

Illinois Health Benefits Exchange Advisory Committee Meeting

December 9th, 2024



Agenda

1. Roll Call
2. Welcome by IL HBEAC Co-Chairs
 - Housekeeping
 - Approval of Minutes of September 19, 2024 Meeting
3. Director's Report
 - Marketplace Implementation Updates
 - SBM Open Enrollment
 - Blueprint Application Process
4. Public Comment Period
5. Other Matters
6. Adjourn

Approval of Minutes


Director's Report

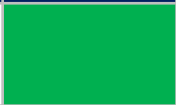








Marketplace Implementation Updates



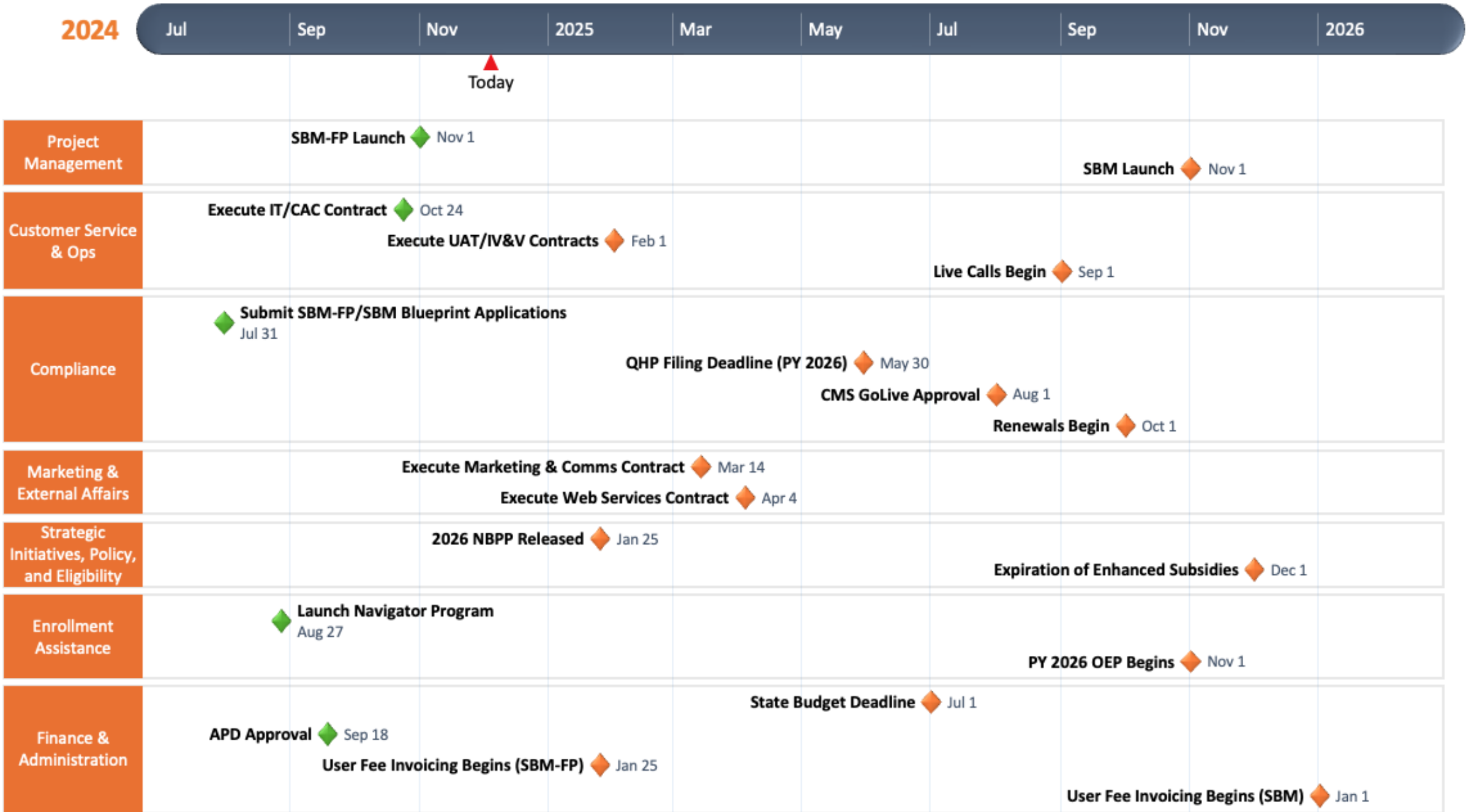
Project Status

Overall Project Health	Rationale
	<ul style="list-style-type: none"> Continued progress on workstream milestones, tasks, and action items. Continued progress on procurements.

Workstream	Status	Notes
Project Management		<ul style="list-style-type: none"> Developed vendor staff onboarding plan Matured weekly PM meeting to include State Workstream Leads
Customer Service and Operations		<ul style="list-style-type: none"> Completed planning for kickoff meeting with GetInsured Developed UAT vendor RFP
Compliance		<ul style="list-style-type: none"> Developed artifacts in response to CMS requests (e.g., staffing plan, public notice, stakeholder engagement plan)
Marketing & External Affairs		<ul style="list-style-type: none"> Developed approach to External Stakeholder Engagement Plan Marketing and Comms RFP issued on 10/22/24
Strategic Initiatives & Operational Policies for E&E		<ul style="list-style-type: none"> Completed Broker Certification policy discussions Explored Appeals entity options
Enrollment Assistance & Outreach		<ul style="list-style-type: none"> Toll Free Hotline Go-Live took place on 10/1/24. Continued training and certification for Navigators
Finance & Administration		<ul style="list-style-type: none"> Continued drafting Governance and Data Sharing IGA and Cost Allocation IGA Refined staffing plan for FY25 and continued hiring processes

2024

2026



Today



SBM Open Enrollment



SBM Open Enrollment

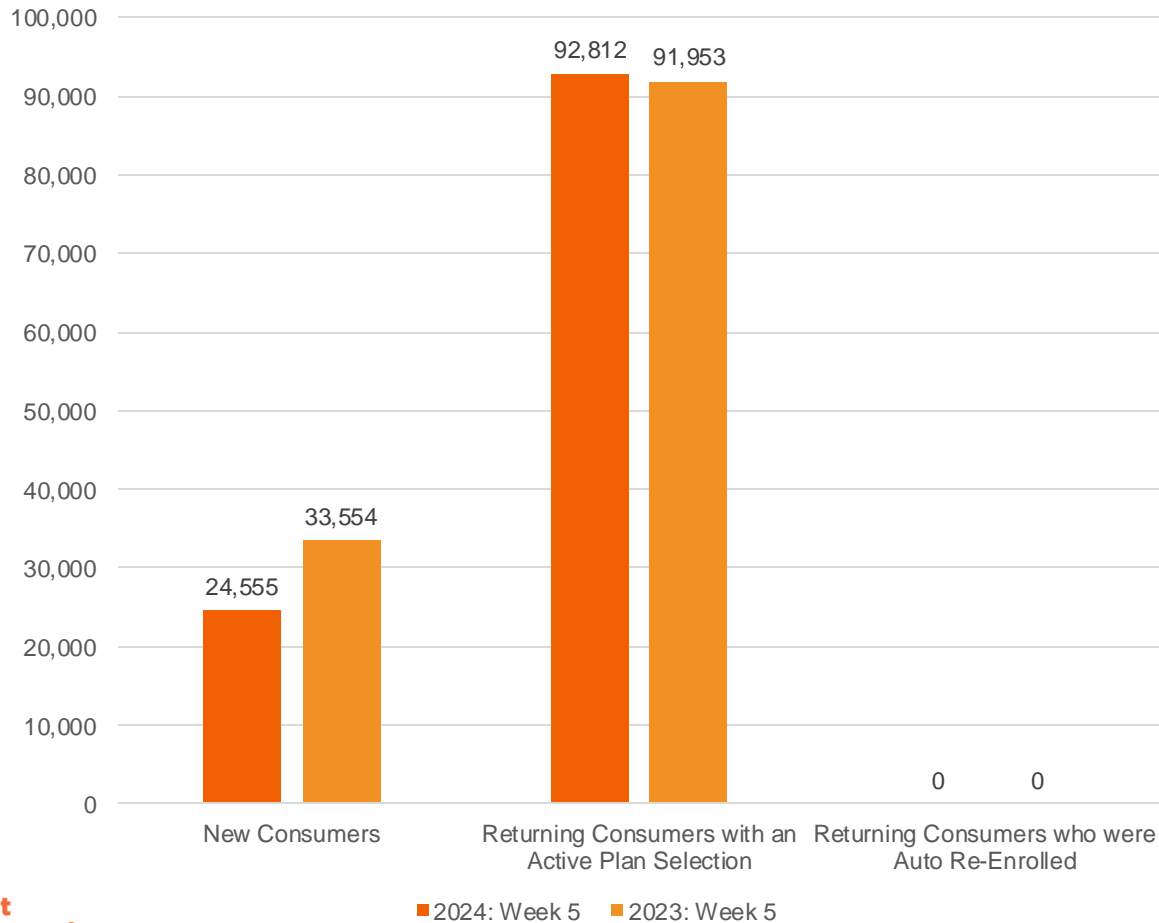
- GCI Website
 - Redirect to healthcare.gov
 - Find free local help via the Get Covered Connector
- GCI Toll-free Hotline
 - Enrollment services – redirect to healthcare.gov call center
 - Medicaid services – redirect to HFS call center
- GCI Navigator Program
 - 246 certified navigators are currently assisting consumers with getting enrolled
 - Grant-funded organizations:
 - Springfield Urban League
 - FEDEECMI/Casa Michoacan
 - Illinois Primary Health Care Association
 - Sinai Community Institute
 - Rincon Family Services



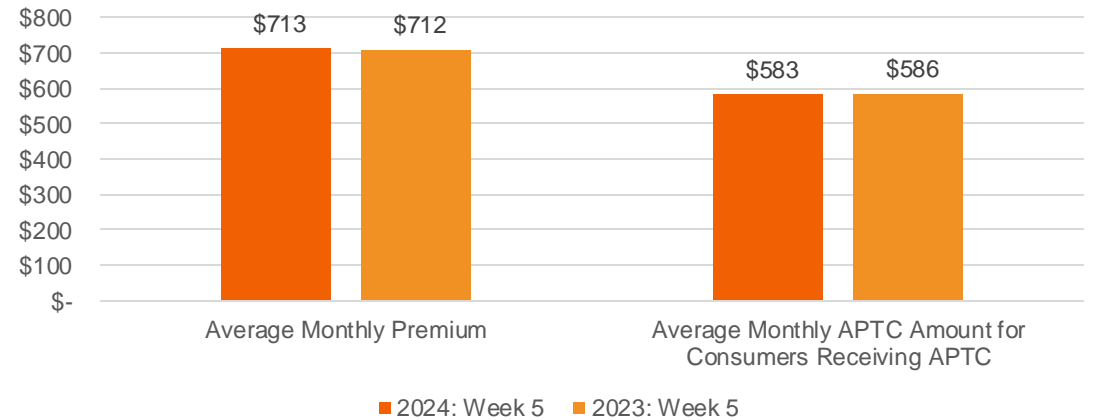
SBM Open Enrollment Cont.

Enrollment for new consumers in 2024 is slightly behind that in 2023. Average monthly premiums (including those of consumers receiving APTC) are largely unchanged from 2023.

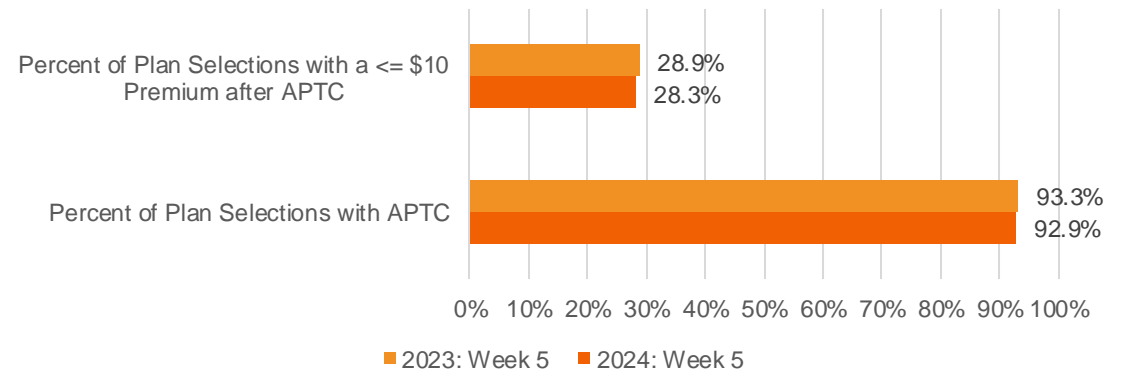
Consumer Counts



Monthly Premiums



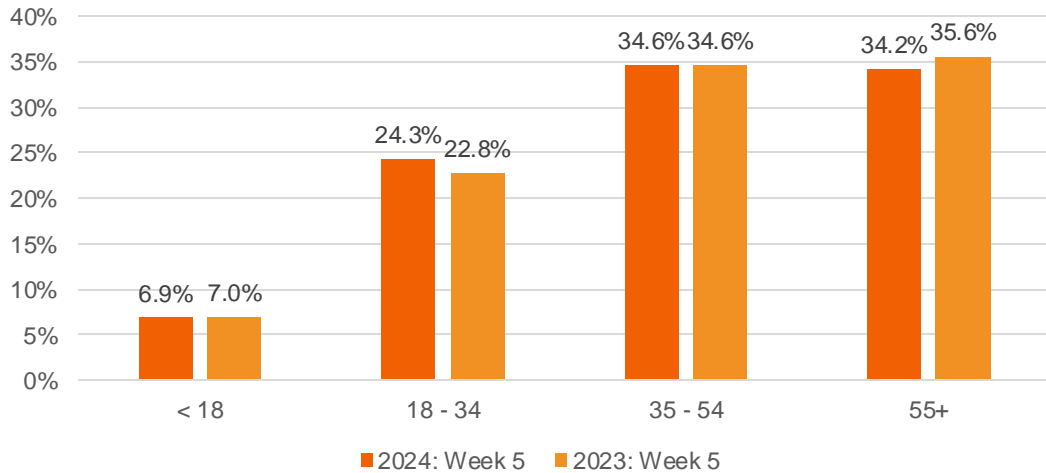
APTC Impact



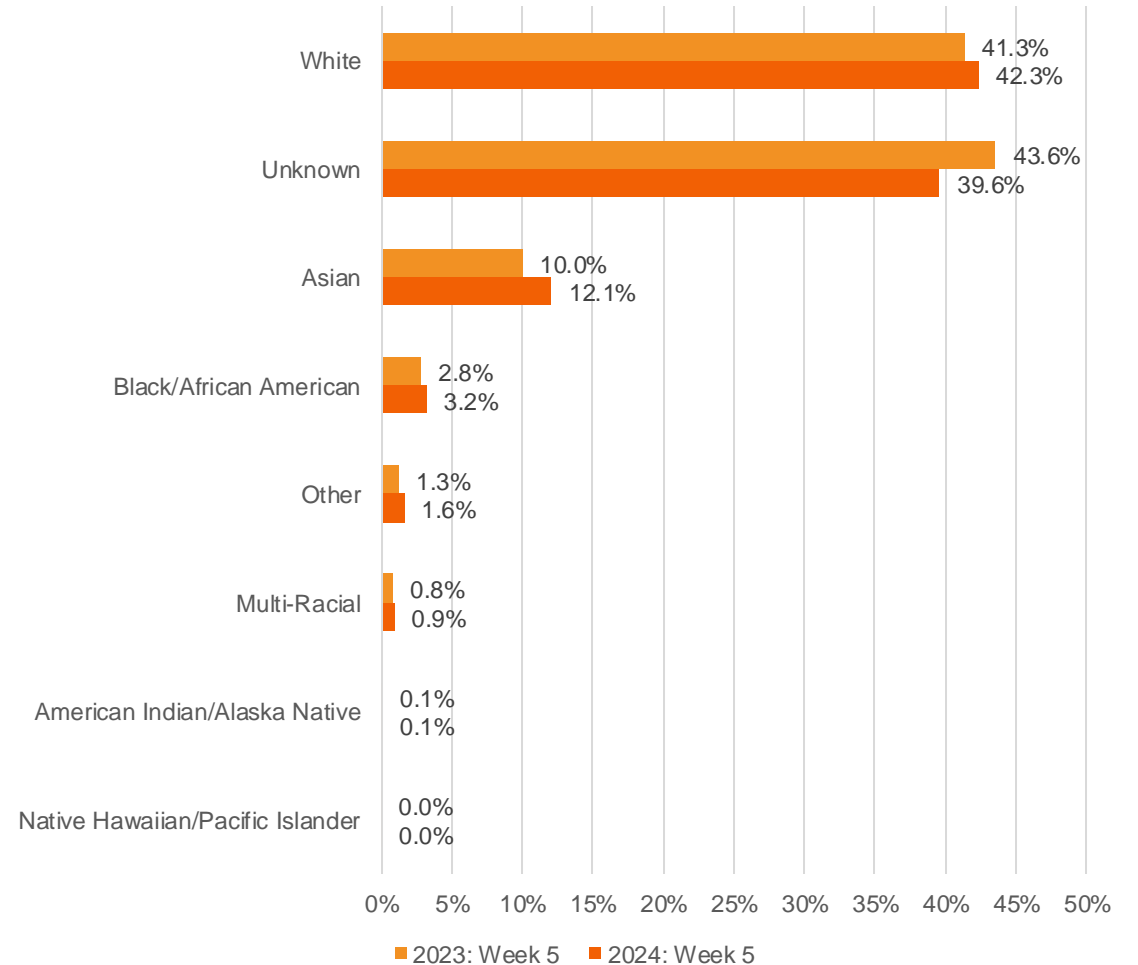
SBM Open Enrollment Cont.

Age, race, and ethnicity distribution is roughly unchanged from 2023.

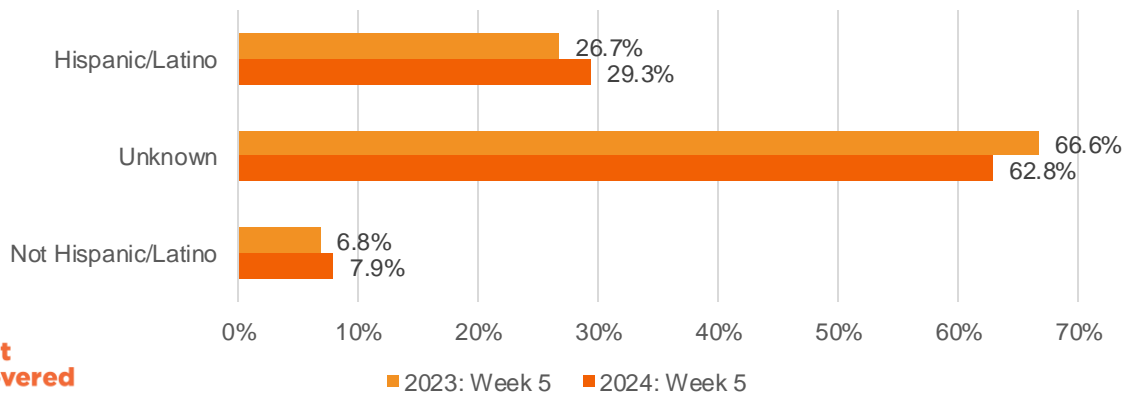
Age Distribution



Race Distribution



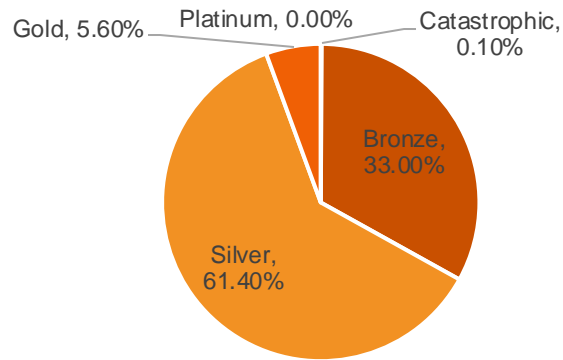
Ethnicity Distribution



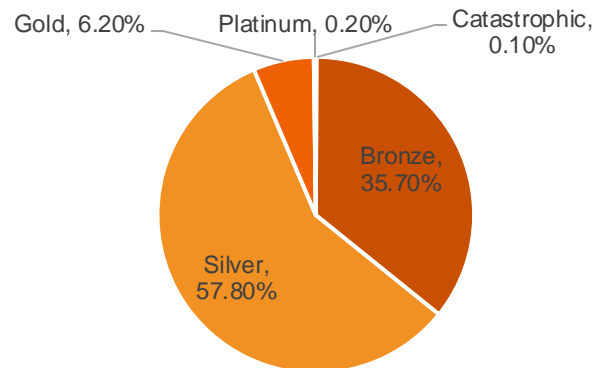
SBM Open Enrollment Cont.

The 2024 metal distribution remains largely unchanged from 2023, with only slight changes in the silver and bronze tiers. Income as a Percentage of FPL also remains largely stable.

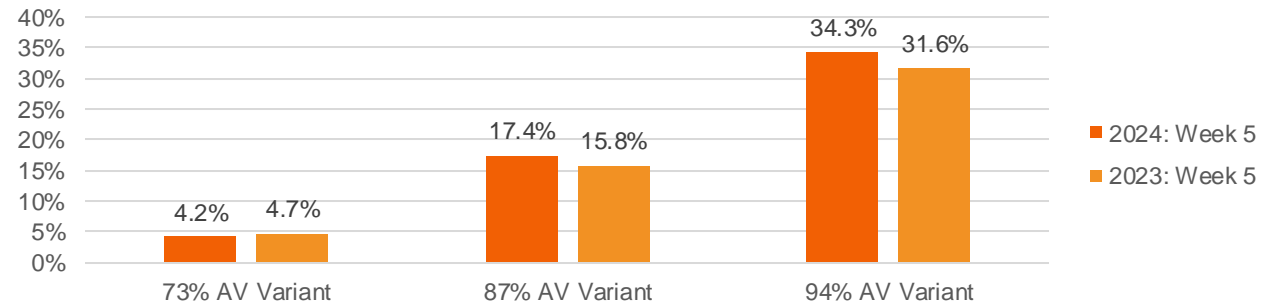
Metal Distribution: 2024 - Week 5



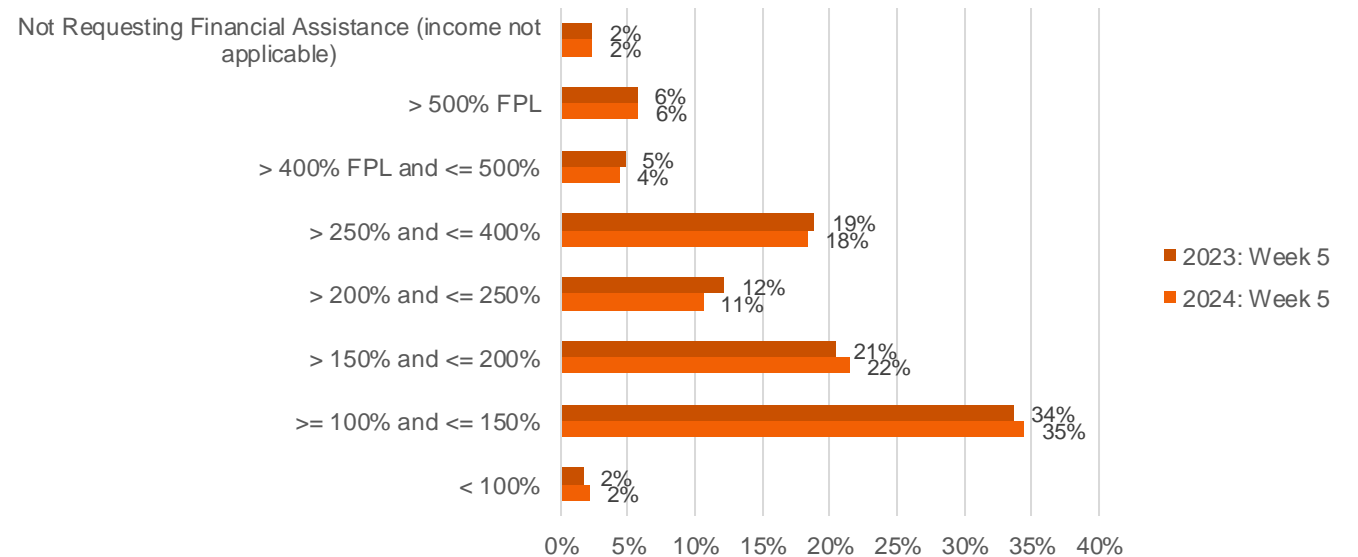
Metal Distribution: 2023 - Week 5

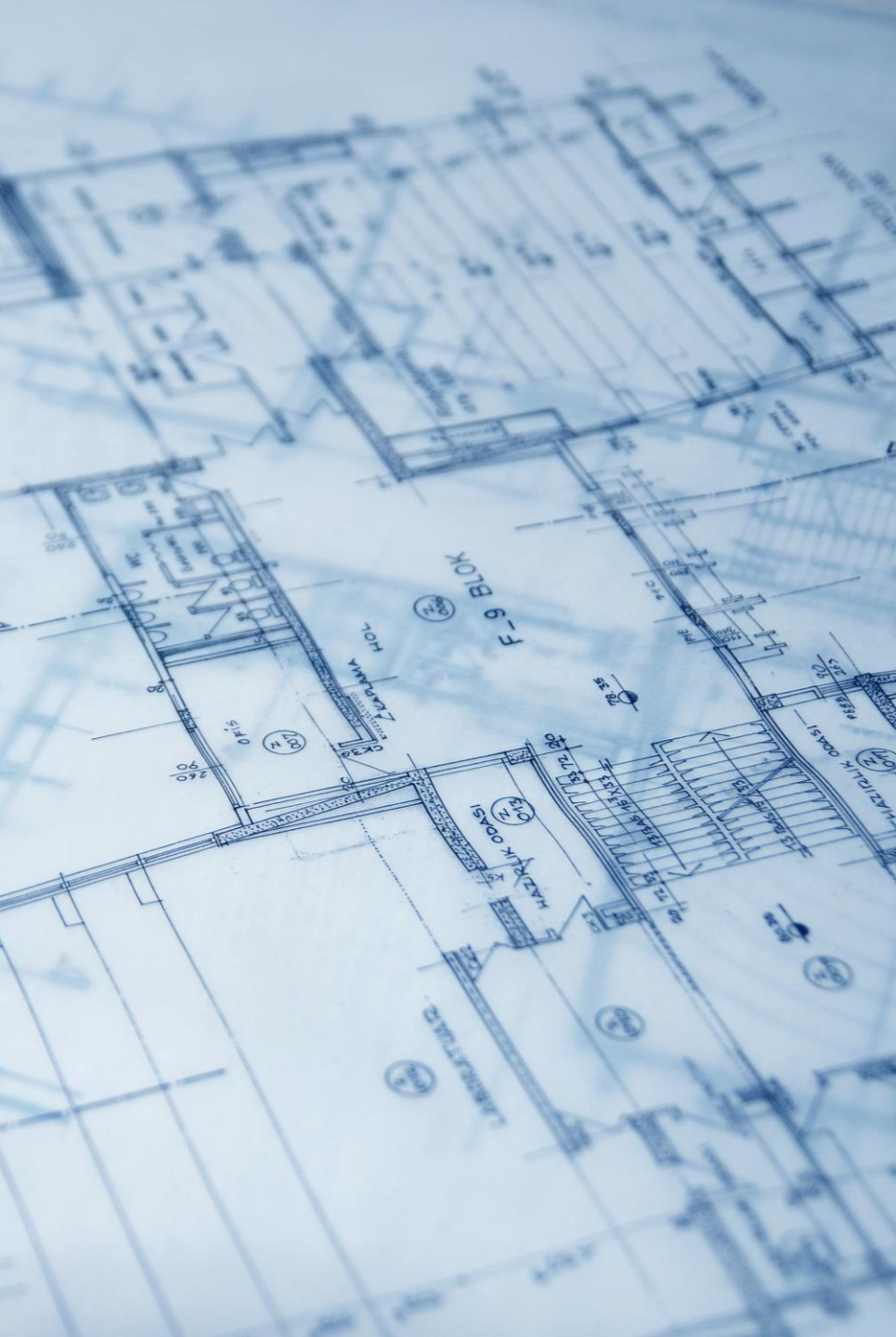


Silver Distribution



Income as a Percent of FPL





Blueprint Application Process



Exchange Blueprint: Regulatory Requirements

45 CFR § 155.105 (c) State Exchange approval process

- In order to have its Exchange approved by the U.S. Department of Health and Human Services (HHS), a State must:
 - Elect to establish an Exchange by submitting, in a form and manner specified by HHS, an Exchange Blueprint that sets forth how the Exchange meets the standards; and
 - Demonstrate operational readiness to execute its Exchange Blueprint through a readiness assessment conducted by HHS.

Exchange Blueprint: Regulatory Requirements

- To be granted approval to operate, an SBM must carry out the following functions to comply with Exchange Standards:
 - Consumer assistance tools and programs, including a call center, an informational web site and a navigator program for enrollment assistance
 - Eligibility determinations, including eligibility for APTC, CSR and other insurance affordability programs
 - Enrollment in a QHP, both during open enrollment and via qualifying special enrollment periods
 - Eligibility and enrollment appeals
 - Eligibility for ACA exemptions
 - Capability to support a SHOP program if SHOP plans are offered in the state
 - QHP certification

Exchange Blueprint: Regulatory Requirements

- Through recent rulemaking, CMS has added additional transparency and public engagement requirements during the Blueprint process
 - Public notice: the SBM makes its Blueprint application available to the public via its website
 - Public engagement: the SBM conducts periodic public engagement on its implementation activities as they relate to key stakeholders (navigators, brokers, carriers, etc.)

Exchange Blueprint: The Application

- The Exchange Blueprint Application documents that a state has met, or will meet, all legal and operational requirements of an SBM. These requirements are organized into two parts, one for SBM-FPs and one for full SBMs, and 10 programmatic sections:
 - Legal Authority and Governance
 - Consumer Assistance Tools and Programs
 - Eligibility and Enrollment
 - Plan Management
 - SHOP
 - Finance and Accounting
 - Technology
 - Privacy and Security
 - Program Integrity and Oversight
 - Contingency Planning

Exchange Blueprint: Approval Process

- Initial Submission – July 24, 2024
- Conditional Approval – August 12, 2024
- Public Notice – October 24, 2024
- Monitoring Period – Beginning upon submission of Blueprint application, provide status updates and as-needed application revisions through full SBM go-live in November 2025
- Readiness Demonstrations – From March 2025 through go-live, participate in regular operational readiness reviews (ORR) with HHS to demonstrate technical and operational readiness

Public Comment Period

Other Matters

THANK YOU

