



Building a healthier future for all Arkansans

Level One Establishment Grant Application

Submitted August 14, 2012

Summary & Highlights

GRANT APPLICATION SUMMARY



Known as the Level One B Grant

- Grant period = Oct 1, 2012 – Sept 30, 2013
- Total request = \$18.6 million
- To continue development of FFE Partnership for Arkansas
 - Continue operational expenses when current grant expires (Feb 22, 2013 thru Sept 30, 2013)
 - Meet needs identified since last grant

GRANT APPLICATION HIGHLIGHTS



Eight (8) New Staff

- Communication Specialist to oversee all facets of communication including outreach efforts
- Insurance Compliance Officer to assist with review and approval of QHPs
- Program Operation Officer to oversee administrative activities of the Division
- In Person Assister (IPA) Education Lead
- IPA Contract Lead
- IPA Contract Monitor (2) to support the IPA contracts
- Administrative Assistant for the IPA program

IPA Program

- Bulk of the grant is for preparation and implementation of the state administered In Person Assister (IPA) Program.
- Program will be developed and administered through contracts to community entities that will engage certified IPAs.
- Resources are included to train both entities and individual IPAs.

IPA Program Contracts Requested

- Contracts for development and implementation of the IPA program with an estimated need for 535 IPAs
- Contract(s) for up to 6 Regional IPA Specialists to provide community education and consultation to IPAs
- Contract for training IPAs, agents/brokers

Outreach Contract

A contract for a robust, organized, systematic, state-wide outreach campaign to reach uninsured Arkansans with meaningful, understandable and helpful information regarding the FFE in preparation for Open Enrollment



Continuity of Coverage Contract

- Medicaid-Private Plan Integration presents both a challenge and opportunity .
- “Grass Roots” and “Grass Tops” leaders have identified this key need. *PMAC and CAAC have both formed subcommittees to address issues of consumer movement between Medicaid and private plans with subsidies.*
- We identified subject matter experts prepared to assist Arkansas within the quick turn-around time needed, and are seeking a sole source contract with Manatt Health Solutions (Deborah Bachrach) with Optamus (Steve Schramm).

Continuity of Coverage Contract: Insurance Affordability Program (IAP) Integration Contract

- IAPs = Medicaid, ARKids First, Private Plans with premium tax credits or other cost sharing reductions
- How can we minimize churning and maximize continuity of coverage and care by permitting families with both public and private coverage and individuals whose income shifts to stay in the same plans, accessing the same providers?

October – December, 2012

Evaluate three options for coverage continuum integration:

QHP Model

Medicaid Product Model

Bridge Plan

QHP Model

AR Medicaid contracts with select QHP issuers to enroll Medicaid/CHIP eligible consumers in QHP products.

- Consumers eligible for Medicaid on MAGI basis could shop for and enroll in a select number of QHPs in the Exchange—most likely lowest cost and second lowest cost silver plans offered.
- Consumers would receive EHBs supplemented by rider coverage purchased by Medicaid for additional required services *or* some or all of additional coverage could be provided on fee-for-service basis outside the QHP. *Medicaid would pay QHP and any rider premiums to issuer to cover cost of benefits and consumer cost sharing.*

Medicaid Product Model

Medicaid contracts with select QHP issuers for a Medicaid product to be offered to non-elderly, non disabled Medicaid/CHIP consumers on the Exchange.

- *Products would reflect Medicaid benefits and consumer cost sharing requirements established by Medicaid and meeting Medicaid's requirement for benchmark benefits.*
- *The state would seek to align and standardize Medicaid and QHP Product requirements including provider network, benefits, and quality and reporting obligations.*
- *AR Medicaid would contract with some or all QHP issuers to provide Medicaid products in which Medicaid/CHIP eligible consumers will be able to enroll. One issue to be addressed would be the implications if plan pays lower rates in their Medicaid network and how this would impact families whose income fluctuates above and below 138 FPL and for families with mixture of public and private coverage.*

Bridge Plan

“Add on” to Medicaid Product Model where QHP issuers offering Medicaid products also offer a “Bridge Plan” for families with members in both public and private coverage and individuals who are likely to move between public and private coverage. Consumers would be able to stay in their QHP, thus avoiding potential changes in provider networks, benefits and cost sharing. Tennessee and Washington are exploring similar “bridge” models.

IPA Integration Contract

October – December, 2012

- Convene internal and external stakeholders including providers, consumers and carriers.
- Conduct legal analysis – federal and state and implications of each option in terms of Medicaid costs, consumer services and costs, provider network capacity and access, and coverage continuity.
- Conduct policy and operational analyses.
- Conduct actuarial analyses to determine fiscal implications of each option for the State, consumers, and providers. The actuarial studies will address each option as well as a fee for service baseline model against which the options will be compared.

Actuarial Analyses

- Conducted from both demand and provider capacity perspectives
 - Demand perspective will address estimated participation in FFE in Arkansas and evaluate the unique risks of this “exchange” subpopulation.
 - Provider capacity perspective will address the issue of provider access (with population expansion under HBE) for various provider types throughout the differing regions of the State, to include:
 - Provider capacity among all payers
 - Determination of drivers of provider capacity in the State
 - Examine the impact of each proposed coverage integration option on provider capacity.

Plan to Evaluate and Select a Coverage Integration Model for Arkansas by January, 2013

Upon selection, the State and its contractors will commence an 8-month implementation period to operationalize the State's integration approach in tandem with Exchange Open Enrollment in October, 2013.

Other Contracts to be Funded

Continue support contracts:

- First Data to assist in coordinating, evaluating, and managing the various implementation components of HBEPD
- PCG to continue consultation on the IPA Program and implementation of the Plan Management functions

Questions?

