

Developing the Federally-Facilitated Exchange



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.

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- Key Federally-facilitated Exchange milestones
- Key operational challenges
- Exploring interfaces between State and HHS in standing up a Federally-facilitated Exchange

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Five Core Functions of the Exchange

Consumer Assistance	Consumer support assistants; 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.

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Gearing Up

- HHS is fully engaged in defining the Federally-facilitated Exchange and implementing a comprehensive work plan.
- HHS will make investments in the remainder of 2011 and in 2012 to stand up the Federally-facilitated Exchange.

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Key Operational Goals

- Manage work streams under annual open enrollment
- Develop internal controls to insure program integrity
- Protect data
- Develop operational interactions between HHS and States
- Meet timeline

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Exploring Interfaces between States and HHS in standing up a Federally-facilitated Exchange

- Departments of Insurance and Medicaid Offices
 - Traditional roles and responsibilities
 - Approach to the Affordable Care Act insurance market reforms
 - Exchange flexibility
- Work Streams between States and HHS
 - Data sources and sharing
 - Existing and new workflows involving State-HHS handoffs
 - Appeals and other disputes
 - State and HHS accountability

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