Administrative Information Bulletin 06-21

Amendment to Guidance Regarding Minimum Creditable Coverage (MCC) Regulations

For Calendar Year 2022

July 30, 2021

The Commonwealth Health Insurance Connector Authority (the "Health Connector") issued Bulletin 03-2021 on March 12, 2021 to provide annual guidance on the calculation of the deductible limits and Maximum Out-of-Pocket amounts under its Minimum Creditable Coverage ("MCC") regulation 956 CMR 5.00 for calendar year 2022. Since the issuance of Bulletin 03-2021, the U.S. Department of Health and Human Services ("HHS") has revised the methodology that the MCC regulations rely upon to determine those amounts. See 956 CMR 5.03 2(b) &(c). On June 10, 2021 the Health Connector Board exercised its authority at 956 CMR 5.03 2(b)(3) to review the impact of this change in methodology on deductible limits and voted to adopt the amounts that would result from the application of the new methodology. Therefore, Bulletin 03-2021 is amended to reflect the following dollar amounts as being applicable to assess whether a Health Benefit Plan, that imposes any Deductible, meets MCC standards for calendar year 2022:

I. Deductible Limits – 956 CMR 5.03(2)(b)

A Health Benefit Plan that imposes any Deductible for in-network Covered Services is subject to the baseline deductible limits in subdivision 956 CMR 5.03(2)(b)2 ($2,000 for an individual and $4,000 for a family) as modified by the indexing methodology prescribed by subdivision 956 CMR 5.03(2)(b)3. If the indexing methodology yields an Individual Coverage Deductible amount that is not a multiple of $50, that amount will be rounded down to the nearest multiple of $50. A Health Benefit Plan that imposes a separate Deductible for prescription drug coverage is still subject to the overall Deductible limit set by 956 CMR 5.03(2)(b), but the separate Deductible for prescription drug coverage cannot exceed the amount determined by the methodology prescribed by subdivision 956 CMR 5.03(2)(b)4. If this methodology yields an amount that is not a multiple of $10, that amount will be rounded down to the nearest multiple of $10. The Connector Board may, pursuant to 956 CMR 5.03(2)(b)3. & 4., elect to adopt different limits than those that would otherwise result from the application of the foregoing methodologies. For calendar year 2022, the Connector Board did not exercise this discretion, and, therefore, the applicable deductibles are as follows:

Individual Coverage Deductible	$2,750
Individual Coverage Separate Prescription Deductible	$340
Family Coverage Deductible	$5,500
Family Coverage Separate Prescription Deductible	$680

To calculate the Individual Coverage Deductible, the baseline deductible of $2,000 was multiplied by the premium adjustment percentage for 2022 of 1.37601264572219, totaling $2,752. Rounding down to the nearest multiple of $50 results in a deductible of $2,750.

To calculate the Individual Coverage Separate Prescription Deductible, 12.5% of the Individual Coverage Deductible $2,750, or $344, was rounded down to the nearest multiple of $10, resulting in an Individual Coverage Separate Prescription Deductible of $340.

To calculate the Family Coverage Deductible the Individual Coverage Deductible of $2,750 was multiplied by two, resulting in a limit of $5,500. To calculate the Family Coverage Separate Prescription Deductible, the Individual Coverage Separate Prescription Deductible was multiplied by two, resulting in a limit of $680.

II. Maximum Out-of-Pocket (MOOP) – 956 CMR 5.03(2)(c)

As previously noted in Administrative Bulletin 02-17, a Health Benefit Plan that imposes any deductibles, Co-payments, or Co-insurance for in-network covered Core Services must set MOOP for in-network Covered Services equal to the dollar amounts in effect under § 223(c)(2)(A)(ii) of the Internal Revenue Code in 2014 ($6,350 for self-only and $12,700 for family coverage) as modified by the indexing methodology prescribed by subsection 5.03(2)(c). If the resulting amount for Self-Only Coverage MOOP is not a multiple of $50, then it will be rounded down to the nearest multiple of $50. This is the same methodology used by the Centers for Medicare and Medicaid Services in their calculation of MOOP amounts, as published annually in the Federal Register.

For calendar year 2022, the application of this indexing methodology results in the following amounts for MOOP:

Self-Only Coverage Maximum Out of Pocket	$8,700
Family Coverage Maximum Out of Pocket	$17,400

To calculate the Self-only Coverage MOOP, $6,350 was multiplied by the premium adjustment percentage for 2022 of 1.37601264572219, totaling $8,738. Rounding down to the nearest multiple of $50 results in a MOOP of $8,700.

To calculate the Family Coverage MOOP, the individual MOOP of $8,700 was multiplied by two, resulting in a MOOP of $17,400.