

**New York Health Benefit Exchange
Implementation Review
Section 4.0 Plan Management
August 13, 2013**

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4.1 Appropriate Authority to Perform and Oversee Certification of QHPs

The appropriate authority to perform and oversee certification of the QHPs remains unchanged from the Blueprint submitted on [October 26, 2012](#).

4.2 QHP Certification Process

On January 31, 2013, the Department of Health (DOH) released the Invitation to Participate in the New York Health Benefit Exchange. The Invitation, along with its template attachments, and corresponding questions and answers, can be found on the [Invitation page](#) of the Health Benefit Exchange informational website. The DOH, in conjunction with the Department of Financial Services (DFS), held many meetings to with health plan CEOs to discuss the important aspects of participating in the New York Health Benefit Exchange, including product limitations, product offerings, timing of rate review, and network adequacy. The meetings were held at least once a month, and at times more frequently, prior to the Invitation being issued.

On April 15, 2013, the DOH received applications to participate from 19 health insurers and 11 dental carriers. Two plans were not approved to offer QHPs in the Exchange. The first insurer was financially impaired for the past two years, and had consistently performed poorly over the past three years. The second insurer had not applied for licensure at the time of the application, which was a participation requirement. A third plan withdrew its application from New York, as well as several other states. On July 17, the Department of Financial Services [announced](#) its approval of the Qualified Health Plan rates submitted by 17 medical insurers. On average, the rates for individuals to purchase health insurance dropped by 53%, which does not include the impact of federal assistance.

The following health plans have been approved by DOH to offer health insurance in the New York Marketplace:

- Affinity Health Plan, Inc.
- American Progressive Life & Health Insurance Company of New York
- Capital District Physicians Health Plan, Inc.
- Health Insurance Plan of Greater New York (EmblemHealth)
- Empire BlueCross BlueShield
- Excellus (Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY)
- Fidelis Care
- Freelancers Co-Op
- Healthfirst New York
- HealthNow New York, Inc. (Blue Shield of NENY; Blue Cross Blue Shield of Western NY)
- Independent Health
- MetroPlus Health Plan
- MVP Health Plan, Inc.
- North Shore LIJ
- Oscar Insurance Corporation
- United Healthcare of New York, Inc. (United, Oxford)

The following dental carriers were also approved:

- Delta Dental Insurance Company
- Dentcare
- Dentegra Insurance Company
- Emblem
- Empire BlueCross BlueShield (Empire Health Choice Assurance)
- Guardian
- Healthplex
- MetLife
- Solstice

4.3 Plan Management Systems

Demonstration of NAIC validation of a SERFF connection can be found in the attached document entitled “CCIIO Status for Connectivity_NY”.

4.4 QHP Compliance

Please see Section 2.4, regarding the processing of consumer complaints. With respect to oversight of the insurers, the DOH and the DFS have had extensive experience with joint agency regulation of the health plans and the agencies will continue this effort. In addition to the information set out in Section 4.4 of the Blueprint submitted on October 26, 2012, the attached document entitled “Section 4.4 DOH and DFS Delineation of Agency Oversight” summarizes the respective roles of the agencies in regulating health maintenance organization under existing law. The DOH will continue to work with the DFS in ensuring insurers continue to comply with state and federal exchange laws and regulations.

4.5 Support Issues

The DOH has provided the health insurers with several forums to discuss technical issues. Monthly in-person technical meetings with the health plans began fall 2012 and transitioned to weekly technical calls held every Wednesday. Every Friday the DOH meets with the systems integrator, CSC, internally to

discuss various transactional questions and issues raised by the health plans, and provides the answers and guidance to the health plans via the technical calls, as well as over the Plan Management list serv. A sample of the list distribution is attached. In addition, Plan Management facilitates Early Adopter meetings, which are meetings held with three insurers to test 834 and 820 transactions, as well as Group Set Up transactions. All scenarios and error reporting is regularly distributed to all insurers through Plan Management list serv.

4.6 Issuer Recertification, Decertification and Appeals

The approach for oversight, recertification and decertification remains unchanged from the [October 26, 2012 Blueprint](#).

4.7 Timeline for QHP Accreditation

The timeline for accreditation remains unchanged from the [February 15, 2013 Blueprint Summary](#).

4.8 QHP Quality Reporting

Per Section II.E. of the Invitation, health insurers are obligated to adhere to the state's Quality Assurance and Reporting (QARR) requirements, which incorporates HEDIS and CAHPS measures. The health insurers will also be obligated to ensure that their quality programs address the six main categories of quality improvement under the ACA – improving health outcomes, reducing readmissions, improving patient safety and reducing medical errors, improving wellness and promoting health, and reducing health care disparities. They must also ensure their quality programs serve to improve access to mental health services.

Quality measures will be collected from the health insurers and used to rate the QHPs that are for display on the Exchange. For more information about this process and how the information will be displayed, please see the attached document entitled "4.8 FDD Receipt of Quality Data from QARR".