


## Health Benefit Exchange (HBE) Planning Grant Key Implementation Decisions and Activities



**Interagency workgroup mission:** The Interagency Workgroup conducts research and analysis that will assist and support the Governor, the Iowa Legislature, and consumers in making key decisions necessary to implement the Affordable Care Act to benefit Iowans.

### Decision and Activities

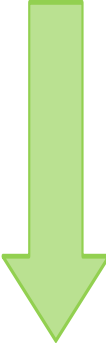
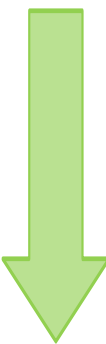
### Considerations

<p><b>October 2010</b></p> 	<p><b>Should Iowa establish a state-level insurance exchange or allow the federal government to operate an exchange in Iowa?</b></p>	<p><b>Need to gather input from regional meetings, focus groups, Stakeholder Advisory Group and policymakers.</b></p>
<p><b>What should be the purpose/scope of the exchange?</b></p>	<p>1. Is it information only? 2. Will it include purchasing? 3. Will it allow purchasing outside the exchange?</p>	<p>1. What resources will the governing entity need and where will they come from? 2. What authorities will the governing entity have?</p>
<p><b>What will be the governance entity for a state-level exchange? (ACA allows for government or non-profit)</b></p>	<p>1. Must control for adverse selection. 2. Will the exchange combine individual and small group markets (Small Business Health Options Program)? 3. Or will it be a regional exchange? 4. How will it attract employer participation? 5. Develop Demographic and Insurance Market RFP (IID) to gather data to help determine best structure for Iowa.</p>	<p>1. States must create a “no wrong door” system for enrollment and eligibility 2. States must reduce paper-based procedures for enrollment with electronic ones 3. Department of Human Services (DHS) will begin research and analysis of options to support ACA requirements for eligibility for Medicaid, CHIP and tax credits.</p>
<p><b>What is needed to streamline Medicaid eligibility and enrollment with a state-level insurance exchange, including determination for tax subsidies?</b></p>	<p>1. States must create a “no wrong door” system for enrollment and eligibility 2. States must reduce paper-based procedures for enrollment with electronic ones 3. Department of Human Services (DHS) will begin research and analysis of options to support ACA requirements for eligibility for Medicaid, CHIP and tax credits.</p>	<p>1. States must create a “no wrong door” system for enrollment and eligibility 2. States must reduce paper-based procedures for enrollment with electronic ones 3. Department of Human Services (DHS) will begin research and analysis of options to support ACA requirements for eligibility for Medicaid, CHIP and tax credits.</p>
<p><b>What legislative changes will be needed and when will the changes be introduced?</b></p>	<p>Will Iowa use the model legislation developed by National Insurance Commissioners Association for the 2011 Legislative Session?</p>	<p>Will Iowa use the model legislation developed by National Insurance Commissioners Association for the 2011 Legislative Session?</p>


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 <b>December 2010</b>	IDPH convenes regional public meetings, focus groups , and one Stakeholder Advisory Group meeting to gather public input	Details on dates and locations to be released soon
	Iowa Insurance Division (IID) releases Demographic and Insurance Market RFPs – January 2011.	
<b>January 2011</b>  	What personnel, resources and IT systems will be necessary to operate and sustain a state-level exchange?	<ol style="list-style-type: none"> <li>1. Includes: Contracting needs, equipment, space</li> <li>2. Need to develop new IT system or are there existing IT systems that can be adopted and adapted to Iowa?</li> </ol>
	How will the state-mandated 2011 Information Insurance Exchange fit with the new state-level exchange?	<ol style="list-style-type: none"> <li>1. Is the technology, functions and purpose compatible with a state-level exchange?</li> </ol>
	What will the federal requirements be for Qualified Health Plans and how will Iowa meet the federal requirements for the certification, recertification, and decertification of health plans as QHPs?	<ol style="list-style-type: none"> <li>1. Pending federal regulations or guidance</li> <li>2. How to rate plans?</li> </ol>
	What is needed and who will carry out the consumer functions of the exchange? Consumer functions include: navigator, outreach, eligibility and enrollment, and web portal.	<ol style="list-style-type: none"> <li>1. What tools are needed: calculator for plan costs, hotline, etc.?</li> <li>2. Web portal should be easy to use for consumers whether linking to provider sites or shopping for plans (having standardized plan comparisons and information on benefits).</li> </ol>
	IID completes RFPs and assesses information from demographic and insurance market RFPs. (When?)	Use information to make final decisions on scope, structure and governance.
	Hold second Stakeholder Advisory Group meeting.	Details on dates and locations to be released soon
	Watch for additional federal regulations or guidance regarding the insurance exchange.	Incorporate requirements as necessary to IHBE planning process.
	Watch for release of insurance exchange implementation grants and determine who will apply.	

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 <b>May 2011</b>	DHS completes formal IT Options Analysis and Cost Benefit Analysis to support Affordable Care Act requirements for eligibility of Medicaid, CHIP and the tax credits in the exchange.	Determine scope of a new Medicaid and CHIP eligibility system, and whether system could support eligibility for tax credits.
	DHS issues IT Options RFI to support Affordable Care Act requirements for eligibility of Medicaid, CHIP and the tax credits in the Exchange (February 2011).	<b>Key Policy Decisions for Eligibility IT:</b> <ol style="list-style-type: none"> <li>1. Integration of Medicaid/CHIP/Exchange maintaining link to other DHS programs;</li> <li>2. and Interoperability among new eligibility system, Benefits Exchange, MMIS and Health Information Exchange.</li> </ol>
	DHS begins RFP development/Business requirements development for Eligibility IT system to support Affordable Care Act requirements (Medicaid, CHIP and tax credits in Exchange) April/May 2011	
 <b>June 2011</b>        <b>October 2011</b>	Hold third Stakeholder Advisory Group meeting.	Details on dates and locations to be released soon
	Determine public education and marketing needs.	
	Determine accounting, auditing, and reporting standards.	
	Identification of resources to operate and sustain a state-level insurance exchange, including funding needs.	
	Recommendation of policy and statutory changes for the 2012 Legislative Session.	
	DHS issues RFP for Eligibility IT system to support Affordable Care Act requirements (September 2011)	
	Issue final recommendations to the Governor, policymakers, and the public for the establishment of an insurance exchange in Iowa.	
	DHS award contract for Eligibility IT system to support Affordable Care Act requirements (April 2012- March 2013)	Begin Design, Development, Implementation to build Eligibility IT system. Ensure interoperability with Exchange and other key systems.

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<b>2013</b>    <b>2015</b>	2013, the federal government determines if states will have operational exchanges or whether the federal government will operate one in the state.	
	Testing of Eligibility IT system and Health Benefit Exchange (March –October 2013)	
	July 2013 federal requirement that states begin open enrollment in their state insurance exchange.	
	January 1, 2014 federal deadline for state insurance exchanges to be operational.	
	January 1, 2015 Exchanges must be self-sustaining.	