Plan Management Blueprint Overview

Arkansas Plan Management Committee

September 7, 2012

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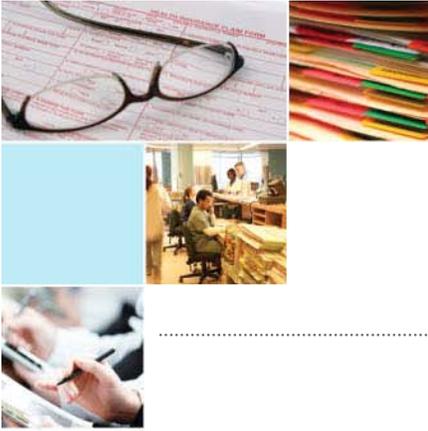
Agenda

- **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.

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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
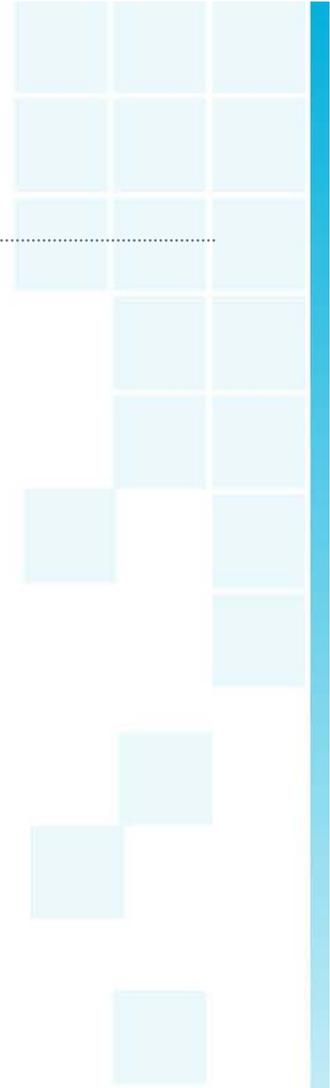
Required Responses

- 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
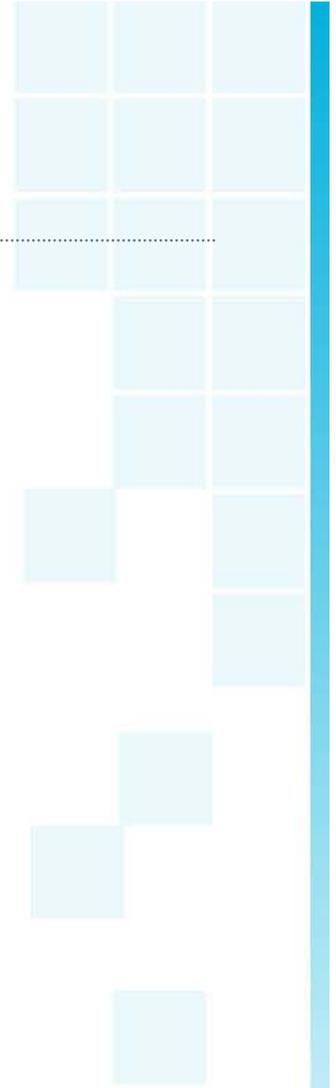
4.2: The QHP Review Process

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.
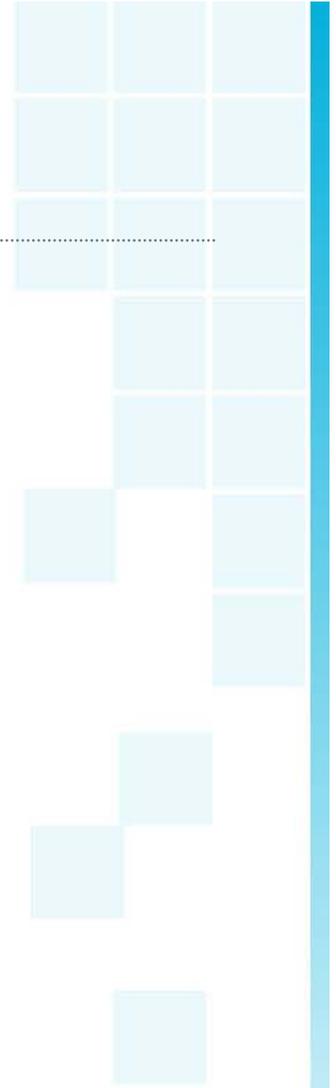
4.4 Monitoring of Certification Compliance

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.
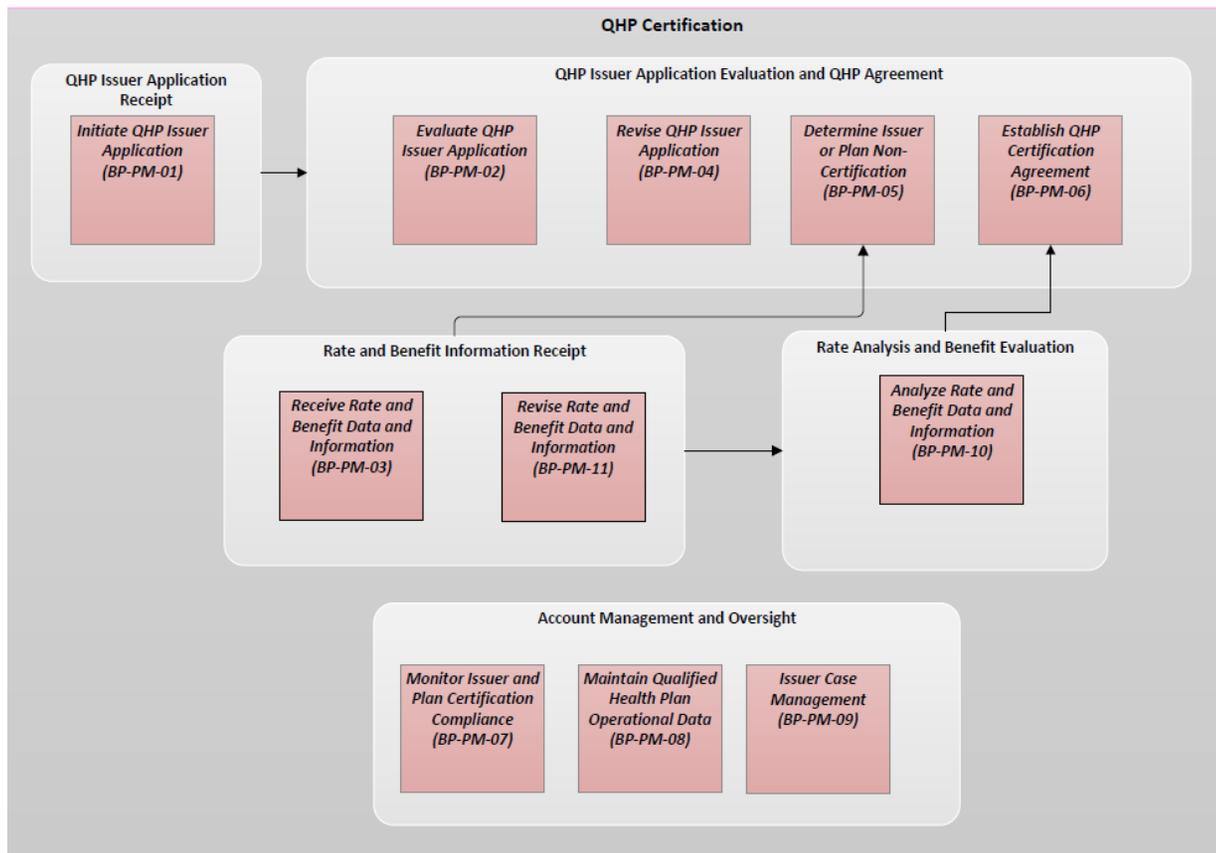
AID Blueprint Responses

- **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*

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AID Blueprint Responses

- **End-to-End Process Model**

AID Blueprint Responses

- **Timeline**

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

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