

Plan Management Blueprint Overview

Arkansas Plan Management Committee

September 7, 2012





Agenda

- **Blueprint Overview**
- **Look at Plan Management Sections**
- **Review of Draft Responses**
- **Associated Items**
 - **End-to-End Process Model and Activity Matrix**
 - **Timeline**

Blueprint Overview

- To receive HHS Approval for a State-based Exchange or a State Partnership Exchange, a State must complete and submit an Exchange Blueprint.
- Blueprint documents how its Exchange will meet, all legal and operational requirements associated with the model it chooses to pursue.
- As part of its Exchange Blueprint, a State also demonstrates operational readiness to execute Exchange activities.

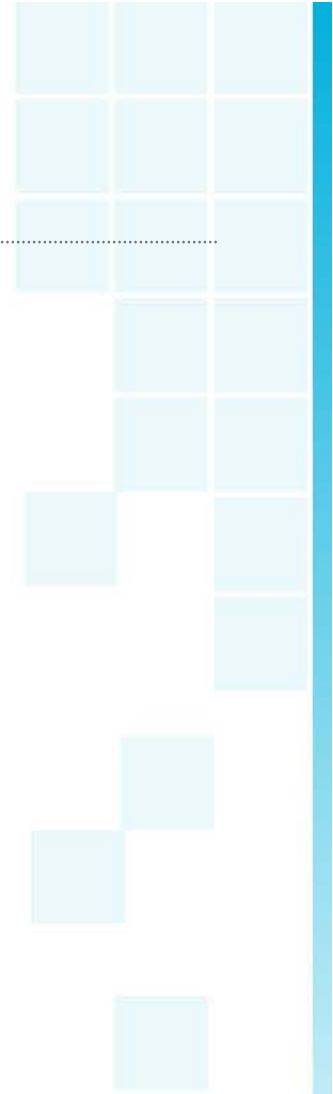
Blueprint Overview

- Establishment reviews will be separate from the exchange approval process, but the components are aligned so that information may be re-used and states may be waived from submitting certain supporting documentation.
- Arkansas' review is October 1.

Blueprint Sections

Plan Management components are in Blueprint Section 4:

- 4.1: Governance Authority
- 4.2: The QHP Review Process
- 4.3: System and Process Integration
- 4.4: Compliance and Monitoring
- 4.5 Issuer Technical Assistance
- 4.6 Recertification, Decertification, Appeals
- 4.7 Accreditation Timeline
- 4.8 Issuer Quality Reporting



Required Responses

- Several parts of Section 4 require only a state attestation.
- Written responses are required to components of the following sections

4.2: The QHP Review Process

4.3: System and Process Integration

4.4: Compliance and Monitoring

4.5 Issuer Technical Assistance

4.6 Recertification, Decertification, Appeals

Draft document distributed yesterday contains those responses.

4.2: The QHP Review Process

Commissioner issues bulletin describing process and timeline for issuer submission of plan filings.

Two Part QHP Application

- 1) Issuer Application
- 2) Plan Specific

4.2: The QHP Review Process

Issuer Application:

- Determine if licensed. If not, Finance Division proceeds with licensing, including review of financial solvency and “good standing.”
- Network Adequacy
- Quality Improvement
- Gather complaint and compliance information
 - ✓ For Plan Ratings
 - ✓ For Accreditation Process

4.2: The QHP Review Process

Issuer Application:

- Accreditation
 - ✓ Must schedule accreditation within first year.
 - ✓ Network Adequacy and Quality Improvement by Year 2
 - ✓ Complete accreditation process by Year 4

4.2: The QHP Review Process

Plan-Specific Application:

- Marketing Materials (Life and Health)
- Essential Health Benefits (Life and Health)
- Rating Areas (Actuary to establish options for Steering Committee and Commissioner)
- Actuarial Value/Cost Sharing Reductions (NAIC Tools?)
- Market Reform Rules Compliance (Life and Health)

4.2: The QHP Review Process

Benefit and Rate Reviews:

- Receive rate and benefit data via System for Electronic Rate and Form Filings (SERFF).
- Build off existing AID process for review of rate and form filings.
- Review plan “meaningful differences.”

4.2: The QHP Review Process

Identifying Application or Compliance Issues:

- Process will include opportunities for issuers to revise application/resubmit portions.
- Issuers will have hearing and appeals rights in instances of non-certification of a plan.
- For approved plans, Consumer Services Division will collect data and report on complaints and inquiries.
- Decertification Process (Consumer Notice)

4.3: Systems and Processes

Uses of SERFF:

- Initiate the QHP Issuer Application, receive QHP application from issuers and manage application revisions and maintain the final QHP application submission and attestation.
- Validate issuer licensure in the QHP review process.
- Manage QHP submission windows.
- Facilitate the evaluation of the QHP issuer application and maintain information about evaluation results including determinations of non-certification.

4.3: Systems and Processes

Uses of SERFF (continued):

- Receive QHP Rate and Benefit Data and revisions as well as maintain plan rate and benefit updates.
- Maintain certification acceptance agreements submitted by issuers as well as non-acceptance.
- Monitor ongoing compliance including accessing plan information such as network data and rate and benefit information as a result of an adverse event or periodic review.

4.3: Systems and Processes

Complaints tracking and monitoring:

- Will not be maintained in SERFF.
- Procurement of a new AID tracking system will support these operational processes.

4.4 Monitoring of Certification Compliance

Leverage Existing Oversight Processes:

- Consumer Services Division (CSD) will continue to address consumer inquiries and complaints.
- CSD quarterly uploads to NAIC Health Insurance Oversight System (HIOS).
- Finance Division conducts once every three year market conduct and financial exams.

4.5: Issuer Technical Assistance

- Life and Health Division provides plan submission support.
- Information Systems Division will assist with technical issues.
- QHP issuers will have an “account manager” or primary AID point of contact.

4.6: Re-Cert, De-Cert and Appeals

- AID will likely draft QHP decertification rule.
- Right to Appeal
- 180 day notice requirement for company/issuer withdrawal
- 90 day notice requirement for plan withdrawal.
- AID actively involved in helping consumers find replacement coverage.

AID Blueprint Responses

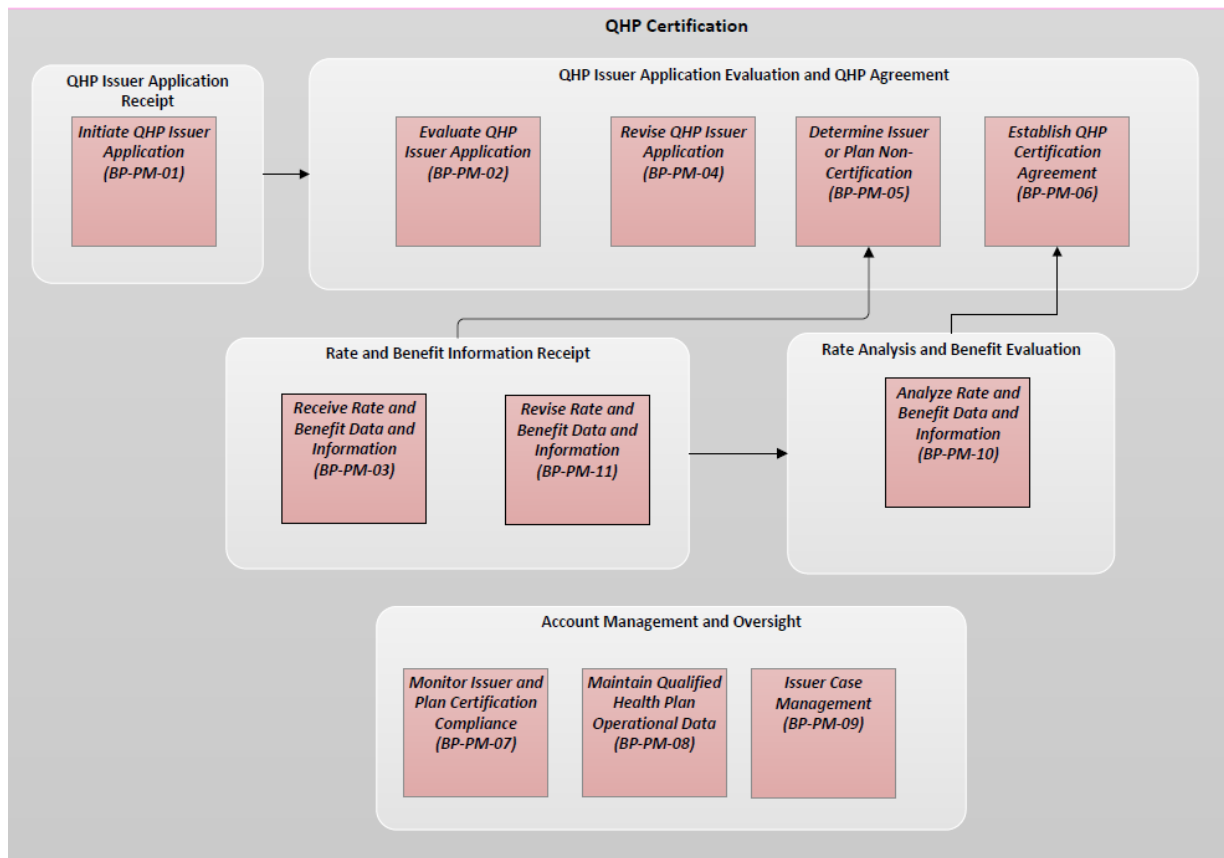
- **End-to-End Process Model and Activity Matrix**

The Process Model diagrams the following business processes:

- *QHP Issuer Application Receipt*
- *QHP Issuer Application Evaluation and QHP Agreement*
- *Rate and Benefit Information Receipt*
- *Rate Analysis and Benefit Evaluation*
- *Account Management and Oversight*

AID Blueprint Responses

- End-to-End Process Model



AID Blueprint Responses

- **Timeline**

Date	Milestone
9/14/2012	<i>Submit Blueprint for Design Review</i>
10/1/2012	<i>Design Review</i>
10/16/2012	<i>Target Blueprint</i>
11/16/2012	<i>Final Blueprint Submission Deadline</i>



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