
The California Health Benefit Exchange: Design Options

**HBEX Board Meeting
Tuesday, September 27, 2011**

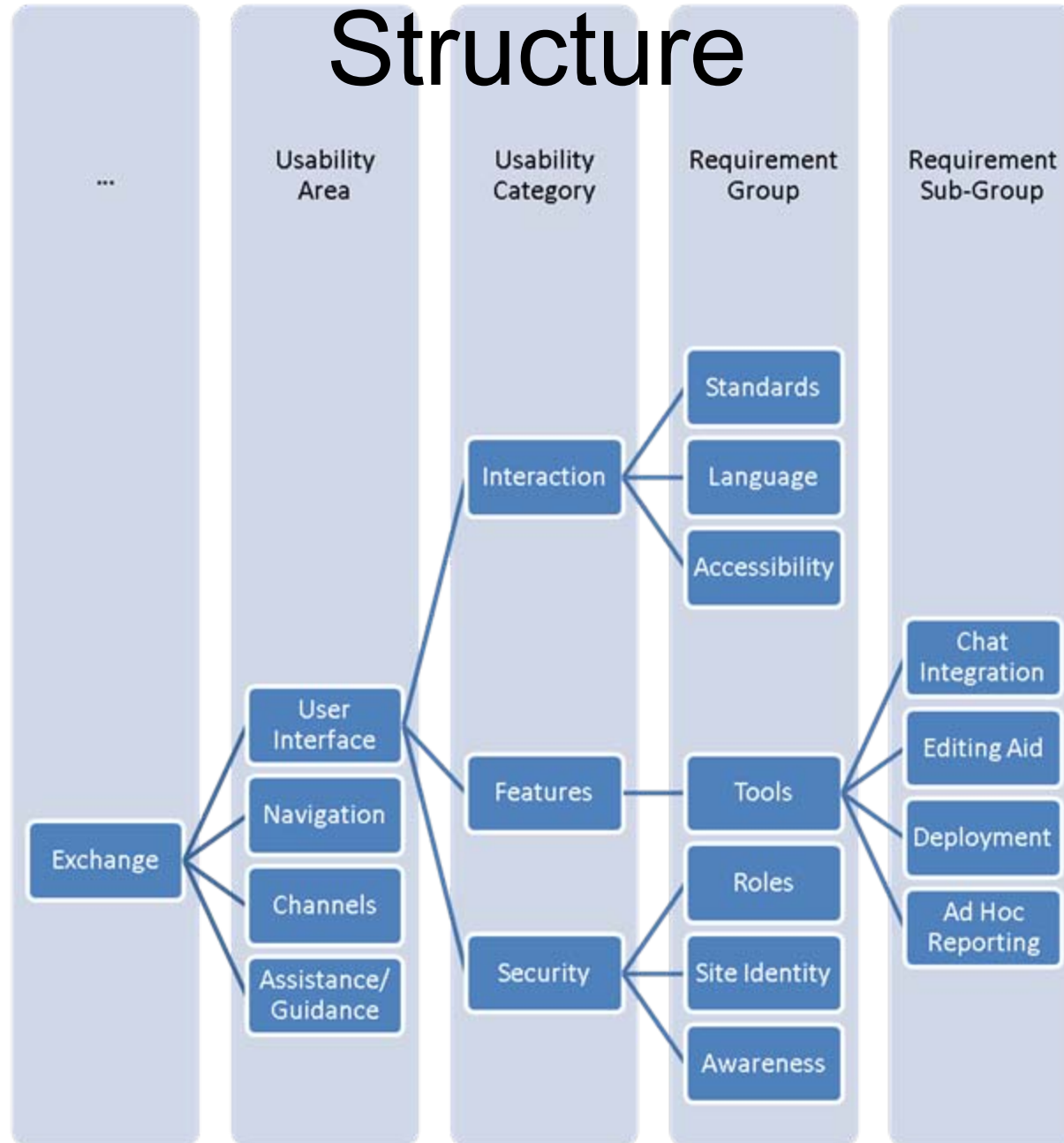
Partners

- 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
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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
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Usability Requirements Structure



Objectives of Today's Discussion

1. To obtain Board feedback on design goals
 2. To obtain Board feedback on decision criteria for design infrastructure
 3. Discuss design options
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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
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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
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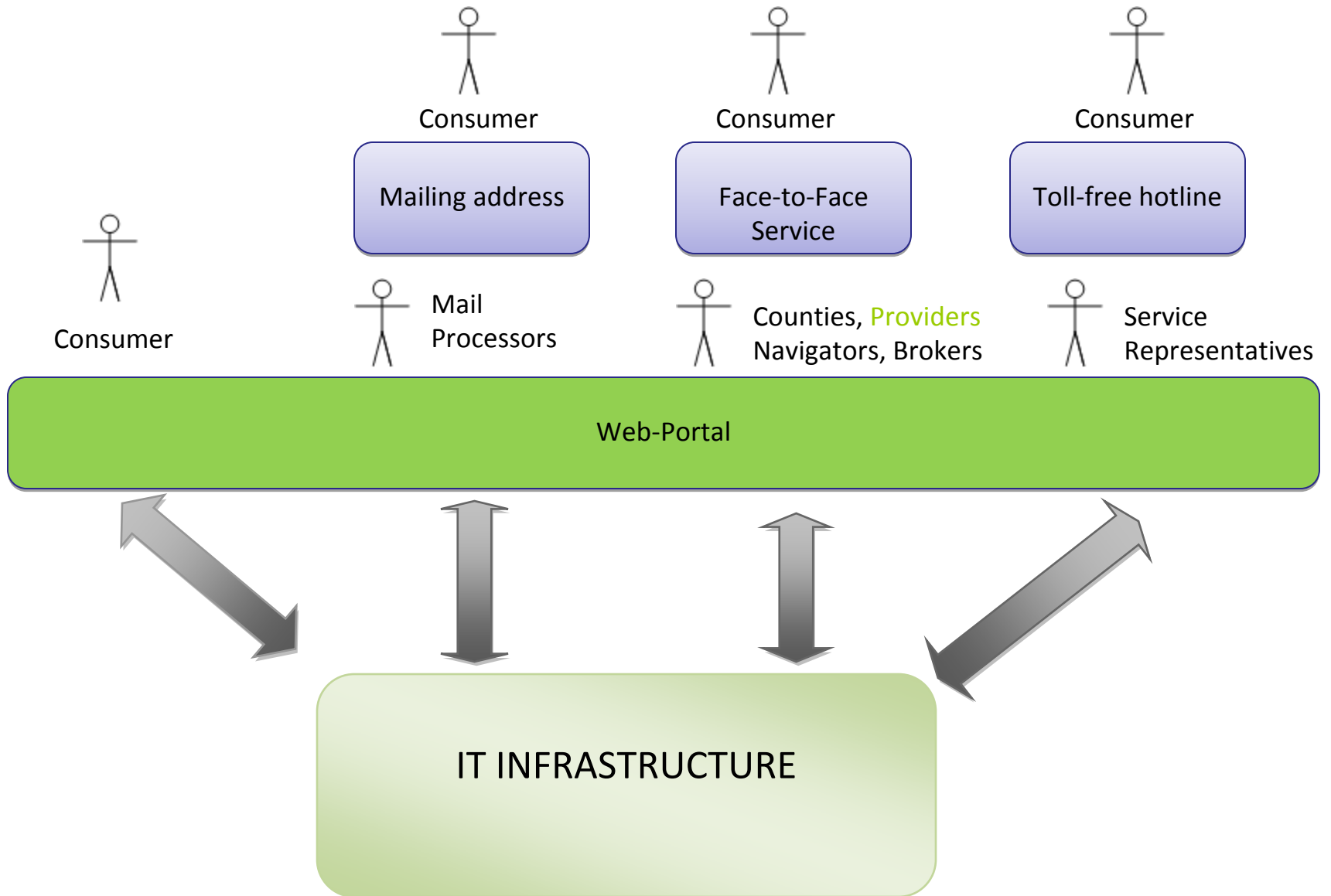
Decision Criteria

- 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?**
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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?
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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

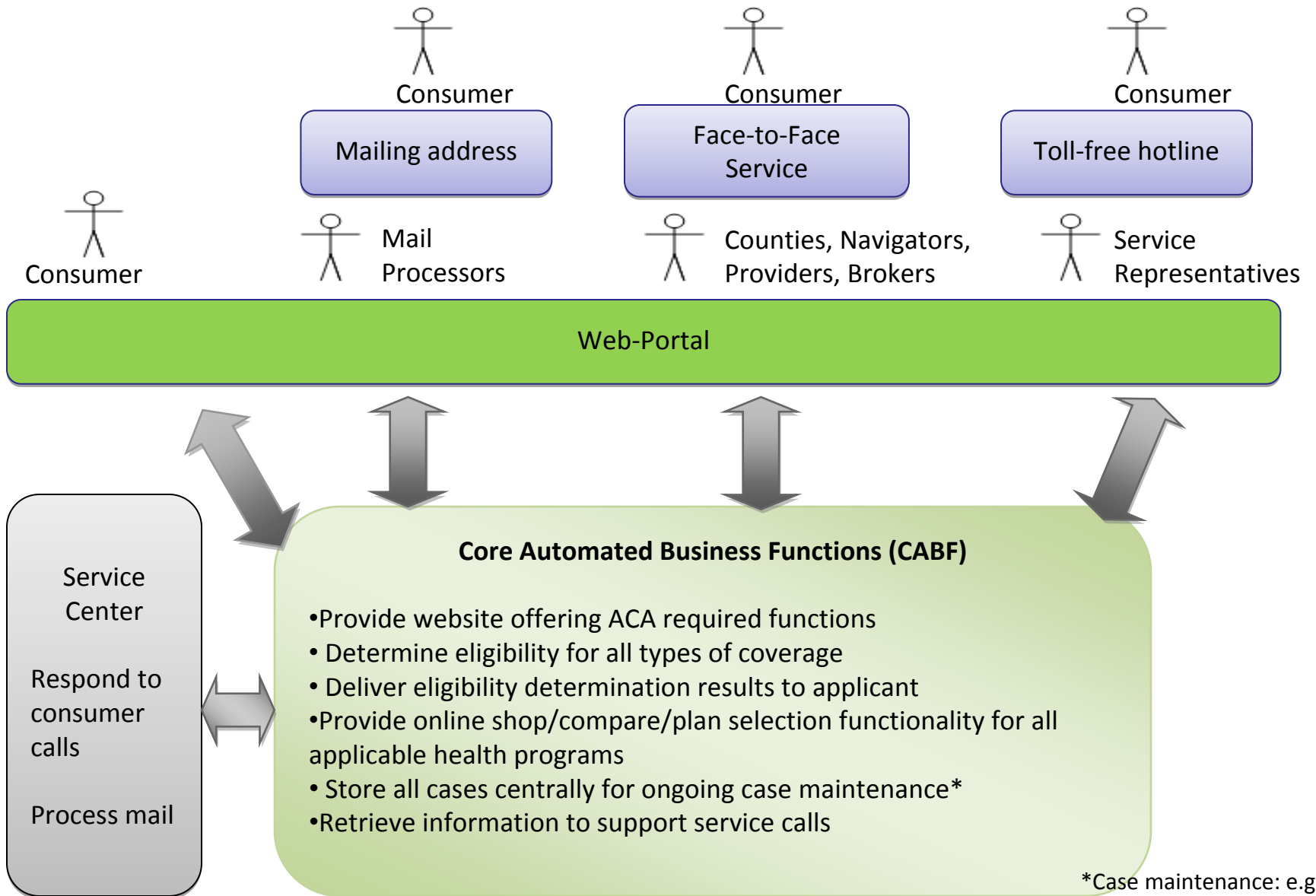
Key Required IT Functions:

- **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:

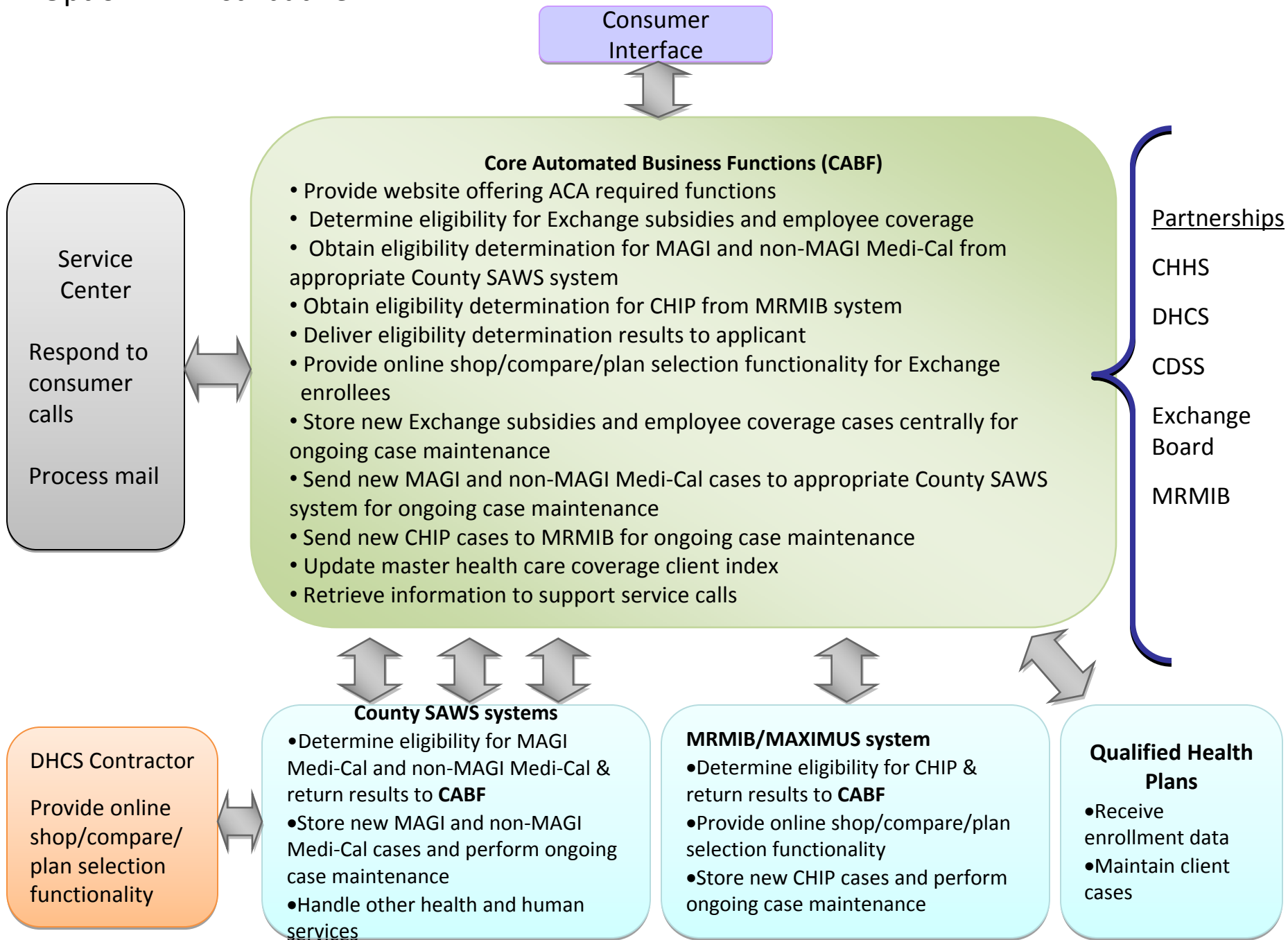
- Case maintenance
 - Maintain master client index
 - Retrieve information to support service calls
 - Referrals to other human services programs: CalFresh, TANF, etc.
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Federal Long-Term Vision

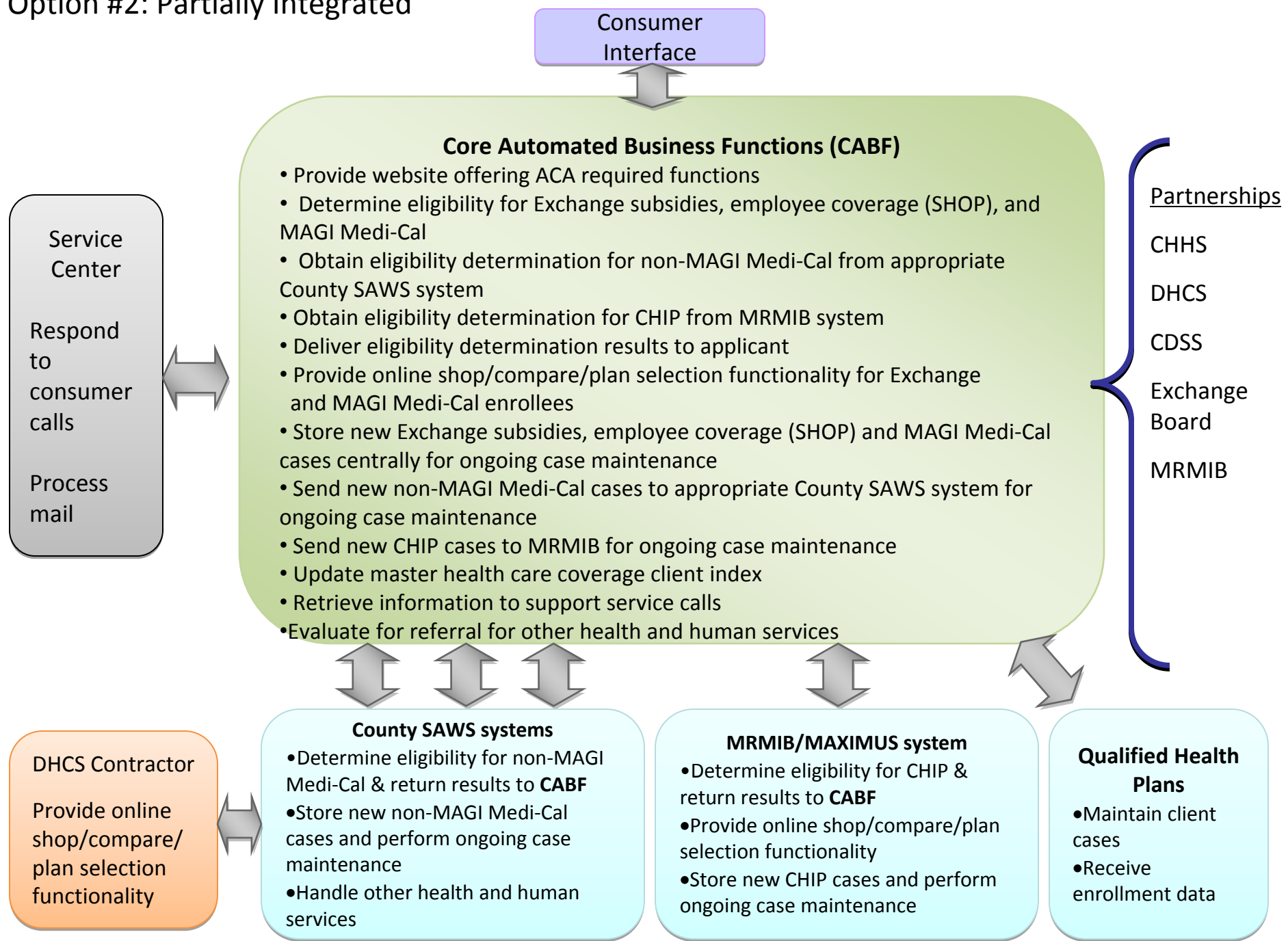


*Case maintenance: e.g : notifications, status changes

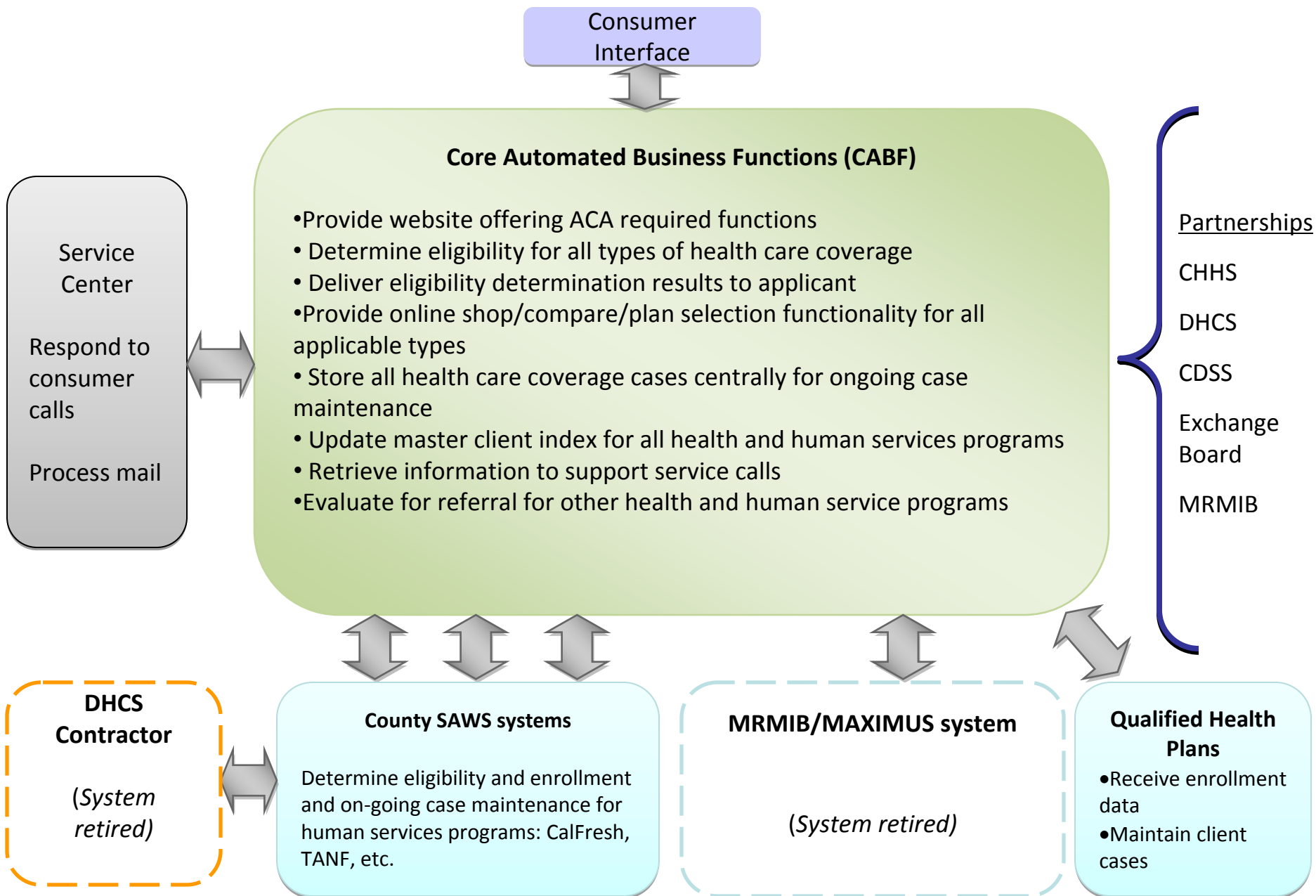
Option #1: Distributive



Option #2: Partially Integrated



Option #3: Fully Integrated



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?
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Future Key Issues

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

