the Affordable Care Act ("ACA") and applicable regulations, that the financial accounting systems, including accounting documentation and internal controls, of the segregated account covered by the annual supplemental information schedule meet the requirements for a segregated account under the ACA.

2/19/2024 Date: Signature:



April 23, 2024

To the Commissioner,

As required for the Kaiser Mid-Atlantic 2023 VTP filing:

"We attest that the plan has complied with section 1303 of the Affordable Care Act and applicable regulations."

As part of the internal Kaiser Permanente internal certifications, we had reviewed and approved the completed 2023 Health Care Reform (HCR) Exhibit for the application of the national guidance relating to section 1303.We have reviewed the attestations as to the data sources for completeness. We have confirmed that the data is consistent with the prior year's results, unless otherwise noted. We have evaluated anomalies or inconsistencies with respect to the prior results or other internal or external reporting. We have obtained the reconciliations and crosswalks and agree that they balance to the referenced sources.

Jennifer C Valentine Interim Chief Financial Officer Kaiser Foundation Health Plan of the Mid Atlantic States, Inc.

Israel Rocha

Regional President Kaiser Foundation Health Plan of the Mid Atlantic States, Inc.

CONFIDENTIAL: This document is confidential. This document contains commercial and financial trade secret information that is personal and confidential to Kaiser Foundation Health Plan, Inc., and its health plan subsidiaries outside California and Hawaii; Kaiser Foundation Hospitals, and the Permanente Medical Groups, independent physician practices ("Kaiser Permanente"). Disclosure of this information would cause substantial harm to Kaiser Permanente's competitive position. This document is not subject to disclosure under Section 552(b) (4) of Title 5 of the United States Code. In addition, the document may contain PHI that is protected under the Health Insurance Portability and Accountability Act of 1996 and applicable Federal and State laws. Unauthorized Disclosure of this Information may be in violation of the law.

KAISER PERMANENTE.

February 29, 2024

To the Commissioner,

As required for the Kaiser Mid-Atlantic 2023 VTP filing:

"We attest that the plan has complied with section 1303 of the Affordable Care Act and applicable regulations."

As part of the internal Kaiser Permanente internal certifications, we had reviewed and approved the completed 2023 Health Care Reform (HCR) Exhibit for the application of the national guidance relating to section 1303. We have reviewed the attestations as to the data sources for completeness. We have confirmed that the data is consistent with the prior year's results, unless otherwise noted. We have evaluated anomalies or inconsistencies with respect to the prior results or other internal or external reporting. We have obtained the reconciliations and crosswalks and agree that they balance to the referenced sources.

Carol Dimidbanes

Carol E Schmidbauer Regional Controller

CONFIDENTIAL: This document is confidential. This document contains commercial and financial trade secret information that is personal and confidential to Kaiser Foundation Health Plan, Inc., and its health plan subsidiaries outside California and Hawaii; Kaiser Foundation Hospitais, and the Permanente Medical Groups, independent physician practices ("Kaiser Permanente"). Disclosure of this information would cause substantial harm to Kaiser Permanente's competitive position. This document is not subject to disclosure under Section 552(b) (4) of Title 5 of the United States Code. In addition, the document may contain PHI that is protected under the Health Insurance Portability and Accountability Act of 1996 and applicable Federal and State laws. Unauthorized Disclosure of this Information of the law.

Health Care Reform Federal Fund Segration Plan Annual Assurance Statement for Health Plan Activity Statement of Revenue and Expenses

Region:	Kaiser Foundation Health Plan of the Mid-Atlantic
State:	Maryland
NAIC ID:	95639
Year:	2023

	Category	(2023 YTD
	Member Months	591,781
		 001,101
2	Net Premium income	\$ 591,781
3	Change in unearned premium reserves and reserve for rate credits	\$ -
	Fee for service	\$ -
5	Risk revenue	\$. · -
6	Aggregate write-ins for other health care related revenue	\$ <u> </u>
	Aggregate write-ins for other non-health revenue	\$
. 8	Total Revenues	\$ 591,781
	Hospital and Medical:	 -
9	Hospital/medical benefits	\$ 32,424
10	Other professional services	\$ -
11	Outside referrals	\$ · · ·
12	Emergency room and out-of-area	\$ -
13	Prescription drugs	\$ 12,808
	Aggregate write-ins for other hospital and medical	\$ · •
15	Incentive pool, withold adjustments and bonus amounts	\$
16	Subtotal	\$ 45,232
	Less:	· · ·
17	Net reinsurance recoveries	\$ -
	Total hospital and medical (lines 16 minus 17)	\$ 45,232
19	Non-health claims (net)	\$ -
	claims adjustment expenses including, cost containment exp.	\$ ·
	General administrative expenses	\$ -
22	Increase in reserves for life and accident and health contracts	\$ -
23	Total underwriting deductions (Lines 18 thru 22)	\$ 45,232
24	Net underwriting gain or (loss) (Lines 8 minus Line 23)	\$ 546,549
25	Net investment income earned (Exhibit of Net Investment Income Line 17)	\$
26	Net realized capital gains (losses) less capital gains tax	-
27	Net investment gains (losses) (Lines 25 ± 26)	\$
28	Net gain or (loss) from agents' or premium balances charged off	\$
	Aggregate write-ins for other income or expenses	\$
	Net income or (loss) after capital gains tax and before all other federal income	
	taxes (line 24+27+28+29)	\$ 546,549
31	Federal and foreign income taxes incurred	\$ <u>್ ನಿರ್ವಾಸಿಕರ್ ಸಂಗ್ರೆಸ್ ಸಂ</u> ಕ
	Net Income (loss) (Lines 30 minus 31)	 546,549

Note: Galculations

Attestation of Compliance for Aetna Health Inc. (PA)

Aetna Health Inc. (PA) is a Qualified Health Plan insurer participating in the Maryland Exchange offering individual and family plans to customers in the State.

- 1. For plan year 2024, Aetna Health Inc. (PA) will adhere to the requirements related to the segregation of funds for abortion services consistent with 45 CFR 156.280 and all applicable guidance.
- 2. Aetna Health Inc. (PA) has complied, and will continue to comply, with the requirements of Section 1303 of the Patient Protection and Affordable Care Act and applicable regulations, and that the financial accounting systems, including accounting documentation and internal controls of the segregated account covered by the annual supplemental information schedule meet the requirements for segregated accounts under the ACA.

Dated: 2/13/2024

Aetna Health Inc. (PA)

By:

Edward C. Lee Vice President and Secretary

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)

State of Connecticut County of Hartford

On this 13th day of February 2024, before me appeared Edward C. Lee, who proved to be the person whose name is subscribed to this instrument and acknowledged that he executed the same.

Witness my hand and official seal.

Notary Pub

KATRINA COFFEY NOTARY PUBLIC My Commission Expires Feb. 28, 2027

Optimum Choice, Inc. Segreation of Funds Reconciliation

<u> Plan Year 2023</u>

Segreation of Funds, Beginning Balance, 1/1/2023	173,679
Add: Segreation of Funds Receipt Deposits	290,084
Less: Segration of Funds Withdrawls	(173,679)
Less: Non-Excepted Abortion Services Paid/Disbursed, Plan Year 2023	(9,607)
Segreation of Funds, Ending Balance, 12/31/2023	280,477