

The California Health Benefit Exchange Overview and Meeting Goals

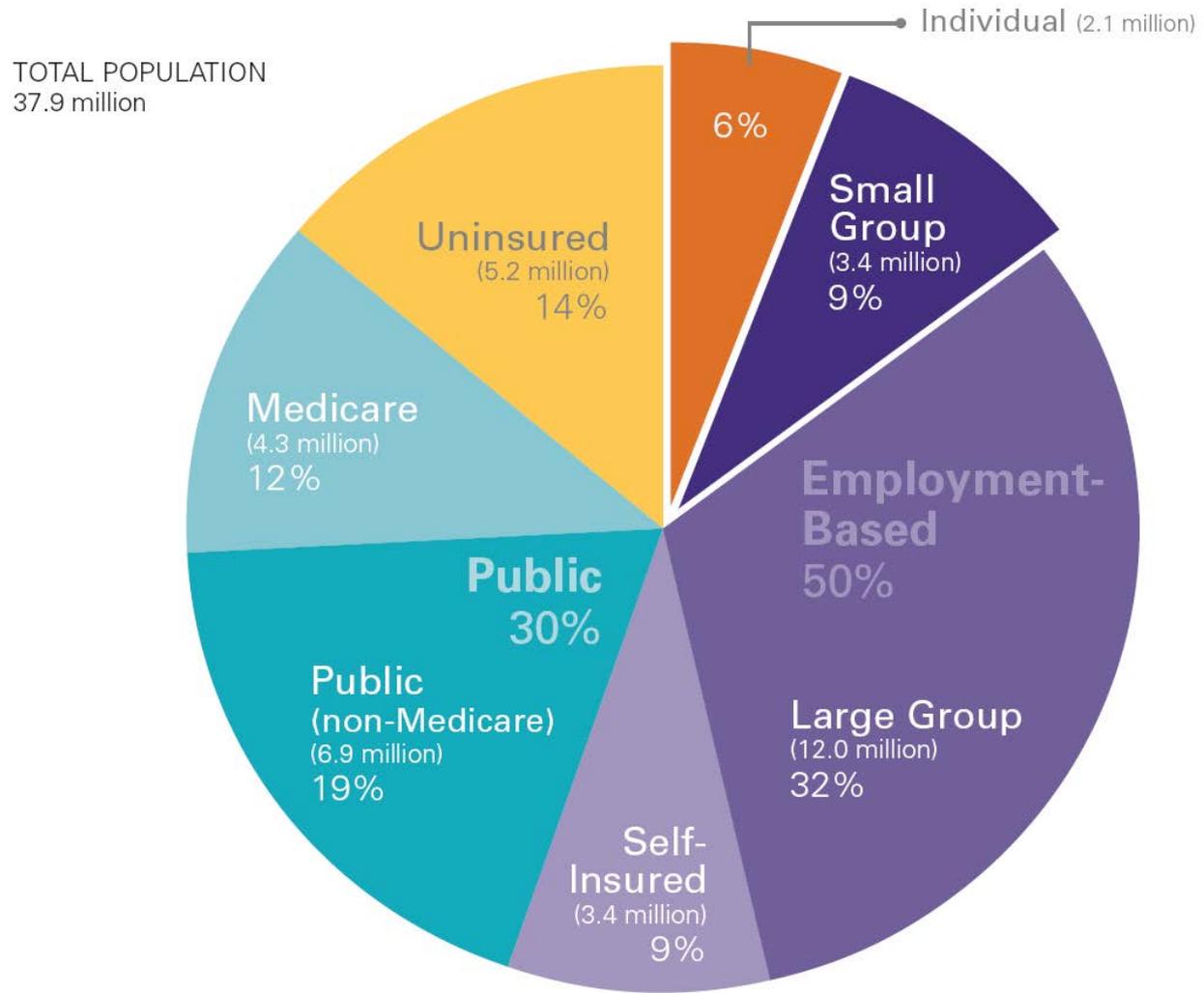
Peter V. Lee

Executive Director

California Health Benefit Exchange

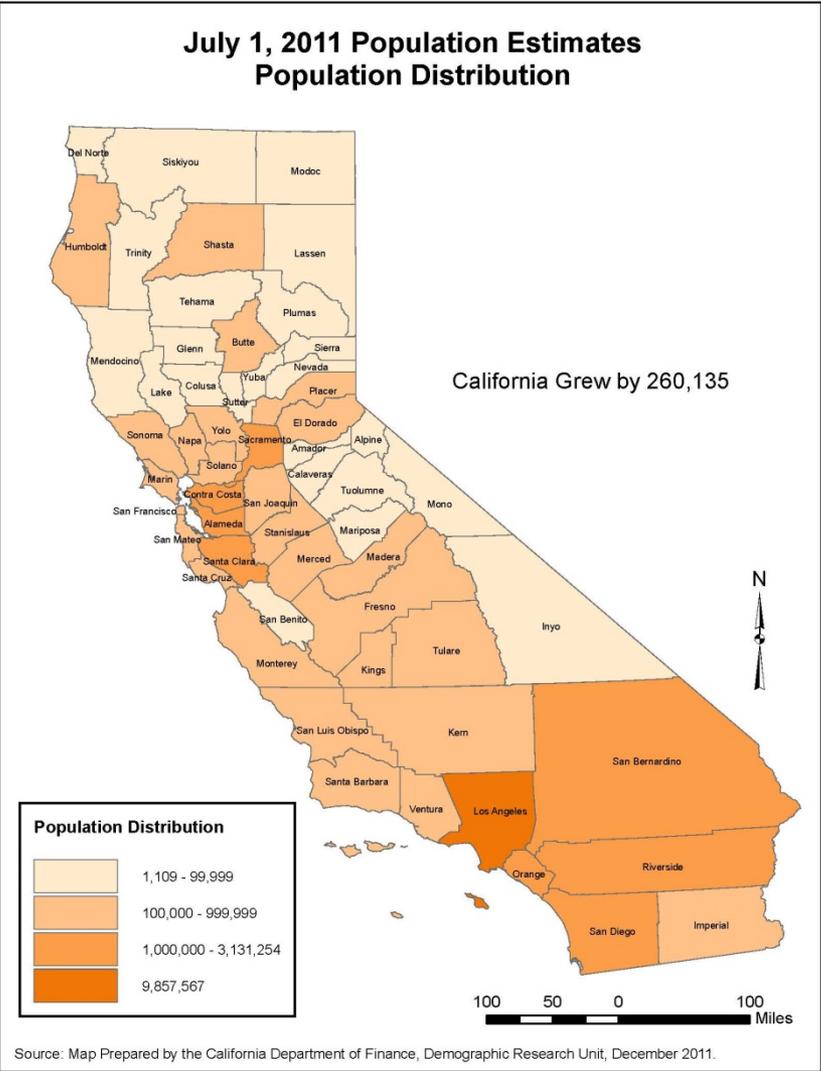
July 6, 2012

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.

California: A Diverse “Nation-State”



Insurance Status and Coverage Benefits for American Indians and Alaska Natives in California

- Approximately 152,000 nonelderly adult American Indians and Alaska Natives in California are uninsured
- UCLA study reports that one in five American Indians and Alaska Natives in California delayed or didn't get medical care they felt they needed in the past 12 months
- The Affordable Care Act is a critical new resource for American Indians and Alaska Natives in California:
 - Approximately 44,000 will be eligible for newly expanded Medi-Cal coverage
 - **Approximately 80,000 will be eligible for premium subsidies in the Exchange**

Source: "Health Care Reform: A focus on American Indians and Alaska Natives" UCLA Center for Health Policy Research, April 2012.

Health Insurance Exchanges and the Affordable Care Act

- Health insurance exchanges are the centerpiece of the private health insurance reforms of the Affordable Care Act of 2010
- Exchanges will allow individuals and small businesses to compare and purchase private health plans with standard benefits
- Federal premium credits and cost-sharing reductions will only be available through exchanges
- Exchanges will be established by states or the federal government if states do not act
- Exchanges must open by January 1, 2014

Key Exchange Functions

- Certify health plans offered through the Exchange
- Screen and enroll into the Exchange, Medicaid, CHIP
- Determine eligibility for tax credits, reduced cost sharing
- Grant exemptions from individual mandate
- Establish a toll-free hotline and internet website for applicants and enrollees
- Provide tools to help people choose health plans including standardized information on benefits and an electronic calculator to compare plan costs
- Establish a Navigator program

Key Establishment Dates

January 2013: Federal government certifies state-based exchanges

October 2013: Open enrollment begins

January 1, 2014: Exchange coverage begins

January 1, 2015: Exchange is financially self-sustaining

California Health Benefit Exchange Governance: Independent Public Entity

Board Members

Diana Dooley, Board Chair and Secretary of the California Health and Human Services Agency, which provides a range of health care services, social services, mental health services, alcohol and drug treatment services, income assistance and public health services to Californians

Kim Belshé, Senior Policy Advisor of the Public Policy Institute of California, former Secretary of California Health and Human Services Agency, and former Director of the California Department of Health Services

Paul Fearer, Senior Executive Vice President and Director of Human Resources of UnionBanCalCorporation and its primary subsidiary, Union Bank N.A., Board Chair of Pacific Business Group on Health, and former board chair of Pacific Health Advantage

Robert Ross, M.D., President and Chief Executive Officer of The California Endowment, previous director of the San Diego County Health and Human Services Agency from 1993 to 2000, and previous Commissioner of Public Health for the City of Philadelphia from 1990 to 1993

Susan Kennedy, Nationally-recognized policy consultant, former Deputy Chief of Staff and Cabinet Secretary to Governor Gray Davis, former Chief of Staff to Governor Arnold Schwarzenegger, former Communications Director for U.S. Senator Dianne Feinstein, and former Executive Director of the California Democratic Party

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.

Major Areas of Work for the Exchange

- Qualified Health Plans and benefit design
- Small Business Health Options Program
- Marketing and outreach for 2013 enrollment
- Navigator Program
- California Healthcare Eligibility, Enrollment and Retention System
- Tribal and stakeholder consultation
- Development of “blueprint” for federal certification of Exchange in 2013
- ...and many more

Intent of Today's Consultation

The intent of this meeting is to begin developing a Tribal consultation policy to achieve the following goals:

- Maximize participation of American Indians through open and regular consultation that creates opportunities for the Exchange to build meaningful relationships with Tribes.
- Begin to develop a formal consultation policy consistent with the Affordable Care Act and Final Rule provisions relating to Tribal consultation.
- Ensure the Exchange maximizes enrollment of eligible American Indians.

For More Information:

Visit our website at
<http://www.hbex.ca.gov>

And join our listserv

Provide comments to:
info@hbex.ca.gov