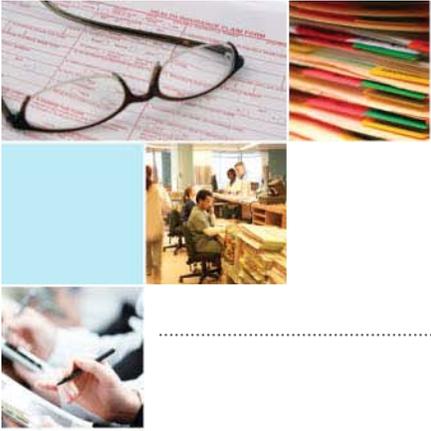


Proposed QHP Application Content

Arkansas Plan Management Committee

October 5, 2012





Agenda

- Application Overview and Contents
- Two-Part Application Submission
 - Issuer level
 - Plan level

AID QHP Process Overview

- Process begins with a general announcement about AID QHP application, the exchange application process, timelines, and instructions for submission, including:
 - Account manager contact information;
 - Date that AID will begin accepting applications (TBD) and deadline for filing issuer and QHP applications (end of April 2013, tentatively);
 - AID divisions responsible for review (HBEPD, Life and Health, etc);
 - Instructions for issuer-level application as well as rate and benefit submission (CCIIO may issue clarifications regarding product level reviews);
 - Electronic Application access instructions ('Request for QHP Application Access').

Two-Part Application

- Issuer-Level Application
 - This information is carrier-specific and will only need to be submitted once for all related initial QHP application submissions.
- QHP Rate and Benefit Submission
 - This information will be submitted for each plan and will include benefits, cost-sharing, and other plan data.
- QHP application data elements have been drafted by the NAIC for the issuer-level and benefit level and will be outlined in the following slides.

Issuer-Level Application Information

Administrative Data

- In this section, applicants submit information describing their organization. (Most of the data elements in this section will be pre-populated from the Request for QHP Application Access and HIOS, when available).
- *Examples: Issuer and Company Name, Address, Contact Information, Network Provider List URL*

Issuer-Level Application Information

State Licensure

- In this section, applicants submit information describing their organization. (Most of the data elements in this section will be pre-populated from the Request for QHP Application Access and HIOS, when available).
- The application will contain an overview of the AID Finance Division review process, including the NAIC Uniform Certificate of Authority Application (UCAA), expected timelines, any specific supporting documentation required, and information about market conduct exams and other licensure review processes.
- *Examples: Licensure Supporting Documentation (file attachment), Licensure Narrative, Expected Date of Licensure*

Issuer-Level Application Information

Solvency

- In this section, applicants must attest that they meet state solvency requirements. AID may want to outline any requirements for supporting documentation.
- *Examples: Solvency Supporting Documentation(file attachment), Solvency Narrative, Corrective Action Narrative*

Issuer-Level Application Information

Network Adequacy

- The application will require that issuers meet Network Adequacy guidelines as outlined in the Plan Management Blueprint, including:
 - *Conditional or full accreditation that includes an evaluation of the issuer's network; or*
 - *Statement detailing the issuer's ability to meet network adequacy standards including the requirements related to essential community providers and federal health care centers and evidence that issuer has applied for accreditation.*
- Procedures and policies related to adequacy and quality must be accredited by year two of exchange operation according to the AID accreditation timeline included in the Plan Management Blueprint.
- SERFF network adequacy data elements include provider-enrollee ratios and time/distance measures for each QHP network that the applicant will include in the rate and benefit submission.

Issuer-Level Application Information

Essential Community Providers

- In this section, applicants must denote the Essential Community Providers with which they have contracts for each network in which they plan to provide coverage. This must be provided for each service area to which the applicant is applying for QHP certification.
- *Examples: Essential Community Provider Name, In-Network Indicator, Alternative Documentation for Non-Standard Essential Community Providers*

Issuer-Level Application Information

Accreditation

- Applicants must indicate whether or not they currently have accredited products, per AID guidelines:
 - *For QHP issuers that are not already accredited, Arkansas will require them to schedule accreditation within their first year of being on the Exchange. Their procedures and policies related to adequacy and quality must be accredited by year two. By the fourth year, all carriers wanting to participate in the Exchange must be accredited to apply for QHP status. If HHS provides guidelines or clarification on required accreditation timelines, AID is prepared to comply with those timelines. (Plan Management Blueprint).*
- *Examples: Accreditation Organization Identification Number, Accrediting Entity, Accredited Product, Market Type*

Issuer-Level Application Information

Complaint Tracking

- Complaint tracking requirements are outlined in *AID Rule and Regulation Section 44 – Complaint Registers*; AID may want to consider restating the rule in the QHP application.
- At a minimum, the insurers are required to keep a complaint log that lists the number of complaints by line of insurance, function, reason, disposition, and states of origin and that log shall be compiled not less frequently than annually. This information must be available for review at the Commissioner’s request and/or during any market conduct review.

Plan-Level Application Information

Plan-Level Application Information

Essential Health Benefits

- The application process for benefit information will be conducted through SERFF, but an overview and instructional guide could be included in the application. Plan benefit data that includes essential health benefit, cost-sharing, limitation, and other relevant information.
- The application should include a checklist of essential health benefits required for QHP certification in Arkansas

Plan-Level Application Information

Benefit Cost-Sharing Data

- This section will outline the process of submitting cost-sharing data to the AID Life and Health Division via SERFF and the process for revisions. Data should be consistent with typical benefit and rate submissions but will also require **Summary of Benefits and Costs (SBC) scenario results.**
- *Examples: Tier, Coinsurance, Copayment, Exclusions*

Plan-Level Application Information

Summary of Benefits and Costs (SBC) scenario results

- The National Association of Insurance Commissioners (NAIC) released a sample SBC document that a plan would have to make available to the public. In this document, plans must submit three treatment scenarios (having a baby, treating breast cancer, and managing diabetes) and the cost for each one. For each treatment situation, the Coverage Example helps show how deductibles, copayments, and coinsurance can add up.

Plan-Level Application Information

Product Information – Plan Data and Cost Sharing

- This section of the application will outline the requirements for submitting plan information that does not vary by the individual health benefit and is not captured in the issuer application.
- *Examples: Product Name, Administrative Fees, Maximum Out-of-Pocket benefits, Plan Effective and Expiration Dates, Deductible In-Network and Out of Network*

Plan-Level Application Information

Attestations

- Required attestations of compliance with QHP certification criteria as set forth in 45 CFR Part 156 and AID Rule and Regulation for each plan submission
- For example, AID may require issuers to attest to compliance with:
 - General compliance with issuer participation standards and user fees
 - Implementation and reporting on Quality Improvement strategies
 - Compliance with standards relating to the risk adjustment program
 - Licensure and good standing
 - Essential community providers
 - Marketing standards

QHP Application Development Timelines

- **Timeline**

Date	Milestone
11/15/2012	<i>QHP application developed</i>
1/15/2013	<i>Begin accepting applications</i>
4/15/2013	<i>QHP and issuer application deadline</i>
6/21/2013	<i>Deadline for certification by CCIIO</i>



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