



TO: FFE Steering Committee
FROM: Consumer Assistance Advisory Committee Co-Chairs Anna Strong MPH, MPS Director of Health Care Policy Arkansas Advocates for Children and Families Kurt A. Knickrehm Vice President, Employee Benefits Services Regions Insurance Creshelle R. Nash MD, MPH Consultant, Arkansas Minority Health Commission University of Arkansas for Medical Sciences
SUBJECT: Recommendations from the Consumer Assistance Advisory Committee
COMMITTEE TOPIC: AR IN PERSON ASSISTER REIMBURSEMENT OPTIONS
DATE: October 25, 2012

PART I - RECOMMENDATIONS

A. **RECOMMENDATION SUMMARY:** The Consumer Assistance Advisory Committee (CAAC) discussed the topic of AR IPA Reimbursement Options at the committee meeting on October 12.

The Steering Committee is being asked to vote on the following recommendations:
<ol style="list-style-type: none"> 1. What IPA Entity compensation model will best incentivize IPA program goals? 2. What, if any, performance measurements should be utilized?

B. **RECOMMENDATION DETAILS:** The Consumer Assistance Advisory Committee provides the following recommendations for the Steering Committee’s adoption.

The CAAC recommends providing payment to IPA entities using a combination of a contract payment (IPA Entities will enter into a contract with the state) with an additional payment based on IPA Entity performance. This payment option provides an entity with funding for program start up costs and incentives for meeting performance metrics to include successful enrollment of consumers in the exchange and other options as identified below and subject to the availability of data. The receipt of enrollment data from the Federal government remains an outstanding question. This metric will depend on the availability of that enrollment data. Other data including outreach and education measures, administrative data, and enrollee satisfaction data would be collected as part of the ongoing Exchange evaluation and monitoring of IPA Entities and verified by the AID’s contract specialists.



i. Enrollment Measures

- a) # individuals that IPAs assisted to enroll in a QHP or Medicaid (and/or other insurance type), if available.
- b) # individuals that IPAs assisted to enroll in a QHP or Medicaid from a “hard-to-reach population” (to be defined) , if available.
- c) # of applications that IPAs started with individual/consumers.
- d) # of applications that IPAs completed with individuals/consumers.
- e) % of IPA Entity “target” enrolled during open enrollment.

ii. Outreach and Education Measures

- a) # outreach activities completed (by type).
- b) # educational activities completed (by type).

iii. Administrative

- a) Data reported accurately and timely.
- b) Complaints resolved timely.

iv. Enrollee Satisfaction

- a) Individuals’ overall satisfaction with IPA and/or IPA Entity.
- b) Individuals’ overall satisfaction with the Exchange.

PART II - BACKGROUND AND DISSENTING OPINIONS

The Consumer Assistance Advisory Committee convened on October 12, 2012, from 1 p.m. to 4 p.m. at the Arkansas Insurance Department. The purpose of the meeting was to make recommendations to the Federally Facilitated Exchange Partnership Steering Committee (“the Steering Committee”) concerning topic area 6, IPA Entity Reimbursement Options.

The Committee considered a number of options concerning how IPA entities would be reimbursed. There was much discussion on all of the options. Pros and Cons were discussed for each option and the committee gave serious consideration to each of them. There were eight (8) votes for the recommended option above and two (2) dissenting votes. Two committee members voted to pay the IPA entities based only on the number of consumers the entity assists to enroll in the exchange.



The discussion began with a reminder to the Committee of what the IPA responsibilities are under Federal ACA regulations:

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
2. Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;
3. Facilitate enrollment in QHPs;
4. Provide referrals to any applicable office of health insurance consumer assistance for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and,
5. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act

In order to reimburse IPA entities to carry out these responsibilities, the following options were discussed by the CAAC in consideration of this topic:

- 1) **No Compensation** – While likely not viable, not compensating for enrollment assistance is an option to consider.
 - a. This option was dismissed as unrealistic as it would likely not yield a strong network of IPAs but the committee acknowledged that there would likely be volunteers who may provide information and assist consumers with enrollment.
- 2) **Contract Payment Only** – IPA Entities would apply for a set amount of funding based on a defined set or service standards. The IPA Entity application would include an opportunity for the Entity to request an amount of funding specified by the entity’s budget submission. IPA Entities would then be compensated at pre-determined times (up-front, monthly, quarterly, end of Open Enrollment). Arkansas would have the opportunity to provide all IPA Entities with pre-set funding amounts, or a methodology could be developed to vary the contract payment amounts.
 - a. The Committee discussed that although this payment option provides the state with a predictable budget, it does not provide incentives for IPA Entity performance, a factor important to many members of the committee. The majority of committee members believe incentives are needed considering the large number of uninsured consumers in the state. The Committee, however, acknowledged that this method of payment does not require information from the Federal government such as the number of enrollments for the state of Arkansas. Communication from the Federal government regarding the number of



enrollments as well as the coordination of Navigator and IPA services remains an outstanding question for all states pursuing the Partnership model.

- 3) ***Contract Payment + Per Enrollee Add-On*** – This compensation model uses as its base a contract payment to the IPA Entity as defined in number 3, but adds to it a per enrollment payment. In addition to the contract payment the IPA Entity receives a pre-set payment for the number of individuals its IPAs help to enroll in the Exchange (at a minimum). An important consideration when considering this option is what counts as an enrollment – enrollment into just an FFE Qualified Health Plan (QHP)? Enrollment into Medicaid? Enrollment into another insurance type? These variations will increase the complexity of collecting the data.
 - a. In considering this option the Committee discussed the questions noted above. Due to the data accuracy challenges, it was acknowledged that in order to commit to this payment method, we would need to accept the fact that we will not always know how many enrollments occur for all programs due to circumstances beyond our control.

- 4) ***Contract Payment + Performance Add-On*** – Again, this compensation model uses as its base a contract payment to the IPA Entity, but adds to it an ability for the IPA Entity to earn additional funding by meeting pre-determined measures. Performance measures can be consistent across all IPA Entities, or Arkansas can decide on Entity-specific measures. Examples of performance can include specific goals related to enrollment, outreach and education, or enrollee satisfaction.
 - a. This option was identified as the most viable by the majority of committee members for the following reasons:
 - i. Provides the IPA Entity with funding for program start-up costs (contract payment)
 - ii. Incentivizes IPA Entities to strive to meet Arkansas’ goals
 - iii. Allows for incentives beyond enrollment metrics.
 - b. Metrics to be considered by the Department dependent on the availability of data:
 - i. Enrollment Measures
 - a) # individuals that IPAs enrolled in a QHP or Medicaid (and/or other insurance type), if available.
 - b) # individuals that IPAs enrolled in a QHP or Medicaid from a “hard-to-reach population” (to be defined) , if available.
 - c) # of applications that IPAs started with individuals.
 - d) # of applications that IPAs completed with individuals.
 - e) % of IPA Entity “target” enrolled during open enrollment.



- ii. Outreach and Education Measures
 - a) # outreach activities completed (by type).
 - b) # educational activities completed (by type).
 - iii. Administrative
 - a) Data reported accurately and timely.
 - b) Complaints resolved timely.
 - iv. Enrollee Satisfaction
 - a) Individuals' overall satisfaction with IPA and/or IPA Entity.
 - b) Individuals' overall satisfaction with the Exchange.
- 5) ***Per Enrollee Payment Only*** – This compensation model pays the IPA Entity only for the number of individuals they help to enroll. This is akin to a “Fee-For-Service” (FFS) type of payment – the IPA Entities are reimbursed a pre-determined funding amount for each unit of service they provide (in this case, enrollment in a QHP, at a minimum). As stated above, an important consideration for the CAAC is what counts as an enrollment – enrollment into just a FFE Qualified Health Plan (QHP)? Enrollment into Medicaid? Enrollment into another insurance type? The reimbursable unit will directly impact the behavior of the IPA Entities, so Arkansas must think carefully about the behavior it wants to incentivize.
- a. Two members of the CAAC preferred this option because they felt it speaks to the overarching goal of reducing the number of uninsured in the state. Other committee members felt that this type of payment did not allow for start up costs for smaller entities who may want to become IPAs but do not have an infrastructure to support start up of the program, did not provide reimbursement for all other IPA program responsibilities, and is completely dependent on the accuracy of enrollment data which is currently in question.
- 6) ***Per Enrollee Payment + Performance Add-On*** – This compensation model combines the add-on payments described above. IPA Entities would be paid a pre-determined fee for each individual enrolled in a QHP (at a minimum). In addition to this FFS payment, the IPA Entity could earn additional funding by meeting certain pre-determined performance measures.
- a. This option was refused for all of the reasons specified in option #5 above.

The Consumer Assistance Advisory Committee thanks the Steering Committee for the opportunity to provide recommendations for the successful implementation of the Navigator Program. We look forward to the Committee’s decisions in this regard.