

Plan Management Business Operations and Process Manual

Arkansas Plan Management Advisory Committee

November 9, 2012





Agenda

- **Purpose of Procedure Manual**
- **Overview of Manual Contents**
- **QHP Certification Timelines**
- **Plan Management Processes (Section 9)**
- **Overview of Resources and Responsibilities**
- **Outstanding Questions**
- **Procedure Manual – Next Steps**

Purpose of Procedure Manual

- To establish plan management guidelines and help AID Division staff understand their specific role in the QHP approval and monitoring process.
- To provide a reference resource that assembles federal and state policy and regulatory authority to perform Plan Management functions.
- To provide a reference resource that documents the AID plan management processes, approaches, and policies related to QHP review and other Plan Management functions, including integration with the FFE.

Overview of Manual Contents

Section(s)	Description of Contents
1-4	Introduction and overview; State authority
5	Plan Management Agreements (Inter-Agency and Intra-Agency Agreements; MOUs)
6	QHP Certification Timelines
7	AID and CMS Plan Management Organizational Structure; Roles and Responsibilities; Oversight and Monitoring
8	QHP Certification Standards and EHBs
9-10	Plan Management Processes (Inputs, outputs, resources) and Activity / Resource / System Matrix
11-13	Privacy and security standards; Contact list; Appendices

QHP Certification Timelines

Event	Date (estimate)
Essential Health Benefits established	September 2012
QHP Certification Standards established	September 2012
QHP Bulletin to Issuers	January 1, 2013
Issuer QHP Application period opens	January 1, 2013
Issuer QHP Application period closes	May 26, 2013
AID issues final determination for initial QHP certification and submits results and plan data to CMS for ratification	June 26, 2013
CMS submits AR QHPs to FFE for posting on the Exchange	August 2013
Open Enrollment period begins	October 1, 2013
QHP monitoring and oversight begins	October 1, 2013

QHP Certification Timelines (continued)

Event	Date (estimate)
Open Enrollment period ends	March 31, 2014
Issuers Schedule (Apply) for Accreditation	Within first year of Exchange participation
Partial Accreditation for at least Network Adequacy and Quality	Within second year of Exchange participation
Complete Accreditation	Within fourth year of Exchange participation
Issuer Applications for annual recertification, certification, begin for second enrollment	January 2014
Issuer QHP Application period closes for second enrollment	May 2014
Arkansas issues final determination on annual recertification, certification and/or decertification submits results and plan data to CMS for ratification	June 2014
Quality Reporting begins	2016—TBD per CMS future guidance

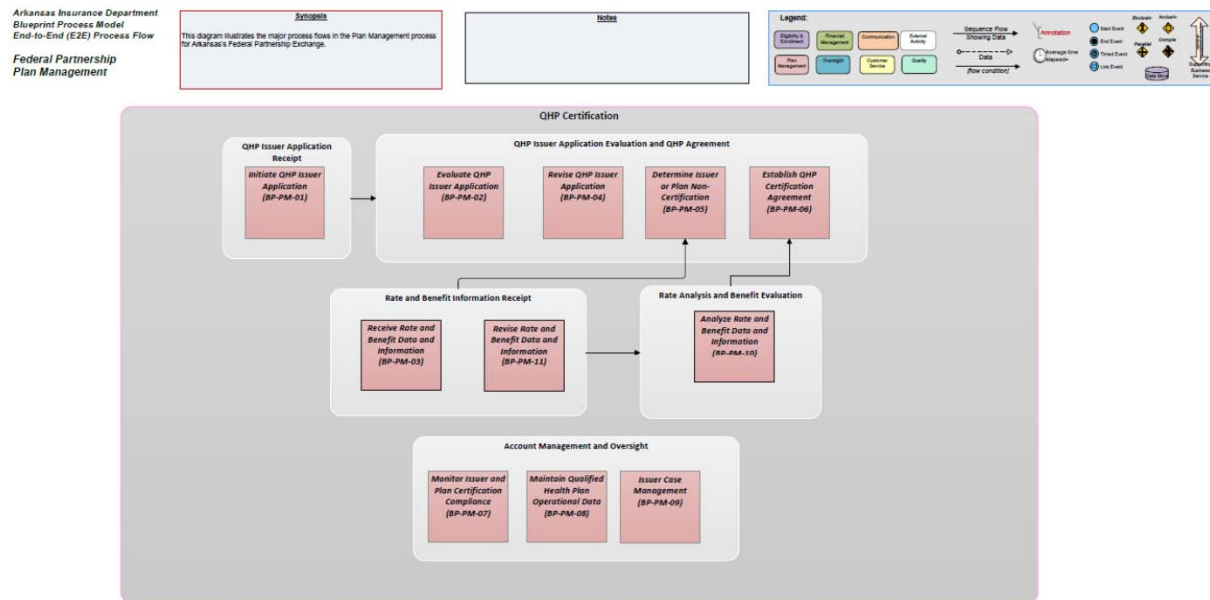
Plan Management Processes (Section 9)

Process areas that will be covered include:

- Initiate QHP Issuer Application
- Evaluate QHP Issuer Application
- Receive Rate and Benefit Data and Information
- Revise QHP Issuer Application
- Determine Issuer or Plan Non-Certification
- QHP Certification Agreement
- Monitor Issuer and Plan Certification Compliance
- Maintain Qualified Health Plan Operational Data
- Issuer Account Management
- Analyze Rate and Benefit Data Information
- Revise Rate and Benefit Data Information

Plan Management Processes (continued)

The Process Model is included in Appendix A:



State of Arkansas Insurance Department
Partnership Health Insurance Exchange Process Model

AR Federal Partnership Plan Management Process Blueprint_DRAFT_v3_AMO

E2E Plan Management

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Plan Management Processes (continued)

Example process steps includes the following components:

- **Inputs**
 - Inputs are events, documentation, or other submissions to one or more AID divisions
 - Examples: Events such as QHP Application Receipt; Acceptance of QHP Certification
- **Outputs**
 - Outputs are responses, events, or the forwarding of tasks and information to the issuer, AID divisions, CCIIO, or other entities
 - Examples: Notifications to issuers, account updates, document uploads, FFE updates
- **Resources**
 - Resources are the divisions, individuals, or systems that are required to accomplish the task or procedure. The specific resources for some procedures are yet to be determined.

Plan Management Processes (continued)

Example process steps to evaluate QHP issuer application (9.2):

- **Inputs**
 - Issuer Application received through SERFF
- **Outputs**
 - Review and evaluate for certification (Accreditation, EHBs, Network Adequacy, etc.)
 - Compile issuer application evaluation results
- **Resources**
 - Life and Health Division (L&H)
 - Finance Division
 - Health Insurance Premium Rate Review Division (HIPRR)
 - HBEPD
 - CAP/CSD
 - Legal Division

Plan Management Processes (continued)

Example process steps to Analyze Rate and Benefit Data Information (9.10):

- **Inputs**
 - Receive Justification Information for Rate Increases
 - Receive Notification of Availability of Justification Information (from CMS)
- **Outputs**
 - Send State Rate Review Determination and Updated Rates to CMS
 - Approve and Update QHP Rate and Benefit Data and Information
 - Update QHP Account with Rate and Benefit Data and Information
- **Resources**
 - Life and Health Division (L&H)
 - HIPRR
 - Third Party Actuary
 - HBEPD

Overview of Resources and Responsibilities

Arkansas Insurance Department:

- Finance Division
- Life and Health(L&H) Division
- Health Insurance Premium Rate Review (HIPRR)Division
- Third-Party Actuarial Services
- Consumer Services Division (CSD)
- Consumer Assistance Program (CAP)
- Health Benefit Exchange Partnership Division (HBEPD)
- Legal Division

Overview of Resources and Responsibilities

(continued)

Systems to support AID Plan Management activities:

- **AID Website**

Provides issuers and consumers with information regarding the authority, roles, responsibilities and services provided by the department, as well as information about the Exchange, including QHP certification timelines, processes, contacts and consumer support.

- **SERFF**

NAIC system used to collect, track, review and report Issuer, rate and benefit data to support the application, review and certification of QHPs.

- **SBS**

NAIC system used to capture, track, route and report on data related to consumer inquiries, complaints and appeals regarding health insurance plans and Issuers.

Overview of Resources and Responsibilities

(continued)

Systems to support AID Plan Management activities:

- **Health Information Oversight System (HIOS):**
Federal system used by CMS to capture and track Issuer and plan information, state-defined Essential Health Benefits, and other Exchange-related information.
- **Market Analysis Review System (MARS)**
NAIC system used to support QHP Issuer Oversight. The MARS system automates the market analysis of companies, and is designed to document that a review was performed on select insurance companies, as well as to document a market analyst's input, conclusions, and recommended next steps. The analysis can be completed using information currently available to a state without contacting a company.
- **Regulatory Insurance Retrieval System (RIRS)**
The AID submits information to the NAIC's RIRS system as part of its regulatory oversight process, including final, adjudicated regulatory actions against insurance entities.

Outstanding Questions

PCG will be working with the AID to resolve several questions about specific processes, roles, and responsibilities over the next several months. Specific questions to be addressed relate to:

- Existing processes for submission and review of marketing materials;
- Maintaining provider directory with FFE;
- Verifying network adequacy (Will AID rely on accreditation for this or will there be an independent verification process?)
- Divisions responsible (L&H or HBEPD) for determining application completeness;
- Role of HBEPD and handoff among other divisions;
- Distribution of QHP application to issuers;
- Division responsible for actively monitoring SERFF;
- Process for verifying plan compliance with state mandated benefits (and can AID use this same method to support EHB verification?);
- Nature of agreement with the Department of Human Services (DHS) (MOU or informal agreement?)

Procedure Manual – Next Steps

PCG will be working with the AID to resolve several questions about specific processes, roles, and responsibilities over the next several months.

Date	Task
11/9/2012 11/22/2012 12/14/2012 (as needed)	Bi-monthly meetings with AID divisions to review policies and procedures manual and incorporate feedback (tentative)
May 2013	PMAC meeting topic to include revised draft of QHP Policies/Procedures based on new federal guidance provided



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