Because structural and operational details for the federally-facilitated exchange (FFE) are unknown, the state cannot compare and contrast the FFE with a state-based exchange (SBE) or Partnership Exchange. The states are waiting on more than 100 rules and guidelines on important details of the operation of all types of exchanges, interaction between the federal government and the exchange, and the regulation of health plans. The affected industries and state agencies are left to speculate as to what those federal choices will be.

To make exchange decisions, Florida needs the department’s final rules, definitive guidance, financial information, timelines, and other information in all the areas for which the department has not yet provided them, as follows.

There are no rules on minimum essential coverage, essential health benefits, actuarial values, rate calculation, and rating areas. There is no guidance on the interaction of state rating laws and the new federal requirements. There is no guidance clarifying the role of navigators, agents, and brokers, or on the consumer’s application process, including privacy and security protections. There is no information on the FFE’s web portal, toll-free hotline, and outreach plan to ensure interested parties have information and knowledge concerning the exchange.

There is no guidance on the process for a state to transition from an FFE to a state-based exchange or Partnership Exchange, including any costs to the state for taking over functions of the FFE. There is no information on a projected long-term operations cost and budget for the FFE. There is no information on whether it would be more cost effective for the state or the FFE to provide plan management or consumer assistance.

There are no details on the State Partnership Exchange, including specific duties of the states and costs to the state. The state does not know what would be expected of it in its role of plan management or consumer assistance. The state does not know what cost it would incur in performing these functions.

The Office of Personnel Management has not released the requirements of the multi-state plans. These plans could have a significant impact on Florida’s insurance market and will affect the choices we make about the exchange model.

It is unclear whether the FFE will have the capacity and infrastructure to begin operations in 2014. It is unclear whether the FFE will have the capacity and infrastructure to certify, review, and oversee Qualified Health Plans in a timely manner. It is unclear when the Federal data hub will be finished and whether it will be finished on time. The procedural and technical requirements for linking to the hub are still unknown.

In addition to the broad administrative action necessary to address the above-listed information gaps, the Florida Legislature requests specific answers to the following questions on FFEs:
• Would a Florida FFE be an active purchaser, limiting the number or type of plans to participate in the exchange, or would it certify all Qualified Health Plans?

• Would plans be allowed to participate by regions, or must they provide coverage for the entire state?

• What fee would the FFE charge to QHPs to participate in the exchange, and would the fee be Florida-specific or based on a national formula?

• How would the FFE review rates? Would Florida be considered one region for rating purposes, or will the state be divided into several regions?

• How would the FFE determine network adequacy?

• Would the Affordable Insurance Exchange and Small Business Health Options Program risk pools be combined or separated?

• Would the FFE’s offices, call center, or other operations serving Floridians be located in Florida or another state?