Program Integration

California Health Benefit Exchange Board Meeting

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Overview

I. Definition of Program Integration from Grant Application
II. Rationale for Coordination
III. Federal ACA Requirements: State Health Programs
IV. Potential Elements of Coordination – State Health Programs
V. Federal ACA Requirements: Certification of Health Plans
VI. Potential Elements of Coordination – Health Plan Oversight
VII. Federal Milestones
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I. Definition of Program Integration

- To date, no federal guidance specific to program integration, outside of IT system guidance
- Mandated basic building block of the Exchange
- <u>Defined in the Exchange grant application:</u>

Demonstrate that coordination has been established with state Medicaid agency and state Department of Insurance, and at the state's option, other specific health and human services programs, as applicable

<u>Program Integration = Coordination</u>

II. Rationale for Coordination

- Exchange Board decisions on coverage, eligibility, enrollment, health plan certification, contracting and standards, continuity of care, consumer assistance, outreach and other aspects of Exchange operations will have implications for other health and human services programs, as well as for state oversight and regulation of health plans and health insurers

- Requires states, as a condition of participation in Medicaid, to simplify Medicaid enrollment and coordinate with state health insurance exchanges and CHIP, and other state health programs at the state's option

- Requires states to establish and operate an Internet website no later than January 1, 2014 linked to state Exchange, Medicaid and CHIP agencies allowing individuals who are eligible to receive benefits under Medicaid and eligible for premium credit assistance for a qualified health plan, to compare benefits, premiums, cost-sharing

- More on program, eligibility and enrollment coordination with state health programs in eligibility and enrollment presentation

IV. Potential Elements of Program Integration: State Health Programs

- Eligibility and enrollment – “no wrong door” policy statewide
- Related IT systems for application, enrollment, eligibility, subsidies, etc.
- Medi-Cal / Exchange cost allocation

IV. Potential Elements of Program Integration State Health Programs

- Continuity of care and transition for persons moving among public and private coverage programs

- Evaluating, understanding and communicating with the public about similarities and differences in program coverage, eligibility, enrollment

- Monitoring the role and impact of coverage changes and reforms on the safety net delivery system

IV. Potential Elements of Program Integration: State Health Programs

- Are the Exchange, Medi-Cal and HFP contracting with the same or many of the same health plans?
- Are there opportunities for common contracting or procurement standards, access standards, performance metrics, alignment of payment strategies, shared plan choice materials and web tool?
- Synchronize consumer education, outreach and marketing, complaints and assistance?
- Is there a role for the Exchange staff in information, referral and coordination with human services programs: nutrition (Women, Infants, and Children's (WIC) and Cal-Fresh), Cal-WORKS, housing, emergency shelter, child support, etc?

IV. Potential Elements of Program Integration: State Health Programs

- <u>California – core programs for coordination</u>
  - Department of Health Care Services
    - Medi-Cal
  - Managed Risk Medical Insurance Board (as currently configured)
    - Healthy Families Program
  - Basic health program (if established)

IV. Potential Elements of Program Integration: State Health Programs

Are there other state or local coverage programs appropriate for modification or transition because of the coverage expansions and market reforms (e.g. guaranteed issue)?

Do the programs provide different benefits or services or have different delivery approaches than the Exchange?

- Med-Cal medically needy program
- Non-emergency HFP for newly qualified aliens
- Access for Infants and Mothers
- Genetically Handicapped Persons program
- Breast and Cervical Cancer Treatment program
- California Children’s Services
- Behavioral health services programs – Mental health and Substance Use Disorders
- California’s two high risk pools for persons moving to Exchange coverage
- County Indigent Care programs – Low Income Health Program

V. Federal ACA Requirements: Health Plan Oversight

Exchanges must, among other things:

- Certify (and decertify) plans as meeting qualified health plan requirements, per federal guidelines, and offer plans the Exchange determines are in the interest of qualified individuals and qualified employers in the State

V. Federal ACA Requirements: Health Plan Oversight

- Use a standardized format for presenting health benefit plan options including the uniform outline of coverage required in the ACA

- Maintain an Internet website for enrollees and prospective enrollees to obtain standardized comparative information on plans, including a calculator to determine the actual cost of coverage

- Assign a quality rating to each qualified health plan offered in accordance with criteria developed by the Secretary

V. Federal ACA Requirements: Health Plan Oversight

- Exchanges must require health plans seeking certification to submit to the Exchange, the State insurance department, and the Secretary, and make available to the public, “accurate and timely disclosure” of certain information, in “plain language” including:
  - Claims payment policies and practices;
  - Periodic financial disclosures;
  - Data on enrollment and disenrollment;
  - Data on the number of claims that are denied;
  - Data on rating practices;
  - Information on cost-sharing and payments with respect to any out-of-network coverage; and
  - Information on enrollee and participant rights under Title I of the ACA related to health insurance standards and practices.

VI. Potential Elements of Program Integration Health Plan Oversight

- Clarify roles and responsibilities of the Exchange and the California Department of Insurance (CDI) and Department of Managed Health Care (DMHC) regarding standards and oversight of qualified health plans
- Work with regulators to monitor implementation of health insurance market reforms and the impact on Exchange programs and operations
- Access and benefit from the expertise of regulators to implement strategies intended to reduce adverse selection between the Exchange and the outside market
- Identify state legislative changes that may be needed to reduce adverse selection

- Document current state business processes and develop future state processes that will support Exchange operational requirements

- Initiate communication with key state agencies and hold regular collaborative meetings

- Execute agreement with Medicaid agency, and other applicable state health subsidy programs (Manage Risk Medical Insurance Board for Healthy Families, as currently configured) on roles and responsibilities

- Execute agreement with state Department of Insurance (in practice, also Department of Managed Health Care) re roles and

- Determine scope and budget for Level 1 grant related to program integration

- Board adoption of policy to coordinate with both CDI and DMHC (June 15)

- Initiate discussion and collaboration with affected state agencies leading to federally required agreements as milestones by the end of 2011

- Level 1 grant can provide resources to:
  - Conduct analysis of state business processes affecting state health programs and state regulation of health plans, including IT systems analysis and development;
  - Identify other state and local health programs for coordination / modification;
  - Assess state law and practice for health plan oversight and identify overlap with requirements for qualified health plans; and
  - Outline and help to clarify roles and responsibilities between the Exchange, state health programs and state regulators