

4.6 ISSUER RECERTIFICATION, DECERTIFICATION, AND APPEALS

Recertification

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

State regulators at the Minnesota Departments of Commerce and Health will also carry out monitoring and oversight of participating issuers consistent with existing statutory authorities as described in Section 4.4. During the course of carrying out these existing responsibilities, state regulators may learn about compliance issues that trigger a thorough investigation related to compliance with a specific certification standard. In addition, the Exchange will establish a process by which stakeholders may share concerns related to an issuer that may serve as grounds for a more thorough investigation of an issuer's activities related to a certification standard. One potential outcome of such an investigation may be a finding from either the Department of Health or Commerce that an issuer is out of compliance with a certification standard, which would be grounds for decertification if the issuer does not remedy the compliance issue.

Decertification

A QHP may be decertified if the QHP or the issuer offering the QHP falls out of compliance with certification criteria. The decertification process will include a recommendation from either the Department of Health or Commerce about the grounds for potential decertification, a written communication from the Exchange about the potential decertification, and an opportunity for a carrier to appeal the decertification. Details of these processes will be established in the future and stakeholders will have an opportunity to provide feedback on proposed processes.

For any issuers or qualified plans that are decertified, a special enrollment period would be available to enrollees to select new plans. The Exchange will determine a process to ensure enrollees are notified consistent with federal requirements of their need to select new plans. The Exchange will also determine any additional steps that may be necessary to ensure SHOP participants (both employers and employees) are notified they need to select a new plan under these circumstances.

Issuer Appeals of Decertification

Issuers will have the opportunity to appeal Exchange decertification decisions. The structure of the appeals process will be determined in the future and stakeholders will have an opportunity to provide feedback on a proposed appeals process.

The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specifically, the areas within the Contract referenced for this area are: Exhibit A – Business Functional Requirements, *Pages 1-2 and also Section VI – Module 4, A-C.*