


Introduction to the Exchange Approval Process



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES
Center for Consumer Information and Insurance Oversight



State Exchange Grantee Meeting
September 19-20, 2011



The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

Agenda

- Introduction
- State-based Exchange standards
- Timing and pathways to State-based Exchange Approval
- State-based Exchange readiness & technical reviews
- Questions & feedback

The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

September 19-20, 2011

Health Insurance Exchanges and the Affordable Care Act

- “Each State, shall not later than January 1, 2014, establish an Exchange.”¹
- An Exchange must:
 - Facilitate the purchase of qualified health plans
 - Provide for the establishment of a Small Business Health Options Program “SHOP”
 - Meet the requirements of subsection (d) (i.e. the minimum functions a State must perform)

1. Section 1311(b)(1)

The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

September 19-20, 2011

Five Core Functions of the Exchange

Consumer Assistance	Consumer support assistors; education and outreach; Navigator management; call center operations; website management; and written correspondence with consumers to support eligibility and enrollment.
Plan Management	Plan selection approach (e.g., active purchaser or any willing plan); collection and analysis of plan rate and benefit package information; issuer monitoring and oversight; ongoing issuer account management; issuer outreach and training; and data collection and analysis for quality.
Eligibility	Accept applications; conduct verifications of applicant information; determine eligibility for enrollment in a Qualified Health Plan and for insurance affordability programs; connect Medicaid and CHIP-eligible applicants to Medicaid and CHIP; and conduct redeterminations and appeals.
Enrollment	Enrollment of consumers into qualified health plans; transactions with Qualified Health Plans and transmission of information necessary to initiate advance payments of the premium tax credit and cost-sharing reductions.
Financial Management	User fees; financial integrity; support of risk adjustment, reinsurance, and risk corridor programs.

The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

September 19-20, 2011

Key Dates for States Seeking Exchange Approval

- September 30, 2011: HHS Technical Assistance contract awarded
- Fall 2011 – Summer 2012: States select technical assistance program
- Dec 30, 2011: Last day to apply for Level 1 Establishment Grant funding
- Spring 2012: Exchange Approval Application released
- Spring 2012: Readiness Assessments begin on first-come, first-serve basis
- June 29, 2012: Last day to apply for Level 2 Establishment Grant funding
- Fall 2012: Start Accepting Exchange Approval Applications
- January 1, 2013: Final Exchange approval and conditional approval decisions made
- January 1, 2013 – Fall 2013: Ongoing technical assistance and readiness assessments for conditionally approved Exchanges

The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

September 19-20, 2011

Readiness Assessments

- Goal:
 - Engage States early to support them in their work towards Exchange approval
 - Minimize burden on States
- Like the IT Gate Review process on which they are based, readiness assessments will be:
 - Collaborative
 - Iterative
 - Inclusive (State, public input, HHS)
- Readiness assessments will be aligned with existing reporting for:
 - Level 1 & Level 2 Establishment Grant reporting standards
 - IT Gate Review process
 - Approval application

The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

September 19-20, 2011

What CMS/CCIIO Can Do For You?

- Provide technical assistance through our team to support you in establishing your Exchange:
 - Webinars
 - Online resources
 - Question/concern triage and assessment
 - On-site visits
- Help you find collaboration partners
- Work with you during readiness assessments and help make sure your State-based Exchange is on track
- Provide assistance with the approval application

The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

September 19-20, 2011

What We Need From You

- Conversations: Early and often
 - What do you need in terms of technical assistance, resources, best practices, etc.
- Collaboration
 - Log onto the Collaboration Application Lifecycle Tool (CALT) and Application Lifecycle Management (ALM), share information, work with other States
- Your feedback
 - amanda.cowley@cms.hhs.gov

The material in this presentation should not be viewed as having any independent legal effect, or relied upon as an interpretation or modification of the related proposed rule or statute. Not all issues or exceptions are fully addressed.

September 19-20, 2011