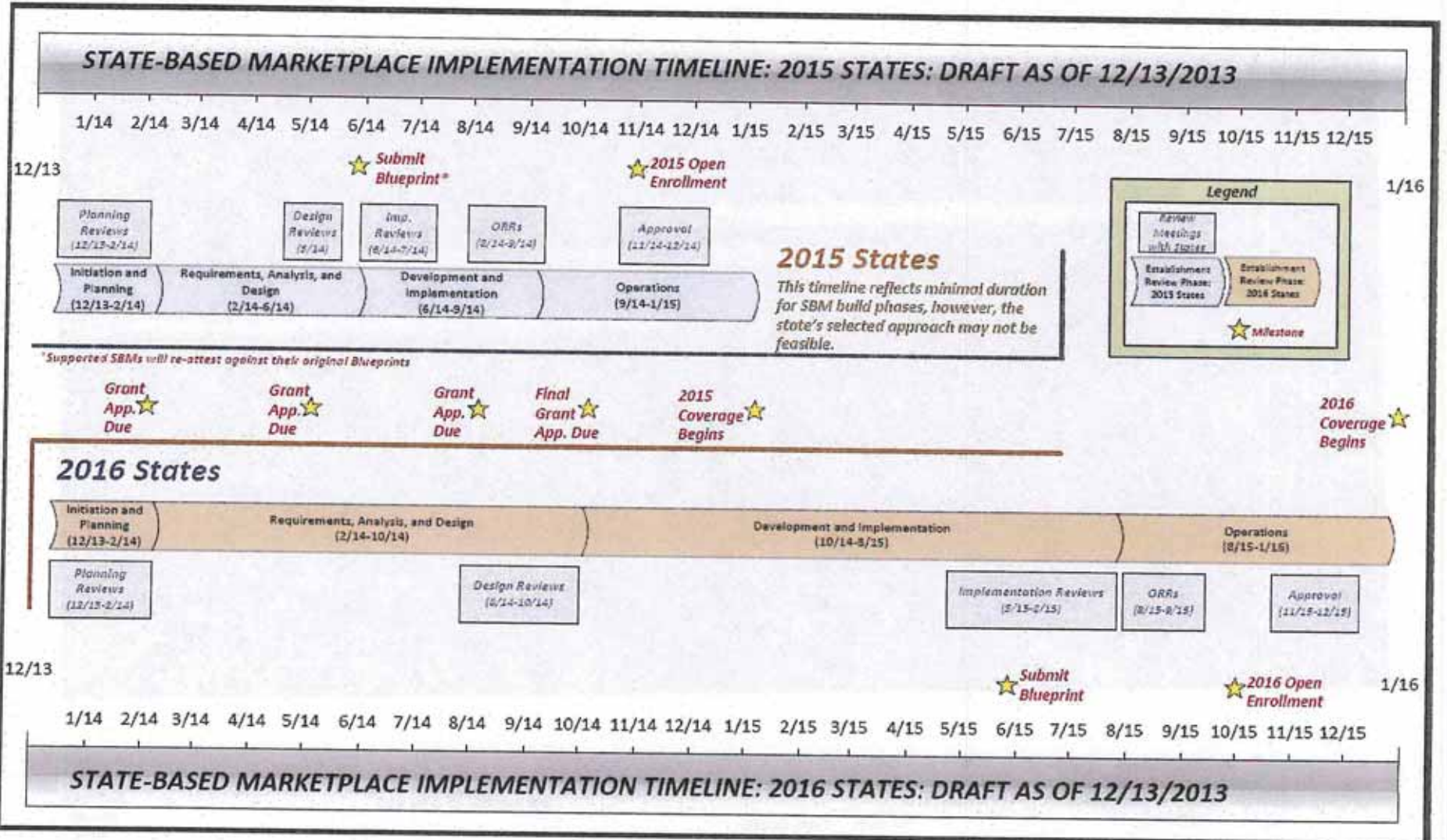January 29, 2014

Arkansas Health Insurance Marketplace Board

Governance, Eligibility, Enrollment and SHOP

Task Schedule

STATE-BASED MARKETPLACE IMPLEMENTATION TIMELINE: 2015 STATES: DRAFT AS OF 12/13/2013

1/14 2/14 3/14 4/14 5/14 6/14 7/14 8/14 9/14 10/14 11/14 12/14 1/15 2/15 3/15 4/15 5/15 6/15 7/15 8/15 9/15 10/15 11/15 12/15

12/13

☆ Submit Blueprint*

☆ 2015 Open Enrollment

Planning Reviews (12/13-2/14)

Design Reviews (5/14)

Imp. Reviews (6/14-7/14)

ORRs (7/14-9/14)

Approval (11/14-12/14)

Initiation and Planning (12/13-2/14) — Requirements, Analysis, and Design (2/14-6/14) — Development and Implementation (6/14-9/14) — Operations (9/14-1/15)

2015 States
This timeline reflects minimal duration for SBM build phases, however, the state's selected approach may not be feasible.

Legend
- Review Meetings with States
- Establishment Review Phase: 2015 States
- Establishment Review Phase: 2016 States
- ☆ Milestone

*Supported SBMs will re-attest against their original Blueprints

Grant App. Due ☆ — Grant App. Due ☆ — Grant App. Due ☆ — Final Grant App. Due ☆ — 2015 Coverage Begins ☆ — 2016 Coverage Begins ☆

2016 States

Initiation and Planning (12/13-2/14) — Requirements, Analysis, and Design (2/14-10/14) — Development and Implementation (10/14-8/15) — Operations (8/15-1/16)

Planning Reviews (12/13-2/14)

Design Reviews (8/14-10/14)

Implementation Reviews (5/15-8/15)

ORRs (8/15-9/15)

Approval (11/15-12/15)

12/13

☆ Submit Blueprint

☆ 2016 Open Enrollment

1/16

1/14 2/14 3/14 4/14 5/14 6/14 7/14 8/14 9/14 10/14 11/14 12/14 1/15 2/15 3/15 4/15 5/15 6/15 7/15 8/15 9/15 10/15 11/15 12/15

STATE-BASED MARKETPLACE IMPLEMENTATION TIMELINE: 2016 STATES: DRAFT AS OF 12/13/2013

Overview of Eligibility, Enrollment and SHOP

Overview of Eligibility/Enrollment/SHOP function

- A Web Portal serves as a one stop shop for residents of the state seeking health benefit coverage. The portal operates to fulfill the under a "no wrong door" policy allowing all citizens to view comparative information on health benefit options, submit a single application for health benefit eligibility determination (Medicaid, CHIP, Advanced Premium Tax Credits, Cost-Sharing Reductions, and Qualified Health Plans (QHP), etc.), enroll in the selected coverage option, obtain information on the administration and operations of the HBE, and access contact information for Assisters, Agents and other consumer assistance services. This portal generally also includes the modules for registers of benefits and the assister and agents. Each of these modules consists of the functionality that an Individual, Qualified Employee, Assister, or Agent would be able to perform within the portal. Employers and Issuers are also generally directed to their modules after logging in or creating an account through the portal.
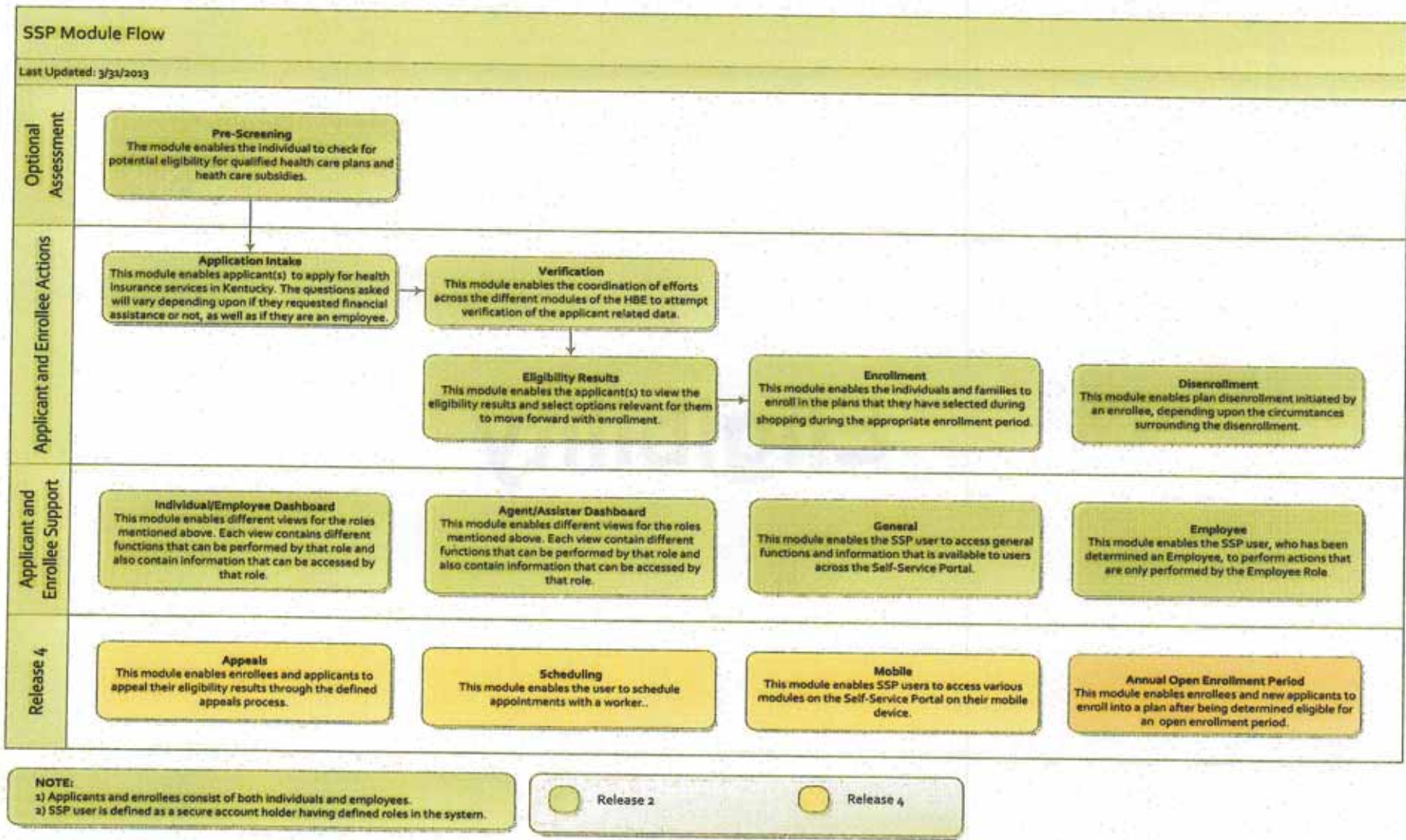
Overview of Eligibility/Enrollment/SHOP function
(from Kentucky Design documents)

System Interactions / Interface	Description
Shopping	The Portal interacts with the Shopping Page for any user that needs to choose a health coverage plan. Portal will pass the Shopping Page a number of data elements about the individual in order for the Shopping Page to show the appropriate plans.
SHOP	The Portal interacts with the SHOP Module for the E&E system to be able to support the Employee/Employer program on the Exchange. The SHOP module will pass Portal all of the Employer rosters that are established on SHOP. These rosters will be used by the Portal to determine if a user coming into the Portal is an Employee or not. This information will also be used to pass to the Shopping page in order to show only plans that were selected by the Employer for his/her employees. All updates on the E&E system as well as on the SHOP system will be pushed to one another and all data will stay in sync.
Plan Management	The Portal interacts with the plan management system in order to display plan details on the Personal Page of the Self Service Portal. The Plan Management System will provide all necessary details to inform the individual of all future, current, and past plan details.
Financial Management	The Portal interacts with the Financial Management system in order to display details about payment history on the Personal Page of the Self Service Portal. The Financial Management system will provide all necessary details to let an Individual keep track of their past payments to the Insurance companies.

Overview of Eligibility/Enrollment/SHOP function
(from Kentucky Design documents)

SSP Module Flow

Last Updated: 3/31/2013

Optional Assessment

Pre-Screening
The module enables the individual to check for potential eligibility for qualified health care plans and heath care subsidies.

Applicant and Enrollee Actions

Application Intake
This module enables applicant(s) to apply for health insurance services in Kentucky. The questions asked will vary depending upon if they requested financial assistance or not, as well as if they are an employee.

Verification
This module enables the coordination of efforts across the different modules of the HBE to attempt verification of the applicant related data.

Eligibility Results
This module enables the applicant(s) to view the eligibility results and select options relevant for them to move forward with enrollment.

Enrollment
This module enables the individuals and families to enroll in the plans that they have selected during shopping during the appropriate enrollment period.

Disenrollment
This module enables plan disenrollment initiated by an enrollee, depending upon the circumstances surrounding the disenrollment.

Applicant and Enrollee Support

Individual/Employee Dashboard
This module enables different views for the roles mentioned above. Each view contains different functions that can be performed by that role and also contain information that can be accessed by that role.

Agent/Assister Dashboard
This module enables different views for the roles mentioned above. Each view contain different functions that can be performed by that role and also contain information that can be accessed by that role.

General
This module enables the SSP user to access general functions and information that is available to users across the Self-Service Portal.

Employee
This module enables the SSP user, who has been determined an Employee, to perform actions that are only performed by the Employee Role

Release 4

Appeals
This module enables enrollees and applicants to appeal their eligibility results through the defined appeals process.

Scheduling
This module enables the user to schedule appointments with a worker..

Mobile
This module enables SSP users to access various modules on the Self-Service Portal on their mobile device.

Annual Open Enrollment Period
This module enables enrollees and new applicants to enroll into a plan after being determined eligible for an open enrollment period.

NOTE:
1) Applicants and enrollees consist of both individuals and employees.
2) SSP user is defined as a secure account holder having defined roles in the system.

Release 2   Release 4

What other SBE states did
Blueprint Eligibility items:

3.7   Eligibility determination
3.8   Eligibility determinations for APTC and CSR
3.11 Eligibility appeals
3.13 Electronically report results of eligibility assessments and determinations

- **District of Columbia**

3.7 In general, DCAS will collect relevant information through the online portal, automated interfaces, and other sources (such as staff or partner organizations entering additional details). Collected data will be processed in the rules engine to perform eligibility determinations. At this time, the District intends to re-use calculators developed for other states and the FFE to determine MAGI for Medicaid, APTC, and CSR purposes.

3.8 The current HBX eligibility and enrollment process flows envision APTC/CSR eligibility determinations occurring after an individual has been determined ineligible for Medicaid/CHIP or when alternative verification is needed before making such determination and the individual wants to enroll in a QHP while such verification is occurring.

3.11 The District anticipates publication of regulation and guidance on eligibility appeals for QHP, IAP, and SHOP participation. However, the Authority currently anticipates handing SHOP eligibility appeals from both employees and employers internally.

3.13 DCAS will generate reports and files to be sent to CMS for verification and tracking. The frequency and data layouts have not been determined yet, but the District and the SI vendor will work on this with the applicable external parties, including IRS, HHS, and other federal entities, during the design phase.

What other SBE states did

Blueprint Eligibility items:

3.7   Eligibility determination
3.8   Eligibility determinations for APTC and CSR
3.11 Eligibility appeals
3.13 Electronically report results of eligibility assessments and determinations

- **Minnesota**

3.7 The Minnesota Exchange will have the capacity to determine individual eligibility for enrollment in a QHP through the Exchange and for employee and employer participation in the SHOP. In addition, the Minnesota Exchange will have the capacity to determine eligibility for Medicaid and CHIP based on Modified Adjusted Gross Income (MAGI).

3.8 The Minnesota Exchange will have the capacity to determine eligibility for Advance Payments of the Premium Tax Credit (APTC) and Cost Sharing Reductions (CSR), including calculating maximum APTC via use of a Federally-managed service.

3.11 While the final Exchange regulations identified that additional federal guidance, including federal regulations, would be forthcoming regarding the content and manner of appeals of eligibility determinations by exchanges, the Exchange assumes, based on current federal guidance, that, at a minimum, the Exchange must have the capacity to support appeals.

3.13 The Minnesota Exchange will have the capacity to electronically report results of eligibility and exemption assessments and determinations, and provide associated information to HHS and IRS. This includes information necessary to support administration of the APTC and CSR and to support the employer responsibility provisions of the Affordable Care Act.

Eligibility Observations

- Trends

  - States are leveraging their existing Partnership infrastructure, resources and in some cases functionality of the streamlined application in moving to a state based exchange

- Considerations

  - Eligibility decisions between the Exchange and Medicaid eligibility determinations must be in alignment. Differences between the two systems (i.e. FFM and state eligibility systems) are creating frustration and confusion with citizens.

  - Over committing to unnecessary automation has compromised some Eligibility applications. Being forced to use paper processes is overwhelming many exchanges.

  - A Marketplace must have clear web, phone and physical (face-to-face) destinations for service to simplify the citizens attempt to utilize the Marketplace.

Current SBE Enrollment Statistics

STATE	Exchange Structure (1) (2)	Total Completed Apps (3) (4) 1000's	Individual who selected a plan (3)	Assessed Eligible for Medicaid (3)	Eligibility System Config (7) (5)	Types of Eligibility Verification (1) (6)	SHOP Status (8)	Blue Print sections 3 and 6 (7)	Type of Exchange (7)
Arkansas (To-Be)		17.9	1.4	11.2	EX				Transition
California	Q	250.8	107	182	EX	Med	yes	yes	State-Run
Colorado	NP	35.2	9.9	not reported	EX		yes	no	State-Run
Connecticut	NP	38	11.6	12	I			no	State-Run
Delaware		4.1	0.04	1.8					Transition
District of Columbia	Q	4.7	not reported	not reported	I			yes	State-Run
Hawaii	NP	3.6	0.4	not reported	I	Med		yes	State-Run
Idaho	NP	9.5	1.7	1.8	I		none	yes	Transition
Illinois	P	67	7	30.4	I			no	Transition
Kentucky	NP	87.6	13.1	30.4	I			no	State-Run
Maryland	Q	22.8	3.7	53	I		none	no	State-Run
Massachusetts	Q	27.1	1.1	not reported	EX			no	State-Run
Minnesota	SA	32.2	20.1	4.4	I		L	yes	State-Run
Nevada	Q	14.2	4.8	28.5	EE	Med	yes	no	State-Run
New Mexico	Q	8.5	4.4	0.9	I		yes	yes	SHOP + FFM
New York	SA	not reported	45	52	I	Med	yes	yes	State-Run
Oregon	Q	20.6	0.04	6.4	I			no	State-Run
Rhode Island	SA	13	2.6	6	EX	Med	none	no	State-Run
Utah	SA	13.6	1.8	8	EX			yes	SHOP + FFM
Vermont	SA	10.2	4.9	4.5				no	State-Run
Washington	P-P	127.4	17.7	154		All	L	L	State-Run

What other SBE states did

Blueprint Enrollment items:

3.1   Single streamlined application(s) for Exchange and SHOP
3.3   Application, updates, acceptance, and processing, and responses to redeterminations
3.12 QHP selections and terminations, and APTC/advance CSR information processing

- **Hawaii**

3.1 Hawaii will use a HHS-developed application

3.3 The Connector aims to finalize MOUs describing the strategic partnership made by and among the Connector and DHS, which administers Hawaii's Medicaid programs,

- **Idaho**

3.1 Idaho will use a HHS-developed application

3.3 Idaho Exchange will be supporting various access channels for consumers to gain access to health Insurance Affordability Programs and shop for commercial insurance coverage. Detailed business process flows for each of these access channels will be developed pending the procurement of contracts with an IT solutions vendor and a Call Center operator.

3.12 Eligibility and enrollment information including APTC/advance CSR information will be promptly sent to QHP issuers. The systems will be designed to acknowledge the receipt and accurate processing of enrollment, plan selection, APTC and advance CSR information. In the event that data is not processed accurately and there is systematic fall-out, the Exchange system will create workflow and supporting activities to drive follow-up and reconciliation.

Enrollment Observations

- Trends

  - States not meeting target enrollment goals
  - States enrollments are comprised primarily of Medicaid recipients
  - States struggled with single streamlined application process
  - States did not complete their full automation strategies
  - States contingency plans were primarily paper-based processes

- Considerations

  - Individual enrollments (private plans) for the 18-32 "healthy" demographic have underperformed to date – a key demographic which may cause plans to not be available in the future

  - Reduction in enrollment targets will impact state's sustainability plans due to lack of % fee.

  - Slow paper based enrollment processes have complicated the ability of state's to measure final enrollment #'s,

  - Slow paper based processes have also over-taxed document management systems, are causing delays and issues with enrollment clocks which could open states up to litigation

What other SBE states did

Blueprint SHOP items:

6.1 SHOP compliance with 45 CFR 155 Subpart H
6.2 SHOP premium aggregation
6.3 Electronically report results of eligibility assessments and determinations for SHOP

- **District of Columbia**

6.1 The DC HBX SHOP will facilitate the purchase of coverage of qualified health plans for the employees of small businesses. Although the DC HBX is currently considering a recommendation that would increase small group size to 2-100, the Health Benefit Exchange Authority Establishment Act of 2011 maintains the current definition of 2 to 50.

6.2 The District intends to utilize the services of a third-party vendor (TPA) to administer premium aggregation for the DC HBX SHOP and potentially the individual HBX market. District process flows largely reflect the flows provided by CCIIO with District specific adjustments.

6.3 The SHOP Employer and Employer & Employee Data Storage Components, along with the SHOP Employer Financial Management Data Storage Component electronically send information to the data warehouse. Determine Monthly Employer Premium Contribution and Create Invoice for electronic billing of employers, receiving employer and employee contributions toward premiums, and making aggregated premium payments to issuers. The DC HBX initiates this process on a monthly basis.

What other SBE states did

Blueprint SHOP items:

6.1 SHOP compliance with 45 CFR 155 Subpart H
6.2 SHOP premium aggregation
6.3 Electronically report results of eligibility assessments and determinations for SHOP

- **Minnesota**

6.1   The State of Minnesota intends to establish a SHOP compliant with regulatory requirement pursuant to 45CFR 155 Subpart H. Minnesota considers a small employer group as an employer with 2 – 50 employees . Key features of the SHOP will be to allow for small employer groups to sign up and select Qualified Health Plans to make available to their employees.

6.2   The SHOP will have the capability to bill employers and collect premiums from the employer and facilitate aggregation of payment from employers to pay multiple carriers for multiple plans selected by employees under defined contribution in the SHOP. Premiums will be aggregated and sent to the related health plan/carrier. The process will allow for aggregation across employee, employer and health plan/carrier.

6.3   The SHOP will ensure that the business processes and IT solution will capture the necessary data to provide required reports to Federal agencies including but not limited to HHS, DOL and the IRS. The Minnesota Health Insurance Exchange IT application will serve individuals and small employers through a single system and leverage the same infrastructure and services including connection and reporting mechanisms with the federal data services hub. However, we are awaiting federal guidance on how to electronically report information for tax administration purposes to the IRS.

SHOP Observations

- Trends
  - Third Party Administrator's s are utilized for all or parts of SHOP
  - Many state's SHOP functionality still in design
- Considerations
  - Not maximizing the inclusion of the Insurance Agents. The Insurance Agents are the key brokers for Small Businesses to acquire health insurance for their employees.
  - Competitiveness of the pricing with the factoring of Employer subsidies is a key adoption criteria -including the flexibility for employees to choose from one or more plans creates the following:
    - Attractive options for employees
    - Includes complexity in the system
    - Includes Financial Management