

# Overview

## Exchange Regulations

**Katie Marcellus**

Director, Program Policy

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AB1296 & Eligibility Expansion Workgroup

# Governance and Administration

- Clarifies the process for states to make “significant” changes to the Exchange plan, now called the “Blueprint.” 60-day expedited review and changes become effective upon approval or within 60 days. Rejects Medicaid state plan and state plan amendment process. (§155.105)
- Allows Exchanges to contract with other state agencies for Exchange functions. (§155.110)
- Requires at least one voting member of Exchange boards to be a consumer representative (§155.110)
- Adds the requirement that Exchange communications be in plain language and specific other requirements to more fully define meaningful access in Exchange programs and consumer assistance services (§155.205)

# Exchange Regulation Highlights

## Eligibility Determination

### ***Interim final rule open for comment (155.302)***

- Options for Modified Adjusted Gross Income (MAGI) eligibility determination
  - Exchange determines eligibility directly
  - Exchange contracts with Medicaid and/or CHIP agency (***new option***)
- Options for premium tax credit/cost sharing subsidy determination
  - State Exchange determines
  - Federal HHS determines under agreement with the state Exchange (***new option***)
- Options for MAGI Medicaid eligibility determination
  - State Exchange determines eligibility and forwards information to Medicaid agency
  - State Exchange assesses potential MAGI Medicaid eligibility and forwards application to state Medicaid agency for final determination (***new option***)

# Exchange Enrollment

- Extends the initial open enrollment period of the Exchange for one month – October 1, 2013 to March 31, 2014 (§155.410)
- Modifies the proposed cutoff date for Qualified Health Plan (QHP) selection from the 22nd to 15th of the month for an effective date the 1st of the following month, with an option for earlier effective dates under specified conditions (§155.410)
- Clarifies that for individuals receiving an advanceable premium tax credit who lose coverage due to non-payment, the issuer must cover the claims for the first month of the three month grace period (§156.270)

# Navigators, Agents and Brokers

- Requires the Exchange to develop and disseminate conflict of interest and training standards for Navigators (§155.210)
- At least one Navigator must be a community or consumer-focused nonprofit (§155.210)
- Navigators cannot receive compensation from issuers for products inside or outside of the Exchange (§155.210)
- Exchanges may allow agents and brokers to enroll individuals in Exchange coverage under specified conditions (§155.220)  
*Interim final rule open for comment.*
- Gives the Exchange the ability to allow private insurance market websites to enroll individuals in Exchange coverage but the web sites must have all of the information about QHPs that are on the Exchange web site (§155.220)

# Next Steps

1. More regulations are expected in the near term
2. Continue to review and analyze multiple sets of regulations
3. Work with state partners to understand the impact and alignment opportunities across state agencies and state programs
4. Evaluate the need for the Exchange to comment with state partners on those elements that are proposed as interim final rules
5. Work with state partners and seek stakeholder input to identify the program implications and operational implementation issues related to complying with the regulations