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)
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
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

- 2/16/2011: El Grant Award
- 8/15/2011: NY Exchange Contract Award
- 10/21/2011: Detailed Design Review
- 11/1/2012: Start Plan Certification
- 1/1/2013: Exchange Certification
- 7/1/2013: Exchange Open Enrollment
- 1/1/2014: NY-EX Fully Operational

Initiation, Concept, Planning

Exchange Procurement

IDEO User Interface Initiative

Federal Data Services Hub Initiative

Build Iteration #1

Requirements and Design
Development and Test

Iterative Development Cycles

Core Exchange IT Development

Requirements and Design
Development and Test

Implementation Readiness

Operations

WORK IN PROGRESS
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)
Exchange Concept of Operations

[Diagram of health benefit exchange processes, showing interactions between Exchange Financial Administrator, Employer, Enrollee, Applicant, and Federal Agency.]

Key:
- Eligibility and Enrollment
- Plan Management
- Financial Management
- Customer Service
- Communications
- Oversight

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.
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
"To-Be" Change in Plan Availability Process v3 6-28-11

Subscriber

Insurer

Exchange

Department of Health

Insurance Department

CMS/CCIIO

Begin

Certification Initiated Change

Receive Change Request

Receive Change Request

Begin

Initiate or Receive Change of Availability

Evaluate Ramifications

Evaluate Ramifications

Evaluate Ramifications

React to Change

Submit Change of Availability Request

Evaluate Ramifications

Notify

Finalize Change

Update

Update Insurer and Plan Data

Update Plan Data

Initiate Subscriber Activity

Update Plan Data

End

WORK IN PROGRESS
“To-Be” Rate Review Process v4 6-28-11

Insurer

Begin

Submit Rate Request

Adjust Rate Request

Refuse Rate; Change Plan Availability

Accept Rate

Provide Rate to Exchange

Exchange

Confir Rate

Update Plan Rate Data

Publish Rate

End

Department of Health

Receive or Initiate CHIP Rate Setting

Evaluate Initial Rate Request or Request for Adjustment w/ Actuarial and Policy Review

Integrate CHIP Rate Recommendations

Initiate or Change Medicaid Rate

Receive Medicaid Rate Data

Receive Rate Data

Insurance Department

Approve, Disapprove or Adjust Rate Request

Receive Rate Data

CMS/CCIIO

WORK IN PROGRESS
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?