

The California Health Benefit Exchange: Decisions made, Decisions to come

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California Health Benefit Exchange Board

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California Exchange: Decisions made

- Purpose
 - Active purchaser to increase value for members
- Structure and governance
 - Independent agency in state government, governed by a 5-member Board
- Authorities and tools
 - Adverse selection protections
 - Selective contracting authority
- Lessons for other states
 - To thine own context be true
 - Be focused and pragmatic
 - Shared responsibility, shared ownership

California Exchange: Early Implementation Tasks

- Convene Exchange Board
 - Level setting re law, critical issues
 - Open meeting laws; transparent processes
- Hire Executive Director and key staff
 - Flexibility outside state salary and hiring processes
- Federal Level One Establishment Grant
 - Planning resources, time to get to Level Two
- Interagency coordination
 - Exchange IT systems

California Exchange: Decisions to come

- Exchange goals and role in the marketplace
 - Low-cost leader?
 - Market reformer?
 - One-stop consumer resource?
 - Medi-Cal partner?
- Selective contracting/plan participation standards
 - “Optimal combination of choice, value, quality and service.”
- Eligibility and enrollment simplification
 - Coordination with Medi-Cal and SCHIP systems and vendors
- Coordination with Medi-Cal, CalPERS, other purchasers
 - Align goals to improve health status, delivery system reforms, safety and quality.

California Exchange: Decisions pending

- State budget proposals
- Basic Health Plan Option
- Rate regulation legislation
- Risk adjustment
- Group size definitions

2014 is Tomorrow

California Exchange Legislation:

AB 1602 (Perez)

SB 900 (Alquist)

Available at www.leginfo.ca.gov

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