New York Health Benefit Exchange

Detailed Design Review Summary for Section 4.0 Plan Management October 9-10, 2012

Item Number	Topic
4.0	Plan Management: Proposed Exchange/PNDS Solution and Concept of Operations

Background

Federal law requires that the New York Health Benefit Exchange (Exchange) ensure that the provider network of each Qualified Health Plan (QHP) offered in the Exchange meets the following standards:

- It includes essential community providers ;
- It is sufficient in number and type of provider, including providers that specialize in mental health and substance abuse services, to ensure that all services will be accessible to consumers without unreasonable delay; and
- It is consistent with the network adequacy provisions of Section 2702(c) of the PHS Act.

Federal and state rules place similar network adequacy requirements on health plans offered to Medicaid and Child Health Plus enrollees.

One of the responsibilities of the Exchange is to receive and store each plan's provider network. This network data will be used by consumers as they shop plans and make decisions about what plan best meets their needs. The Plan Management team has been tasked with designing the Plan Management process and will incorporate the Provider Network data into the model.

The current Provider Network Data System (PNDS) maintains all required provider data including: the provider's identification number (e.g. license number, DEA number); provider type (e.g. hospital, physician); provider's location; and other information necessary for state regulators to determine network adequacy. A decision was made to use the data currently maintained in PNDS by enhancing the system to meet the needs of the Exchange.

Proposed High-Level Architecture Solution

To meet Exchange requirements and, simultaneously, enhance the PNDS environment both for Exchange purposes and ongoing DOH program needs, the following high-level solution is proposed. This solution involves both new Exchange development work and enhancement to the PNDS environment.

New Development

New development work is primarily focused on developing SOA-based Web services which will allow the Exchange to access the provider directory data collected and stored in the PNDS environment.

Web services will need to be developed which "front-end" the PNDS data repository. This architectural approach is not only consistent with the technology requirements for the Exchange, but also positions PNDS to be accessed by other applications through the consumption of these Web services.

Two categories of Web services will be required. They are:

- Get Network Provider Data- a Web service(s) which accesses the provider network data for a given plan and sends it to the requesting Exchange Web client.
- Get Network Adequacy- a Web service(s) which accesses network adequacy indicators associated with a given plan's network provider directory and send it to the requesting Exchange Web client.

PNDS Enhancements

Enhancements to the internal PNDS environment are also anticipated. Currently, insurers send their provider directory data annually for commercial plans and quarterly for Medicaid Managed Care Plans and CHP plans. For Exchange purposes, monthly updates will be required. This change in frequency may necessitate enhancements to the PNDS.

Updates to the PNDS data model may also be required to accommodate Exchange requirements.

Concept of Operations

The diagram below shows both the PNDS and Exchange systems, along with SERFF. Qualified Health Plans (QHPs) are first certified in SERFF and then loaded into the Exchange. This process triggers an event in the Exchange which activates the "Get Provider Data" Web service tied to the PNDS data repository. The service sends back to the Exchange the requested provider network data for the specified plan. Also invoked by the Exchange is the "Get Network Adequacy" Web service that sends network adequacy indicator information housed in PNDS to the Exchange for the specified plan.

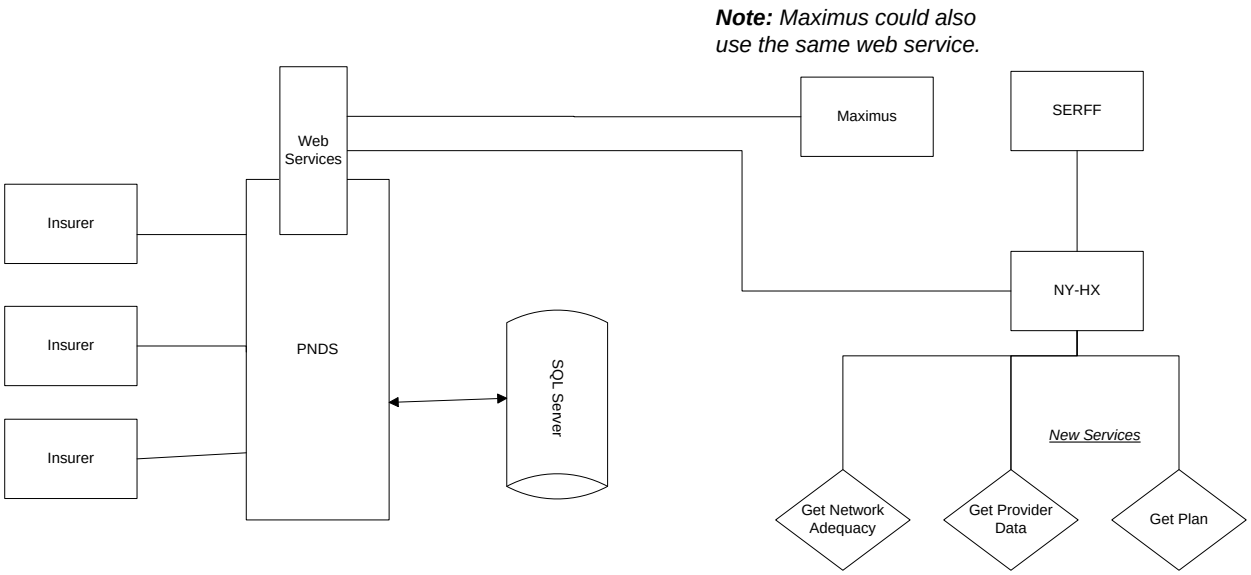

Figure 1- Proposed High-Level Exchange-PNDS Architecture Solution

In this diagram, the Web services server resides in the PNDS environment, but an altered architecture could support the Web services server residing in the Exchange environment.

A summary of solution assumptions follows:

- PNDS would host the web service(s). This would need to be built / developed.
- NY-HX would call the PNDS web service and retrieve the provider network data whenever plan data is received from SERFF (irrespective of any action from SERFF, e.g.: certify or recertify)
- A common plan identifier will have to be used by both PNDS and SERFF so that plans can be matched up with the right provider network data.
- A batch process would be defined to run either every day or every week (TBD) to retrieve provider network data updates from PNDS (using the same web service) and reconcile it with NY-HX. This would allow the Exchange web portal to stay in sync as state regulators review and edit provider network data received through PNDS from the health plans.
- The same web service could be used by other entities to pull available provider network data from PNDS. These entities could include Maximus, Navigators, insurance brokers and other third parties who assist consumers in selecting a health plan.
- An evaluation of the PNDS architecture will need to be accomplished to identify additional requirements necessary to handle the increase in volume

Outstanding Questions

1. Will PNDS or the Exchange host these web services?
2. Can the development and enhancement timelines be synchronized between Exchange and PNDS to meet the Exchange implementation timeline? If not, can a phased development effort be followed?