Updates & Announcements
Proposed Rules

• Essential Health Benefits
  – State mandated benefits may be included in EHB if enacted by December 31, 2011
  – Adult dental and vision may *not* be included in EHB

• Actuarial Value Calculations
  – Issuers have a variance of ±2% to reach metal tiers
  – States may submit state-specific data for AV in 2015

• Single Risk Pool
  – Individual and small group markets will have only one risk pool each. States may merge the two markets, if desired.
Proposed Rules

- Health Plan Rating
  - **Family**: premiums are a sum of each family member’s premiums (all adults age 21+ and the 3 oldest family members under age 21)
  - **Small Group**: premiums are the sum of the employees’ premiums
    - Employers may choose how to distribute premiums among employees
  - **Geography**: States may determine rating areas (7 max)
  - **Age**: A rating curve is established. States may choose their own curve with CMS approval.
Adoption of
EAB Meeting Minutes
from November 14, 2012
Final Recommendations from Advisory Subcommittees on Exchange Market Regulation
Market Participation

Should carriers participate in both the individual and small group markets?

— Recommendations are split:
  
  • Carriers should be able to participate in either one or both markets in the Exchange
  
  • Require carriers to participate in the same markets inside the Exchange that they do outside the Exchange

— Other related recommendations:

  • Carriers should not be required to participate in the Exchange
Plan Offerings

Carriers are required under Federal law to offer one plan at the silver and gold levels. Should they be required to offer more?

– **No.** Carriers should be allowed to offer additional levels at their discretion, but it should not be mandated.
  
  • It is believed that carriers will still offer additional plans in response to market demand, even without a mandate
  
  • The more flexibility given to carriers, the more opportunities they have to operate in the Exchange
Plan Coverage Area

Should health plans be required to be offered statewide, as opposed to being offered as regional coverage?

– Recommendations are split:

• Carriers should cover the same area inside the Exchange that they do outside the Exchange

• Carriers should offer at least one statewide plan and other regional plans as desired

• Allow carriers to participate in the Exchange on a regional basis with the intent to increase coverage area over time, perhaps with a deadline

• Statewide coverage should be encouraged
Should health plans offered on the Exchange be standardized?

- **No.** Carriers should have the flexibility to create health plans as they see fit.

**Standardization of plan presentation format:**

- Comparison view should be “apples to apples”
- Consumers should be able to see plan exclusions
- Information should be at the 6th grade reading level
- “Click to Chat” feature could be helpful
Network Adequacy

How should network adequacy be determined?

– The current broad network adequacy standard should remain status quo

– Exchange should adopt one of the methods used by CHIP or the state employee plan to measure network adequacy
Discussion Themes

• Goal: Flexibility & options in the marketplace

• Minimal Regulations
  – Flexibility for carriers to encourage participation
  – Avoid regulations that may exclude or discourage carriers from participation
    • More carriers mean more coverage options and broadly shared risk
  – Balance the desire for “minimum regulations” with the need for regulations that prevent carriers from “cherry-picking” markets or coverage regions
Exchange Market Regulation
Advisory Board Discussion
One, Mississippi Presentation
Mississippi Exchange
Project Review

December 12, 2012
Mississippi Exchange Background

• Provide access to health insurance for Mississippi’s uninsured populations
• Affordable coverage for all Mississippians

• Allow participants to select from multiple health plans
• Increased consumer choice keeps costs down and increases health care options

• Website and phone sign-up capability
• Multiple ways to select a health plan
A simple, intuitive consumer portal

A toll-free call center – 75,000 interactions per month

A Private Exchange with familiar features
  a) Plan Management
  b) Plan Selection
  c) Enrollment
  d) CRM
  e) Issuer Interfaces
  f) NCQA Quality Ratings

Compliance dashboard
  a) Licenses
  b) Appointments
  c) Other regulatory requirements

Proven at scale
  a) Serviced millions of users
  b) 12,000 health plans
  c) 3,000 brokers
  d) Operational in 48 states
The Mississippi Approach

- Market based solution
- Options for Individuals and Small Businesses
- Open to all insurance carriers wishing to participate
- Broker toolkits and support
- Jobs for Mississippi
Project Framework & Outcomes

**Framework**

- Focus on Core Requirements to meet 10/2013 Open Enrollment
- Leverage Market Proven Software Infrastructure and Processes
- Proactively Manage Risks and Issues
- Collaborative approach to share knowledge and reduce risk

**Outcomes**

- HHS certifies the Blueprint Application as a State-based Exchange
- Exchange Go-Live by 10/2013
- The Exchange is integrated with MID & DOM systems
- Customer Call Center is operational in Mississippi
Getinsured Solution for Mississippi

- Dramatic advantage in total cost of ownership
- Assets and services available for reuse
- Results-based
- Integration with other systems

Getinsured Financial Management Suite
- MAGI Eligibility Determination Engine
- Getinsured Plan Management Suite
- Getinsured Enrollment Management Suite
- Getinsured Financial Management Suite
- Getinsured Plan Selection Engine

Individuals: Getinsured Comparison Shopping Suite
Employers & Employees: Getinsured Small Business SHOP
CSRs: Getinsured Customer Service Dashboard
Brokers & Navigators: Getinsured Broker/Navigator Dashboard
Exchange Administrator: Getinsured Administrator Dashboard
Issuer: Getinsured Insurer Portal

External Business Services
- SERFF
- Federal Data Hub
- MS Insurance Department
- Division of Medicaid
- External Business Services

Getinsured Customer Service Dashboard
Getinsured Broker/Navigator Dashboard
Getinsured Administrator Dashboard
Getinsured Insurer Portal
Program Structure & Stakeholders

- **Executive Sponsor**: Lanny Craft, Comprehensive Health Insurance Risk Pool Association
- **Project Oversight**: CSG Government Solutions
- **Project Team**: Getinsured

**Stakeholders**
- Division of Medicaid
- Mississippi Insurance Department
- Insurance Carriers
Project Timeline and Approach

- **Planning**
- **Requirements**
- **Design / Configuration**
- **Build / Test**
- **User Validation**
- **Training**
- **Business / Operational Readiness**
- **Stabilization**
- **Operations and Support**

### Key Dates
- **10/1/2013:** Open Enrollment
- **1/1/2014:** MS HIX Operational
- **1/1/2015:** MS HIX Self Sustaining

- **Customize Proven Software**
- **Manage Issues and Risks**
- **Monitor and Control**

**PMO**

**We are here**
Other Business & Closing Remarks