

Exchange Analysis Work Plan

Meeting	Topics	Analysis
October 12	<p>1. Functions</p> <ul style="list-style-type: none"> - Discuss what minimum recommendations are needed on the functions of an Exchange to assess governance and financing options and authorize an Exchange <p>2. Market Rules and Plan Participation</p> <ul style="list-style-type: none"> - Risk pooling and adverse selection - Role of Exchange (Facilitator, Selector, Purchaser) 	<p>1. Functions</p> <ul style="list-style-type: none"> - Review of required functions - List of potential additional functions to consider pertaining to other requirements of federal law - Identification of similar functions currently being performed by state agencies/other organizations - Options for performance of each required and potential additional functions (Exchange, state agency, other organization) – pros and cons will be addressed when topic area is addressed in later meetings <p>2. Market Rules and Plan Participation</p> <ul style="list-style-type: none"> - Overview of risk pooling and adverse selection - Pros and cons of options for the role of an Exchange (Facilitator, Selector, Purchaser) related to risk pooling options, adverse selection, plan participation, product choice, competition, innovation, cost/quality, and Exchange functions/responsibility
October 27	<p>3. Risk Sharing</p> <ul style="list-style-type: none"> - Risk adjustment and reinsurance. <p>4. Financing</p> <ul style="list-style-type: none"> - Ongoing financing for Exchange 	<p>3. Risk Sharing</p> <ul style="list-style-type: none"> - Overview and pros and cons of risk adjustment and reinsurance options, including methods, data, and organization responsible - Pros and cons of merging the small group and individual markets (policy analysis only, no economic or actuarial modeling analysis) <p>4. Financing</p> <ul style="list-style-type: none"> - Based on required and optional functions that could be performed by Exchange, provide pros and cons of ongoing financing mechanisms, including user fees, plan fees, portion of premium, Medicaid administrative funding/match, fully-insured market fee, and broad-based market fee (policy analysis only, no budget analysis)
November 8	<p>5. Functions: Navigators/Brokers</p> <ul style="list-style-type: none"> - Responsibilities 	<p>5. Functions: Navigators/Brokers</p> <ul style="list-style-type: none"> - Review known Navigator required responsibilities and eligibility

	<ul style="list-style-type: none"> - Eligibility requirements <p>6. Functions Review</p> <ul style="list-style-type: none"> - Summarize minimum recomm. for Exchange functions to assess governance and financing options and authorize an Exchange <p>7. Eligibility</p> <ul style="list-style-type: none"> - Medicaid eligibility and enrollment 	<p>requirements (fall HHS guidance may or may not be available to provide greater clarity)</p> <ul style="list-style-type: none"> - Differences in use of Navigators for Medicaid vs. private coverage - Review of the use of Navigators and brokers in Massachusetts and Utah - Pros and cons of options for Exchange requirements for Navigators <p>6. Functions Review</p> <ul style="list-style-type: none"> - Summarize pros and cons of minimum required and optional Exchange functions, including consideration of required and optional functions that could be performed by state agencies or other organizations <p>7. Eligibility</p> <ul style="list-style-type: none"> - Discussion/pros and cons of options for Medicaid eligibility and enrollment for annual, special, and continuous enrollment periods to include IT systems interface/integration, data availability and processes, FMAP calculation and match, and customer service (policy analysis and issue identification only, no IT or budget analysis – awaiting fall HHS/CMS guidance on IT infrastructure)
<p>November 16</p>	<p>8. Eligibility (continuation)</p> <ul style="list-style-type: none"> - Basic Health Plan option and MinnesotaCare <p>9. Structure</p> <ul style="list-style-type: none"> - Assume “state” (vs. regional) from work group vote <p>10. Governance Structure</p> <ul style="list-style-type: none"> - Evaluate potential governance structures 	<p>8. Eligibility</p> <ul style="list-style-type: none"> - Additional information about pros and cons of Basic Health Plan option including clarity as to 95% amount available to state for this option and initial comparisons to MinnesotaCare assuming no direction on essential benefit set or Medicaid benchmark benefit set (policy analysis and issue identification only, without economic, actuarial, or budget modeling analysis) <p>9. Structure</p> <ul style="list-style-type: none"> - Assume we won’t address given work group vote for “state” Exchange <p>10. Governance Structure</p> <ul style="list-style-type: none"> - Based on required and optional functions that could be performed by Exchange and financing options, provide pros and cons of different governance structures, including state agency, state board, quasi public-

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		private entity, non-profit entity, etc.
December 8	11. Timing of Exchange Operation - Issues to consider for early Exchange operation prior to open enrollment for January 1, 2014 12. Work Group Recommendations	11. Timing of Exchange Operation - Pros and cons and recommendations for early Exchange operation options for small group, individual market, and Medicaid prior to open enrollment for January 1, 2014, including consideration of interactions with private market reforms and ERISA/HIPAA, new Medicaid eligibility, Exchange functionality, and resource use/administrative cost