

4.2 QHP CERTIFICATION PROCESS

The Minnesota Health Insurance Exchange is collaborating with regulatory partners at the Minnesota Departments of Commerce and Health to design and implement the certification process as required by 45 C.F.R. § 155.1010. The certification process will ensure issuers and QHPs meet certification requirements for their portfolio of business associated with the Exchange. The certification process for all QHPs and QDPs to be offered during open enrollment will be completed prior to the beginning of the open enrollment period. For 2014, the Exchange will determine that making a QHP or QDP available on Exchange is in the interest of qualified individuals and employers if the issuer and the QHP meet certification criteria related to their portfolio of business with the Exchange. Legislative action during the 2013 session may change the certification requirements and/or process in future years.

This document directly addresses required Exchange functions outlined in 45 C.F.R. Subpart K, with the exception of § 155.1075 and 155.1080 which are addressed elsewhere in the Blueprint. This document also refers to two other documents, which address requirements in 45 C.F.R. Subpart C and filing process and timelines.

The certification process will begin in the first quarter of 2013. The Minnesota Departments of Commerce and Health and the Exchange will use the System for Electronic Rate Form and Filing (SERFF) to collect and analyze certification data and as the primary source of data for QHPs and QDPs to populate the Exchange website. Issuers will also be able to track the status of certification review by using SERFF. Most aspects of the certification process will occur during parallel time frames, while a few components will be carried out directly by the Exchange after the Departments of Commerce and Health have reviewed and approved whether QHPs meet required certification criteria as described below. To the extent that a co-op is approved in Minnesota and co-op sponsors wish to seek certification of the co-op to be offered on the Exchange, the co-op would be reviewed under the same process described below according to the same criteria.

QHP Issuer Rate and Benefit Information

Issuers will be required to submit plan rates, covered benefits, and cost-sharing requirements at least annually to the Minnesota Departments of Commerce and Health via SERFF. The Departments of Health and Commerce will respectively review the following submitted information from HMOs and from all other issuers to ensure ACA required benefit design standards are met:

- Essential Health Benefits included
- Limitations on cost sharing met
- Actuarial value/metal level requirements met
- Ensure benefit design is not discriminatory

The Department of Commerce will evaluate rates and justifications for rate increases for all products prior to the implementation of the increase, directly approving rates for all insurance products and making recommendations to the Department of Health for rates and justification for rate increases

submitted by HMOs. The Exchange will confirm issuers have posted the justification on the issuer website and will provide a link to that justification from the Exchange website.

As required at 45 C.F.R. § 155.1020 (b)(ii), the Department of Commerce will also annually provide recommendations to the Exchange in accordance with section 2794(b)(1)(B) of the PHS Act related to issuers' history of rate increases at an issuer, market, or product level. The Department of Commerce will also evaluate any excess of rate growth outside the Exchange as compared to the rate of such growth inside the Exchange.

Transparency in Coverage

The Exchange, along with its regulatory partners at the Departments of Health and Commerce where required under federal rules, will collect information on transparency measures described in 45 C.F.R. § 156.220 from QHP issuers. The Exchange anticipates that HHS will issue additional guidance further defining these transparency measures. The Exchange will provide additional information to issuers about the timing of these data submission requirements once HHS has issued further guidance, as some of these data may be submitted during the certification process and other data may need to be submitted at a later point after an issuer has offered a QHP or QDP in the market over a period of time. For example, an issuer likely could submit information about claims payment policies and practices during the certification process, while data about enrollment or disenrollment would need to be submitted after the QHP or QDP has been offered in the market.

Accreditation

The Exchange will incorporate accreditation information into the certification process at such time that accreditation is required. Please refer to the Exchange's October 9, 2012 guidance on certification criteria for more information about the timing of this requirement.

Network Adequacy

The Exchange established network adequacy requirements, including requirements related to essential community providers, through the issuance of its October 9, 2012 guidance on certification criteria. The Minnesota Department of Health will conduct review of network adequacy for all qualified health plans and qualified dental plans submitted for certification for the Exchange within 90 days of the network filing. This review will include a detailed analysis to determine if the proposed provider network(s) is adequate in terms of numbers, locations and types of providers, including mental health and substance abuse providers, to assure that all services are accessible without unreasonable delay through out the QHP/QDP's service area consistent with the standards of of Minn. Stat. 62D.124 and Minn. Rules chapter 4685.3300, Subd. 9.

Network adequacy review for all QHPs and QDPs will also include a review of all waiver requests to determine if a waiver from network adequacy laws or rules should be granted due to a lack of providers in the service area or other factors beyond the issuer's control. MDH will also review provider termination notices to determine if any termination will cause the QHP's provider network to no longer meet network adequacy standards. MDH will provide notification to the Exchange that such a deficiency has been found if an issuer does not satisfactorily address the network insufficiency. Finally, MDH will

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review all service area expansions submitted by issuers to determine if a QHP or QDP provider network will be adequate in terms of numbers, locations and type of providers.

MDH will also continue to assess network adequacy for HMOs consistent with the full range of state statutory and regulatory network adequacy requirements specific to HMOs.

Service Areas

The Minnesota Department of Health will conduct the review of proposed service areas for each QHP to be offered on the Exchange. The purpose of this review is to assess whether each service area is being established without regard to racial, ethnic, language, health status, or other factors that exclude specific high utilizing, high cost or medically-underserved populations. In addition, the Department of Health will evaluate whether any proposed sub-county service areas are necessary, nondiscriminatory, and in the best interest of qualified individuals and employers.

Stand-alone Dental Plans

The Exchange is currently working with stakeholders through its Plan Certification Subgroup to develop recommendations for the Adverse Selection Workgroup and Exchange Advisory Task Force's review about which certification criteria should apply to stand-alone dental plans (referred to as "qualified dental plans" or "QDPs" elsewhere in the Blueprint) and which applicable certification criteria may need to be modified for applicability to stand-alone dental plans. Once the Exchange issues certification criteria for stand-alone dental plans, the same processes described earlier in this document applicable to evaluation of those criteria will be utilized for stand-alone dental plans. The Exchange also needs to determine its criteria for evaluating the "collective capacity of stand-alone dental plans during certification to ensure sufficient access to pediatric dental coverage" as required under 45 C.F.R. § 155.1065(c).

Certification Criteria Outlined in 45.C.F.R. subpart C of Part 156

Federal Exchange rules at 45 C.F.R. subpart C of part 156 establish numerous certification criteria for issuers and qualified health plans. These certification criteria have been addressed through the issuance of the Exchange's guidance on certification criteria, which also includes information about whether the Departments of Commerce or Health will evaluate those certification criteria consistent with their existing statutory responsibilities or whether the Exchange will carry out a specific component of the certification process. For example, the Exchange will verify with the Departments of Health and Commerce that an issuer it has the authority to license is in fact licensed.

In addition, the Departments of Commerce and Health will jointly issue a bulletin describing the filing process and timelines associated with QHP certification in early November.

Final Steps of Certification Process

The Exchange will directly provide a certification to issuers recognizing that certified QHPs and QDPs be offered on the Exchange consistent with 45 C.F.R. § 155.1000 following review and determination of compliance of various certification criteria described above and in the companion documents referenced immediately above.

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The Minnesota Health Insurance Exchange will leverage the technical infrastructure contract documents in support of evaluating, analyzing and bringing functionality to a level of operational readiness. Specifically, the areas within the Contract referenced for this area are: Exhibit A – Business Functional Requirements, *Pages 1-2 and also Section VI – Module 4, A-C.*