Examples of Questions to Consider by Exchange Issue Area

Issue Area	Questions
Governance	• How should the Exchange be governed? • Should the Exchange have a Board of Directors? If so, who should be on the Board and how will they be selected? If not a Board, what is the most appropriate form of ongoing oversight? • How does the Exchange administration avoid conflicts of interest? • How will the Exchange interact with existing State government(s)? With the Federal government?
Role of the Exchange	• Will the Exchange serve as an informational clearinghouse, providing information about all qualified and licensed health plans or will the Exchange be a sponsor that selects a menu of higher value plans and which actively pursues value on behalf of Exchange participants? • What contracts/memoranda of understanding are needed with other agencies in the State? • How will the Exchange integrate with Medicaid and CHIP operations, and other social services programs?
Fundamentals of the Exchange	• Will South Dakota have a sufficient number of covered lives participating in the Exchange to make it attractive for health plans to participate? • Will South Dakota have a sufficient number of covered lives participating in the Exchange to allow for sufficient bargaining power? • Should the small employer (SHOP) Exchange be separate or integrated with the individual Exchange? • What impact on South Dakota stakeholders does the Exchange have, including the insurance carriers and providers?
Number of Exchanges	• Will there be a single or multiple risk pools? What is the impact on premiums in the Exchange? • How will the Exchange deal with differing market requirements? • Does a regional or multi-state option broaden the potential consumer market?
Insurance Market Interface	• Should the Exchange be expanded to include large groups? • Should the SHOP Exchange be available to businesses with 50-100 employees prior to 2016? How many businesses and employees would potentially fall into this range? • What is the impact of mandatory reforms and the Exchange on insurance market prices and market stability?
Medicaid Expansion	• What is the impact of Medicaid expansion?
Purchasing	• Should the Exchange operate to provide an impartial source of information for all qualified health plans? Selectively contract with insurers? Actively purchase health plans? Will the Exchange define benefits and coverage so that health plans compete based on price? • What types of vendors must be procured to assist with Exchange operations?

Issue Area	Questions
Outreach	• What are the key considerations for designing a marketing and outreach component for the Exchange? • What is the best way to utilize the ACA-mandated Navigator function? Who will serve as Navigators? • Will brokers and agents play a role in outreach to consumers and employers? If so, how might they be best utilized to impact employer participation in the SHOP? • How should the consumer satisfaction surveys required by the ACA be conducted and presented on the web?
Use of Brokers and Agents	• Should brokers be allowed to operate in the Exchange? If no, will they continue to play a role outside the Exchange? • How will commissions be paid both in and outside the Exchange? How will compensation be structured so that brokers do not have a greater incentive to sell products outside the Exchange than in the Exchange? • What incentives/disincentives will exist for brokers to steer individuals to products inside the Exchange?
Use of Navigators	• Will Navigators specialize in certain types of enrollees or certain types of products, such as in subsidized or unsubsidized enrollees, or in individual or group products? How might the arrangement be best developed to result in more competent advice based on specialized expertise, and to attract more potential Navigators while avoiding a fragmented, hard-to-navigate system? • Should the Exchange structure grant payments to reward high performance, high-volume of assistance or successful outreach to potential enrollees? How should the State structure its approach to provide beneficial incentives to Navigators while minimizing complex grant negotiations that may limit participation by Navigators? • Should the Exchange limit the number of Navigators? Would doing so reduce administrative costs? Would this make the selection criteria controversial?
Eligibility	• How will applications be processed most effectively? Should there be an in-person plan application option, in addition to the required web portal, phone and mail options? • How will the Exchange provide "no wrong door" service such that applications for coverage be enrolled in the proper program, whether Medicaid or private insurance plans? • How will the Exchange determine whether an applicant has an employer plan available that provides essential coverage and is affordable? • How will the Exchange determine if an applicant is exempt from the coverage mandate?

Issue Area	Questions
Operations	• Are there Exchange functions that would be more cost-effective and efficient to perform regionally or through individual health plans? • Should the small employer (SHOP) Exchange be separate or integrated with the individual Exchange? • What functions should the SHOP Exchange perform to make it attractive to small businesses? For example, should the Exchange operate as an "aggregator"? What human resource functions, if any, should the Exchange provide to small businesses? • Which of the functions and responsibilities may be handled internally and which may be best administered by third-party vendors, either public or private? • How can the Exchange leverage resources currently available through existing State agencies? • Will physical space be needed for the Exchange? • What staffing needs are required to operate the Exchange and what will be the resource needs for Exchange staff? • What should be the process for resolving consumer complaints?
Technology	• What are important considerations for decisions on the design of the web portal? • What are the system performance requirements of the Exchange (e.g., 24/7 operations, real-time processing and eligibility verification, speed of user web experience, capacity to handle multiple concurrent users, etc.)? • What technological challenges exist in the State and how best can the State overcome these challenges? • Should the Exchange connect with the Health Information Exchange, and if so, how? • How can the Exchange leverage existing data sources and IT infrastructure to be the most efficient and effective?
Financing	• What start-up costs are expected? What are the costs of ongoing operation? How will the Exchange be financed in the long term? • What is cost of maintaining state mandated benefits? Should mandates continue in Exchange?
Oversight	• How should the Exchange be evaluated? What measures should be used to define success? • How should the Exchange be regulated?
Reform Initiatives	• How could the Exchange be used to improve population health? • How should the Exchange drive quality and cost containment? • How could the Exchange support prevention and wellness initiatives? • How could the Exchange be used to drive or support payment and healthcare delivery reform?
Basic Health Plan	• How will Medicaid "churn" be addressed? • What is cost to state of a Basic Health Plan?
Addressing Adverse Selection	• What are the effects of coverage outside the Exchange? • Can employers self-insure? • What is health status of population to be covered by Exchange? • What rules will apply to insurers outside the Exchange?