




August 23, 2011

Overview of the Program Integration Plan

Arkansas Health Benefits Exchange
Planning Project



Program Integration

- Introduction
- Activities
- Findings
- Recommendations

Introduction

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

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

Activities

- Activities were designed to gain an understanding of existing programs, systems, and processes that will support or be impacted by the operation of the Exchange.
- Show how information gathered can be leveraged to design, develop, and implement Arkansas' Health Benefits Exchange.

Activities

Questions addressed the following topics:

- Describe your functional components
- Your envisioned role and responsibilities with the Exchange
- Any identified risks and/or issues
- Assets to leverage
- Changes to policy, procedures, routine functions of agency
- Financial/resource impact,
- Benefits of Exchange to agency/organization /State
- Comments on the Navigator role.

Findings – Roles and Responsibilities

- **AID** – lead responsibility for regulating Exchange, health insurance plans and Navigators
- **DHS** – should be in “lock step” as a true partner
- **OHIT** – expects to collaborate on interfaces and interdependencies
- **ADH** – believes their staff should serve as Navigators
- **DIS** – strategic planning and supporting operations
- **ACHI** – support and assist; ensure all policy questions are identified and all options considered

Findings – Roles and Responsibilities

- **EBD** – administrative consultant
- **OOG** – work with business/industry leaders to garner support for legislative authorization, policy development and educate public about the Exchange
- **BCBS** – limited by ACA but a source of information about the insurance industry and can assist with outreach and education
- **Delta Dental** – assist in development by working with various committees; assist with outreach and education
- **UAMS** – assist as needed with various committees; assist in spreading the word to potential enrollees

Recommendations

- Enrollment
- Eligibility
- Outreach and Education
- Customer Service
- Master Person Index
- Insurance Plan Design
- Navigators
- Financing

Mitigating Risks and Issues

- Lack of specifics on the Exchange
- Federally mandated timeline for HBE
- Multiple statewide initiatives concurrently
- Churning
- Need to validate self-reported information
- Possible negative impact on current medical care
- Anxiety within the insurance industry

Other

- Resource sharing
- Policy and Procedure Revision/Creation
- Interagency Agreements

Conclusion

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.



Questions?