

California Health Benefit Exchange Laying the Groundwork for 2014

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California Partnership for Access to Treatment

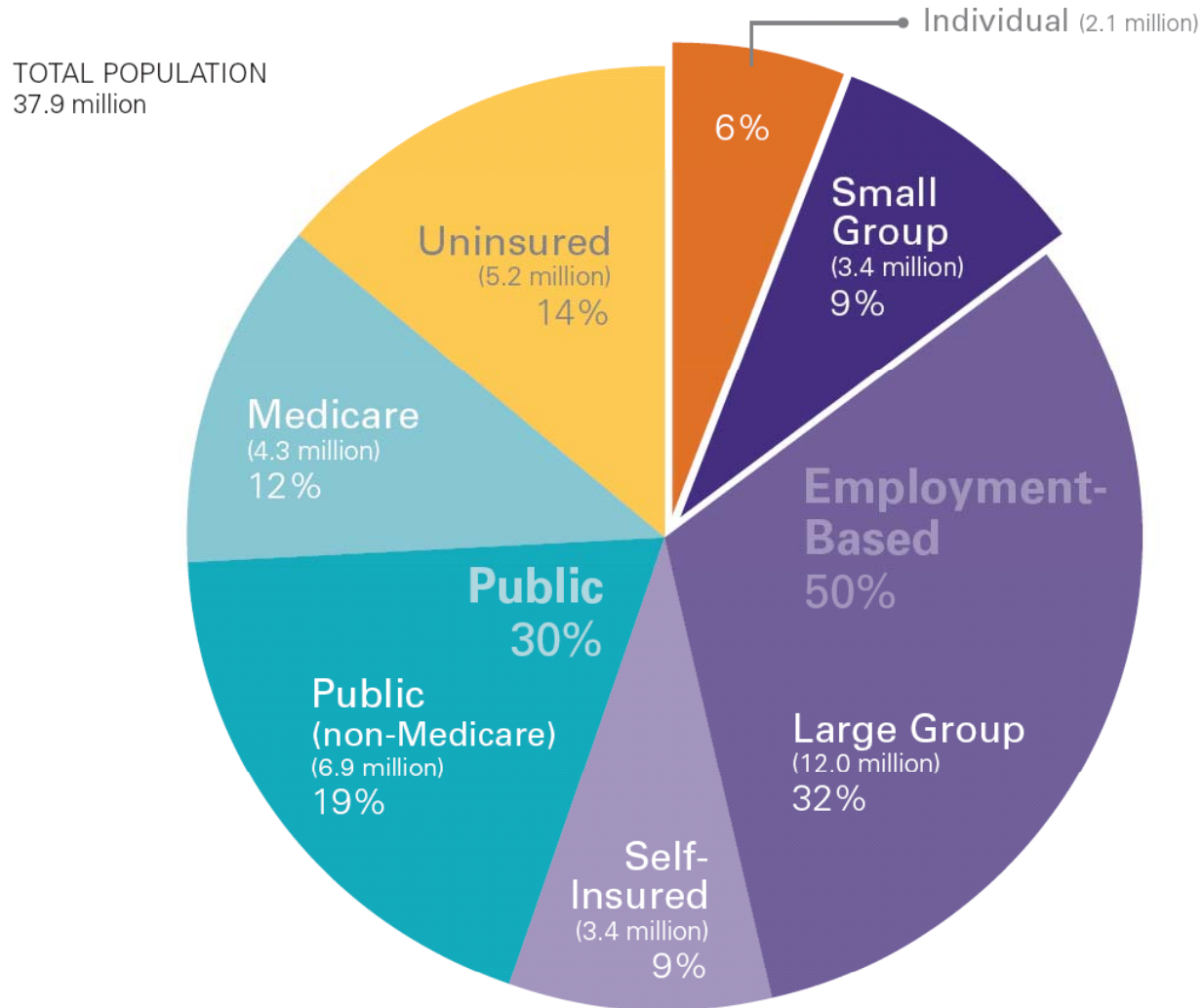
Sacramento, California

California Health Benefit Exchange: First in Nation Exchange Legislation

The Exchange: A tool policymakers can use to create:

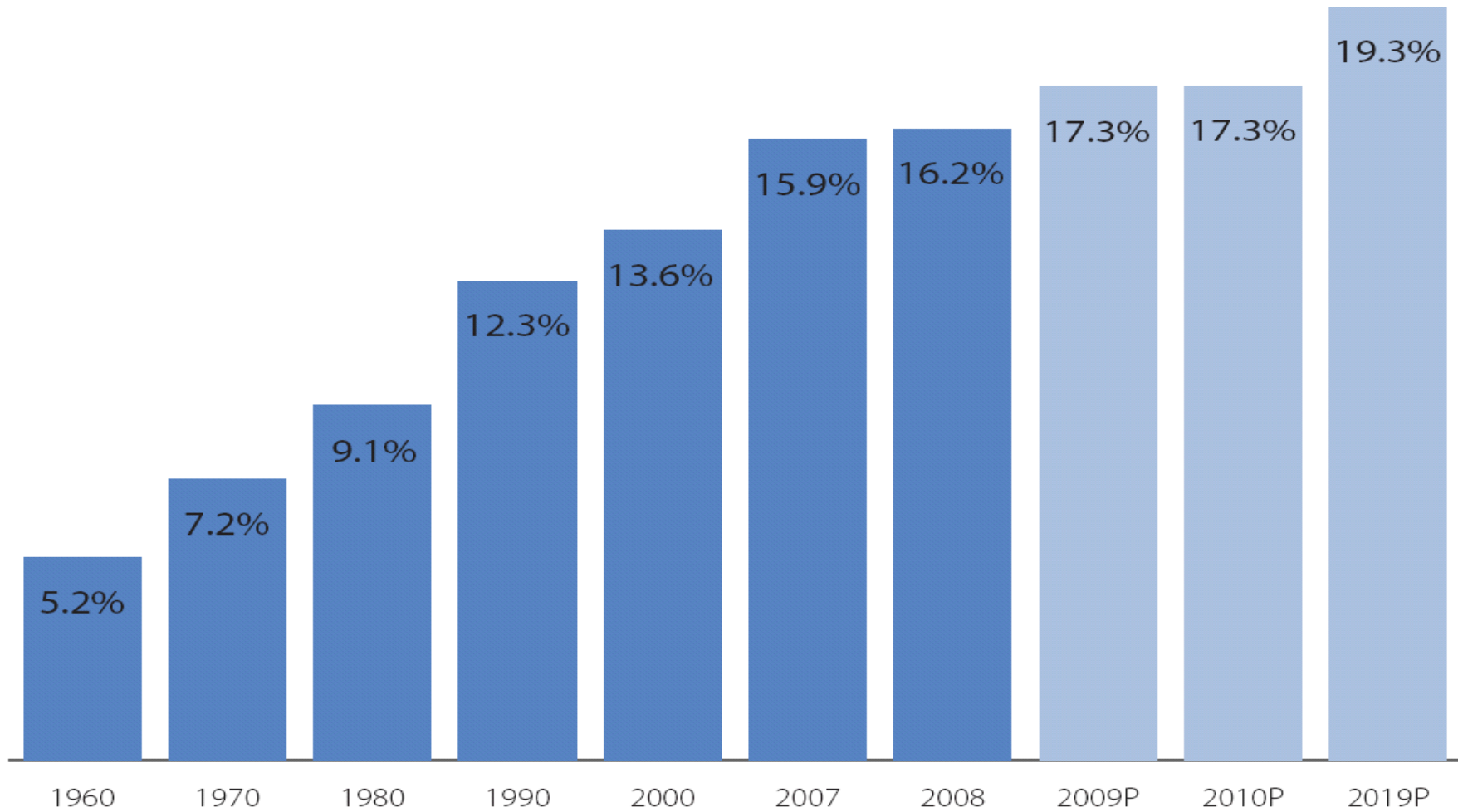
- A new purchase option for individuals and small employers that offers them the advantages of large employer groups.
- A gateway to subsidized coverage for millions of uninsured.
- An insurance marketplace that focuses competition among health plans and insurers on price, quality and service.
- Greater value to its members - in terms of improved access to more affordable, higher quality insurance products - by actively purchasing on their behalf.

Sources of Health Insurance Coverage in California



Source: California HealthCare Foundation. SNAPSHOT California's Individual and Small Group Markets on the Eve of Reform, 2011.

Rising Spending: National Health Spending as a Share of Gross Domestic Product (GDP)



Source: California HealthCare Foundation. California Health Care Almanac: Health Care Costs 101, April 2010.

Visions for California's Health Benefit Exchange

Price Leader

The Exchange drives lower premiums; it is a cost-focused store and offers the most competitively priced health plans.

Service Center

The Exchange is a consumer destination; it is a consumer-friendly, one-stop shop with broad choices on plan design, accessible information, and strong customer service.

Change Agent

The Exchange is catalyst of finance and delivery reform; establishing incentives to encourage innovation and improvement in the cost, quality, and efficiency in health care delivery.

Public Partner

The Exchange is closely aligned with Medi-Cal and Healthy Families partnering to adopt an array of policies that align to improve the health status and health care outcomes of low-income, high-need individuals.

Source: "California's Health Benefit Exchange: The Future Envisioned," California Healthcare Foundation, August 2011.

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 provide 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.

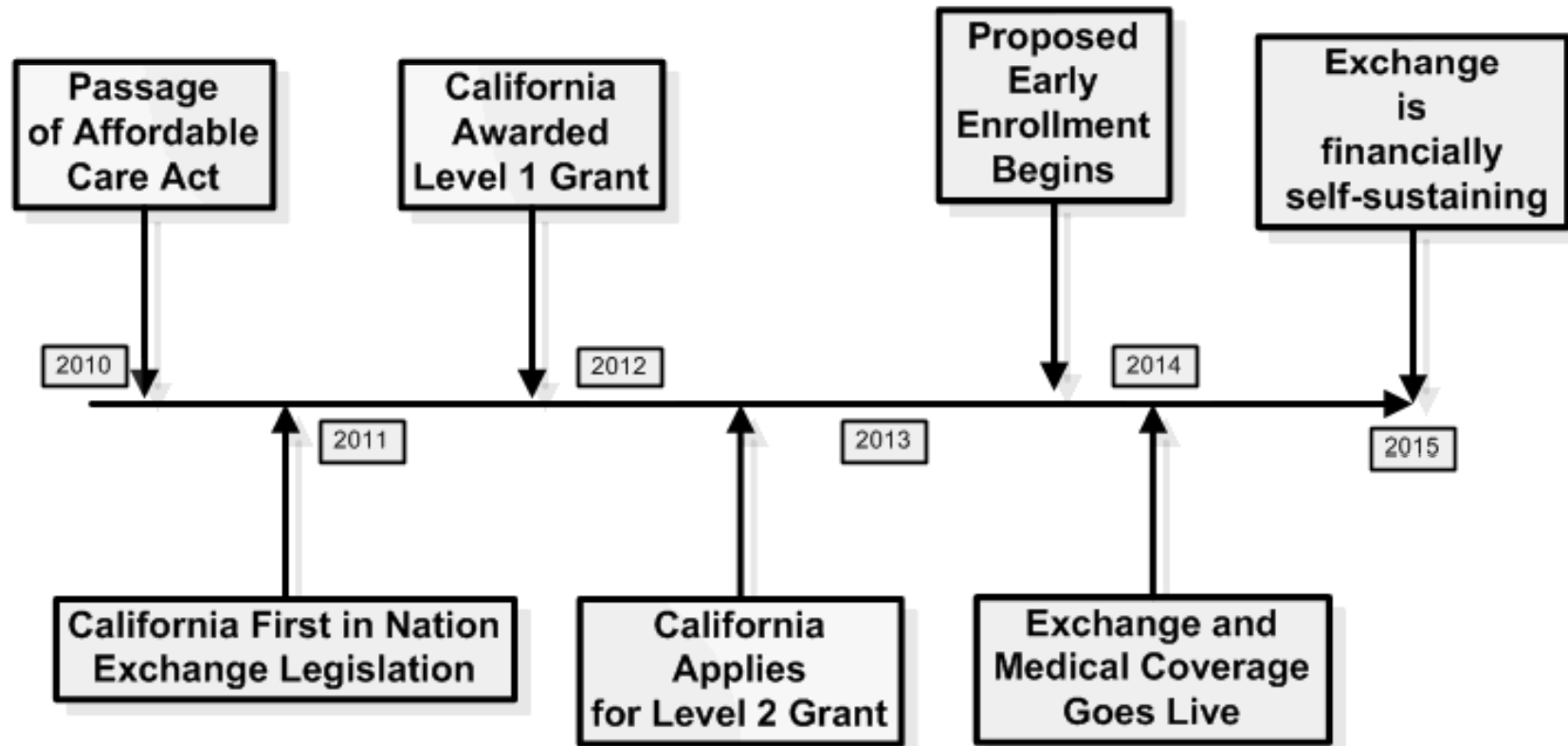
Partnership

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.

Timeline for California Health Benefit Exchange



Major Issues before the California Health Benefit Exchange

Major Issues:

- Business, Operations, and Financial Sustainability
- Enrollment & Information Technology
- Research and Analysis
- Communication Support; Research and Marketing, Outreach, and Education
- Assisters Strategy
- Health Plan Management and Delivery Reform
- Small Business Health Options Program (SHOP)
- Essential Benefits
- Basic Health Plan
- ...and many many more...

Communications, Outreach and Assistance: Major decisions

1. Scope and Nature of Outreach and Marketing.
2. Targeted Outreach and Enrollment Support (public program “transfer” and capturing change of life circumstances)
3. Scope and Nature of Individual Assistance
 - a. Service Center
 - b. Navigator/Assisters
 - c. Brokers
4. Ongoing Stakeholder Engagement Structures and Processes
5. IT and CalHEERS
 - a. Assuring first-class consumer experience
 - b. Provider Directory

Plan and Benefit Designs: Major Decisions

1. Benefit Designs
2. Plan Selection and Performance Standards
 - a. QHP certification standards
 - b. QHP selection process
3. Building blocks for delivery system reform
4. Plan assessment fee structure

See: “Stakeholder questions: Developing Qualified Health Plan, Benefit Design, and Delivery System Reform” at www.hbex.ca.gov

Health Plan Management & Delivery System Improvement - Solicitation Scope of Work

- Develop standards and process for certification and selection of Qualified Health Plans (QHPs) for Exchange Programs.
- Develop ongoing program for certification, performance measurement, quality reporting, and compliance for participating QHPs.
- Develop implementation timelines, process, and solicitation packages for QHP selection.
- Recommend strategies for using Exchange programs to improve broader health delivery systems in California.

Moving forward...

Guiding principles:

- Alignment and coordination with State partners
- Research and analysis
- Stakeholder consultation
 - Visit our website: <http://www.hbex.ca.gov>
 - Join our listserv