

EXCHANGE OPTIONS

Updated 11/26/2012

State Benefit Exchange (SBE)

Stakeholder Involvement: State engages with stakeholders.

Blue Print: State declares intent in the form of a blueprint to HHS by **December 14, 2012**

Design Options: This model presents the greatest number of design options for a state. Options include the governance model, agent involvement and compensation, navigator program design and grant awards, essential health benefit design, combination or standalone exchange(s), statewide or regional approach, and can increase the number and type of employer and individual choices made available. State may also submit a transition plan to reduce state responsibility to a FPE or FFE in the future.

Federally Facilitated Exchange (FFE)

Stakeholder Involvement: The state may conduct this activity. If not, federal agency is required to engage with stakeholders and may contract with an entity to conduct this activity.

Blue Print: State is encouraged to declare intent to HHS by **December 14, 2012**. If state does not make a declaration FFE is presumed for that state. A declaration made prior to that date can be amended up to and including **December 14, 2012**.

Design Options: Federally designed. FFE will permit on-line brokers to enroll individuals under certain conditions when permitted by the State. State may submit a transition plan.

Note: Potentially greater burden on qualified health plans when redundant and/or conflicting regulatory requirements must be met.

Federal (State) Partnership Exchange (FPE)

Stakeholder Involvement: State is encouraged to assume this role.

Blue Print: State declares intent in the form of a blueprint to HHS by **February 15, 2012**.

Design Options: Federal oversight of all exchange functions and utilizes the federal exchange platform. State takes on a supporting role in one or two specific areas. State may also submit a transition plan.

Note: When state assumes the Plan Management role, regulatory burden on health plans is minimized.

Note: When a state assumes the Consumer Assistance and Outreach role, it assists in choosing navigators, and designing their training and education. HHS will fund the navigator grants while state can advise on grants awards. Other consumer assistance, (ex. Contact Center) is federal responsibility.

Federal Contract with State-Based Not-For-Profit (FNP)

Stakeholder Involvement: The state may conduct this activity. If not, federal agency is required to engage with stakeholders and may contract with an entity to conduct this activity on its behalf.

Design Options: HHS has the option to contract with a non-profit entity in the state to operate all or part of the FFE on its behalf. **There is no stated deadline for HHS to choose this option.**

Note: May require greater degree of customization for the FFE if some but not all functions are contracted to a non-profit entity. This approach may reduce the implementation burden on HHS, especially in a large state with complex rate regulations.