California Health Benefit Exchange Vision and Mission

The vision of the California Health Benefit Exchange is to improve the health of all Californians by assuring their access to affordable, high quality care.

The mission of the California Health Benefit Exchange is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

California Health Benefit Exchange Values

Consumer-focused

At the center of the Exchange's efforts are the people it serves, including patients and their families, and small business owners and their employees. The Exchange will offer a consumer-friendly experience that is accessible to all Californians, recognizing the diverse cultural, language, economic, educational and health status needs of those we serve.

Affordability

The Exchange will provider affordable health insurance while assuring quality and access.

Catalyst

The Exchange will be a catalyst for change in California's health care system, using its market role to stimulate new strategies for providing high-quality, affordable health care, promoting prevention and wellness, and reducing health disparities.

Integrity

The Exchange will earn the public's trust through its commitment to accountability, responsiveness, transparency, speed, agility, reliability, and cooperation.

Partnership

The Exchange welcomes partnerships, and its efforts will be guided by working with consumers, providers, health plans, employers and other purchasers, government partners, and other stakeholders.

Results

The impact of the Exchange will be measured by its contributions to expanding coverage and access, improving health care quality, promoting better health and health equity, and lowering costs for all Californians.

The Exchange's Process for "Evidence-Based Policy Making"

1. Legal Scope

- Regulatory requirements
- Prohibited approaches
- Allowable alternatives
- 2. "Just the Facts"
 - Current California activities
 - California and National relevant data
- 3. Stakeholder Perspectives
- 4. Options and Recommendations
- 5. Inform Exchange Blueprint and Request for Federal Support

Exchange Model Options

As part of Exchange Blueprint submission, States will indicate their chosen Exchange Model Option and complete the Blueprint accordingly

State-based Exchange

State operates all Exchange activities; however, State may use Federal government services for the following activities:

- Premium tax credit and cost sharing reduction determination
- Exemptions
- Risk adjustment program
- Reinsurance program

Complete All Sections of Blueprint

State Partnership Exchange

State operates activities for:

- Plan Management
- Consumer Assistance
- Both

State may elect to perform or can use Federal government services for the following activities:

- Reinsurance program
- Medicaid and CHIP eligibility: assessment or determination*

Complete Only Blueprint
Sections Applicable to Model

*Coordinate with Medicaid and CHIP Services (CMCS) on decisions and protocols

Federally-facilitated Exchange

HHS operates; however, State may elect to perform or can use Federal government services for the following activities:

- Reinsurance program
- Medicaid and CHIP eligibility: assessment or determination*

Completion of Blueprint Not Required

As presented at HHS Exchange Grantees Conference 5/21/2012

Exchange Application Structure

The Exchange Blueprint is structured around the Exchange Activities that a State must be able to perform in order to be approved as a State-based Exchange (SBE) or a State Partnership within a Federally Facilitated Exchange (FFE), consistent with the Affordable Care Act and associated regulations

Exchange Activities include:

- 1. Legal Authority & Governance
- Consumer & Stakeholder Engagement
 & Support
- 3. Eligibility & Enrollment
- 4. Plan Management
- 5. Financial Management, Risk Adjustment& Reinsurance
- 6. SHOP
- 7. Organization & Human Resources
- 8. Finance & Accounting
- 9. Technology
- 10. Privacy & Security
- 11. Oversight, Monitoring, & Reporting
- 12. Contracting, Outsourcing, & Agreements
- 13. State Partnership Exchange Activities

As presented at HHS Exchange Grantees Conference 5/21/2012

Exchange Blueprint Submission/Approval Timeline

NOW

State
Establishment
Reviews
Continue

Sept. 14, 2012

Blueprint available on SERVIS

Nov. 16, 2012
Completed
Blueprint and
Model
Declaration
Letter
submitted to
CCIIO

Jan. 1 2013
Approval
Letters to
States;
Conditional
Approval
begins

As presented at HHS Exchange Grantees Conference 5/21/2012

Federal Establishment Grant Application Timelines Recommended Path for California

Planned Quarterly Application Dates (Level I and Level 2)				
2012	2013	2014		
• August	• February	• February		
 November 	• May	• May		
	• August	• August		
	November	November		

Current Level 2 Grant Application due: June 29, 2012 Final guidance on new application schedule anticipated soon. Preliminary guidance is that funding can be used in three years following award.

Staff Recommendation:

- •Prepare new Level 1 request for June 29, 2012; update February 2013
- •Prepare Exchange Blueprint and Declaration for November 16, 2012

Exchange Core Areas of Work

- Governance, legislative and regulatory activities
- Consumer assistance and outreach
- Eligibility and enrollment
- Qualified health plans and benefits
- SHOP
- IT infrastructure
- Operations
- Addressed in all Exchange core areas:
 - Background research
 - Stakeholder consultation
 - Program integration

Note: Exchange core areas of work will be aligned to establishment grant core areas in California's application

Developing the Qualified Health Plan Strategy

The California Path to Achieving Effective health Plan Design & Selection and Catalyzing Delivery System Reform Stakeholder: Input on Key Strategies

- Optimal Number of Plans to Offer
- Health Plan Selection
- Provider Networks
- Benefits and Cost Sharing
- Dental and Vision Coverage Options
- Delivery System Reform

Report posted on website www.hbex.ca.gov with full presentation to the Board in June 2012.

California Health Benefit Exchange 2012 Working Discussion and Decision Calendar

May 22	June 12	June 19
Information and	Information and Discussion:	Information and Discussion:
Discussion: 1.Scope/options for	1.Consumer Outreach Focus Group Findings	1.QHP Stakeholder Report
outreach and	2.Service Center Options	2.Cost Sharing Focus Group findings
communications 2.Options for assisters	3.Consumer Assistance/Ombudsman Options	Potential Decision:
3.Options for Payment to	4.Draft of Level 1 grant	1.SHOP operations and
Agents	Potential Decision:	budget
4.Options for SHOP	1.Phase 1: Outreach and communications plan scope/nature	2.Final draft Level 1 grant
	2.Phase 1: Assisters and broker scope, policies and budget	

Working Timeline: the Exchange Board may adjust meeting schedules and content.

California Health Benefit Exchange 2012 Working Discussion and Decision Calendar

July 19		August 23	September 18
Information and D	Discussion: P	otential Decision:	Potential Decision:
QHP and bene policies	fit design 1.	. QHP and benefit design policies	Health plan solicitation document and model
2. Assister / navigonal training and over solicitation	′	Assister / navigator training and oversight solicitation	health plan contract
Potential Decision	n: 3.	0 0	
Consumer Assi Ombudsman P		Process	
2. Assister / navigonal training and over solicitation	·		
3. Service Center			

Working Timeline: the Exchange Board may adjust meeting schedules and content.

Exchange Background Appendices:

Federal Guidance on Exchange Blueprint and Establishment Grant Requirements

Recent Federal Guidance Released

- Exchange Blueprint application
 - Released May 16
 - Blueprint has two components:
 - Declaration Letter: allows a state to declare what type of Exchange it is interested in and what choices it will make within the Exchange
 - Blueprint Application: a compilation of attestations of completion or expected progress, submission of supporting documents and testing files. State can begin filling out the application online in September
- General guidance on federally-facilitated exchanges
 - Released on May 16
 - Outlines the Department of Health and Human Services' (HHS)
 approach to implementing a Federally-facilitated Exchange (FFE) in
 any State where a State-based Exchange is not operating

Establishment Grant Application Components

Level 1 and Level 2 grant applications require the following components:

- Letters of support
 - Governor
 - Medicaid director
 - Insurance commission
 - Others as appropriate
- Project narrative
 - Demonstration of past progress
 - Proposal to meet program requirements
 - Summary of IT Gap analysis
 - Evaluation Plan
- Work plan with milestones over the entire project period
- Budget request for each 12 months of the project period
- IT systems including IT GAP analysis

Additional Level 2 Application Components

Level 2 grant applications require the following additional components:

- Legal authority to operate an Exchange
- Governance structure
- Complete budget through 2014
- Financial sustainability plan
- Fraud, waste and abuse prevention plan
- Plan for assistance to individuals and small businesses

For More Information:

Visit our website at http://www.hbex.ca.gov
And join our listserv