

Strategy Committee Meeting

December 1, 2016

access health CT 

Agenda

- I. Call to Order and Introductions
- II. Review and Approval of Minutes
 - a. November 3, 2016 Regular Meeting
- III. 2017 Strategy Committee Meeting Schedule
- IV. Exchange Landscape
 - History of Mass Connector
 - Thoughts and Directions of Exchanges
 - Next Steps
- V. Adjournment

Votes

November 3, 2016 Regular Meeting Minutes

2017 Strategy Committee Meeting Schedule

Exchange Landscape

The Exchange Landscape, Post-Election

Access Health CT: Strategy Committee
Hartford, CT
1 December 2016

Rosemarie Day, President

Day | Health | Strategies

Agenda

1. Introduction
2. State Reform: The Original Massachusetts Health Connector
3. Options for State Exchanges
4. Discussion

Day Health Strategies Overview

Day Health Strategies Expertise:



Day Health Strategies provides experience-based, cost-effective consulting services to organizations that are focusing on strategic opportunities in health care.



Health Care Organization Transformation



Private Sector Businesses



Bridging the Public Sector

Rosemarie Day's Experience:



President of Day Health Strategies

- Founding Deputy Director & Chief Operating Officer of the Health Connector in Massachusetts.
- Chief of Staff to the Dean of Harvard Kennedy School.
- Chief Operating Officer for the Massachusetts Medicaid program
- Assistant Secretary for Administration & Finance
- Budget Director for the Department of Transitional Assistance

Day Health Strategies Exchange Expertise

DHS has provided ongoing advice on strategic execution to ensure **exchange sustainability**.

Multiple Exchanges: Provided exchanges with strategic and operational assistance during their launch and subsequent implementation phases.

HealthSource Rhode Island: Currently helping with a major vendor transition, strategic planning, project management, and developing a sustainability plan. Previously conducted a SHOP assessment, helped to launch operations, advised on how to design and procure a consumer assistance solution, and assisted with multiple procurements.

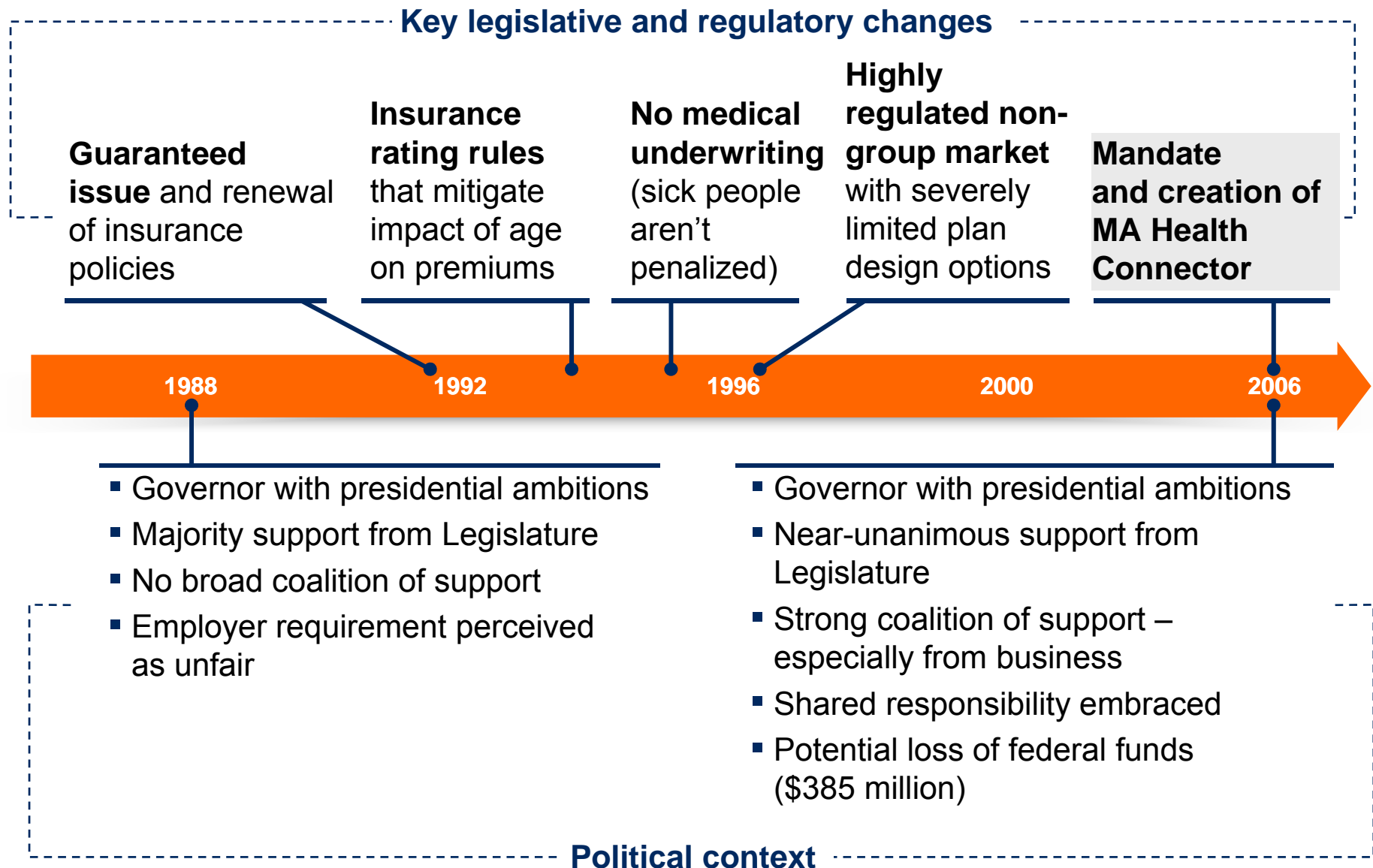
Access Health CT (Connecticut's Health Insurance Exchange): Led the effort to develop its first 'financial sustainability model,' which included its multi-year budget and revenue projections, and developed a variety of revenue options to ensure sustainability. Developed the planning process for the launch.

Led group of state exchange **COO's** to discuss current challenges, share best practices, and develop solutions.

Advised **senior government officials** during gubernatorial transition about strategic priorities for state health programs, including exchanges and Medicaid.

1. State Reform: The Original Massachusetts Health Connector

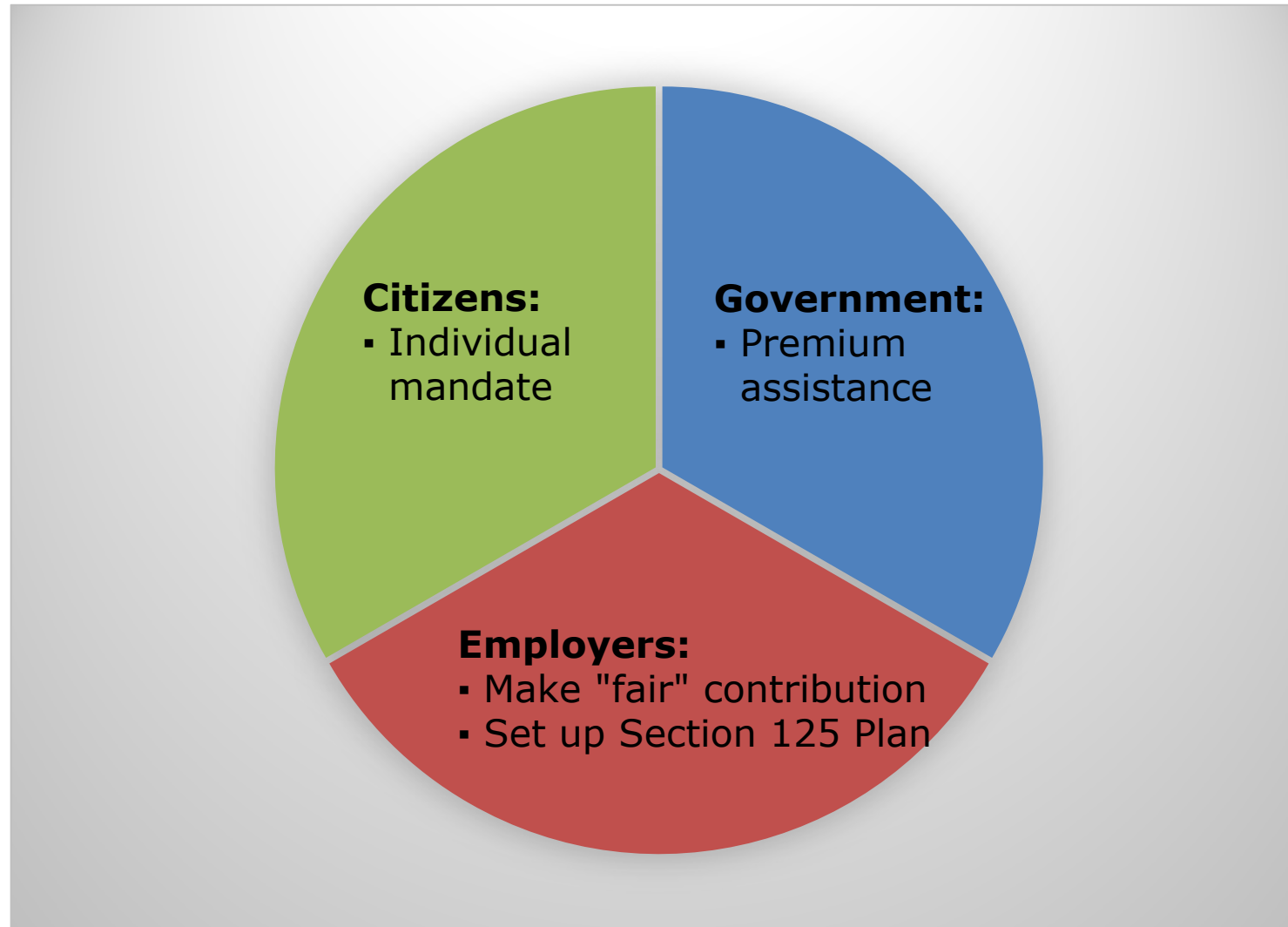
History of Health Reform in Massachusetts




MA was the blueprint for national reform...

	Massachusetts	National Reform
<u>Shared Responsibility</u>		
Individual Mandate	✓	✓
Employer Requirement	✓	✓
Government Subsidies	✓	✓
<u>Insurance Regulations</u>		
Guaranteed Issue & Renewal	✓	✓
No Medical Underwriting	✓	✓
<u>Creation of Exchange</u>	✓	✓
<u>Cost Containment</u>		✓

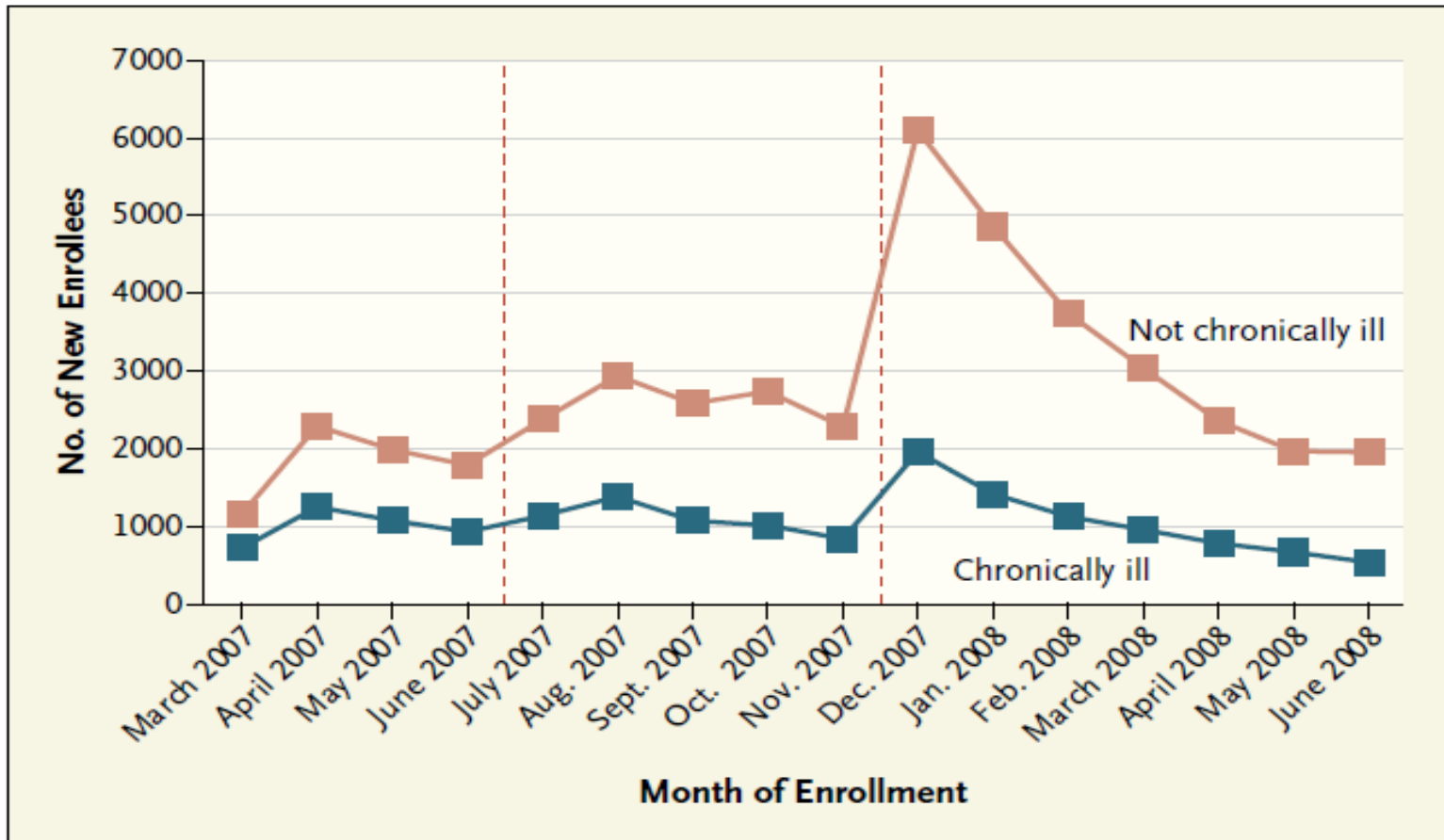
Founding Principles: Shared Responsibility is Key



Individual Mandate: The Tax Form

			
FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
Schedule HC Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY.			2007
<p>As a result of the new health care reform law, most Massachusetts residents age 18 and over are required to have health insurance, if it is affordable for them. Those who did not have health insurance by December 31, 2007 may lose their personal exemption. This schedule must be completed by all full-year residents and certain part-year residents (see instructions) age 18 and over to determine the amount of their personal exemption.</p> <p>Completing Schedule HC: If you were enrolled in a health insurance plan as of December 31, 2007, you only need to complete page 1 of Schedule HC, using the information from Form MA 1099-HC issued to you by your health insurance carrier (see instructions for line 2 if you were not issued a Form MA 1099-HC). After completing page 1 of this schedule and entering your personal exemption amount on Form 1 or Form 1-NR/PY, you should skip the remainder of Schedule HC and continue completing your tax return. Note: Failure to enclose Schedule HC will delay the processing of your return.</p>			
DATE OF BIRTH		SPOUSE'S DATE OF BIRTH	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM DD YYYY </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM DD YYYY </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>1 Were you (and/or your spouse if married filing jointly) enrolled in a health insurance plan as of December 31, 2007? For information regarding late 2007 applicants for Young Adult Plans, Commonwealth Care and MassHealth, see instructions.</p> <p>If you (and your spouse if married filing jointly) answer Yes in line 1, complete lines 2 or 3 below, whichever is appropriate. Also, enter one of the following amounts on line 2a of Form 1 or line 4a of Form 1-NR/PY: \$4,125 if single or married filing a separate return; \$6,375 if head of household; or \$8,250 if married filing jointly. Be sure to fill in the oval(s) in line 2 if you were not issued Form MA 1099-HC (see instructions).</p> <p>If you are filing a joint return, and one spouse answers Yes in line 1 but the other answers No in line 1, the spouse who answers Yes must complete lines 2 or 3 below, whichever is appropriate, and the spouse who answers No must go to line 4a on page 2.</p> </div> <div style="width: 30%;"> <p>► 1 You: <input type="radio"/> Yes <input type="radio"/> No</p> <p> Spouse: <input type="radio"/> Yes <input type="radio"/> No</p> </div> </div>			

Importance of the Individual Mandate

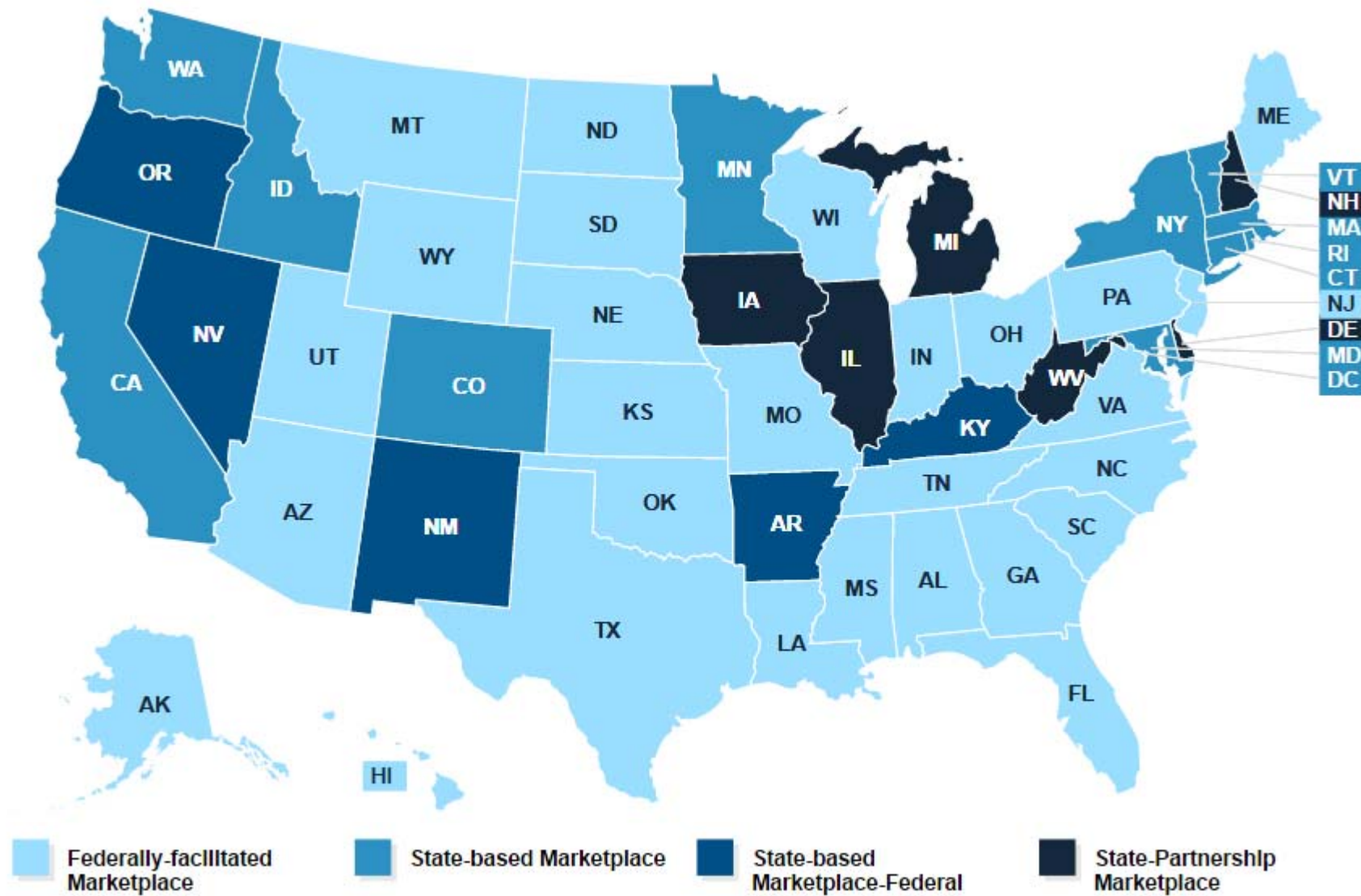


Number of New Enrollees in Commonwealth Care, According to Chronic-Illness Status.

The two vertical dashed lines represent the start of the mandate phase-in period (from July through November 2007) and the start of the period when the mandate became fully operational (from December 2007 onward)

2. Options for State Exchanges

2016 Health Insurance Marketplace Types



Future Options for State Exchanges and Subsidies

Preserving the Exchange

- Make individual insurance available only through the exchange
- Identify additional populations who can use the exchange
- Address risk pools and rates
 - Establish individual mandate in CT
 - Change age rating bands (3:1 -> 5:1)
 - Merge individual and small group markets
- Sell other products
 - Ancillary benefits
 - Medicare Advantage?

Preserving Subsidies

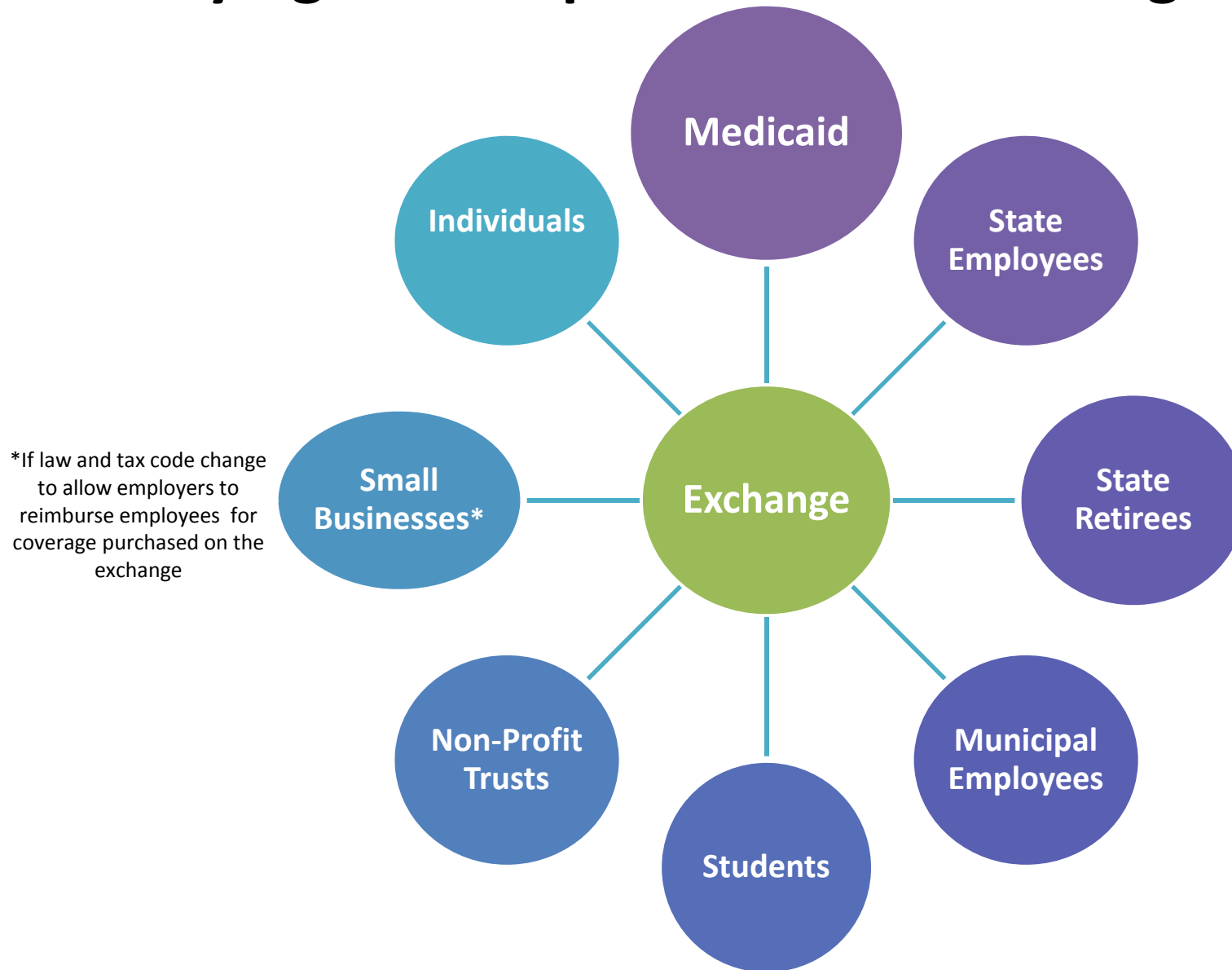
Create a mechanism for administering federal tax credits and HSAs

Administer high-risk pool subsidies

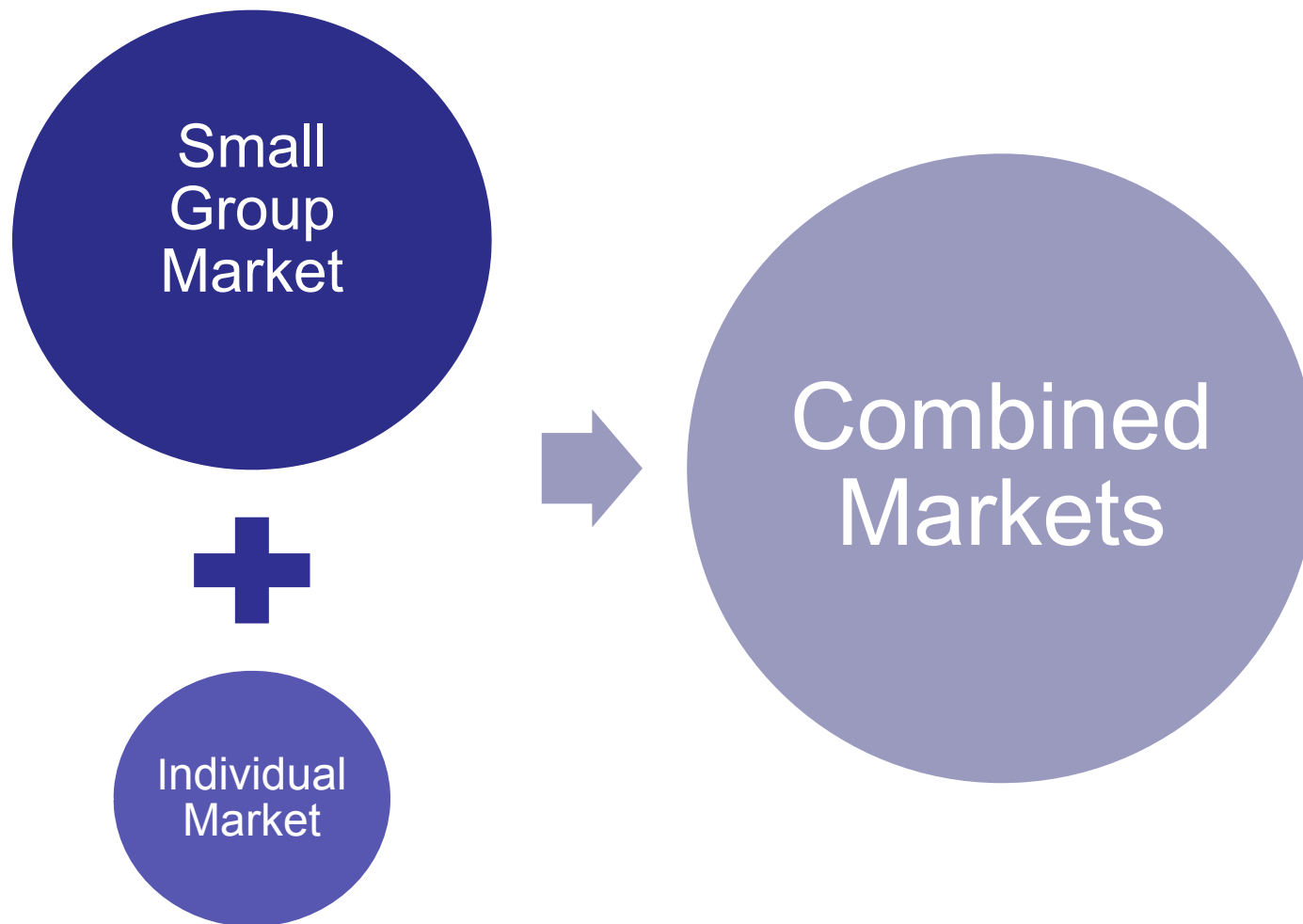
Leverage Medicaid funds (If block granted/ flexible)

Identify other state funds

Identifying New Populations for Exchange Platforms



Risk pools can be combined for small group and individual market...



Differing State Exchange Practices

Ancillary Products

- HealthSource RI- SHOP- vision, life, accident and medical bridge
- Task force at Connect for Health Colorado is looking into setting up C4HCO Public Benefit Corp., a public benefit corporation that could sell vision insurance, life insurance, and supplemental health insurance products such as critical illness insurance and accident insurance.

Merged Risk Pools

- Vermont
- Washington, D.C
- Massachusetts

Individual and small group coverage only offered on the exchange

- Vermont
- Washington D.C.

Small Business Relief Act – Bipartisan Support



The Small Business Health Care Relief Tax Act of 2016 would allow employers with fewer than 50 full-time employees that do not offer group health plans to any of their employees to **use HRAs under certain circumstances to reimburse employees who purchase individual health insurance coverage.**



This bill amends the Internal Revenue Code, the Patient Protection and Affordable Care Act (PPACA), and other laws to exempt qualified small employer health reimbursement arrangements (HRAs) from certain requirements that apply to group health plans, including coverage and cost-sharing requirements. (Under current law, employers that sponsor group health plans that do not meet specified requirements are subject to an excise tax.)



For public exchanges –The bill could **provide a significant boost to public exchange individual markets** and result in net enrollment growth. It could therefore represent a viable alternative or complement to SHOP exchanges.

Questions & Discussion

Rosemarie Day, President

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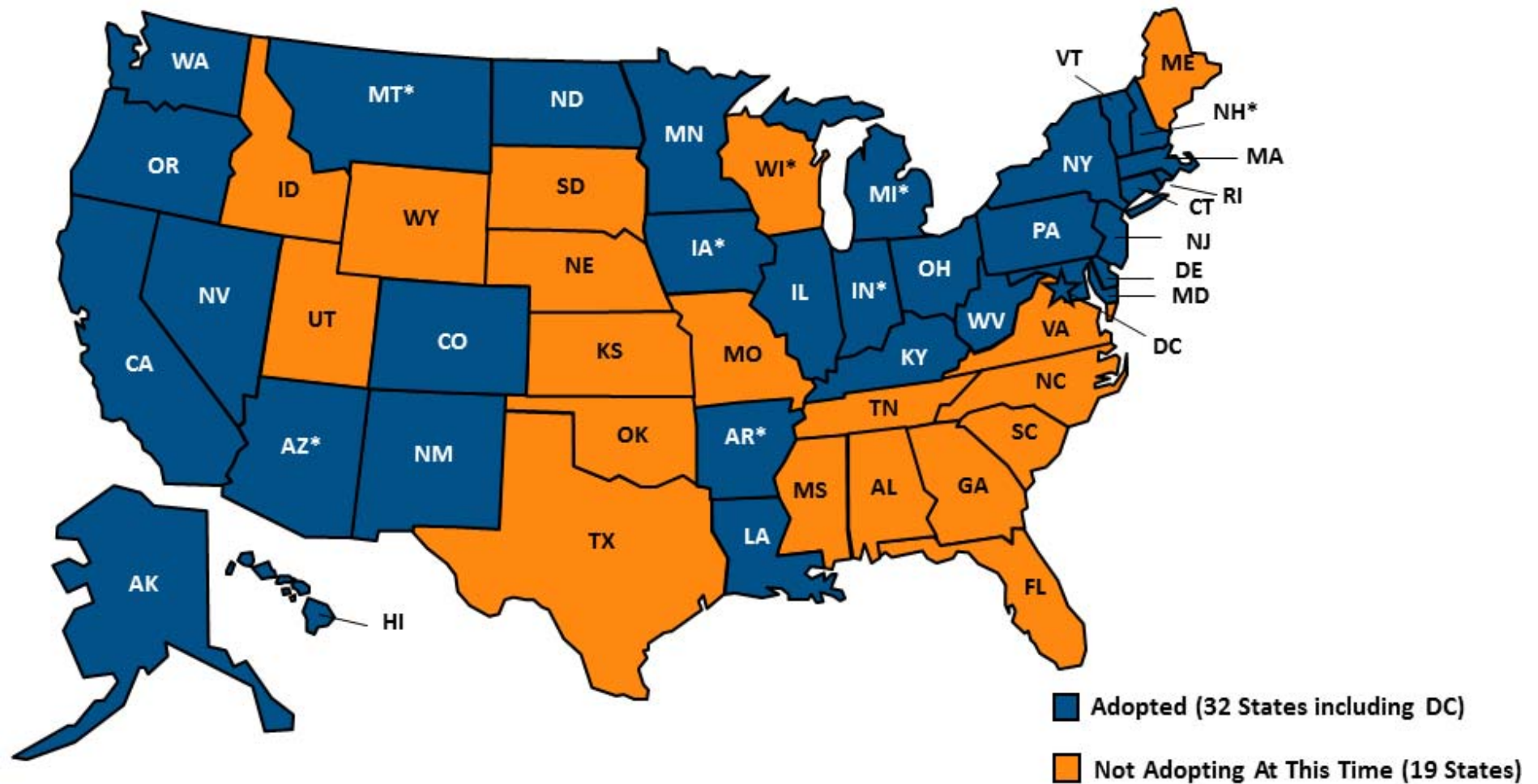
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Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated October 14, 2016.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

Adjournment