New York Health Insurance Exchange (NY-HX)

Phase 2 JAD Sessions: Program Recap and Plan Management

(Inclusive of all Session Revisions as of 6/28)

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Session Goals

- Brief review of Exchange EI activities
  - What's been done to date
  - What needs to get done
- Review and enhance To-Be models and requirements
- Identify potential existing solutions
- Identify gaps
- Prioritize and assign action items
- Identify questions for CMS/CCIIO

WORK IN PROGRESS

Exchange Overview

- Mandated by the Affordable Care Act (ACA)
- Comprehensive gateway to affordable subsidized and non-subsidized health insurance
- Integrates all eligibility and enrollment services
- Employer and Plan participation incentives
- Early Innovator services due October 2012; completion by January 2014 (tight schedule!)
- CMS/CCIIO guidance for six business areas

WORK IN PROGRESS

Early Innovator Project Status

- Systems Integrator (SI) procurement in process
- Phase 1 (scope and policy identification) JAD sessions completed
- Phase 2 JAD sessions underway to develop completed business requirements for the systems integrator – the "to be" view
- Phase 2 also seeks to identify relevant existing solutions for use as model or service
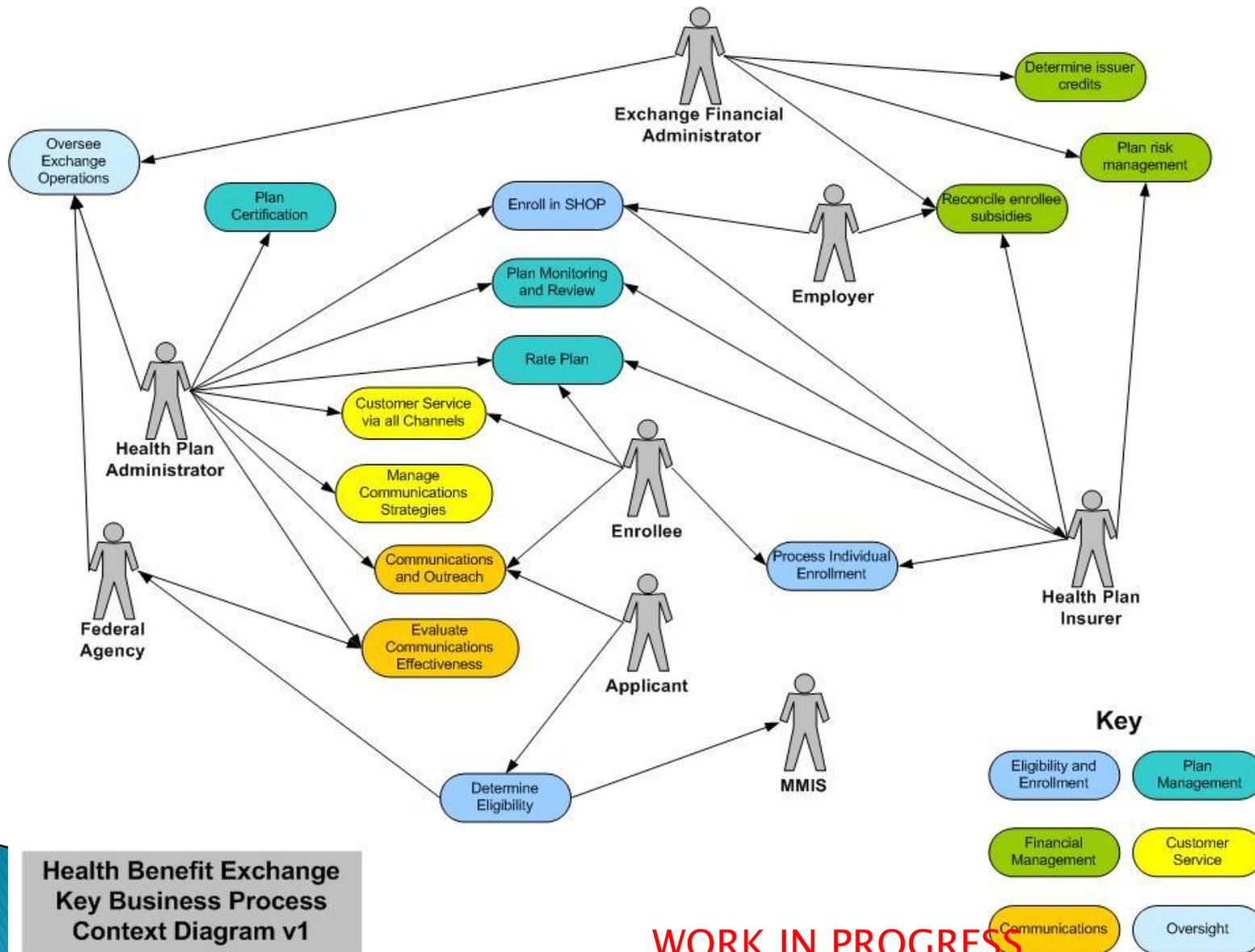
WORK IN PROGRESS

Early Innovator Grant Status: Timeline
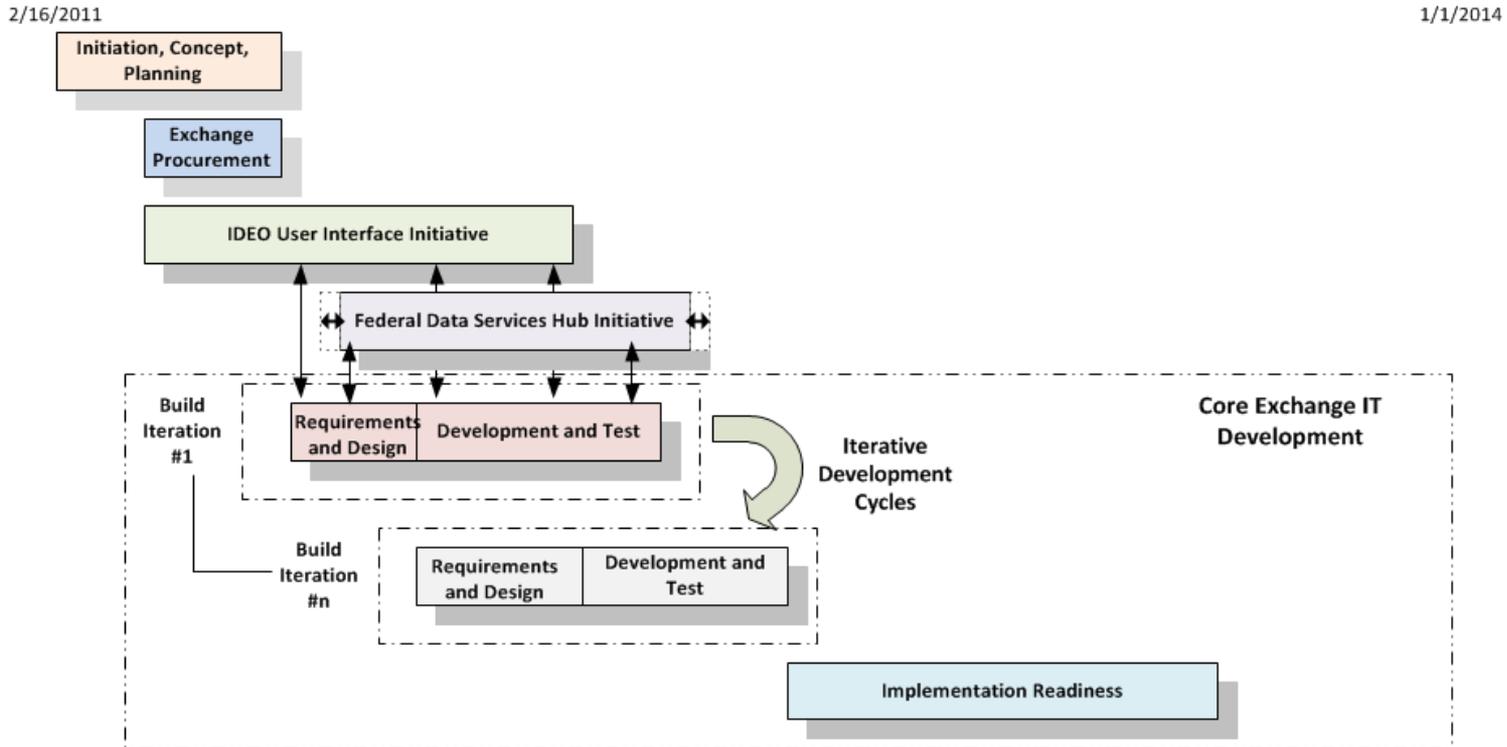
WORK IN PROGRESS

CMS/CCIIO Guidance/Interaction

- Current Exchange Guidance Documents
  - Exchange Reference Architecture
  - Exchange Security Architecture
  - Eligibility and Enrollment Blueprint
  - Plan Management Blueprint
  - Guidance 2.0 for Exchange and Medicaid IT Systems
  - *More are pending*
- National Collaboration (CALT) Portal
- Upcoming EI Reviews
  - Design Review (9/14/2011)
  - Operational Readiness Review (10/10/2012)

WORK IN PROGRESS

Exchange Concept of Operations

Health Benefit Exchange
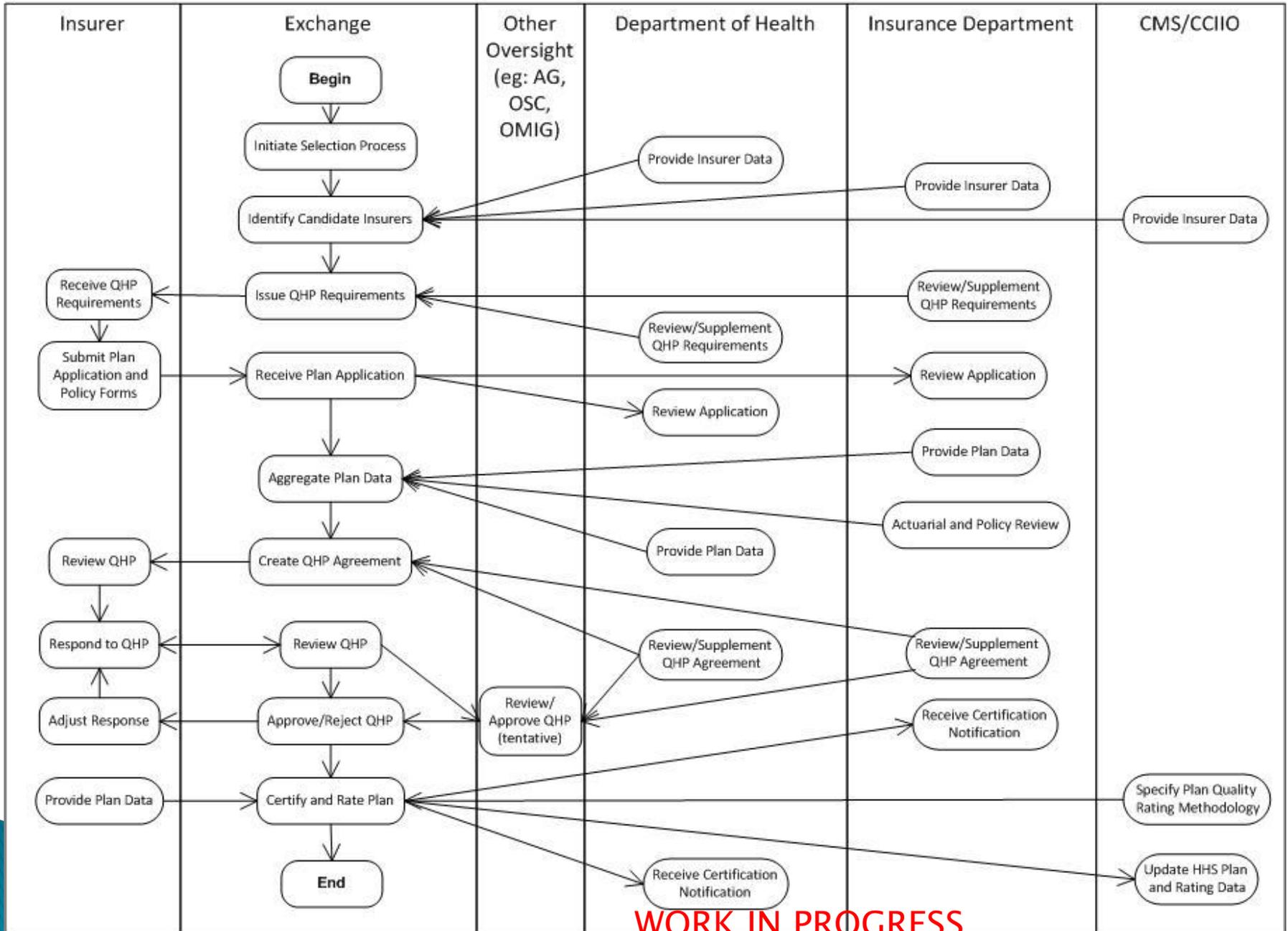Key Business Process
Context Diagram v1

WORK IN PROGRESS

Caveats!

- JAD session goal: Specify how we want Plan Management to work.

- Ownership (who does what and where) of many Exchange services depends on governance decisions TBD. To move forward, we must remain "agnostic" for now.

- There are also open policy decisions. Some are critical for system design; some are not. We will flag and, where possible, resolve them.

- Our ultimate goal is to create requirements for the Exchange Systems Integrator.

WORK IN PROGRESS

Plan Management Business Processes
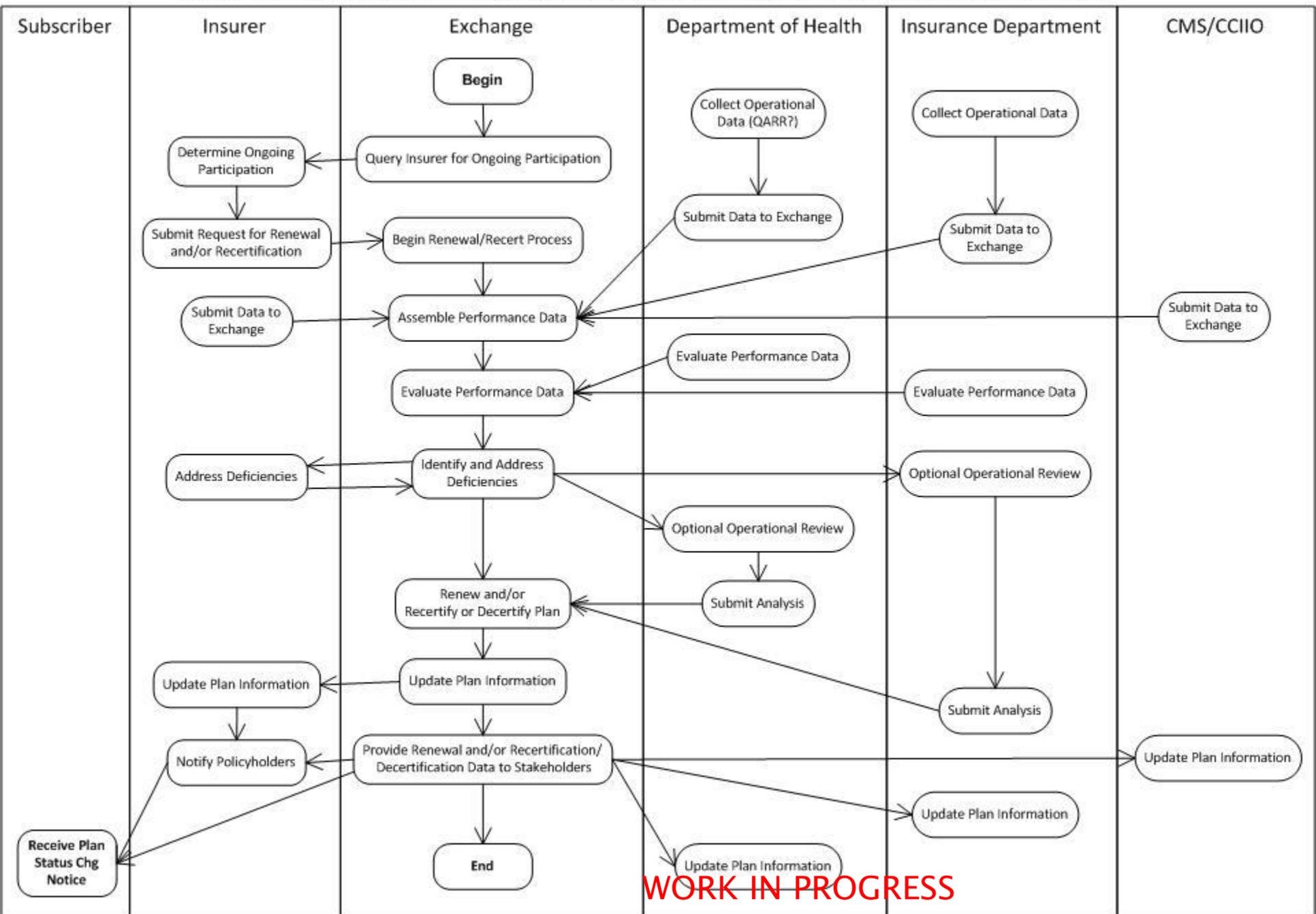
- Plan Selection and Certification
- Renewal and Recertification
- Maintain Operational Data
- Monitor Compliance
- Manage Changes in Plan Availability
- Review Rate Increase Requests
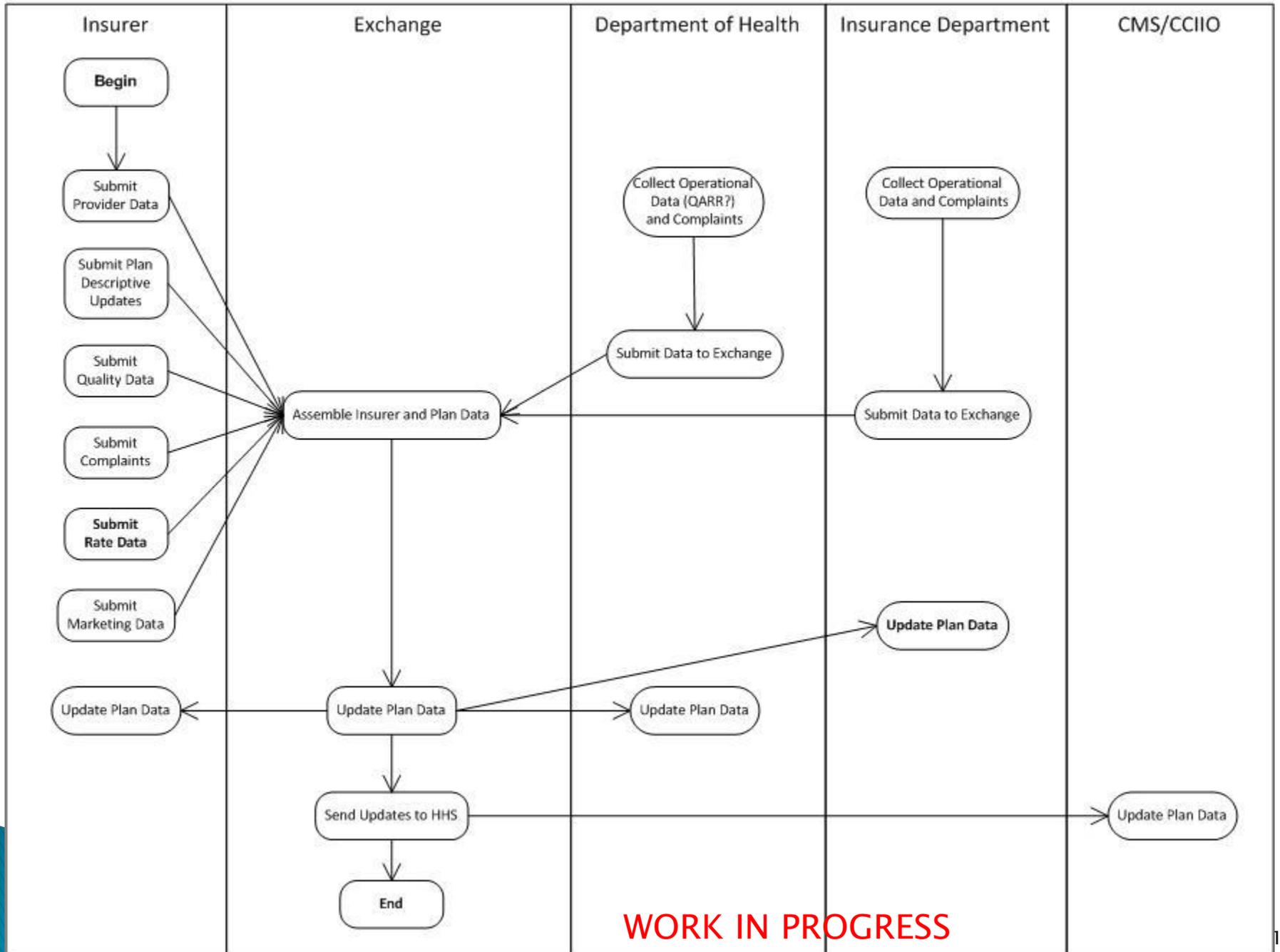
WORK IN PROGRESS

"To-Be" Plan Selection Process v6 6-21-11

"To-Be" Qualified Health Plan (QHP) Renewal/Recertification/Decertification v4 6-21-11

| Subscriber	Insurer	Exchange	Department of Health	Insurance Department	CMS/CCIIO

Begin

Query Insurer for Ongoing Participation → Determine Ongoing Participation

Collect Operational Data (QARR?)

Collect Operational Data

Determine Ongoing Participation → Submit Request for Renewal and/or Recertification → Begin Renewal/Recert Process

Submit Data to Exchange

Submit Data to Exchange

Submit Data to Exchange → Assemble Performance Data ← (Submit Data to Exchange, Department of Health; Submit Data to Exchange, CMS/CCIIO)

Evaluate Performance Data ← Evaluate Performance Data (Department of Health) / Evaluate Performance Data (Insurance Department)

Address Deficiencies ← Identify and Address Deficiencies → Optional Operational Review (Insurance Department)

Optional Operational Review (Department of Health)

Renew and/or Recertify or Decertify Plan ← Submit Analysis (Department of Health)

Submit Analysis (Insurance Department)

Update Plan Information ← Update Plan Information

Notify Policyholders ← Provide Renewal and/or Recertification/Decertification Data to Stakeholders → Update Plan Information (CMS/CCIIO)

Update Plan Information (Insurance Department)

Receive Plan Status Chg Notice

Update Plan Information (Department of Health)

End

WORK IN PROGRESS

"To-Be" Maintain Compliance and Operational Plan Data v2 6-21-11

"To-Be" Monitor Insurer and Plan Certification Compliance v2 6-23-11

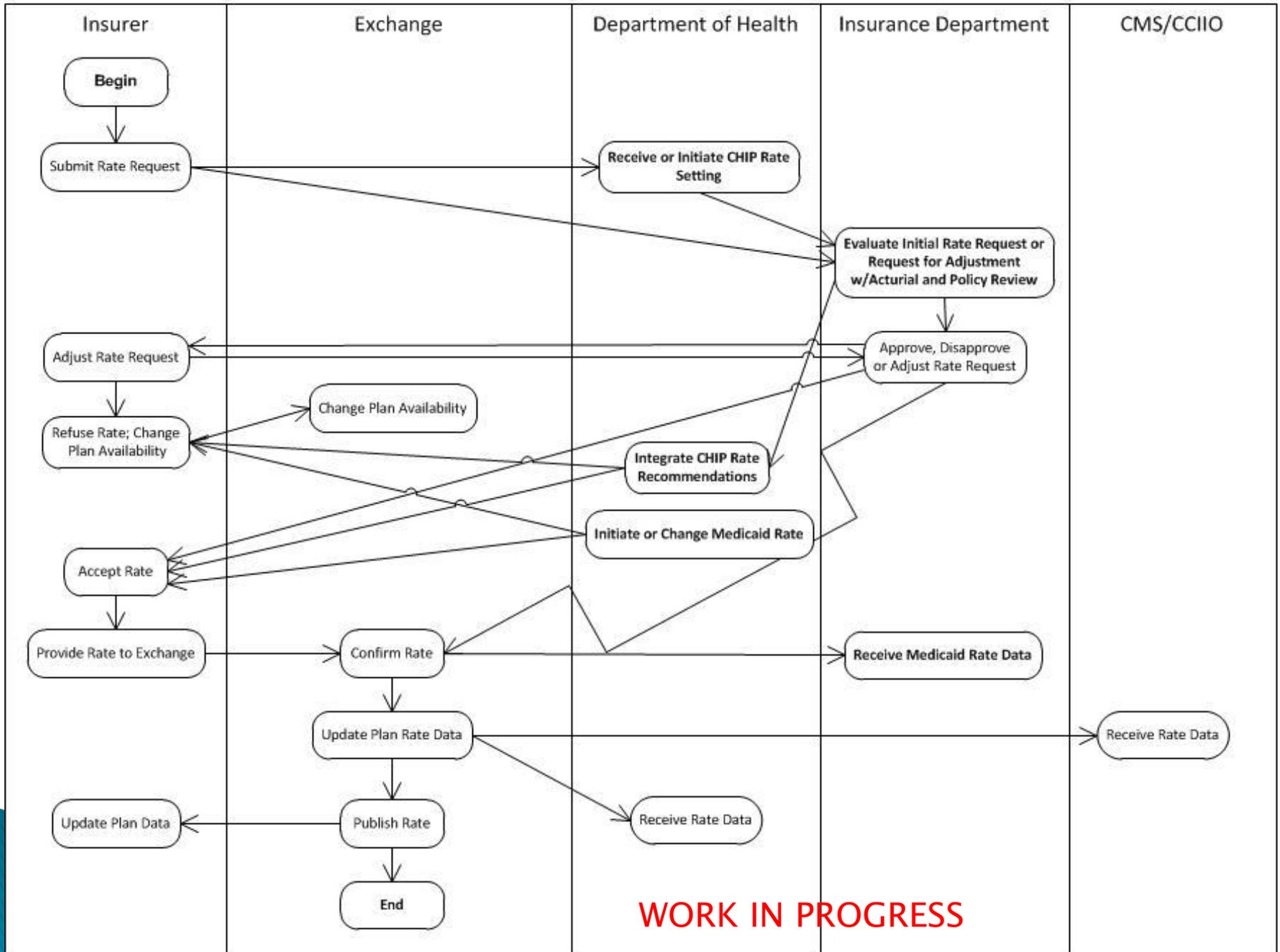| Insurer	Exchange	Department of Health	Insurance Department	CMS/CCIIO
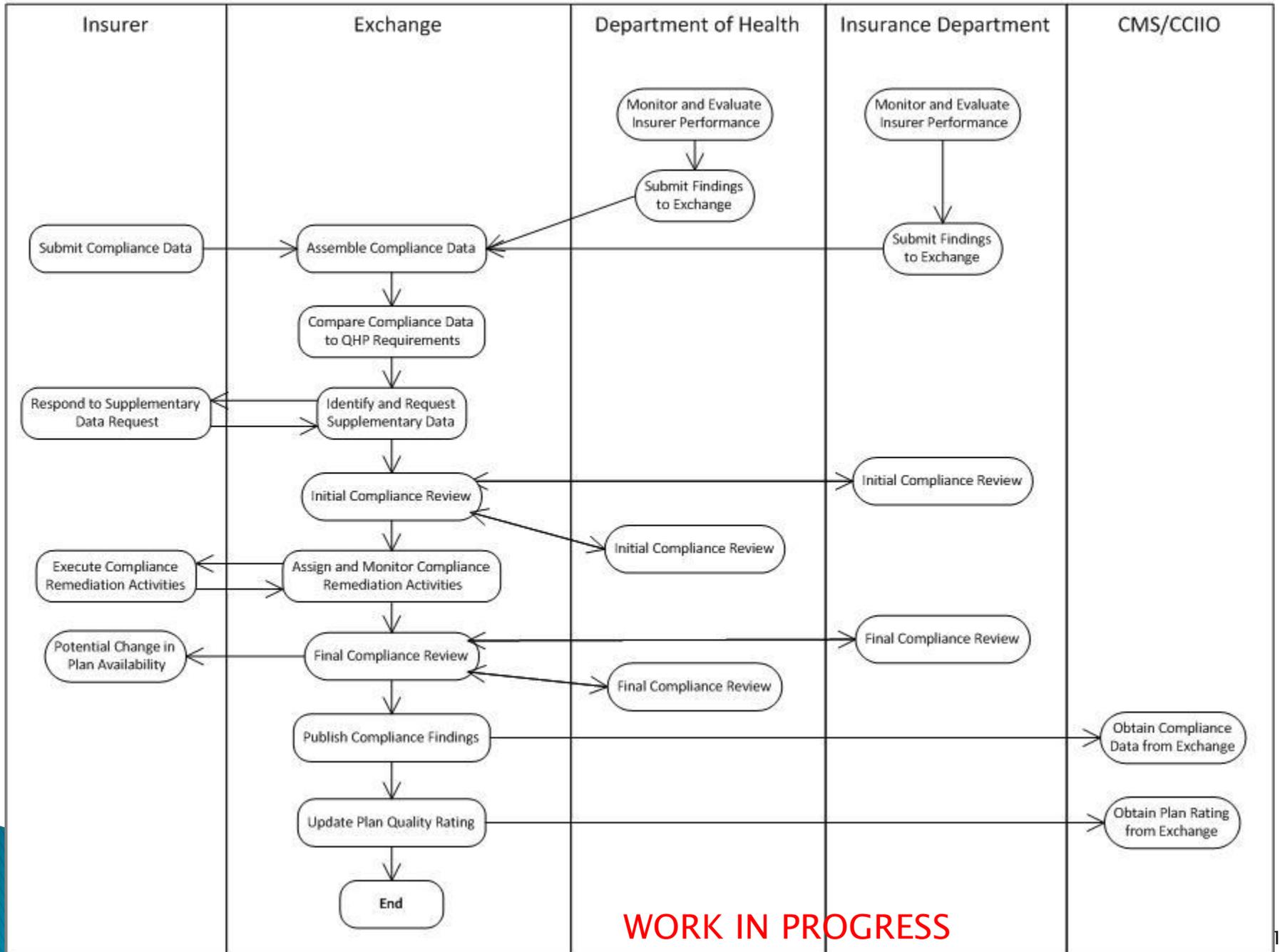
WORK IN PROGRESS

"To-Be" Change in Plan Availability Process v3 6-28-11
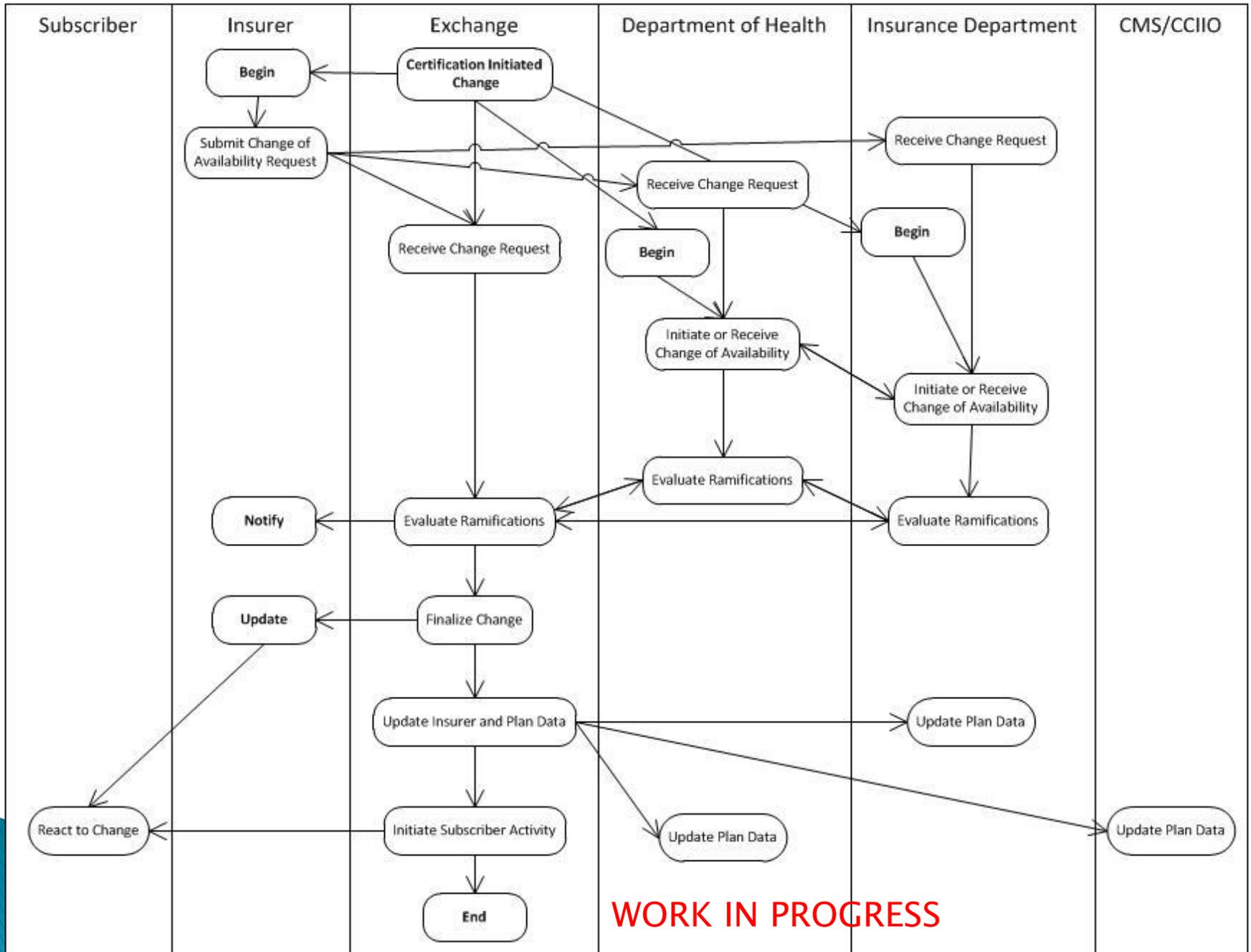
"To-Be" Rate Review Process v4 6-28-11

WORK IN PROGRESS

CMS Questions (Sent to CMS on June 22)

1. How will CMS engage with NAIC and will there be timely automated services as an outcome of the process?
2. Will there be a national standard for QHP agreements?
3. What are the plans for a federal insurer hub?
4. Will both individual and family coverage be available through the exchange? If yes, are there any restrictions on the rating tier structures than can be used within the exchange?
5. Have any plan management use cases been created by CMS/CCIIO?
6. When does the Secretary plan to have the 1311c standards developed?
7. Do the feds know how often recertification will be required, and how does recertification interact with renewal?
8. When will we receive guidance on minimum essential benefits?
9. Do we have to worry about an issuer's good standing in other states? How will we know? More broadly, what data will HHS provide back to the states?

WORK IN PROGRESS