



October 11, 2011

# Overview of the First Data Planning Effort

Arkansas Health Benefits Exchange  
Planning Project



# Planning Effort

- Program Integration
- IT Integration
- Communication/  
Outreach/Education
- Evaluation Plan
- Marketplace
- Business Operations

# The First Data Team

- First Data Government Solutions
- Arkansas Foundation for Medical Care (AFMC)
- Powell and Associates
- SCIOinspire (formerly known as Solucia)

# Program Integration Requirements

- States are to demonstrate that coordination has been established with state insurance department, state Medicaid agency, and other health and human services programs,
- States are to assess current agency capabilities and resources

# IT Integration Requirements

- Analyze the IT systems for affected agencies;
- Identify components, hardware and software needed to perform the business requirements
- Recommend changes to policy, procedure, technology, staffing and other relevant factors

# Participants

Interviews were conducted with the leaders of these agencies or organizations:

- Arkansas Insurance Department
- Arkansas Department of Human Services
- Arkansas Office of Health Information Technology
- Arkansas Department of Health
- Arkansas Department of Information Services
- Arkansas Center for Health Improvement
- Employee Benefits Division, Arkansas Department of Finance and Administration
- State of Arkansas, Office of the Governor
- Arkansas Blue Cross/Blue Shield
- Delta Dental of Arkansas
- University of Arkansas for Medical Sciences

# Program Integration

In order to capitalize on the knowledge and experience of these agencies/organizations, the State must:

- Decide on governance model,
- Secure additional dedicated staff, and
- Individual or small group in place to make decisions in a timely manner to assure that implementation can progress without roadblocks.

# IT Asset Inventory

- Access Arkansas
- ARBenefits
- Arkansas Health Information Network (AHIN)
- eDoctus
- Enterprise Data Warehouse (EDW)
- Medicaid Eligibility and Enrollment Business Rules Engine \*\*
- Core Medicaid Management Information System (MMIS) \*\*
- Single Signon (SSO) \*\*
- SHARE \*\*

\*\* Procurement effort underway at time of data gathering

# Other Assets

- Federal Assets
- Enrollment UX 2014 project

# Overall IT Recommendations

- Maximize AR Investments
- Continue Requirements Development
  - HBE Functional and Technical requirements
  - RFI/Third Party asset evaluation
- Establish Interagency Agreements
- Interagency Collaboration
  - Program Management
  - Enterprise Architect
- Maximize Federal Support/Minimize State Maintenance
- Strengthen Exchange Relationships

# Communication/Education/Outreach Plan

## Goals and Objectives

- Primary goal: Increase number of insured Arkansans
- Gain public support for HBE
- Objectives:
  - Achieve support through legislative, coalition, provider and partner collaboration
  - Within year one, reach 75% of eligible market (small businesses and individuals); within year two, 90%
  - Drive 90% of eligible Arkansans to HBE to purchase insurance

# Recommendations: Communications, Promotion & Education Strategy

- Phase 1

Create HBE brand awareness and overarching message

- Phase 2

Launch targeted education and communication near “go-live” date

- Phase 3

Conduct statewide media relations effort to drive traffic to the Exchange

# Tactics

- Market research and message testing
- Small business outreach
- Consumer outreach to low- to middle-income individuals
- Cross-setting education and material dissemination
- Advertising, social marketing, digital marketing, PR
- Collateral materials

# Considerations

- Many audiences with differing priorities: Consumers, small businesses, health professionals, other stakeholders
- Educationally and culturally diverse consumer market
- Increased need and opportunity for improving health literacy
- All target audiences, ethnicities, age groups and subgroups represented in message testing
- Materials in as many languages and formats as possible; accessible to hearing and visually impaired

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- Who is a Navigator?
  - How will they be certified?
  - How will they be paid?

# Recommendations: Navigators

## Navigating the Exchange

- Guide, advocate and educator
  - Not an insurance enroller
- Licensed agents and brokers can be certified as Navigators
  - Navigator payment is subject to conflict of interest clauses
- Recruitment will focus on entities and individuals with existing relationships with the Exchange eligible population

# Navigator Certification:

## Training and Certification

- Online training course
  - Individual or entity as a Navigator
- Nominal application fee
- A definition of Navigator actions and responsibilities
- Services that can be provided by a Navigator and accountability standards
- A criminal background check and state and federal excluded provider lists
- Rules and training regarding full disclosure of potential conflicts of interest
- HIPAA and personal health information (PHI) training
- Navigator and producers will be assigned unique ID numbers recognized by the Exchange portal

# Navigator Payment:

- Operate and function as a traditional, competitive, grant program
  - Predetermined amount available
    - Distributed by geographic area or another method determined by the Exchange
    - The Exchange and its consultant will develop criteria and procurement methodology
- Grants should be based on multiple performance indicators:
  - Outreach and education activities (type/frequency/number)
  - Technical assistance (type/duration)
  - Points of contact (frequency/number)
  - Percent of consumers enrolled in the Exchange after contacting a Navigator

## Call Center:

Under CMS' current Proposed Rules, states have significant latitude in how the Exchange call center is structured, but at least four capabilities should be provided:

- Types of QHPs offered by the Exchange;
- Premiums, benefits, cost-sharing and quality ratings associated with OHPs offered;
- Categories of assistance available; and
- The application process for enrollment in coverage.

The call center's purpose is to support the services provided through the Exchange website and the Navigators.

# Call Center Recommendations:

- Leverage existing infrastructure and capabilities, such as those available through DIS
- Use the experience of other agency's call centers when developing scripts, policies and procedures
- Use trained customer service representatives in conjunction with an easily configured interactive voice response (IVR) system
- Establish a reporting system that supports routine monitoring of caller's concerns to alert Exchange management to trends, issues or needed changes in operation

# Evaluation Plan Introduction

- Independent assessment of big questions...
  - Does the HBE effectively perform “essential functions?”
  - Does the HBE meet public policy goals?
  - What consequences are observed from implementation?
- Three components of evaluation
  - Implementation; a solid implementation evaluation serves as foundation for all subsequent evaluations
  - Outcomes
  - Efficiency

# Implementation Effectiveness

- Use of the exchange
  - Consumer awareness
  - Ease of use
- Enrollment and Re-enrollment
- Disenrollment and Gaps in Coverage
- Navigator Education
  - Ability to answer consumer questions
- New Federally-Required Measures

# Implementation Effectiveness cont.

- Enrollee Satisfaction
  - with health plan, insurer, Exchange website, provider, agent, and Navigators
- Provider Perceptions
  - Access to care

# Outcomes

## Insurance Coverage

- Reducing Number of Uninsured Arkansans
  - Trend annually
- Assessment of Crowd-Out
  - Occurs when private industry ceases to provide a good or service once government assumes that function

## Quality of Care

- Technical and Process Measures
- Outcome Measures
  - Determined by HBE
- Variation by Plan and Issuer

# Efficiency

## Beneficiary Perspectives on Access to Care

- Perceived Access to Services
  - Before and after comparison of access
- Wait Time for Primary Care Visits
- Travelling for Primary Care
- Referrals to Specialists
- Affordability
  - Measure level of financial burden
  - Measure the following due to out-of-pocket expenses:
    - Delaying care
    - Not accessing care
    - Going without prescription medication

# Efficiency cont.

## Utilization of Care

- Preventive Services
- Emergency Department for Non-Urgent Care
- Hospitalizations

## Costs of Care

- Expenditures by Plan
- Expenditures by Issuer
- Trends in Health Expenditures
- Contrast Private Issuers and Medicaid
- Potential detection of fraud and abuse



**Effective evaluation will be critical to successful planning, implementation and management of the HBE in Arkansas.**

# Marketplace – Why Individuals Enter Exchange

- Observed behavioral preferences
- Price or cost lower in exchange than outside
  - Subsidies
  - Assumes price increase from rating rules is less than decrease from subsidy

# Marketplace – Why Individuals Enter Exchange

- Adverse selection
  - Exchange population healthier than eligible group
- Fine is less than cost of coverage
- Strong employee economic preference

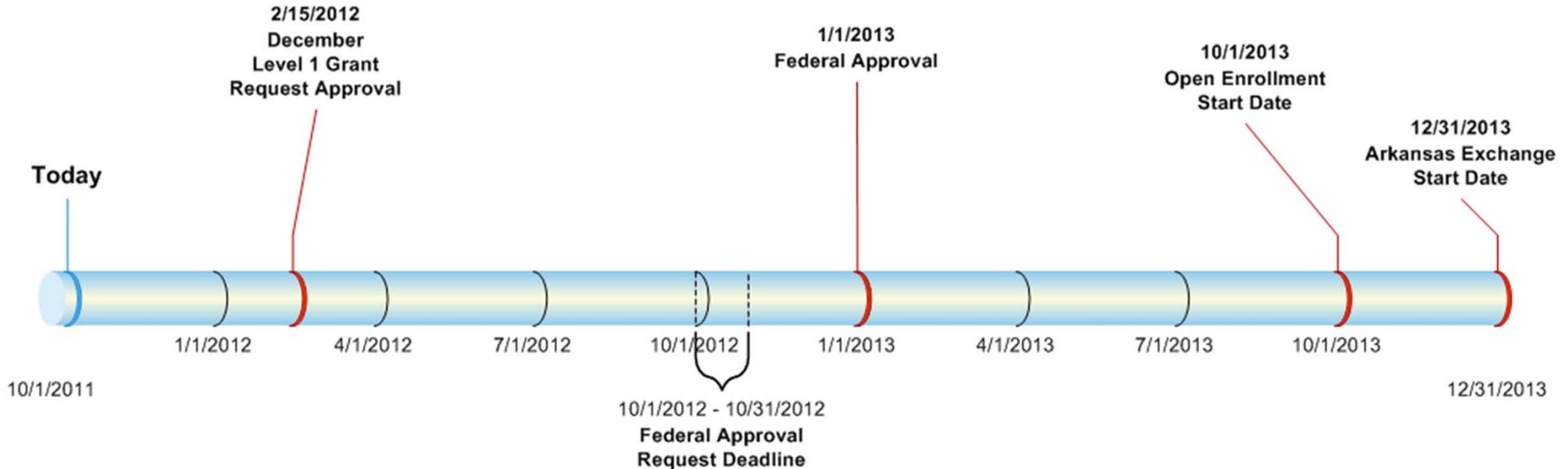
2014 outcomes	2013		2014	
	Membership	Cost PMPM	Membership	Cost PMPM
Medicaid/Arkids Total	682,000	\$522.07	857,000	
Total Exchange Population	N/A	N/A	210,755	397.09
Individual Exchange Total	N/A	N/A	115,925	399.59
From Groups <51			3,767	
From Nongroup Insured			22,047	
From Uninsured Individuals			86,811	
From CHIP/PCIP			3,300	
Groups Exchange Total	N/A	N/A	94,830	394.13
From Insured Groups<51			48,710	
From Insured Groups 51-100			12,641	
From Uninsured Groups			33,479	
Uninsured Total	587,000	559.27	303,177	511.44
Uninsured Group Eligible	80,000	405.00	46,521	
Uninsured Medicaid Eligible			70,470	
Uninsured Individuals	\$507,000	583.62	186,186	
INSURED INDIVIDUALS	136,000	391.50	113,953	410.51
INSURED IN GROUPS <51	289,000	333.00	236,523	346.45
INSURED IN GROUPS 51-100	75,000	351.00	62,359	365.80

Individual & SHOP Exchanges (total)		210,755
Insured status:	Previously uninsured	120,290
Gender:	Male	106,346
	Female	104,409
Age:	0-4	19,113
	5-18	56,821
	19-25	17,175
	26-35	32,349
	36-45	42,164
	46-55	25,376
	56-64	15,884
Family Income as % of Poverty:	139-150%	18,402
	151-200%	23,051
	201-250%	58,113
	251-300%	34,351
	301-400%	58,823
	>400%	18,015

Year	<u>2013</u>		<u>2014</u>		% of prev
	Insured	Uninsured	Insured	Uninsured	
Population <65	1,921,499	587,000	2,251,263	273,290	0.47
Age					
0-4	157,181	33,038	177,268	14,169	0.43
5-18	443,607	134,351	521,133	60,524	0.45
19-25	126,972	91,643	175,374	44,641	0.49
26-35	265,641	102,632	323,056	47,573	0.46
36-45	356,741	99,555	413,395	45,821	0.46
46-55	339,796	76,113	382,310	36,261	0.48
55-64	231,560	49,668	258,727	24,301	0.49

	<u>2013</u>		<u>2014</u>		% of prev
	Insured	Uninsured	Insured	Uninsured	
Population <65	1,921,499	587,000	2,251,263	273,290	0.47
Work status					
Employed	1,838,432	557,185	2,152,780	258,169	0.46
Unemployed	83,067	29,815	98,483	15,121	0.51
Health status (1)					
Excellent	708,567	167,903	809,100	72,979	0.43
Very good	638,817	180,283	742,908	81,435	0.45
Good	404,448	168,342	493,155	83,301	0.49
Fair	112,976	50,327	139,057	25,291	0.50
Poor	56,690	20,145	67,043	10,284	0.51
Education					
Child - N/A	476,145	127,099	550,923	56,182	0.44
Not finished High Schoc	235,093	141,897	309,661	69,741	0.49
High School graduate	422,860	163,141	512,964	76,788	0.47
Some College	405,930	108,639	467,889	49,973	0.46
College graduate	258,387	36,115	280,352	16,036	0.44
Graduate degree	123,084	10,109	129,475	4,571	0.45

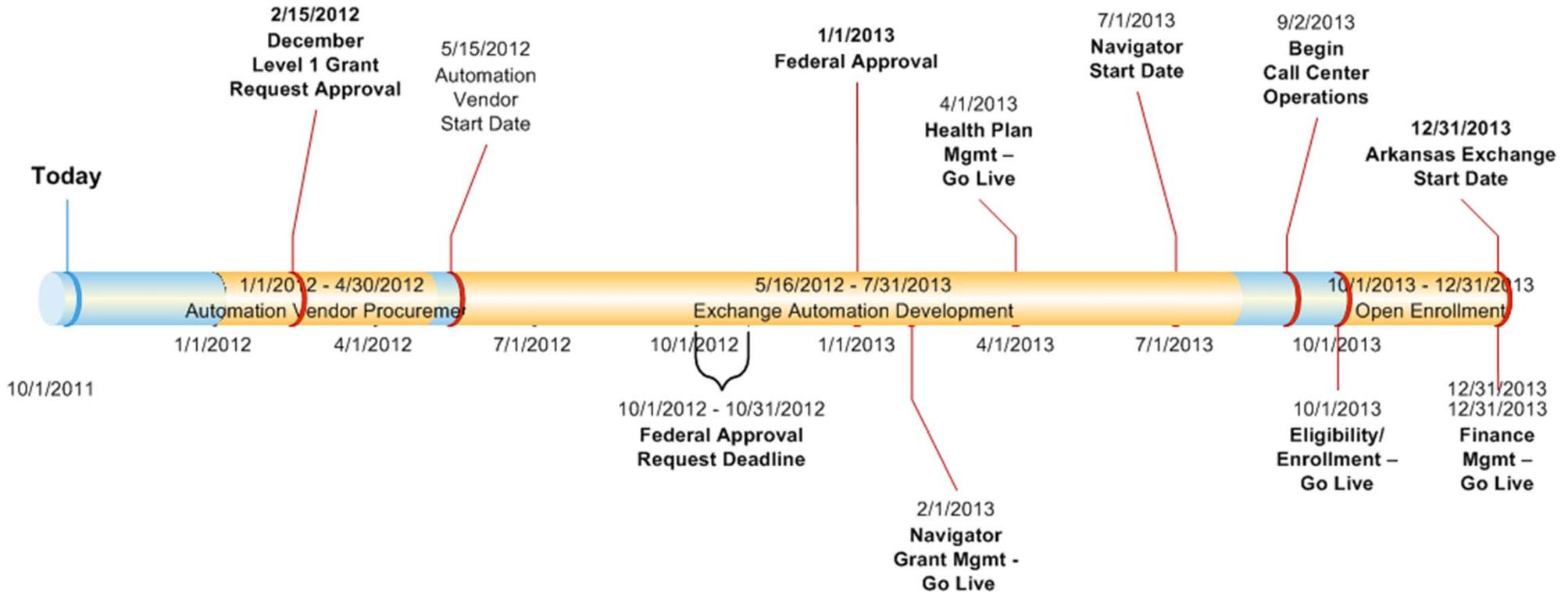
# Exchange Operations – Federal Milestones



# Exchange Operations – Operational Targets



# Exchange Operations – Automation Targets



\*\* Results modified from original submission



# Questions?