The California Health Benefit Exchange: Design Options

HBEX Board Meeting Tuesday, September 27, 2011

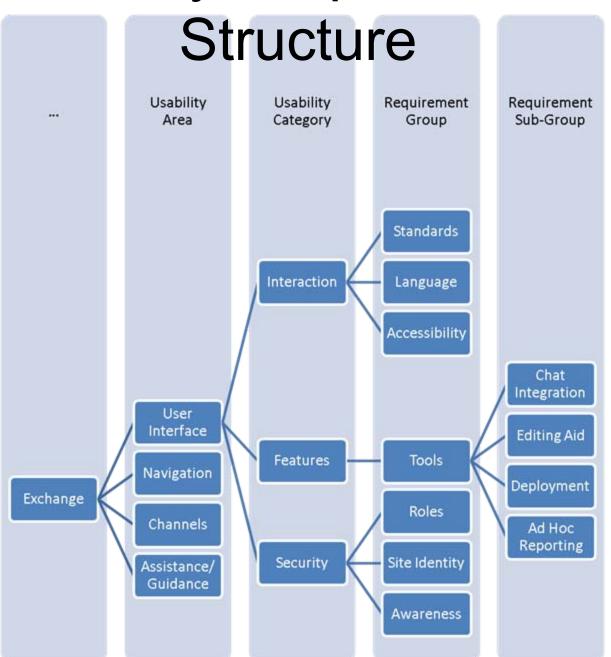
Partners

- Department of Health Care Services (DHCS)
- California Health and Human Services Agency (CHHS)
- Managed Risk Medical Insurance Board (MRMIB)
- Office of Systems Integration (OSI)
- EE Individual Exchange Workgroup Participants
- EE SHOP Workgroup Participants

Summary of Key Stakeholder Input

- Build confidence and trust through reliable process at launch
- Consumers control the use of their personal information
- Consider the perspective of all consumers
- Enable live contact at all points of enrollment process
- Provide status updates during eligibility process
- Apply rules consistently regardless of method of entry
- Small Business Health Options Program (SHOP) must bring value to the marketplace, employers and brokers

Usability Requirements



Objectives of Today's Discussion

- To obtain Board feedback on design goals
- To obtain Board feedback on decision criteria for design infrastructure
- Discuss design options

Program Design Goals

- "No Wrong Door" service system that provides consistent consumer experiences for all entry points
- Culturally and linguistically appropriate oral and written communications which also ensure access for persons with disabilities
- Seamless and timely transition between health programs
- Reductions in consumer burden of establishing and maintaining eligibility

Program Design Goals

- Ensures security and privacy of consumer information
- Enables real-time eligibility determination
- Ensures timely and accurate eligibility determinations
- Ensures transparency and accountability
- Ensures no gaps in coverage
- Enables consumers to make informed choices

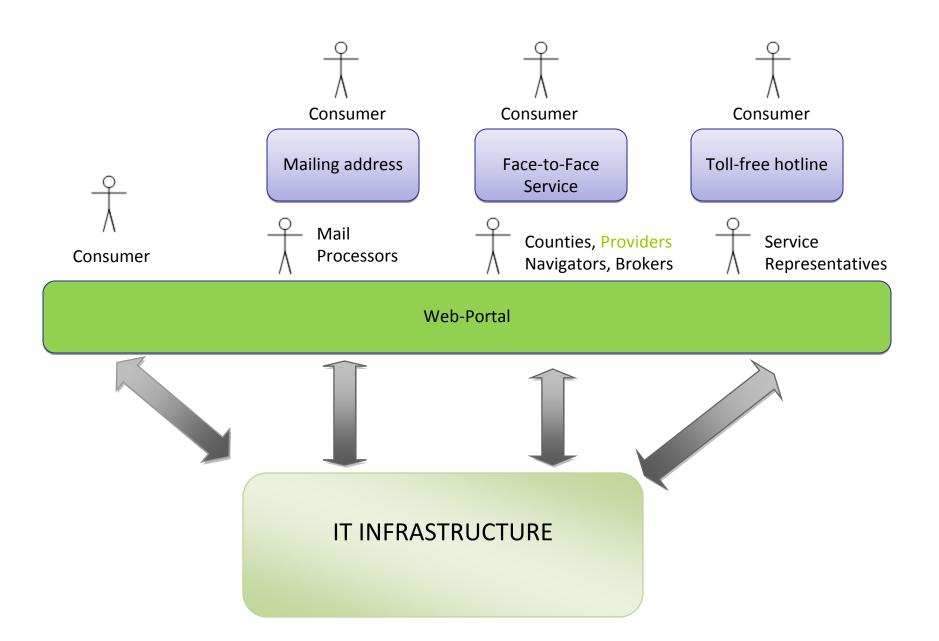
Decision Criteria

- Does the option comply with federal and state requirements?
- Does the option provide a feasible solution to be operational by 2014?
- Does the option provide a high quality customer service experience?
- What are the cost considerations, most notably ongoing operational costs?
- Does the option maximize federal funding opportunities?

Decision Criteria

- Is the option efficient? Does the option reduce program redundancies and duplication of work efforts?
- What risks are associated with the option?
- Does the option promote adaptability and flexibility to ensure ongoing program integration and addition of future programs?

Consumer Interface



IT Infrastructure Framework

Types of consumers:

- Individuals receiving subsidies
- Individuals not receiving subsidies
- Employers/ees (SHOP eligible)
- MAGI Medi-Cal eligible people
- Non-MAGI Medi-Cal people
- Children eligible for Healthy Families
- Potentially Basic Health Program eligible people (TBD)

IT Infrastructure Framework

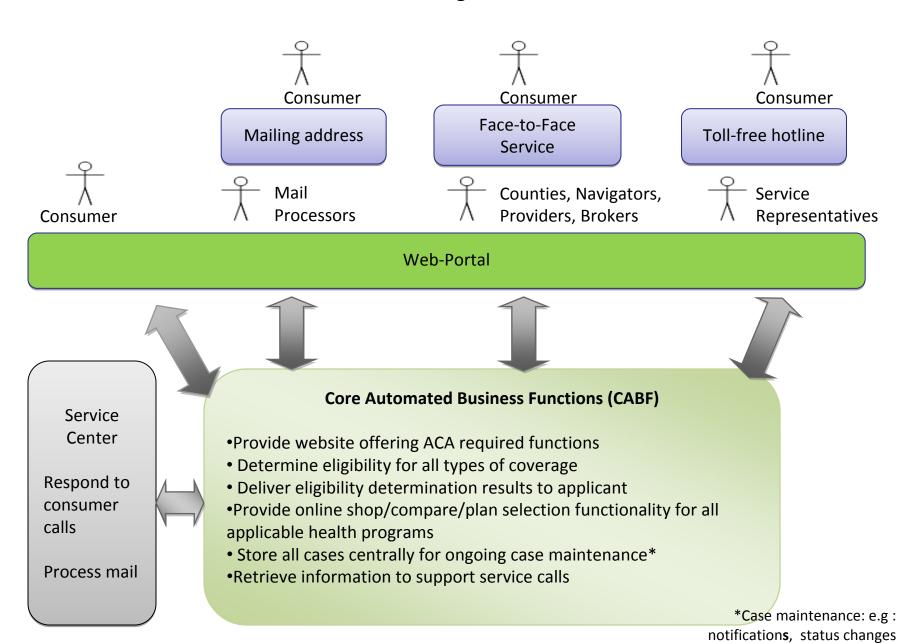
Key Required IT Functions:

- Web portal
 - offering ACA required functions
- Verifications
 - Linking with the federal and state data services hub
- Eligibility determination
 - Exchange subsidies, SHOP, MAGI Medi-Cal, Non-MAGI Medi-Cal, CHIP, Basic Health Plan
- Plan selection
 - Shop/compare/plan selection functionality for: Exchange subsidies, SHOP, MAGI Medi-Cal, Non-MAGI Medi-Cal, CHIP, Basic Health Plan

Supportive IT Functions:

- Case maintenance
- Maintain master client index
- Retrieve information to support service calls
- Referrals to other human services programs: CalFresh, TANF, etc.

Federal Long-Term Vision



Option #1: Distributive

Consumer Interface

Service Center

Respond to consumer calls

Process mail

Core Automated Business Functions (CABF)

- Provide website offering ACA required functions
- Determine eligibility for Exchange subsidies and employee coverage
- Obtain eligibility determination for MAGI and non-MAGI Medi-Cal from appropriate County SAWS system
- Obtain eligibility determination for CHIP from MRMIB system
- Deliver eligibility determination results to applicant
- Provide online shop/compare/plan selection functionality for Exchange enrollees
- Store new Exchange subsidies and employee coverage cases centrally for ongoing case maintenance
- Send new MAGI and non-MAGI Medi-Cal cases to appropriate County SAWS system for ongoing case maintenance
- Send new CHIP cases to MRMIB for ongoing case maintenance
- Update master health care coverage client index
- Retrieve information to support service calls

Partnerships

CHHS

DHCS

CDSS

Exchange Board

MRMIB





County SAWS systems

- Determine eligibility for MAGI
 Medi-Cal and non-MAGI Medi-Cal &
 return results to CABF
- •Store new MAGI and non-MAGI Medi-Cal cases and perform ongoing case maintenance
- •Handle other health and human services



MRMIB/MAXIMUS system

- •Determine eligibility for CHIP & return results to **CABF**
- •Provide online shop/compare/plan selection functionality
- •Store new CHIP cases and perform ongoing case maintenance

Qualified Health Plans

- •Receive enrollment data
- Maintain client cases



Provide online shop/compare/ plan selection functionality



Consumer Interface

Service Center

Respond to consumer calls

Process mail

Core Automated Business Functions (CABF)

- Provide website offering ACA required functions
- Determine eligibility for Exchange subsidies, employee coverage (SHOP), and MAGI Medi-Cal
- Obtain eligibility determination for non-MAGI Medi-Cal from appropriate County SAWS system
- Obtain eligibility determination for CHIP from MRMIB system
- Deliver eligibility determination results to applicant
- Provide online shop/compare/plan selection functionality for Exchange and MAGI Medi-Cal enrollees
- Store new Exchange subsidies, employee coverage (SHOP) and MAGI Medi-Cal cases centrally for ongoing case maintenance
- Send new non-MAGI Medi-Cal cases to appropriate County SAWS system for ongoing case maintenance
- Send new CHIP cases to MRMIB for ongoing case maintenance
- Update master health care coverage client index
- Retrieve information to support service calls
- •Evaluate for referral for other health and human services







County SAWS systems

- Determine eligibility for non-MAGI
 Medi-Cal & return results to CABF
- •Store new non-MAGI Medi-Cal cases and perform ongoing case maintenance
- •Handle other health and human services



MRMIB/MAXIMUS system

- •Determine eligibility for CHIP & return results to **CABF**
- •Provide online shop/compare/plan selection functionality
- •Store new CHIP cases and perform ongoing case maintenance

Partnerships

CHHS

DHCS

CDSS

Exchange Board

MRMIB

DHCS Contractor

Provide online shop/compare/ plan selection functionality



Qualified Health Plans

- Maintain client cases
- •Receive enrollment data

Consumer Interface

Core Automated Business Functions (CABF)

Service Center

Respond to consumer calls

Process mail

- Provide website offering ACA required functions
- Determine eligibility for all types of health care coverage
- Deliver eligibility determination results to applicant
- Provide online shop/compare/plan selection functionality for all applicable types
- Store all health care coverage cases centrally for ongoing case maintenance
- Update master client index for all health and human services programs
- Retrieve information to support service calls
- •Evaluate for referral for other health and human service programs

<u>Partnerships</u>

CHHS

DHCS

CDSS

Exchange Board

MRMIB

DHCS Contractor

(System retired)



County SAWS systems

Determine eligibility and enrollment and on-going case maintenance for human services programs: CalFresh, TANF, etc.



MRMIB/MAXIMUS system

(System retired)

Qualified Health Plans

- •Receive enrollment data
- Maintain client cases

Decision Criteria for Options

Option	Fed/State Compliance	Feasible for 2014	Provides High Quality Consumer Experience	On Going Cost Implications	Meets 90/10 Match	Efficient	High Risk	Flexible/ Adaptable
1								
2								
3								

Questions for Discussion

- Are the program design goals adequately reflected in the options? Are the goals appropriate? What would you change?
- Are the decision criteria appropriate for evaluating the options? Why or why not? What would you change?
- What thoughts or questions do you have regarding the options?

Future Key Issues

- Governance
- Ongoing operational responsibility
- State operated versus vendor operated:
 - SHOP
 - Service Center
- In person services
 - County roles and responsibilities
 - Navigator program

Next Steps

- Further discussion, approval of overall solicitation approach at October 2011 Board meeting
- Solicitation draft target date, November 2011, for public comment
- Board approves Solicitation on December 20, 2011

Thank You