

Preliminary Plan Management Activity Descriptions

Process Flow	Process Flow Description	Activity	Activity Description	Activity Owner	Trigger Event	Activity Time Requirement	Automated or Manual?
PM-01: Establish Issuer and Plan Initial Certification and Agreement	This process may be performed in order to accomplish the initial (first-time) certification and agreement for a qualified health plan provided by an issuer. Components of this process may also be reused for recertification.	CO-XX.10: Publicize Plan	This activity is performed by the Exchange to inform consumers about available plan choices.	Exchange			Mixed
		OV-XX.10: Determine / Provide Federal Oversight Information	This activity is performed by CMS to provide issuer relevant information to assist in proposal evaluation, including: premium review results, complaints, rates of application denial (from healthcare.gov), claims processing timeliness (from healthcare.gov), claims denial information, and quality reporting.	CMS			Automated
		OV-XX.20: Determine / Provide State Issuer Oversight Information	This activity is performed by the State Dept of Insurance in the normal course of its duties. The SDOI will perform market conduct reviews, audits, and rate reviews of issuers' plan offerings. The Exchange will access information related to these activities, and will primarily be interested in the SDOI's analysis and conclusions on these topics, rather than raw data. The state, through the SDOIs, may also define the standard population that the issuer is to bid on. Finally, the Exchange may access Issuer licensure and solvency information, or request that the information be provided in the Issuer's proposal.	State Dept of Insurance			Automated
		PM-01.10: Develop Exchange Specific Certification Criteria	This activity is performed by the Exchange to research and establish Exchange-specific criteria for the certification of qualified health plans. Such Exchange-specific certification criteria could include additional marketing, access, accreditation, network adequacy and access to care, claims payment practices, health care delivery factors, quality strategy and quality measures. These criteria would be in addition to the minimum Federally required certification criteria.	Exchange	Time-based, periodic based on Exchange decision		Mixed
		PM-01.100: Establish Qualified Health Plan Issuer Agreement in System	This activity is performed by the Exchange to set up qualified health plan issuer agreement information regarding the issuer and the qualified health plan(s) into an automated system (e.g., a database). The Exchange may direct the Issuer to upload the information into the system (either at the time of application or at agreement signing). The Exchange will also work with the Issuer(s) during this period to ensure a successful transition to operations.	Exchange	Receipt of signed agreement		Automated
		PM-01.120: Collect and Aggregate Plan Data	This activity is performed by CMS to collect and aggregate issuer and qualified health plan data from all Exchanges. CMS may collect a standardized set of data on QHP issuer and QHP data, for purposes of monitoring the enrollment, cost and administrative performance of plans offered in the Exchange. Data to be collected could include information on the issuers and plans offered in each Exchange, the benefit structure and rates for each plan, plan enrollment, complaints, and other plan administrative performance measures.	CMS	Approval of paperwork reduction act package by OMB		Automated

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		PM-01.130: Collect and Aggregate Plan Data for State	This activity may be performed by the State Department of Insurance to collect and aggregate issuer and qualified health plan data from the Exchanges (e.g., call centers) and other sources (e.g., consumer assistance centers) within the State.	State Dept of Insurance	Ongoing		Mixed
		PM-01.140: Provide Quality Rating Data	This activity is performed by the Issuer to provide data required for the initial plan quality rating.	Issuer	In accordance with agreement or at request of Exchange		Automated
		PM-01.150: Assign Initial Plan Quality Rating	This activity is performed by the Exchange to assign an initial plan quality rating. The initial rating may be based on data from the commercial market. The initial rating is developed using the plan rating methodology provided by CMS.	Exchange	Accepted agreement		Automated
		PM-01.160: Develop Plan Quality Rating Methodology	This activity is performed by CMS to establish a plan quality rating methodology for use by Exchanges. CMS will identify the performance data elements that will form the basis of the rating, and the methodology for applying the rating..	CMS	Issuance of final regulation		Automated
		PM-01.20: Develop and Publish Qualified Health Plan Solicitation	This activity is performed by the Exchange to develop and issue a qualified health plan solicitation. If the state is requiring services beyond the essential health benefits, they will be specified in the solicitation. After the solicitation is issued, the state may elect to hold a vendor conference to answer respondent questions, and issue a data book.	Exchange	Certification of the Exchange		Automated
		PM-01.30: Submit Proposal	This activity is performed by the Issuer to respond to the solicitation for qualified health plans. The Issuer prepares and submits a proposal that may be provided both electronically and as (if necessary) a physical document (often multiple copies are required). The proposal can take many forms but will typically include a technical or programmatic proposal and a rate proposal. The proposal may also be a series of submissions rather than a single package.	Issuer	Time-based, based on solicitation release		Mixed
		PM-01.40: Evaluate Proposal	This activity is performed by the Exchange to evaluate the proposals submitted by the Issuers. In evaluating the proposals, the Exchange uses the following: 1) certification criteria, 2) information about the issuer from the State Department of Insurance, and 3) may include information about the issuer from CMS. Some of the required information in the Proposal may be standardized and evaluated using electronic tools in areas such as network adequacy and benefit design. There may also be an actuarial review to ensure that rate assumptions are sound. The Exchange may look at previous quality rating scores from the proposal, if available. The Exchange may also elect to request oral presentations or conduct site visits.	Exchange	Submission of proposal due date		Mixed

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		PM-01.60: Manage Negotiations	This activity is performed by the Exchange to manage and conduct negotiations with those issuers whose proposed qualified health plans meet the certification criteria. As a result of negotiations, the Exchange may accept the vendor's proposal, or request revisions to the proposal.	Exchange	Proposals reviewed		Mixed
		PM-01.70: Revise Plan / Proposal	If the Exchange requests revisions to the proposal, the issuer will revise the proposal and re-submit the proposal to the Exchange for further review. The Exchange may accept the revised proposal, or request additional revisions.	Issuer	Proposals reviewed		Mixed
		PM-01.80: Certify Offering as a Qualified Health Plan and Notify Issuer of Certification	This activity is performed by the Exchange to certify the issuer's offering as a qualified health plan. The Exchange notifies the issuer of the certification.	Exchange	Exchange decides that criteria are met		Mixed
		PM-01.85: Generate Qualified Health Plan Issuer Agreement	This activity is performed by the Exchange to generate the qualified health plan issuer agreement.	Exchange	Exchange decides that criteria are met		Mixed
		PM-01.90: Accept Qualified Health Plan Issuer Agreement	This activity is performed by the issuer to review and accept the qualified health plan issuer agreement.	Issuer	Receipt of agreement		Manual
PM-02: Monitor Issuer and Plan Certification Compliance	This process may consist of administrative activities performed in order to monitor plan performance and certification compliance. Plan quality ratings are also updated as part of this process.	CS-XX.10: Track Feedback and Complaints	This activity is performed by the Exchange to track/resolve individually identifiable complaints, identify complaint/feedback trends for plans, and identify potential systems issues.	Exchange			Automated
		PM-02.10: Initiate Qualified Health Plan Operations	This activity is performed by the Issuer to start up (i.e., put into operation) the certified qualified health plan when the plan year begins. Prior to operations, the issuer provides performance, quality and other agreement compliance data as specified by the Exchange.	Issuer	Performance, quality and other certification compliance data is required periodically based on agreement requirements (e.g., quarterly)		Unknown

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		PM-02.100: Gather, Analyze and Aggregate Plan and Performance Data	This activity is performed by CMS to receive plan and performance information from the Exchange and the State Department of Insurance. CMS may analyze and aggregate (as appropriate) the plan and performance data, and provide to the Exchanges.	CMS	Ongoing, periodic Sometimes event driven (e.g., financial issues with issuers)		Automated
		PM-02.20: Analyze Certification Compliance Data in accordance with Certification Requirements	This activity is performed by the Exchange to analyze certification compliance data received from the issuers and determine whether problems exist. The Exchange may establish a Performance Indicator Dashboard in order to track the performance data. The Exchange may also analyze the results of Performance Improvement Programs that were required in the agreement. The Exchange may also monitor Issuer operations and financial reporting. The Exchange may conduct audits/reviews (including financial) and may process agreement amendments during the plan year.	Exchange	Adverse event or periodic analysis		Mixed
		PM-02.30: Update Plan Quality Rating	This activity is performed by the Exchange to update the plan quality rating. The plan quality rating is developed using the quality rating methodology developed by CMS.	Exchange	Annual		Automated
		PM-02.40: Communicate Certification Compliance Information to Issuer	This activity is performed by the Exchange to communicate that performance and other indicators are in compliance with agreement requirements. If the performance indicators comply with agreement requirements, the Exchange communicates this information to the Issuer.	Exchange	Issuer is determined to be in compliance		Mixed
		PM-02.50: Review Certification Compliance Information	This activity is performed by the Issuer to review the certification compliance communication from the Exchange.	Issuer	Receipt of certification compliance communication		Mixed
		PM-02.60: Refer for Certification Compliance Issue	This activity is performed by the Exchange to communicate that performance and other indicators are not in compliance with agreement requirements. The Exchange determines the issues to be corrected and communicates them to the Issuer.	Exchange	Issuer is determined to NOT be in compliance		Mixed
		PM-02.70: Resolve Certification Compliance Issue	This activity is performed by the Issuer to resolve the certification compliance issue and communicate the resolution to the Exchange.	Issuer	Receipt of communication from Exchange		Mixed

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		PM-02.80: If Compliance Issues are still Outstanding, Resolve in Accordance with Terms of QHP Issuer Agreement	This activity is performed by the Exchange to resolve outstanding compliance issues in accordance with the terms of the QHP agreement.	Exchange	Receipt of issuer's compliance issue resolution		Mixed
		PM-02.90: Provide Complaint Information, Licensure Changes, Solvency Status, Market Conduct Results	If requested by the Exchange, this activity is performed by the State Department of Insurance to provide information on issuer complaints, licensure changes, solvency status, and market conduct results. The State Department of Insurance may also provide information to CMS.	State Dept of Insurance	Ongoing		Automated
		PM-03.135: Receive Notice of Exchange Non-Renewal	This activity is performed by the Issuer to receive the notice of Exchange Non-Renewal.	Issuer	Receipt of Notice of Exchange Non-Renewal		Automated
		PM-03.150: Receive Notice of Decertification	This activity is performed by the Issuer to receive the notice of decertification.	Issuer	Receipt of Notice of Decertification		Automated
		PM-03.170: Receive and Process Notice of Non-Renewal or Decertification	This activity is performed by SDOI to receive and process the notice of non-renewal or decertification.	State Dept of Insurance			Automated
		PM-03.180: Receive and Process Notice of Non-Renewal or Decertification	This activity is performed by CMS to receive and process the notice of non-renewal or decertification.	CMS			Automated
		PM-03.190: Receive Notice of Non-Renewal or Decertification	This activity is performed by IRS to receive and process the notice of non-renewal or decertification.	IRS			Automated
PM-03: Establish Issuer and Plan Renewal and Recertification	This process may be performed after the initial certification process for qualified health plans. The process may include activities associated with the recertification of qualified health plan participation, including potential decertification of the qualified health plan.	OV-XX.30: Monitor Exchange Activities	This activity is performed by CMS. CMS will collect and monitor selected plan specific information from each Exchange	CMS			Mixed
		PM-03.10: Request Notification of Intent	This activity is performed by the Exchange to request that Issuers of qualified health plans notify them of the issuer's intent to continue (renewal) or discontinue (non-renewal) offering of the qualified health plans through the Exchange.	Exchange	Start of renewal option period		Automated

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		PM-03.100: Generate or Amend Qualified Health Plan Issuer Agreement	This activity is performed by the Exchange to generate or amend the qualified health plan issuer agreement if required.	Exchange	Recertification of plan		Automated
		PM-03.110: Accept Qualified Health Plan Issuer Agreement	This activity is performed by the issuer to accept the qualified health plan issuer agreement.	Issuer	Receipt of agreement		Unknown
		PM-03.120: Update Qualified Health Plan Issuer Agreement and/or Information in System	This activity is performed by the Exchange to update (as needed) qualified health plan issuer agreement information regarding the issuer and the qualified health plan in the automated system.	Exchange	Receipt of updated issuer information or accepted agreement		Automated
		PM-03.130: Notify Issuer of Exchange Non-Renewal	Even if a plan meets the certification criteria, the Exchange may still decide to limit participation based on additional standards or based upon a competitive process. This activity is performed by the Exchange to send a notice of Exchange non-renewal to the issuers whose plans have not been selected to participate in the Exchange.	Exchange	Decision to Non-Renew		Automated
		PM-03.140: Decertify Plan and Send Notice of Decertification to Issuer	If there is a decision to decertify after other alternatives have been exhausted, this activity is performed by the Exchange to send a notice of decertification to the issuer.	Exchange	Decision to decertify		Automated
		PM-03.160: Notify CMS and SDOI of Non-Renewal or Decertification	This activity is performed by the Exchange to notify CMS and SDOI of non-renewal or decertification	Exchange			Automated
		PM-03.20: Notify of Issuers's Intent to Continue (Renew) or Discontinue (Non-Renewal)	This activity is performed by Issuers to provide a Notification of Intent to the Exchange.	Issuer	Receipt of Request for Notification of Intent		Automated
		PM-03.30: Review and Evaluate Issuer Information	This activity is performed by the Exchange to evaluate information provided by the Issuer seeking renewal. The Exchange may elect to conduct a formal proposal process for renewal, or may request updated information from the Issuer.	Exchange	Receipt of proposal or updated information		Automated
		PM-03.40: Manage Negotiations	This activity is performed by the Exchange to manage and conduct negotiations with those issuers who requested that their qualified health plans be recertified. If negotiation results are acceptable, the Exchange decides to proceed.	Exchange	Proposals or updated information reviewed		Mixed

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		PM-03.50: Resubmit Additional/ Revised Information	If negotiation results are acceptable, the issuer decides to proceed. This activity is performed by the issuer to respond to negotiations conducted with the Exchange.	Issuer	Proposals/ information reviewed		Mixed
		PM-03.70: Recertify Plan and Notify Issuer of Recertification	This activity is performed by the Exchange to recertify plans as qualified health plans for the next plan period. The Exchange notifies the issuer of the recertification.	Exchange	Criteria met and/or negotiations (if applicable) are complete		Automated
PM-04: Maintain Operational Data	This process may be performed to maintain the currency of the operational data received from issuers, to analyze changes in the data, and to take appropriate actions based on the changes in the data. The data may include: provider network data, issuer general information, transparency data, quality information, complaint data (from multiple sources), and marketing materials and notifications to members.	CO-XX.30: Update Information on Exchange Website	This activity is performed by the Exchange to update information on the Exchange Website.	Exchange			Automated
		PM-04.10: Submit Changes to Plan's Provider Network	This activity is performed by the issuer to identify changes in the Plan's provider network.	Issuer	Periodically or as changes occur		Automated
		PM-04.100: Provide Complaint Reports (State DOI, Ombudsmen, Other State Agencies)	This activity may be performed by the State to provide plan complaint reports (e.g., number and type of complaints, plan involved) received at various state agencies from consumers to the Exchange. The State DOI may aggregate the complaint reports before providing them to the Exchange.	State	Periodic		Automated
		PM-04.110: Provide Complaints	This activity is performed by CMS to provide plan complaints (e.g., number and type of complaints, plan involved) received by CMS from consumers and/or providers to the Exchange.	CMS			Mixed
		PM-04.120: Provide Complaints	This activity is performed by Providers to provide complaints to the Exchange. The provider may complain on behalf of the consumer (e.g., on coverage decision, eligibility issues), or may provide service-oriented or timeliness or amount of payments complaints.	Provider			Automated
		PM-04.130: Receive Complaint Information	This activity is performed by the Exchange to receive complaint information from multiple sources, and update the Exchange's "Plan Management System". Complaint data may be organized so that it can be tracked by plan and type of complaint (by plan).	Exchange	On receipt of data		Automated
		PM-04.140: Analyze Complaint Information for Patterns and Trends	This activity may be performed by the Exchange to assess the volume of complaints for a plan, identify patterns and trends (by type of complaint), and identify potential compliance and service issues. Complaint resolution timeframes may also be analyzed.	Exchange			Mixed

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		PM-04.150: If Exchange Approval is Required, Submit New/Changed Marketing Material and Notifications to Members	This activity is performed by the issuer to submit new/changed in marketing material and notifications to members if required by the Exchange. The Exchange may require only a subset of materials for pre-approval or filing use.	Issuer	When changes occur		Automated
		PM-04.160: If Approval is Required, Receive and Review Changes in Marketing Materials and Notifications	This activity is performed by the Exchange to receive and review new/changed in marketing material and notifications to members if required by the Exchange. The Exchange may review the materials based on standards adopted by the Exchange, and may approve or disapprove the changes.	Exchange	On receipt of data		Mixed
		PM-04.170: Return Materials for Revision	This activity is performed by the Exchange to return unapproved changes in marketing materials and notifications to members for revision by the issuer.	Exchange			Automated
		PM-04.180: Revise Materials as Directed	This activity is performed by the issuer to revise based on unapproved changes in marketing materials and notifications to members and resubmit to the Exchange for approval.	Issuer			Automated
		PM-04.190: Record Approvals and Store Information in System	This activity is performed by the Exchange to record approvals of changes in marketing materials and notifications to members and store the material in the system.	Exchange			Automated
		PM-04.20: Receive Changes to Plan's Provider Network	This activity is performed by the Exchange to receive changes in the plan's provider network.	Exchange	Receipt of data		Automated
		PM-04.30: Review and Analyze Data Submitted on Provider Networks	This activity is performed by the Exchange to review and analyze data submitted on provider networks for compliance with certification requirements.	Exchange			Mixed
		PM-04.40: Submit Changes to Issuer General Information	This activity is performed by the issuer to provide the Exchange with updates to issuer general information (e.g., plan contact information, call center information, addresses, website addresses, management/ key personnel/ ownership changes, plan name changes, banking information)	Issuer	As changes occur		Automated
		PM-04.50: Receive Changes to Issuer General Information	This activity is performed by the Exchange to receive updates to issuer general information and update information in the Exchange's "Plan Management System"	Exchange			Automated
		PM-04.60: Submit Transparency and Quality Information	This activity is performed by the issuer to provide the Exchange with transparency (e.g., payment policies and practices, financial disclosures, enrollment/disenrollment data, claims denials, rating practices) and quality information (e.g. Quality rating data)	Issuer	Periodic		Automated

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		PM-04.70: Receive Transparency and Quality Information	This activity is performed by the Exchange to receive transparency and quality information, update information in the Exchange's "Plan Management System".	Exchange	Receipt of data		Automated
		PM-04.80: Analyze Transparency and Quality Information	This activity is performed by the Exchange to analyze transparency and quality information for potential performance issues, certification compliance issues, or for opportunities to improve performance.	Exchange			Mixed
		PM-04.90: Submit Complaint Information	This activity is performed by the issuer to provide plan complaint information received from consumers (e.g., number and type of complaints, complaint rates, complaint response time, complaint disposition) to the Exchange.	Issuer	Periodic		Automated
PM-05: Process Change in Plan Enrollment Availability	This process may be performed when an issuer either closes or re-opens enrollment for a QHP during a plan year. The issuer may close enrollment of a QHP under certain conditions specified in section 2702 of the Public Health Service Act (i.e., service capacity limits).	CS-XX.20: Communicate to Stakeholders (e.g. Navigators) and Update Call Center	This activity is performed by the Exchange to communicate changes in plan status to stakeholders and the Exchange call center.	Exchange			Mixed
		PM-05.10: Provide Notification of Change in Enrollment Availability (Close/ Re-open Enrollment)	This activity is performed by the Issuer to notify the Exchange and the SDOI of change in enrollment availability (close/re-open enrollment).	Issuer	When Issuer decides to close or re-open enrollment		Automated
		PM-05.20: Receive Notification of Change in Enrollment Availability	This activity is performed by the Exchange to receive notification of change in plan enrollment availability from the Issuer. The Exchange may coordinate with the SDOI to determine in the proposed closure is permissible.	Exchange	On receipt of notice		Automated
		PM-05.30: Send Notification of Change in Enrollment Availability	This activity is performed by the Exchange to send plan change in availability notice to CMS.	Exchange			Automated
		PM-05.40: Determine Whether the Exchange is Offering a Sufficient Number of Plans with Sufficient Geographic Coverage	This activity may be performed by the Exchange to conduct an analysis to ensure enrollees have a choice of plans and that there is sufficient coverage and capacity of plans remaining in the Exchange.	Exchange			Mixed

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		PM-05.50: Receive Notification of Change in Enrollment Availability	This activity may be performed by the SDOI to receive notification of change in plan enrollment availability from the Issuer. The SDOI may review the reason for plan closure and determine whether the closure is permissible according to statutes or regulations.	State Dept of Insurance			Automated	
		PM-05.60: Receive Notification of Change in Enrollment Availability and Perform Updates on Reports/Databases as Needed	This activity is performed by CMS to receive plan change in availability notice from the Exchange and perform updates on reports/ databases as needed.	CMS			Automated	
PM-06: Review Rate Increase Justifications	This process may be performed to receive and review justifications for rate increases. The Exchange review also utilizes information received from the State and/or CMS rate review processes.	PM-06.20: Receive Rate and Benefit Data and Justification for Rate Increase	This activity is performed by the Exchange to receive rate and benefit changes, and justifications for rate increases from the issuer that may occur during the plan year.	Exchange	On receipt of data		Automated	
		PM-06.30: Analyze Changes in Rates and Benefits, and Justification for Associated Rate Increase	This activity is performed by the Exchange to receive and review rate and benefit data, and justifications for rate increases. The Exchange will review proposed rates, rate increases, and rate increase justifications and determine whether increases are justified.	Exchange	Annual - Individual Exchanges; TBD for SHOP Exchange;		Mixed	
		PM-06.75: Calculate Second Lowest Cost Silver Plan	This activity is performed by CMS/IRS to calculate the second lowest cost Silver Plan and provide second lowest cost Silver Plan tables to the Exchange.	CMS				Mixed
	This process may be performed to receive rate information and review justifications for rate increases. The Exchange review also utilizes information received from the State and/or CMS rate review processes.	PM-06.10: Submit Rate and Benefit Data and Justification for Rate Increase	This activity is performed by the issuer to provide rate data (premium data), benefit data (list of services or service categories and related co-payments/deductibles) for all affected plans to the Exchange as well as justifications for rate increases.	Issuer	Annual - Individual Exchanges; TBD for SHOP Exchange;			Automated
		PM-06.100: Receive, Review, and Provide Plan Premium and Level of Coverage Data	This activity is performed by CMS to electronically provide annual inputs for Plan Premium and Level of Coverage for plans offered by each Health Insurance Exchange. The Plan Premium and Level of Coverage data is required by the IRS as a basis for determining APTC eligibility, used in the APTC calculator, and during APTC reconciliation processes.	CMS	Annually, by 9/1 (TBD)			Automated
		PM-06.110: Receive Plan Premium and Level of Coverage Data	This activity is performed by IRS to electronically receive annual inputs for Plan Premium and Level of Coverage for plans D66offered by each Health Insurance Exchange from CMS.	IRS	Annually, by 9/15 (TBD)			Automated
		PM-06.40: Conduct State Rate Review	This activity may be performed by the SDOI to conduct rate reviews. The SDOI may provide Rate Review Results to the Exchange	State				Mixed

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		PM-06.50: Conduct CMS Rate Review	This activity may be performed by CMS to conduct rate reviews, when rate reviews are not conducted by the SDOI. CMS may provide Rate Review Results to the Exchange	CMS			Mixed
		PM-06.70: Receive rate information for silver plans and provide to IRS	This activity is performed by CMS to receive rate information (rates, rating factors) for silver plans and provide to IRS	CMS	Change in rate structure		Automated
		PM-06.90: Update Rates and Benefits Information in System	This activity is performed by the Exchange to update its plan management system with the changes in rates and benefits.	Exchange			Automated