

New York Health Benefit Exchange

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

<u>Item Number</u>	<u>Topic</u>
4.6	Issuer Recertification, Decertification and Appeals

Transitioning Enrollees to new QHP

Currently, New York State law and Medicaid Managed Care requirements govern the transition of enrollees. Under lan's Law, issuers who offer group health plan coverage, must provide at least ninety (90) days notice prior to the date of discontinuance of coverage. This also provides the enrollees of the group health plan a special enrollment period to select another available health plan. The Exchange will work with the Department of Financial Services, which is the entity responsible for enforcing lan's law, to determine whether this law will meet the needs of the SHOP Exchange in transitioning individuals to a new QHP.

Also, with respect to the individual market, issuers are currently required by the Department of Financial Services to adhere to varying time frames when termination of coverage is required. If a plan is discontinued, the issuer must provide the enrollee with not less than five (5) months notice and the individual is entitled to a special enrollment period into another plan. If an issuers decides to withdraw completely from the individual market, at least 180 days notices must be provided to the Department of Financial Services and to the enrollee. The Exchange will work with the Department of Financial Services to determine whether this law will meet the needs of the individual Exchange in transitioning individuals to a new QHP.

For Medicaid Managed Care enrollees, the Department of Health requires managed care plans to adhere to varying notification requirements that vary with the circumstances under which the individual is being disenrolled. Generally, the managed care plans are required to provide at least thirty (30) days prior notice of disenrollment. The Exchange will work with the Department of Health to determine whether this is an adequate process for ensuring enrollee transitions to a new QHP.

The Exchange proposes that at the time a determination is made that a QHP will be decertified, or a QHP certification is not renewed, new enrollment into the QHP will be suspended. The Exchange will notify the Department of Financial Services and/or the Department of Health of the determination and work with the respective agency to establish a process to ensure adequate notice and transitioning of enrollees will take place.

Approach to recertification, decertification and appeal of decertification

The Exchange is still developing its detailed process for recertification, decertification and appeals of decertification. In general, the Exchange's strategy for recertification will be to the same process in place for certification.

With respect to decertification, the Exchange will use its authority to decertify a QHP that is no longer meeting the Exchange requirements. The Exchange will continue to monitor in collaboration with the respective agencies, the elements of participation, including solvency, quality reports, complaints, grievances, network adequacy, marketing, transparency reporting, and pharmacy reporting. The Exchange has yet to establish thresholds that will cause decertification, and is currently exploring unresolved agency sanctions, quality issues, and recertification failures as possible standards. It also considering a process for voluntary decertifications.

The appeals process for QHPs facing decertification is currently under development. As discussed in Section 2.4, issuer questions and complaints will be handled through the Exchange Customer Support Center. We anticipate that most issues will be resolved through this process. In the event that the Exchange determines that a QHP must be decertified, the QHP will receive written notice of this determination and the opportunity for a hearing prior to decertification. The hearing will be before the Commissioner of Health or his designee.