



HAWAI'I HEALTH
CONNECTOR

Changes under ACA for consumers

- Individual mandate
- Covers pre-existing conditions
- No annual or lifetime coverage limits
- Coverage for children to age 26
- Requires coverage of certain preventive care services at no additional cost to the insured
- Requires insurers to provide an easy-to-understand summary of benefits and coverage
- Requires package of essential health benefits be offered in all plans in the exchange
- Medicaid expansion

Changes under ACA for business

- Changes for small businesses (Less than 50 full-time)
 - Health insurance exchange
 - Tax credit
 - Essential Health Benefits
- Changes for large businesses (50 or more full-time)
 - New health insurance requirements: access, affordability and quality
 - Penalties if requirements not met
 - One year delay in enforcement
 - In Hawaii, Prepaid Act should satisfy these requirements

10 Essential Health Benefits (EHBs)

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

New incentives for medical services

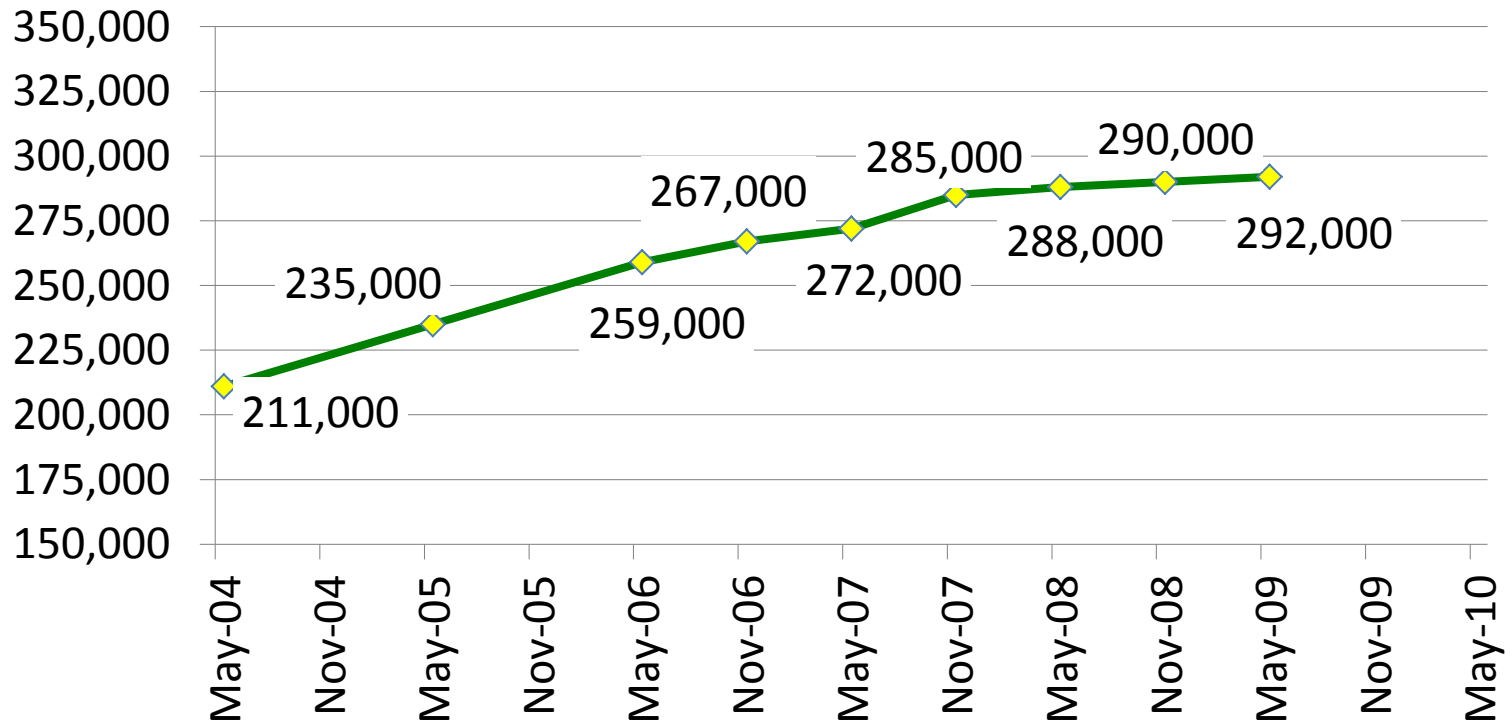
- Medicaid expansion
- Medicare bonuses
- Build workforce (primary care, nursing)
- Community Health Centers
- Rural healthcare providers
- Accountable Care Organizations (ACO)
- Fraud enforcement

MEDICAID CHANGES

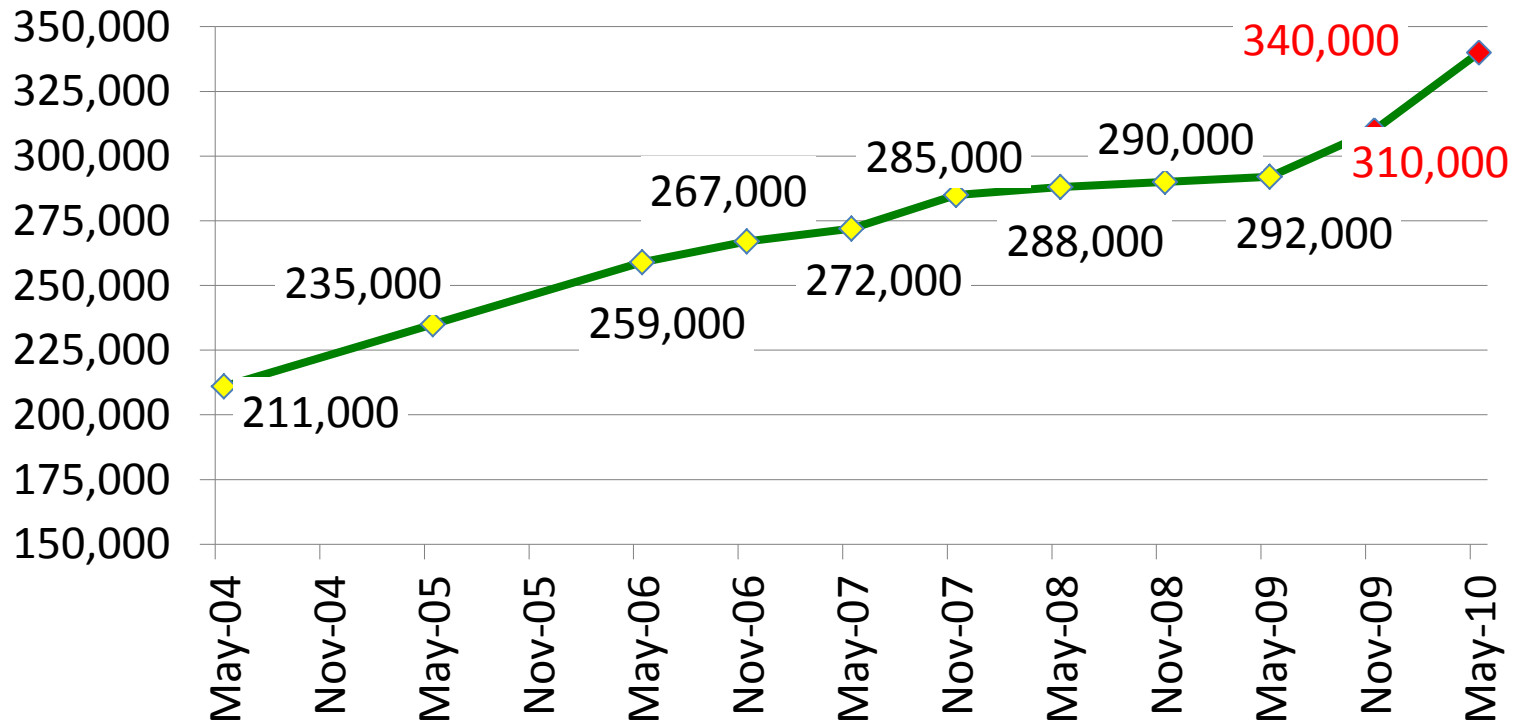
MAGI

	Current Income Limit (after disregards)	October 1, 2013 Income Limit (MAGI)
Children	300% FPL	308% FPL
Pregnant Women	185% FPL	196% FPL
Adults in Families	100% FPL	100% FPL
Other Non-ABD Adults	133% FPL	138% FPL

Medicaid Enrollment Increase June 2008 through June 2013



Medicaid Enrollment Increase Projected ACA Impact





HAWAI'I HEALTH CONNECTOR

INFORMATIONAL BRIEFING, March 17, 2014
Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

Tom Matsuda, Interim Executive Director

State-based marketplaces

Required services:

- Build and operate an online health insurance marketplace for individuals and small businesses
- Public outreach and education; assistance with enrollment
- Be self-sustaining in 2015

Online health insurance marketplace: Current status (1)

- Open Enrollment for individuals ends March 31, 2014
- Submit a completed application by March 31
- Next Open Enrollment for individuals: November 15, 2014 to February 15, 2015
- Small business enrollments are ongoing

Online health insurance marketplace: Current status (2)

- Online system is operating and still under construction
- Individuals and small businesses can apply, get tax credits, compare plans, and enroll
- Real time eligibility determinations
- Working to improve system functionality and ease of use
- Public access: online, in-person, telephone

Online health insurance marketplace: Current status (3)

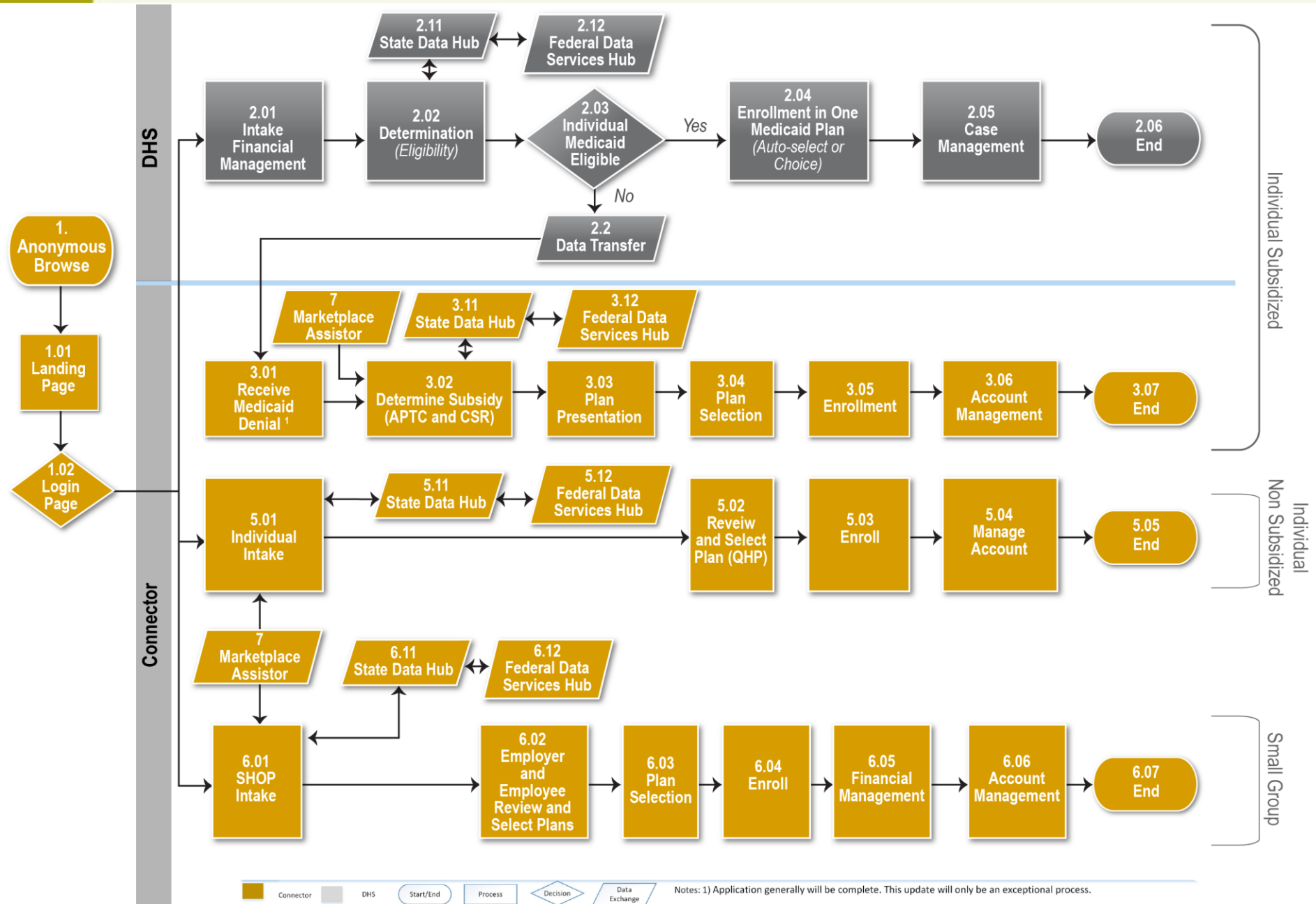
- Uninsured Hawai'i residents are getting coverage, many for the first time
- People with pre-existing conditions are getting coverage and medical care
- Many people are qualifying for tax subsidies to reduce out-of-pocket premium costs

Hawaii Health Connector Metrics

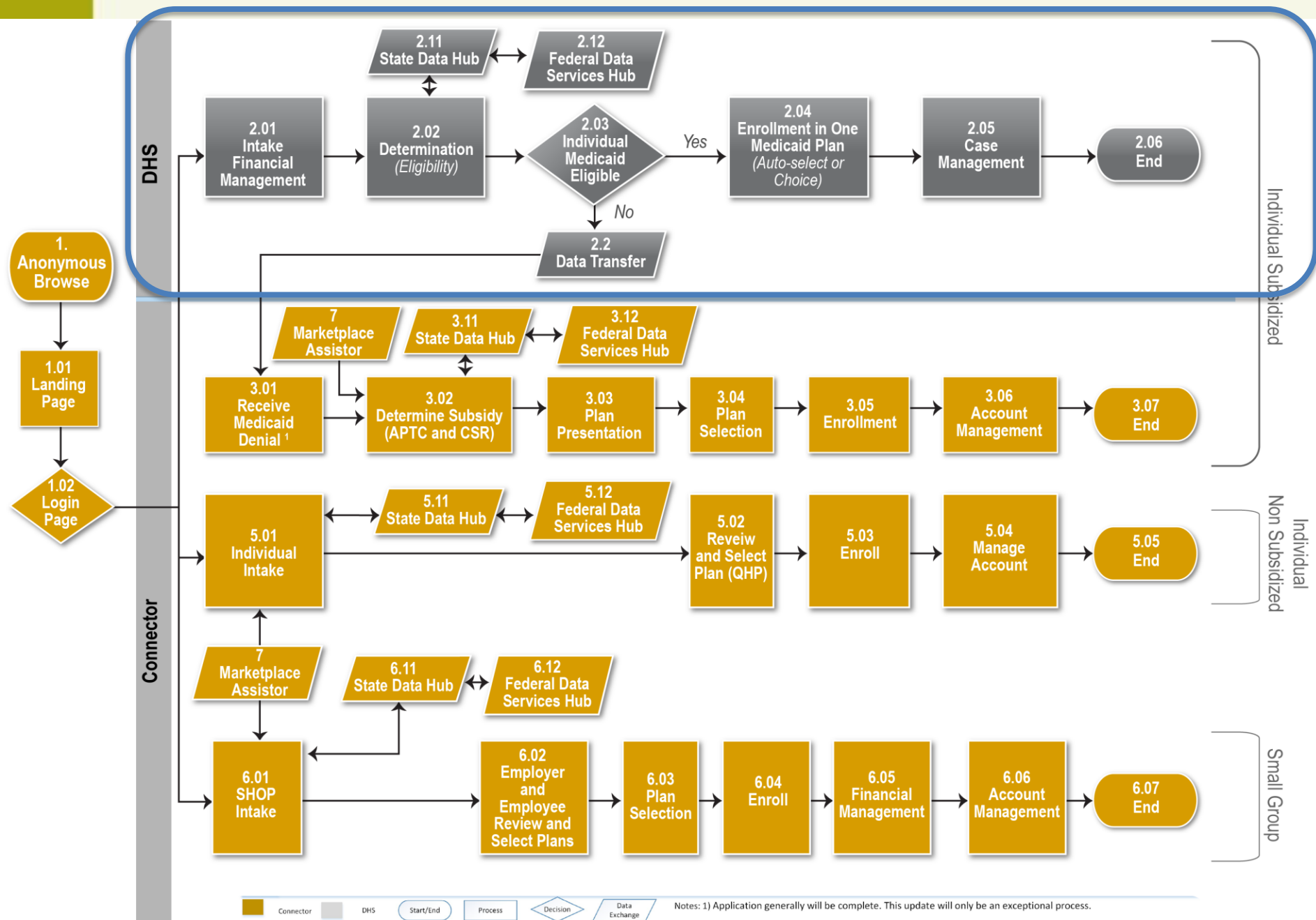
(October 1, 2013 through March 8, 2014)

METRIC	DECEMBER 7, 2013	MARCH 8, 2014
Individual/Family Applications Completed	4,306	21,317
Individual QHP Enrollments Sent to Issuers	683	4,969
SHOP Employer Applications	220	476
Contact Center Volume	29,610	80,187

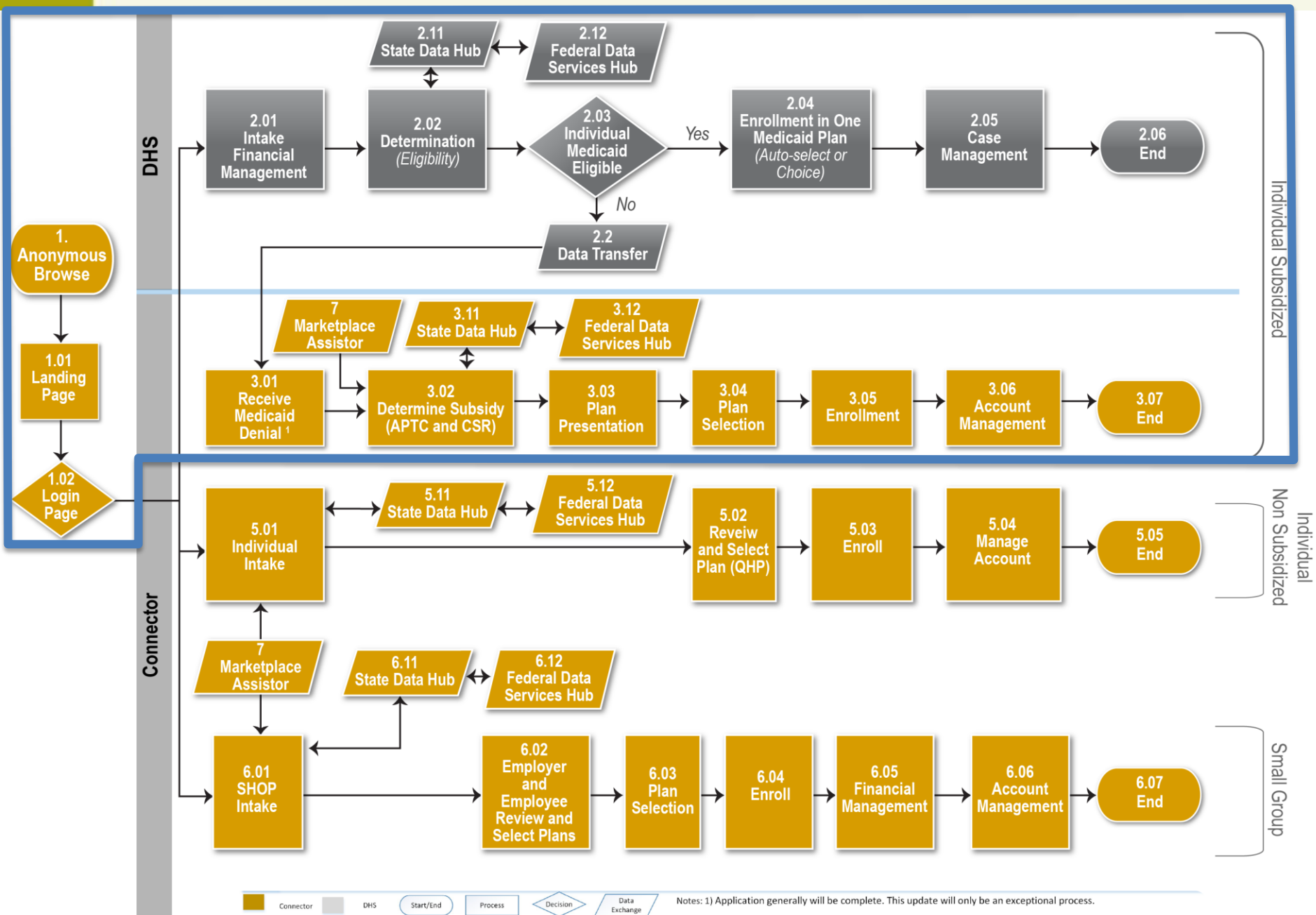
Application Workflow Process



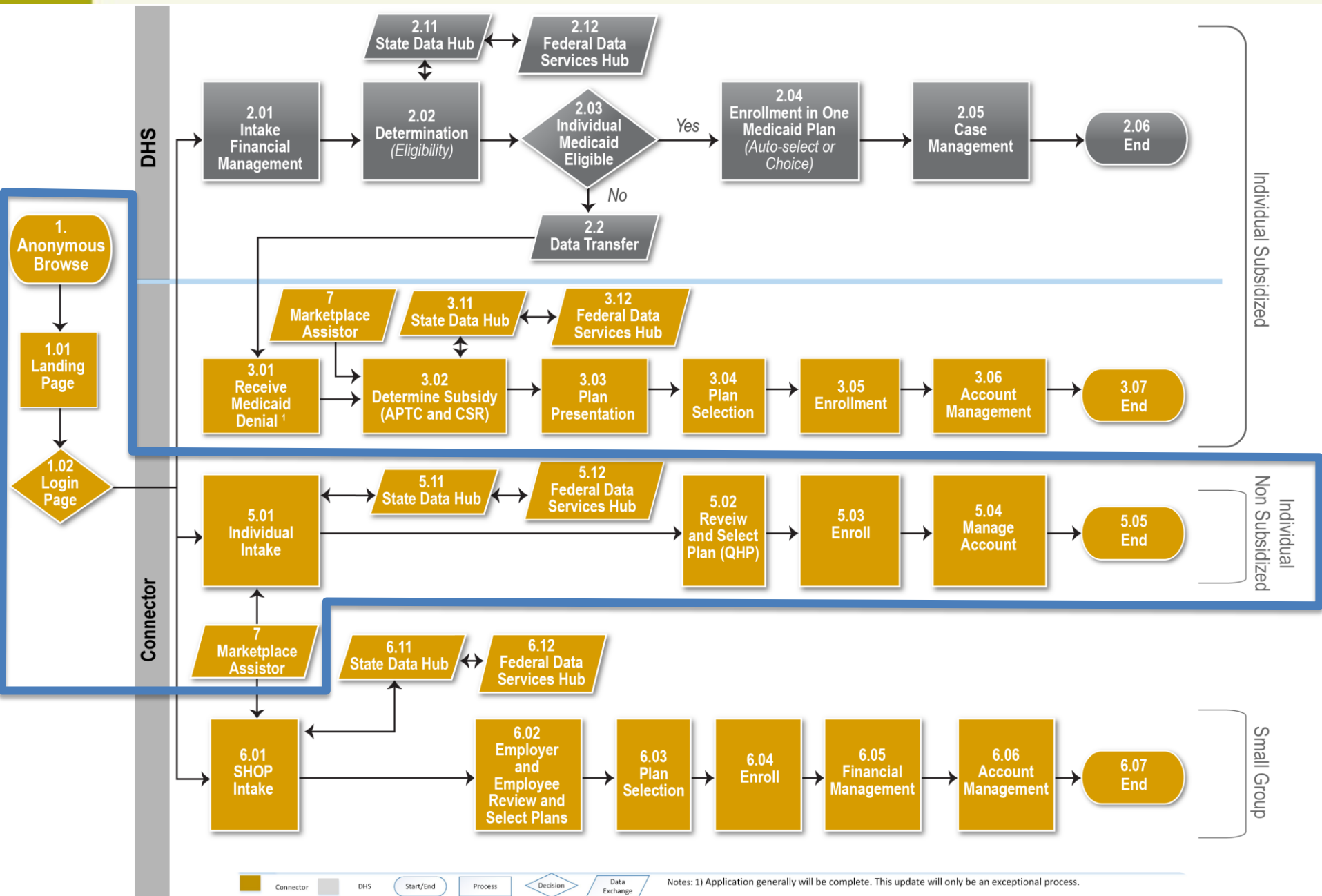
DHS - Medicaid



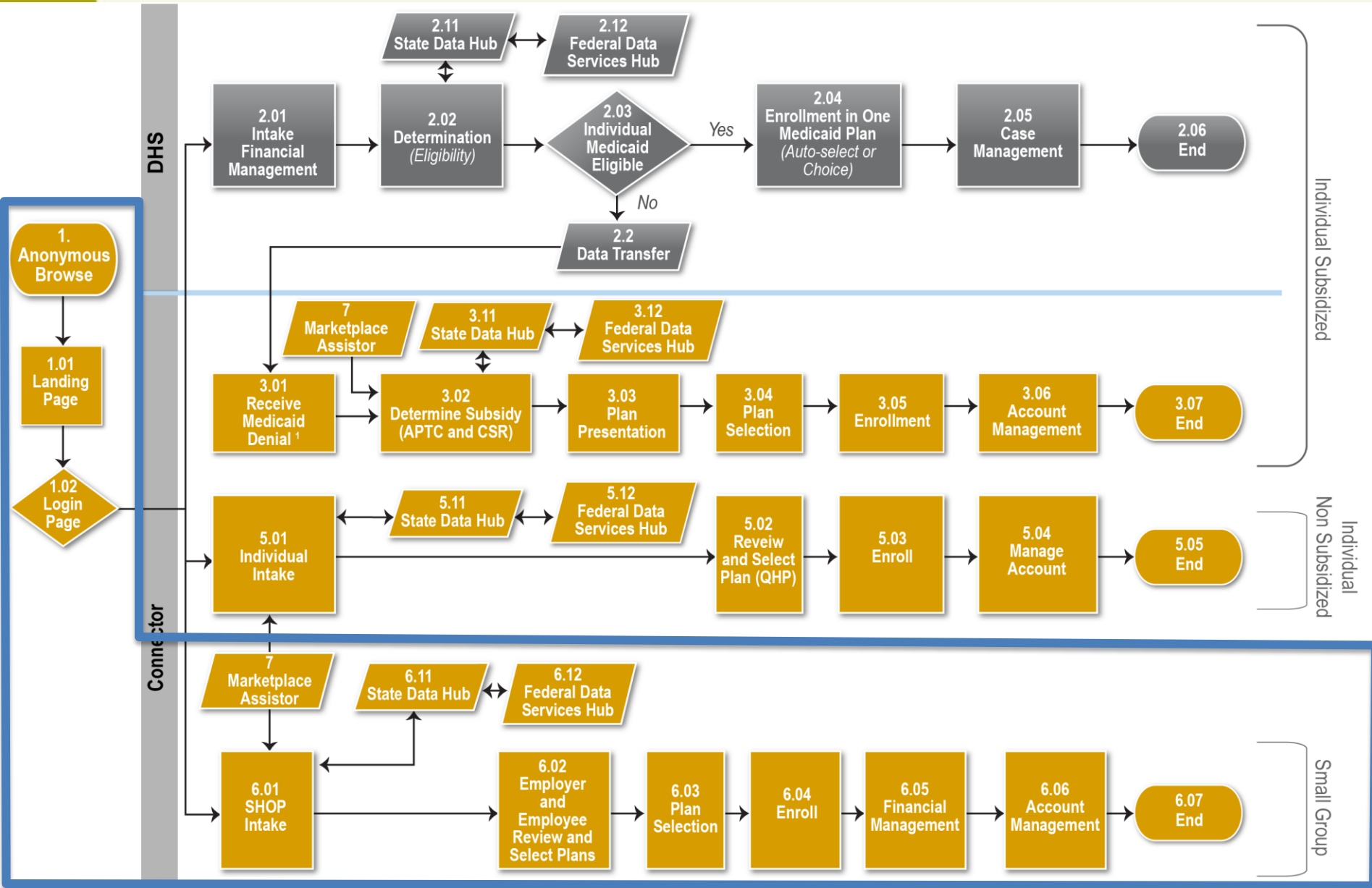
Individual Subsidized



Individual Non-Subsidized



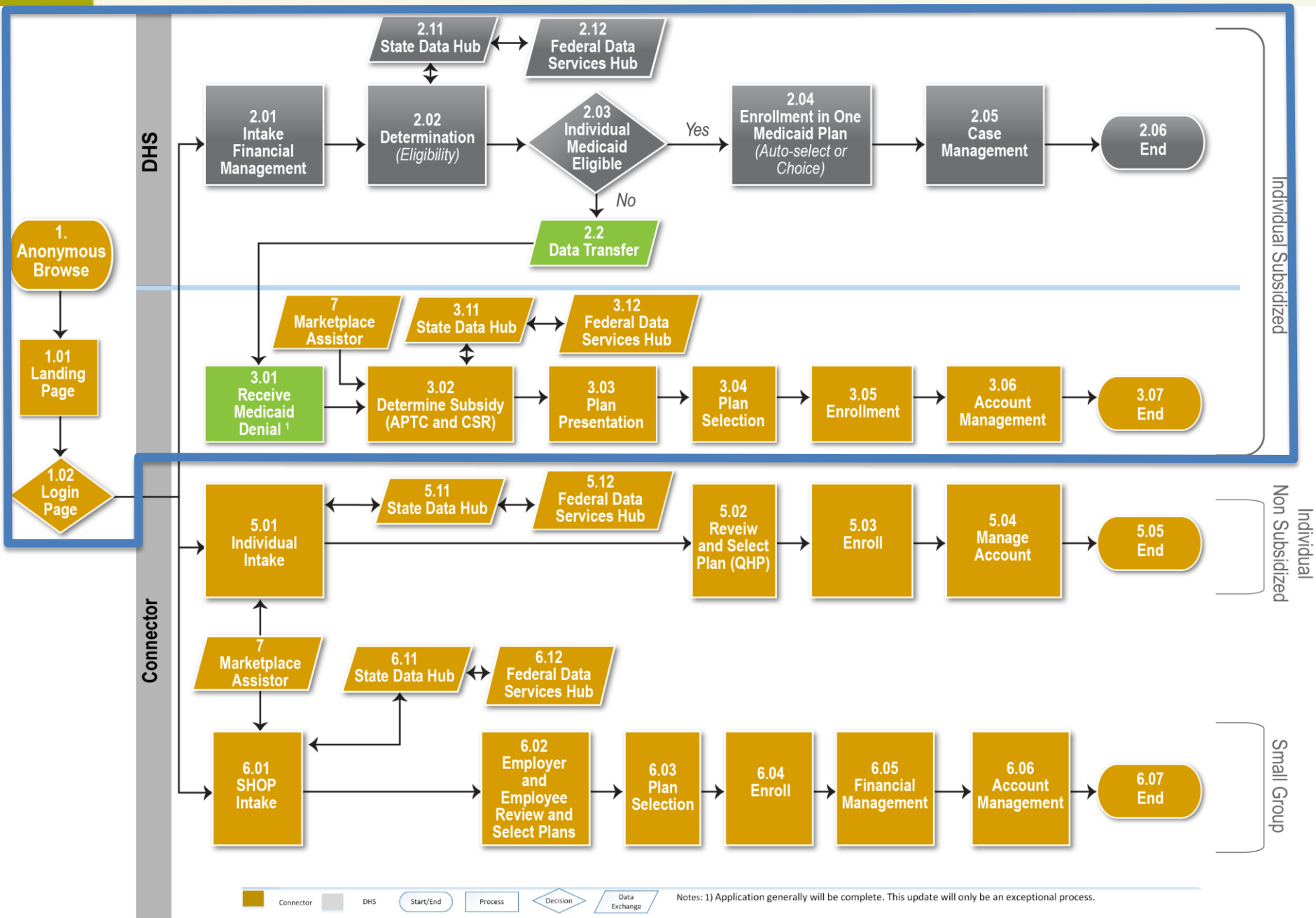
Small Business (SHOP)



Online health insurance marketplace: Current challenges

- Individual Marketplace: Financial Assistance processing backlogs
- SHOP Marketplace: working but difficult to use; improvements in final release
- Online consumer experience: some parts of the process are not user-friendly yet
- Many applicants need assistance to apply and enroll
- Changing rules cause confusion for consumers and create operational challenges

Individual Subsidized



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Public outreach and education/ assistance with enrollment: Current status

Hi'i Ola Program

- 31 Community Partners statewide
- 121 Certified Kōkua or In-Person Assisters
- 36 Certified Kōkua or Certified Application Counselors (CACs)
- Recent sub-grant to the Sovereign Councils of the Hawaiian Homelands Assembly (SCHHA)

Public outreach and education/ assistance with enrollment: Current status

Contact Center

- Temporary surge for Open Enrollment: over 80 workers

Grassroots enrollment campaign

- Over 300 events on all islands since February 1st
- “Set an appointment” with our Kōkua

Self-sustaining by 2015: Current status

- Board of Directors sustainability planning ongoing; coordinating with state agencies
- Outline of plan and budget in 2-3 weeks
- Federal grant extension request only partially approved
- “Grandmothered plans” policy extension through 2016 will reduce enrollment
- ACA innovation waiver not available until 2017

Be self-sustaining by 2015:

Keys to achieving a good sustainability plan:

- Reduce operating costs and unnecessary services
- Protect Prepaid Health Care Act
- Continue to enroll the uninsured
- Continue providing ACA tax subsidies only available through the Individual Marketplace
- Coordinate with the State, Consumers, Insurers, Brokers and Agents, and Healthcare Providers
- Leverage remaining federal funds to improve Hawai'i's systems for universal coverage

Be self-sustaining by 2015:

Possible solutions under consideration:

- Unify Medicaid and Connector application and eligibility systems into a single system
- After the applicant selects a health plan, the Insurers complete the enrollment process (“Kayak” model)
- Or - Connector maintains enrollment functions as a service and expands enrollment base to large employers when allowed by the ACA in 2017

Be self-sustaining by 2015:

Analysis needed:

- What is allowed under the ACA?
- What is technically feasible?
- What are the cost savings for each model, and what are the trade-offs?
- How can remaining federal grant development funds be leveraged within the grant timeline?
- What are short-term solutions until the Innovation Waiver becomes available?
- What are long-term solutions that we want to implement before the Innovation Waiver?

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