New York Health Benefit Exchange

HEALTH PLAN TECHNICAL GROUP ELIGIBILITY AND ENROLLMENT

October 17, 2012

ENROLLMENT PROCESS

- Submit single, streamlined application to the Exchange QHP, Medicaid, CHIP
 - Online
 - Phone
 - Mail
 - In Person

Seamless System of Enrollment

- Single, streamlined application for all insurance affordability (IA) programs- APTC, Medicaid, CHP.
- Website that provides program information and facilitates enrollment in all IA programs
- Coordinated verification policies across Medicaid, CHIP and the Exchange
- Exchange makes Medicaid MAGI/CHIP eligibility determination using state Medicaid/CHIP rules/standards

Advanced Premium Tax Credit (APTC)

- □ Paid on a sliding scale, from 100% of FPL to 400% of FPL
- Generally calculated based on attested projected annual income for the upcoming coverage year, verified based on prior year tax data or other trusted electronic data sources.
- Maximum APTC calculated with reference to income and applicable second lowest cost silver plan.
- Reconciled by IRS at tax return, with potential repayment liability if income ends up higher than projected or family circumstances change.
- Limited circumstances require documentation or eligibility calculation based on income from a prior tax year.

Advanced Premium Tax Credit (APTC) & Cost Sharing Reductions (CSR) Payments

- The Exchange transmits enrollment information regarding APTC and advance CSR amounts:
 - To the QHP issuer to effectuate coverage and implement APTCs and CSRs, and
 - To HHS to process and make monthly advance payments to QHP issuers
- It is anticipated that the Exchange will reconcile enrollment information, including APTC and advance CSR amounts, with QHP issuers and HHS on a monthly basis

APTC & CSR Payment

HHS/Treasury plans to:

- make monthly APTC payments to QHP issuers
- make monthly advance CSR payments based on approved issuer estimates
- reconcile advance CSR payments made to actual cost-sharing reduction amounts at the end of the benefit year

Individual Market - Subsidized

- Not eligible for APTC if eligible for minimum essential public coverage (e.g. Medicaid, Child Health Plus)
- **Ex:** Family of three at 250% FPL
 - Husband /Wife eligible for APTC and CSR, enroll in QHP
 - Child is eligible for Child Health Plus, enroll in CHPlus plan

Exchange Communication

- Important to report changes in circumstance/life changes to Exchange
- May impact IA program eligibility, amount of APTC, eligibility for special enrollment, coverage tier (e.g. single, family coverage):
 - Child ages out of CHP and parents seek to add child, switch from couple coverage to family coverage
 - Income increase
 - Marriage or divorce

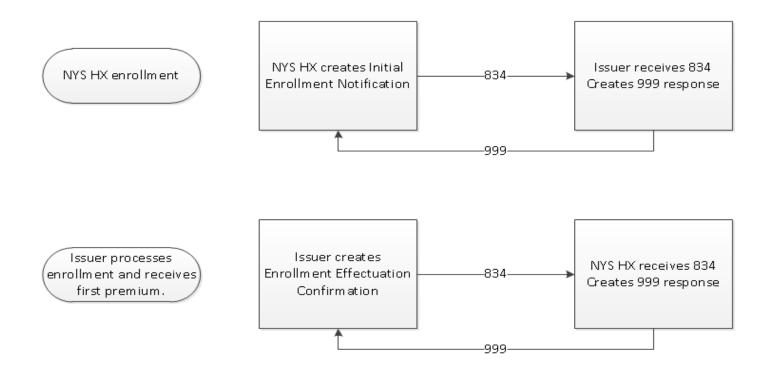
Expected Uses of 834 in an Exchange Environment

- Required by NYS for enrollment transactions
- Initial enrollment
- Enrollment Reconciliation
 - Exchange and Plans
 - HHS and Exchange
- Enrollment changes
 - Address Changes
 - Disenrollment
- Enrollment additions/deletions due to qualifying events

Exchange Function: Enrollment

QHP Selection	Data Transmission	Enrollment	Reconcile
 Qualified Individuals (QI) can compare plans and select a Qualified Health Plan (QHP) on the Exchange Website 	 The Exchange sends enrollment information in the 834 format to QHP issuers and to HHS 	 Issuer accepts enrollment or denies enrollment via 834 	The QHP, the Exchange and HHS reconcile enrollment records each month
 Eligibility determinations; re: APTCs and CSRs, will be performed by the Exchange 	 The QHP acknowledges receipt of enrollment information in the 999 transaction format 	 Exchange acknowledges via 999 	

834 / 999 Creation and Acknowledgement



Ver. 1.0 0 ctober 2, 2012

HHS Developments

- □ Approved 834 version 5010 A1
- Review of specific locations for Exchange data elements ongoing
- Exchange will create new Companion guide

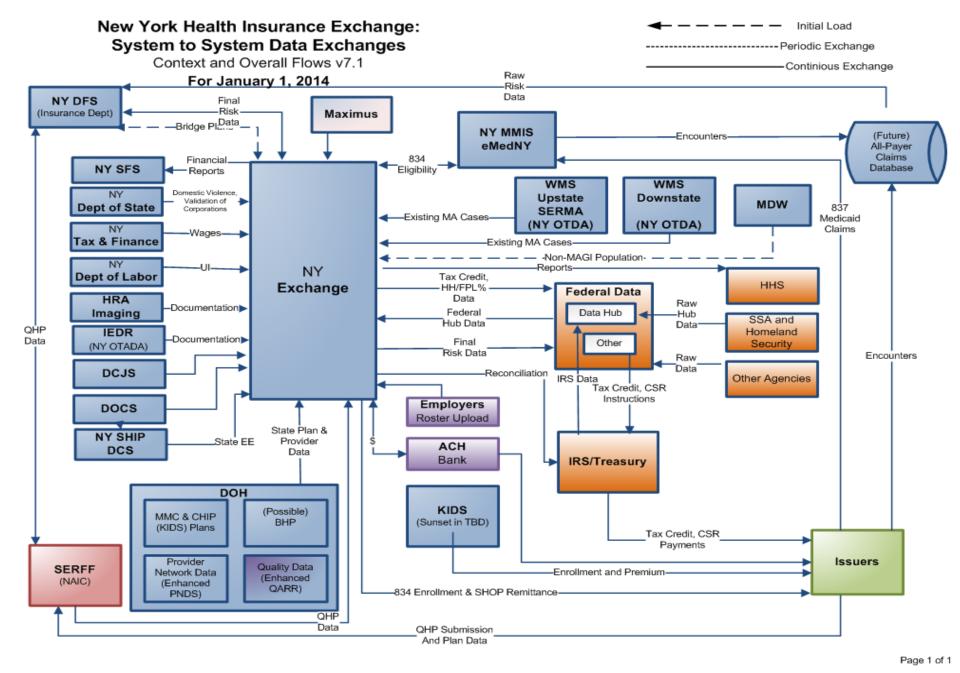
Plan Usage of 834

- Do you use 834?
- □ Who do you exchange 834 with?
- □ How do you currently transmit the 834?
 - SFTP
 - Web Service
 - VPN

Do you take advantage of the ability to mutually define data items in the standard?

NYS Expectations

- □ Will use the 834/999 process
- Mirror CMS as possible
- Take into account specific items leveraged by NYS plans



Next Steps

- HHS companion guide
- NYS companion guide
- Feedback
 - Send any comments, questions or concerns to:
 - Joe Gagnon
 - jfg03@health.state.ny.us
 - 518-474-1727
- Next meeting