Carrier Participation

A key goal of the Exchange is to have a viable market with an optimal number of plan offerings. Every major health plan writing in New York State has expressed a high level of interest in participating in the Exchange. Many of the health plans operate multiple lines of business in varying markets, including commercial, HMO, Medicaid, Family Health Plus and Child Health Plus. The Exchange anticipates health plans offering a similar sampling of their respective lines of business through the exchange markets.

In addition, every major dental carrier has expressed an interest in offering stand-alone dental products in the Exchange, and the Exchange anticipates stand-alone dental products being offered throughout the state.

Finally, the Exchange is researching the number of CO-OPs in the state and their anticipated level of participation.

The Notice of Intent to participate in the Exchange, which will be distributed in January 2013, will further assist the Exchange in evaluating the level of participation in each area of the State, the lines of business being offered, and participation in the individual or SHOP markets.

Plan Management System Overview

The data from the health plans will be collected from various sources and compiled for display on the Exchange web site. In sum, data will be sent to the Exchange via a completed application, through SERFF, through the Provider Network Data Services system, and from the system that collects the Quality Assurance Reporting Requirements. Medicaid Managed Care information and Child Health Plus data will also be sent from the Department of Health to the Exchange for placement on the web site.

Please see the corresponding Plan Management Business Requirements Document, which has more detail with respect to data collection and display of health plan information.