4.0 PLAN MANAGEMENT

Blueprint Application
November, 2012

4.1 Appropriate authority to perform and oversee certification of QHPs

Federal law requires that a health insurance issuer offering health plans for sale on the Exchange must have a certification issued by or recognized by the Exchange demonstrating that each health plan it offers on the Exchange is a QHP according to the applicable federal regulations. Additionally, federal law requires that the Exchange have in place a process to ensure that QHP issuers meet various other requirements.

In order to meet these federal requirements, the Minnesota Health Insurance Exchange intends to rely upon voluntary extension and application of existing provisions of state law to QHPs offered for sale on the Exchange in 2014 and, where applicable, to QHP issuers with respect to their portfolio of business with the Exchange in 2014. By utilizing this approach, the Exchange will leverage the capacities of existing state regulatory agencies to carry out most components of the certification process, while directly carrying out only some components.

Documentation

Document	Description
Plan Management Guidance	Guidance published by the Exchange in October of 2012, describes its authority to develop and perform issuer and QHP certification.

4.2 QHP certification process

The Minnesota Health Insurance Exchange is collaborating with regulatory partners at the Minnesota Departments of Commerce and Health to design and implement the certification process as required by law. The certification process will ensure issuers and QHPs meet certification requirements for their portfolio of business associated with the Exchange. The certification process for all QHPs and QDPs to be offered during open enrollment will be completed prior to the beginning of the open enrollment period. For 2014, the Exchange will determine that making a QHP or QDP available on Exchange is in the interest of qualified individuals and employers if the issuer and the QHP meet certification criteria related to their portfolio of business with the Exchange. Legislative action during the 2013 session may change the certification requirements and/or process in future years.

Federal Exchange rules establish numerous certification criteria for issuers and qualified health plans. These certification criteria have been addressed through the issuance of the Exchange's guidance on certification criteria, which also includes information about whether the Departments of Commerce or Health will evaluate those certification criteria consistent with their existing statutory responsibilities or whether the Exchange will carry out a specific component of the certification process.

Documentation

Document	Description
4.2 Plan Management White Paper	Details concerning the QHP certification process
Plan Management Bulletin	Minnesota Departments of Health and Commerce joint Regulatory Simplification Bulletin
Plan Management Process SERFF	SERFF Proposed Exchange Process
Plan Management Process State Certification	High level business process flow for QHP certification

4.3 Plan management system(s) or processes that support the collection of QHP issuer and plan data

A key goal of the Minnesota Health Insurance Exchange is to offer a variety of affordable and high quality insurance plans to consumers. The Exchange is focusing on market participation and carrier involvement to promote a high level of value and competition in the Exchange. The Exchange is also committed to the development of effective consumer display and choice architecture that will help consumers understand and compare their health and dental coverage options based on available data.

Documentation

Document	Description
4.3 Plan Management White Paper	Details concerning plan management systems and data collection support processes.
Technical infrastructure contract	Maximus Vendor Contract Exhibit A – business functional requirements
Plan Management IT Process flow	Proposed vendor Health Plan end-to-end process flow

4.4 Ensure ongoing QHP compliance

The Exchange will leverage existing complaint investigation and resolution processes at the Departments of Commerce and Health. The Exchange will also accept complaints specific to Exchange operational issues. The Exchange will also leverage other ongoing monitoring and oversight processes at the Departments of Commerce and Health, such as the Department of Health's monitoring of network adequacy as network changes occur.

Documentation

Document	Description

4.4 Plan Management White Paper	Details concerning plan management ongoing compliance monitoring
Plan Management Process Regulatory HMO	Current HMO Regulatory Process
Plan Management Process Regulatory Non-HMO	Current non-HMO Regulatory Process – Individual and Small Group
http://www.health.state.mn.us/divs/hpsc/mcs/complaint.htm	Minnesota HMO Complaint Form and Process
http://www.health.state.mn.us/divs/hpsc/mcs/reports.htm	Minnesota HMO Reporting Requirements and Oversight Processes
http://www.health.state.mn.us/divs/hpsc/mcs/quality.htm	Minnesota MCO Quality Assurance and Performance Measurement activities
http://mn.gov/commerce/insurance/images/Health-Insurance-Appeal-External-Review.pdf	Process for filing an appeal related to a claim through the MN Department of Commerce
http://mn.gov/commerce/insurance/consumers/tools/complaints/insurance-complaints.jsp	Process for filing a complaint related to an insurance company

4.5 Support issuers and provide technical assistance

The Minnesota Health Insurance Exchange will have systems and staff in place to provide plan issuers with the necessary technical assistance and support activities as needed. Support processes currently in place at the Minnesota Departments of Commerce and Health and SERFF will remain available to Exchange issuers. In addition, the Exchange will directly offer technical assistance on issues specific to Exchange operations and policies.

Documentation

Document	Description
4.5 Plan Management White Paper	Details concerning plan management issuer support
Plan Management Chart	MN HIX Organizational Chart – includes positions provide technical assistance and support to issuers

4.6 Issuer recertification, decertification, and appeals

On an annual basis, a formal recertification process will require issuers to submit a written attestation that they continue to meet issuer- and QHP-level requirements. Modifications to rates and benefits will also be reviewed.

A QHP may be decertified if the plan or the issuer offering the plan falls out of compliance with certification criteria. Issuers will have the opportunity to appeal Exchange decertification decisions. Both the decertification process and the appeals process will be established over the next several months; stakeholders will have the opportunity to provide feedback on proposed processes before they are finalized.

Documentation

Document	Description
4.6 Plan Management White Paper	Details concerning plan management issuer recertification, decertification, and appeals
Technical Infrastructure contract	Maximus Vendor Contract Exhibit A
Plan Management Process IT flow	Vendor Proposed Health Plan End to End Process
Plan Management Process SERFF	Proposed SERFF business process flow

4.7 Timeline for QHP accreditation

Carriers, with respect to their portfolio of business with the Exchange, will be required to obtain accreditation through either the National Committee for Quality Assurance (NCQA) or URAC. Accreditation will occur at the product type level, which will include QHPs offered by the issuer through the Exchange.

The Exchange will require issuers to obtain the appropriate level of accreditation in the third year after the issuer offers a QHP on the Exchange. Thus, a carrier that first offers a QHP during 2014 must obtain accreditation by the end of 2016. To the extent a carrier cannot obtain accreditation due to low volume of enrollees, an exception to this certification criterion will be granted until such time the carrier has sufficient volume of enrollees. In addition, a carrier must take the first step of the accreditation process in the first year in which it offers a QHP.

Documentation

Document	Description
Plan Management Guidance	Published by the Exchange that establishes certification requirements for issuers and QHPs, including those related to timelines for accreditation

4.8 QHP quality reporting

QHP issuers, with respect to their portfolio of business with the Exchange, are required to implement and report on a quality improvement strategy or strategies consistent with the standards of the ACA, disclose and report information on health care quality and outcomes, and implement appropriate enrollee satisfaction surveys. The Center for Consumer Information and Insurance Oversight ("CCIIO") has informed states that these provisions will not be effective under federal rule until 2016. Minnesota will not have requirements related to quality improvement strategies, reporting of health care quality, or implementation of enrollee satisfaction surveys as part of the certification process during 2013.

The Minnesota Health Insurance Exchange is working to devise a methodology for a health plan quality rating system and enrollee satisfaction survey system. The Exchange may institute quality reporting and/or enrollee satisfaction survey administration requirements and/or quality improvement strategy requirements after the 2013 certification process that could be effective prior to 2016.

Documentation

Document	Description
Plan Management Guidance	Outlines QHP certification criteria, which clarifies that no quality reporting requirements will be required as part of the 2013 certification requirements