



# ACA State Innovation Waiver Task Force

OCTOBER 30, 2014

9:00 A.M.

STATE CAPITOL, ROOM 016

# Call to Order/Roll Call

## Call to Order

## Roll Call

- ▶ Beth Giesting, Healthcare Trans. Coord.
- ▶ Keone Kali, State CIO
- ▶ Lorrin Kim, Dept. of Health
- ▶ Ed Wang, Dept. of Labor & Ind. Relations
- ▶ Kenny Fink, MedQUEST
- ▶ Gordon Ito, Insurance Commissioner
- ▶ Daniel Jacob, Office of the AG
- ▶ Sandra Yahiro, EUTF
- ▶ Eric Alborg, Hawaii Health Connector
- ▶ Christine Sakuda, HI Health Info. Exch.
- ▶ Sherry Menor-McNamara, Chamber of Commerce of Hawaii
- ▶ Rachael Wong, Healthcare Assoc. of HI
- ▶ Robert Hirokawa, HPCA
- ▶ Joan Danieleley, Kaiser Permanente
- ▶ Jennifer Diesman, HMSA
- ▶ Paula Yoshioka, Queen's Health System
- ▶ Roger Morey, Hawaii Restaurant Assoc.

# Creation of Permitted Interaction Group

## To participate in future Hawaii Health Connector Board meetings

- ▶ (proposed motion: that the ACA SIWTF endorse that the following members

Kenny Fink

Beth Giesting

Keone Kali

Eric Alborg

Sherry Menor-McNamara

Christine Sakuda

Ed Wang

..... be part of a permitted interaction group for the purpose of attending Hawaii Health Connector board meetings until further notice, and that .... shall report back to the TF on relevant HHC actions at each subsequent meeting on behalf of the PIG.)

# Minutes

- ▶ Minutes of October 9, 2014
  - ▶ Public Comment

(proposed motion: Accept minutes of 10/9/14 as circulated/as amended)

# Permitted Interaction Group Reports

## PIG Report – Premium Rating Options

(Gordon Ito, Joan Danieleley, Jennifer Diesman, Beth Giesting, Daniel Jacob, Roger Morey, Ed Wang)

- ▶ Pre-ACA premiums largely based on experience
- ▶ ACA requires premiums based on either age (i.e., increased cost for older enrollees) and tobacco use **or** community rating (i.e., costs the same for everybody)
- ▶ ACA premium rating requirements can not be waived
- ▶ **Public Comment**

# Permitted Interaction Group Reports

## PIG Report – Opportunities for IT Collaboration

(Beth Giesting, Daniel Jacob, Gordon Ito, Jeff Kissel, Tom Matsuda)

- ▶ PIG identified the following public and private sector IT systems:

- **SERFF PM (Ins. Div.)**. Manages insurance plan information
- **KOLEA**. Manages eligibility and enrollment for MedQUEST
- **Connector**. Manages eligibility and enrollment for individuals and SHOP

**EUTF**. ???

**HHIE**. Infrastructure to link clinical records

**APCD**. “All Payer Claims Database” health care data base to analyze utilization

# Permitted Interaction Group Reports

## PIG Report– Opportunities for IT Collaboration

- ▶ Areas of potential collaboration\*
  - ▶ **KOLEA, Connector, EUTF:** eligibility, enrollment, plan and payment management
  - ▶ **HHIE, APCD:** transmit clinical information, report to providers, report aggregated info to INS, HHC, EUTF, MQD
  - ▶ **SERFF PM:** support PHCA at DLIR, share plan information with HHC

\*Each system has its own agency regs and requirements. Sharing requires determining who pays for what features. Data governance, system and data ownership would need to be worked out.

- ▶ **Recommend HIT Master Plan Coordinated by OIMT**
- ▶ **Public Comment**

# Permitted Interaction Group Reports

## PIG Report – Resource Allocation for Health Reform and Innovation

(Eric Alborg, Jennifer Diesman, Beth Giesting, Robert Hirokawa, Daniel Jacob, Lorrin Kim)

- ▶ Proposed SIM grant would bring stakeholders together to develop plan for resources, structure, strategies
- ▶ Some ideas:
  - ▶ **Delivery System:** Medicaid SPAs and Waivers, EUTF requirements, commercial plan agreement. Legislative directives, funding.
  - ▶ **Care Coordination:** Same as above.
  - ▶ **Workforce.** Legislative directives and funding for workforce center, review of licensing practices. Medicaid SPA supports CHWs, others. EUTF and plans can follow. Insurer fees can support initiatives.



# Permitted Interaction Group Reports

## PIG Report – Resource Allocation for Health Reform and Innovation

### ▶ Some ideas:

- ▶ **HIT.** Plans and/or legislature can create carrots and sticks. MQD funding for MU and infrastructure.
- ▶ **Payment Reform.** MQD and EUTF contractual provisions. Commercial insurance provisions. Legislative directives if necessary.
- ▶ **Policy.** Legislative support for on-going innovation agency. Insurer fees. Shared savings from public programs.
- ▶ **Healthy communities.** Health plans put shared savings toward community wellness initiatives. Pool CHNA initiatives. Medicaid innovation.

# Permitted Interaction Group Reports

## ▶ PIG Report – Resources Needed to Develop Innovation Waiver

(Eric Alborg, Kenny Fink, Beth Giesting, Daniel Jacob, David Sakamoto)

### ▶ Resources needed include\*

- ▶ **Staff:** full-time project manager and part-time HTC and Admin. Asst.
- ▶ **Consultants:** Consultant to do RFPs, actuary, waiver development consultant, subject matter expert, communications
- ▶ **Travel:** at least two trips to each neighbor island for public commentary
- ▶ **Other:** public notice publication, ordinary office expenses

\*Total depends on complexity of waiver and length of time needed to develop it.

### ▶ Public Comment

# Permitted Interaction Group Reports

## ▶ PIG Report – Metrics Needed for Waiver Development Process

(Eric Alborg, Jennifer Diesman, Beth Giesting, Daniel Jacob, Keone Kali, Nani Medeiros, David Sakamoto)

### ▶ Data requirements per NAIC:

- ▶ Income, health expenses and current insurance status of relevant state population
- ▶ Number of employers by number of employees and whether employer offers insurance

### ▶ Elements PIG identified:

- ▶ #/% of residents with and without insurance
- ▶ Demographic characteristics and reasons for not having insurance
- ▶ Trends in commercial insurance: numbers, costs, employers, dependents, benefits
- ▶ Trends in individual market: numbers, costs, dependents, benefits

# Permitted Interaction Group Reports

## ▶ PIG Report – Metrics Needed for Waiver Development Process

### ▶ Elements PIG identified:

- ▶ Trends in Medicaid enrollment: numbers, costs
- ▶ Stability of coverage over time
- ▶ Demographics of APTC population
- ▶ Number of people who applied for individual coverage but didn't enroll
- ▶ IT and system support costs: HHC, KOLEA, insurers

### ▶ Public Comment

# Innovation Waiver Timeline Scenarios

## Assumptions for All Timelines:

- ▶ Proper procurement for an actuary and other consultants takes at least 90 days
- ▶ Required public notice and commentary takes at least 90 days
- ▶ Federal preliminary review takes at least 45 days
- ▶ Federal determination process takes at least 180 days

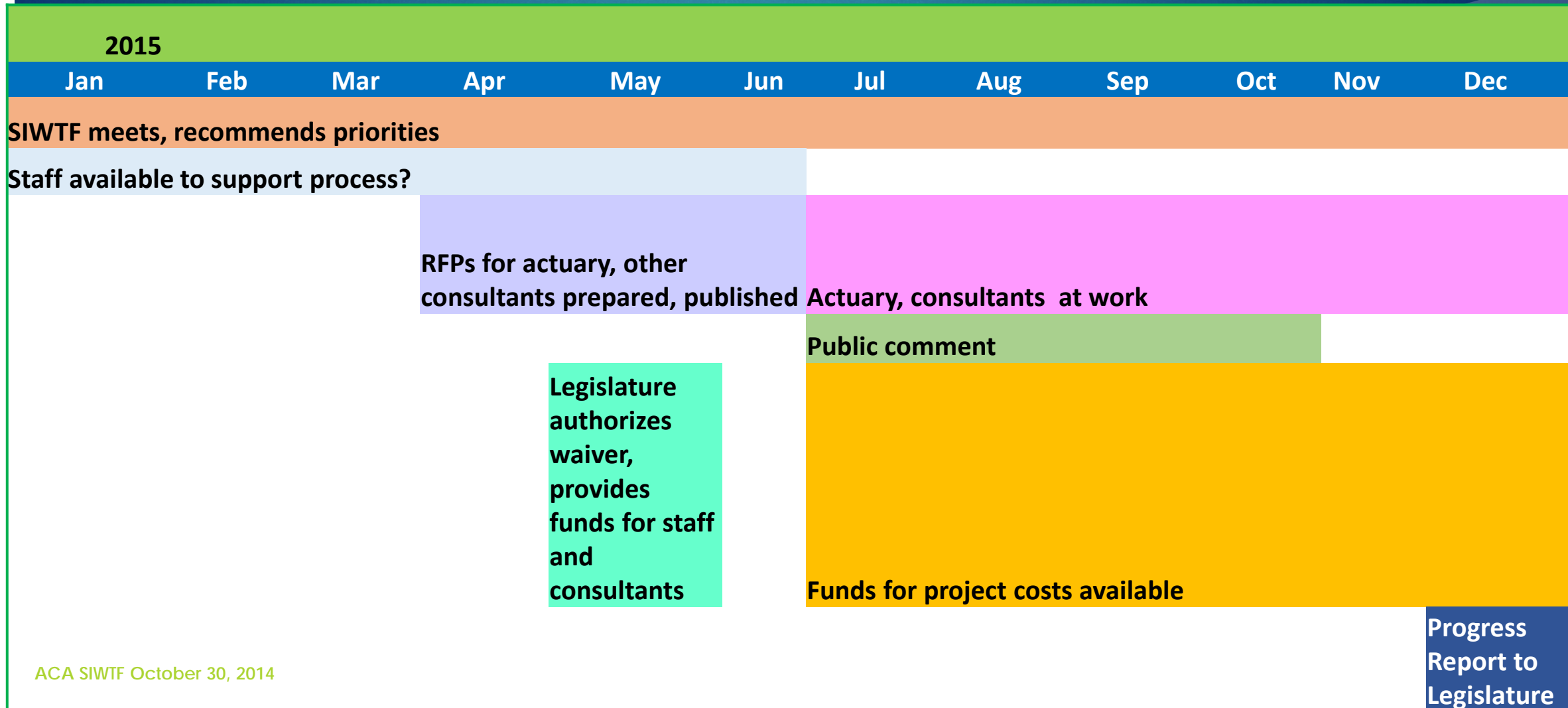
# Innovation Waiver Timeline – Ver. 1

## ► Scenario 1: Implement by January 1, 2017

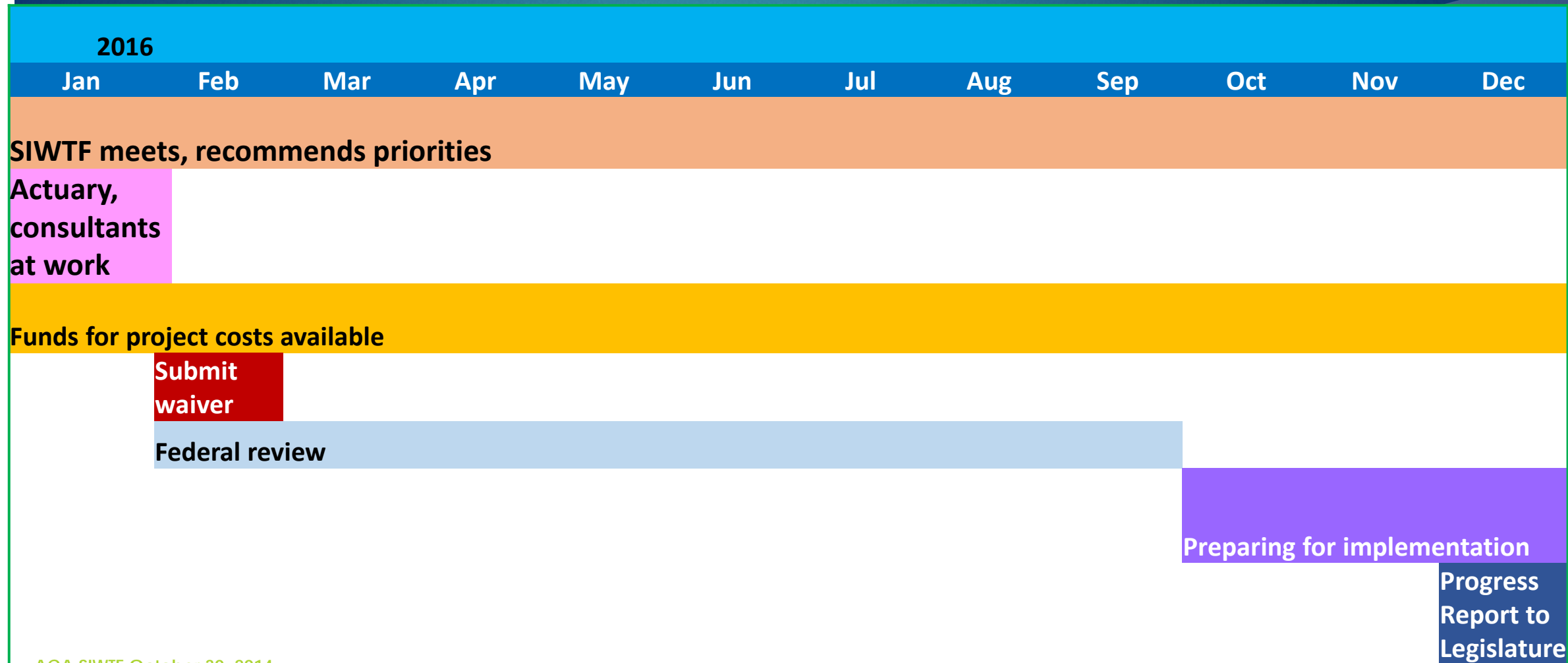
### ► Conditions that must be met:

1. Staff are available to continue the process (currently no funds post-12/2014)
2. Early, strong agreement on waiver direction
3. Waiver elements must be easily quantifiable
4. No other waivers (Medicaid, Medicare, CHIP) are included
5. Legislature passes authorizing legislation in 2015
6. Legislature provides resources for staff, actuary, waiver development, community meetings
7. Legislature conducts public hearings during the 2015 session

# Innovation Waiver Timeline –Ver. 1

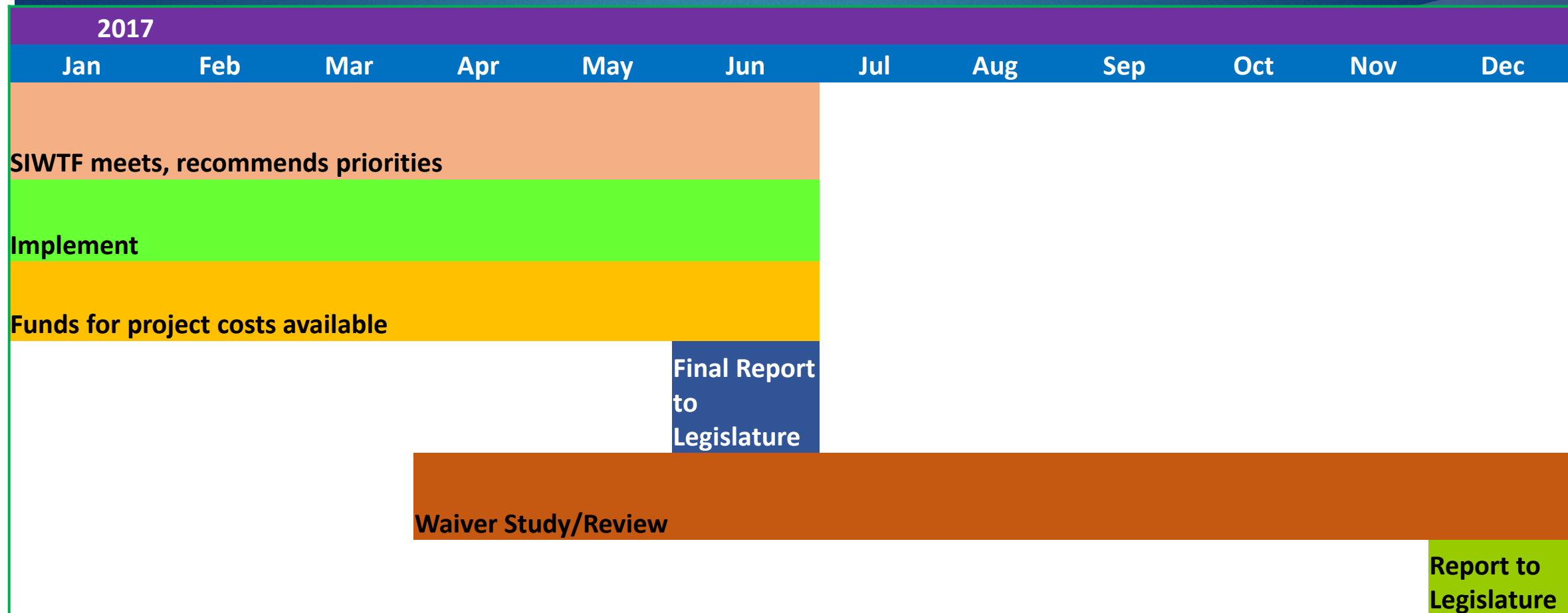


# Innovation Waiver Timeline –Ver. 1





# Innovation Waiver Timeline –Ver. 1



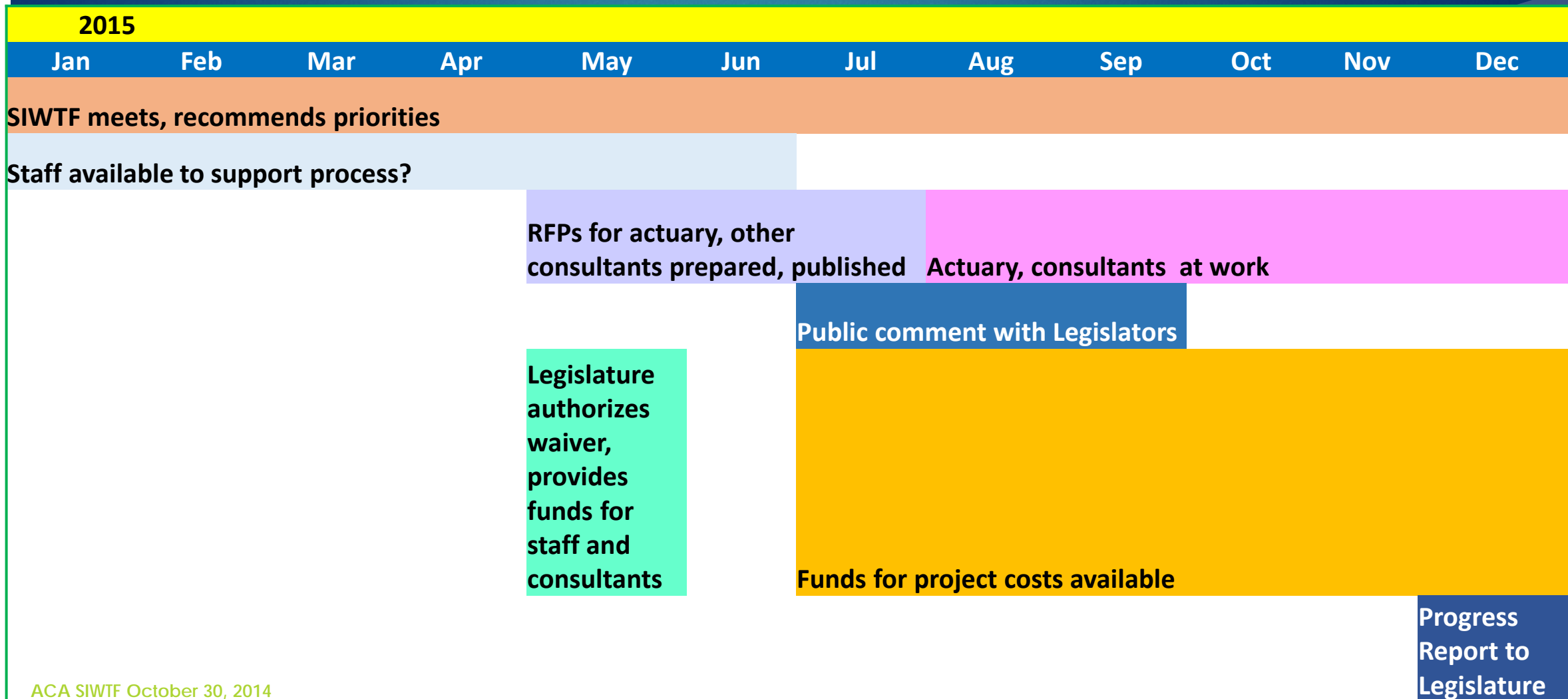
# Innovation Waiver Timeline – Ver. 2

## ► Scenario 2: Implement by September, 2017

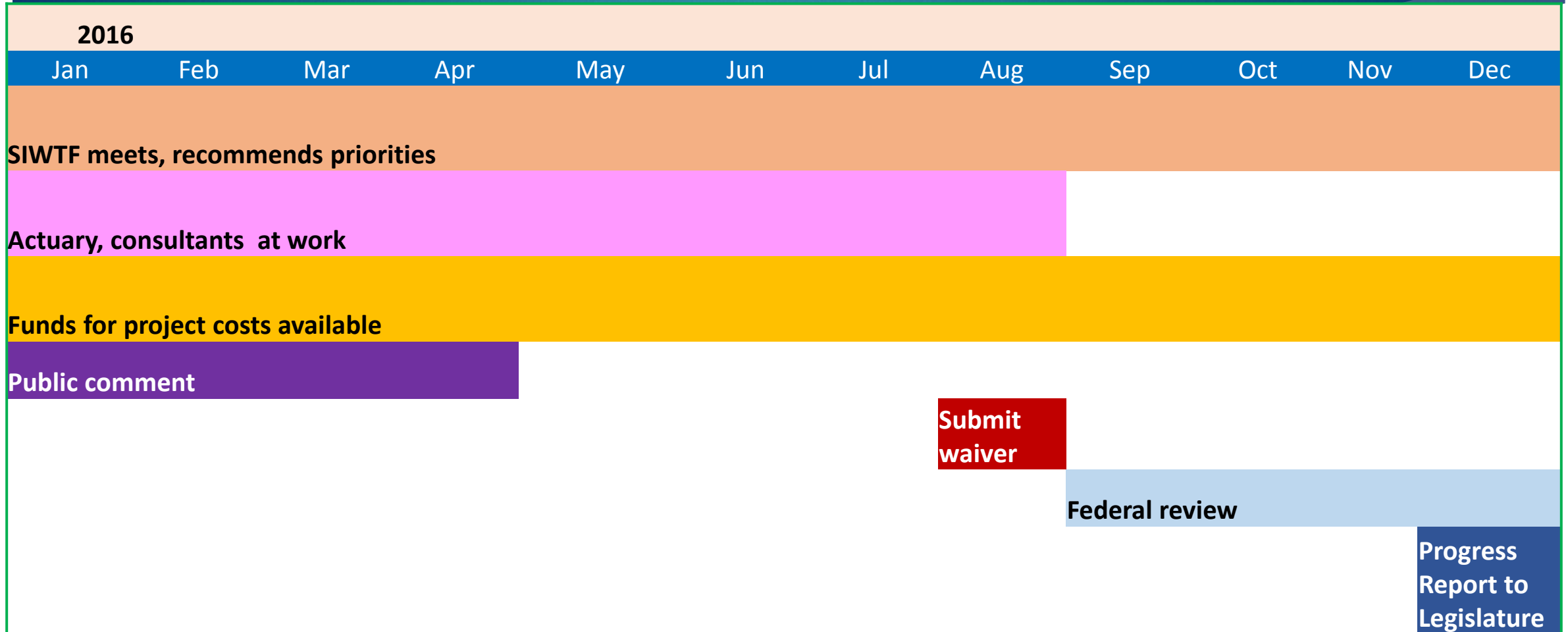
### ► Conditions that must be met:

1. Staff are available to continue the process (currently no funds post-12/2014)
2. Legislature provides resources for staff, actuary, development, community meetings

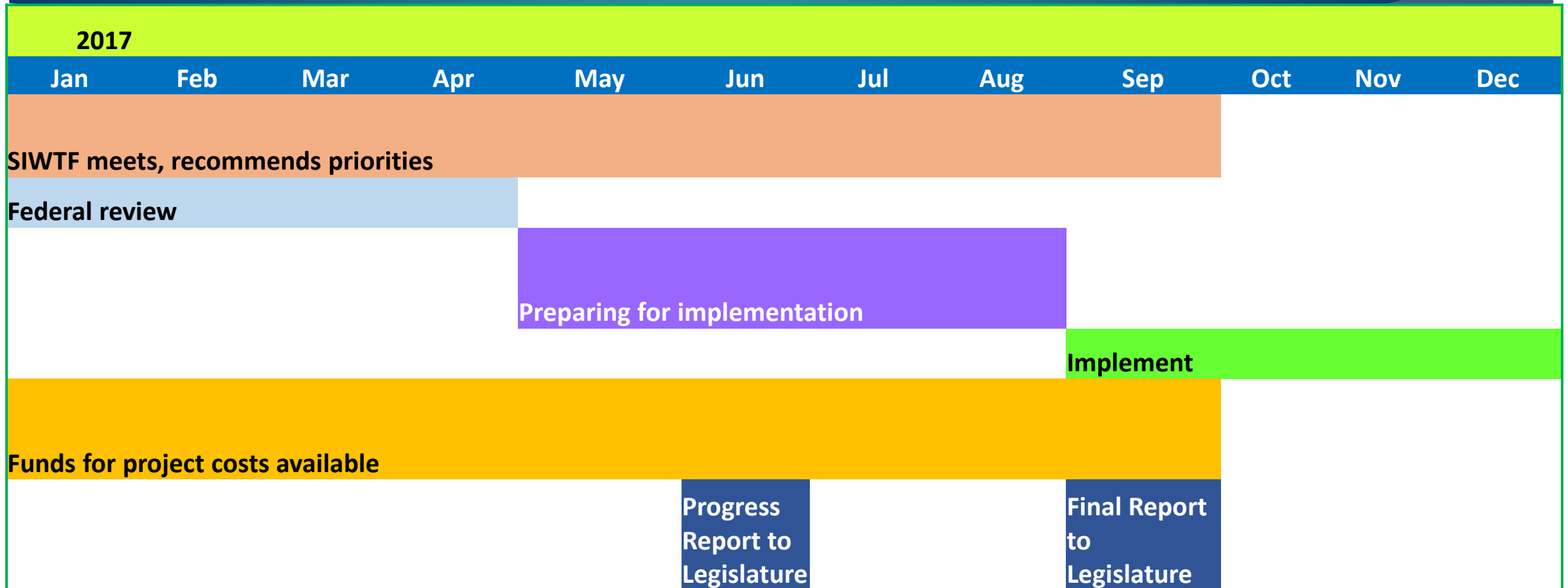
# Innovation Waiver Timeline – Ver. 2



# Innovation Waiver Timeline – Ver. 2



# Innovation Waiver Timeline – Ver. 2



# Innovation Waiver Timeline – Ver. 2

2018

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

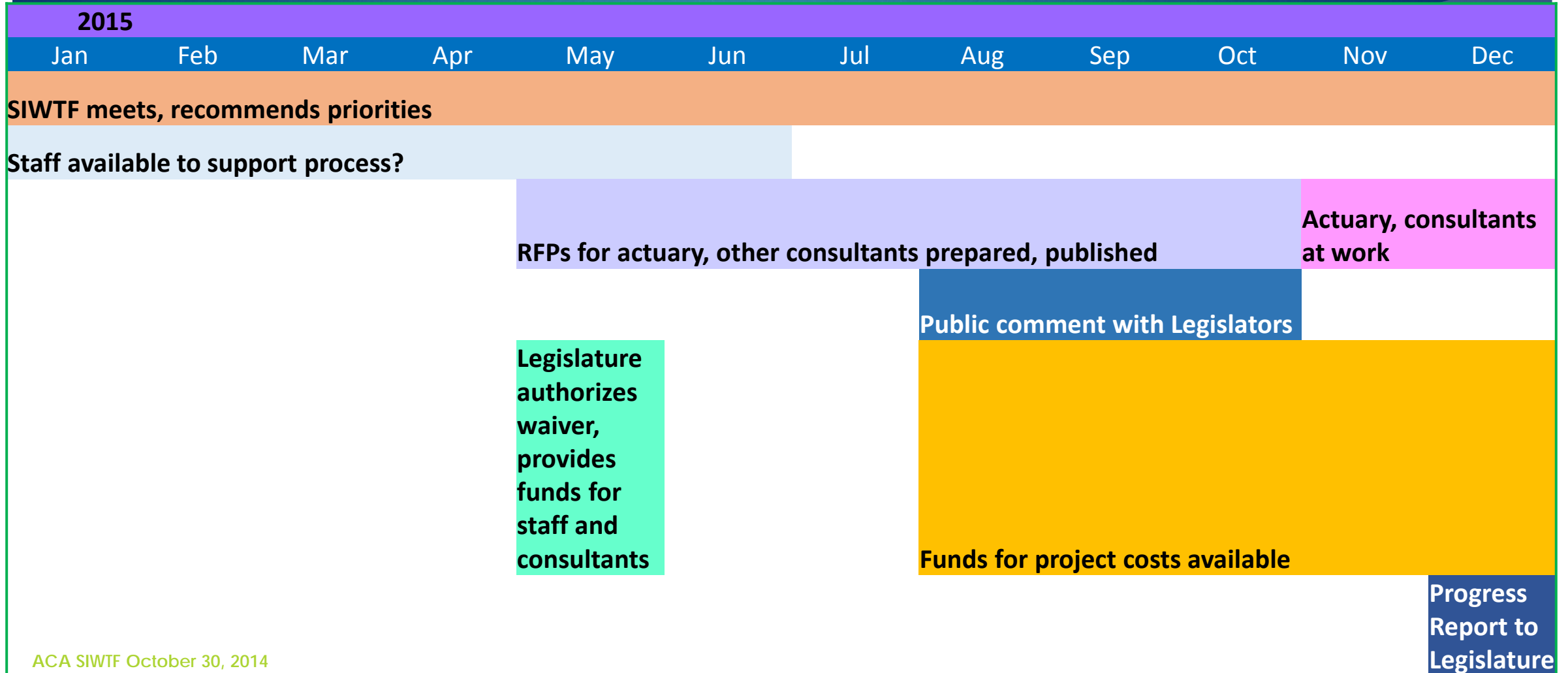
**Waiver Study/Review**

**Report to  
Legislature**

# Innovation Waiver Timeline – Ver. 3

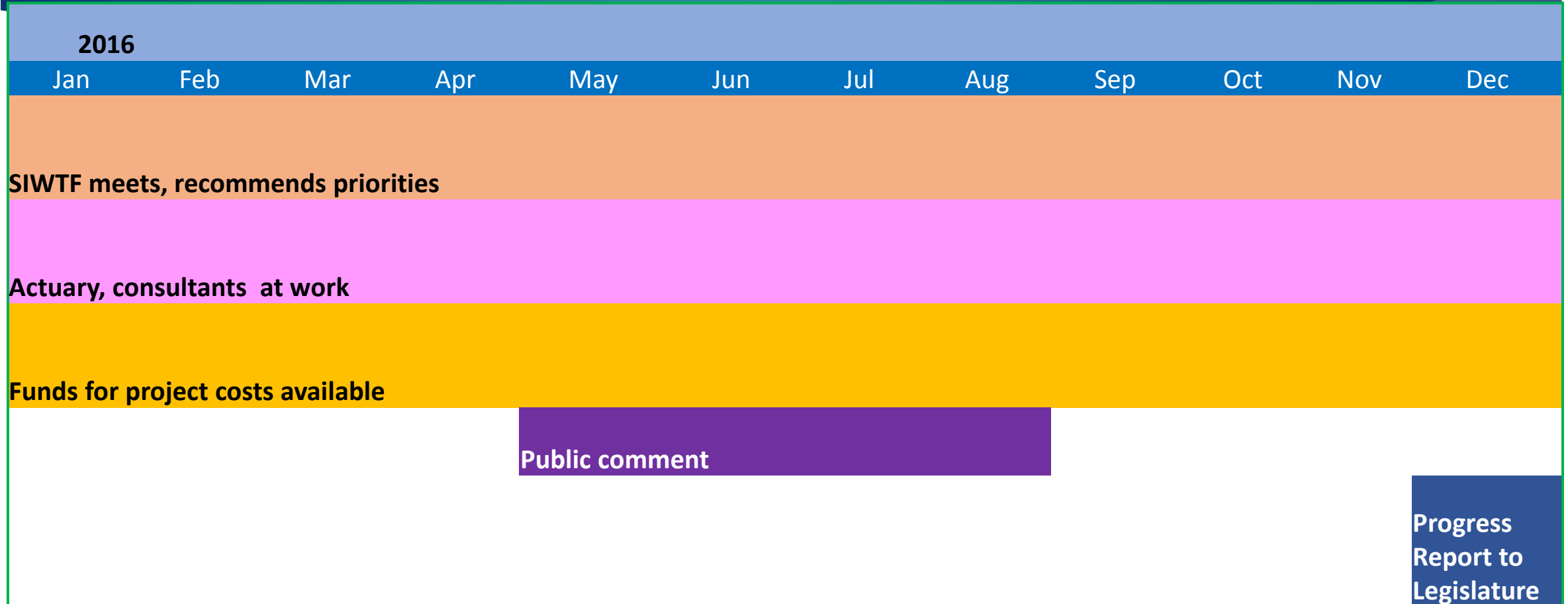
- ▶ **Scenario 3: Process Contingencies Delay Implementation**
  - ▶ Conditions that must be met:
    1. Staff are available to continue the process (currently no funds post-12/2014)
    2. Legislature provides resources for staff, actuary, development, community meetings

# Innovation Waiver Timeline – Ver. 3

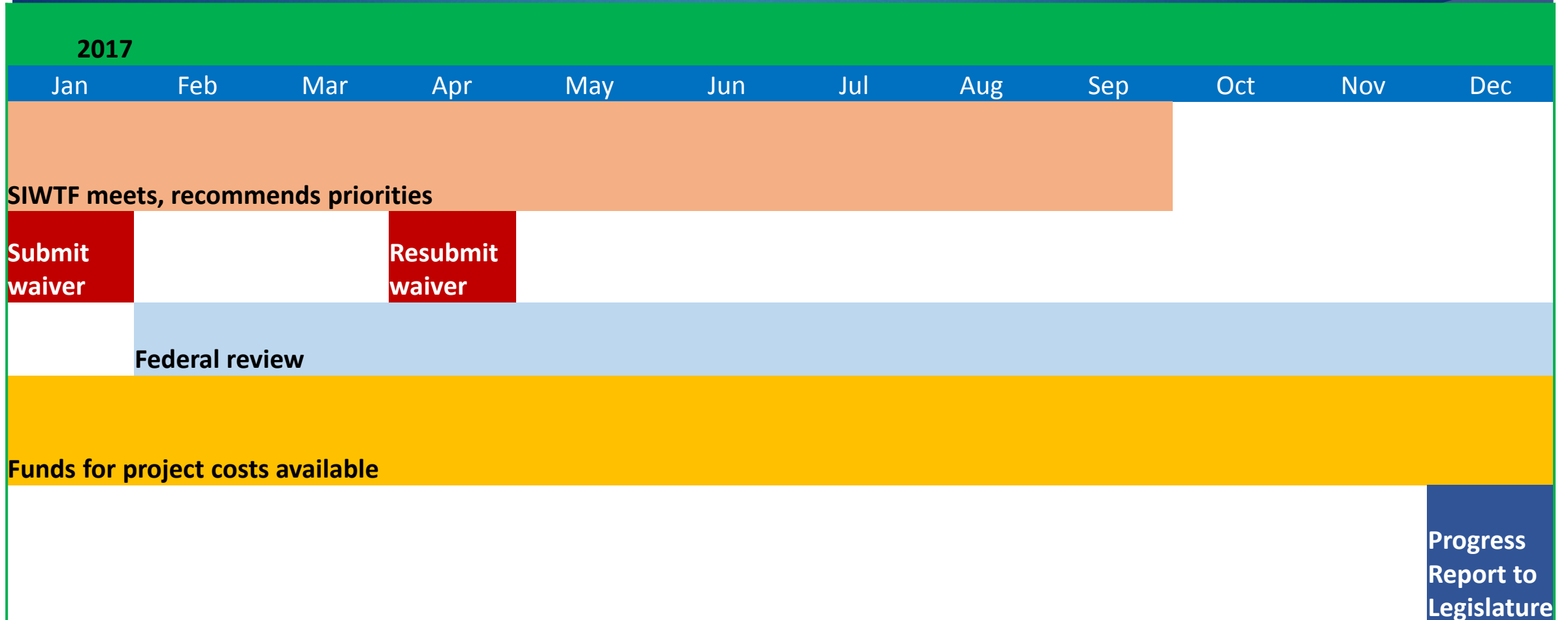




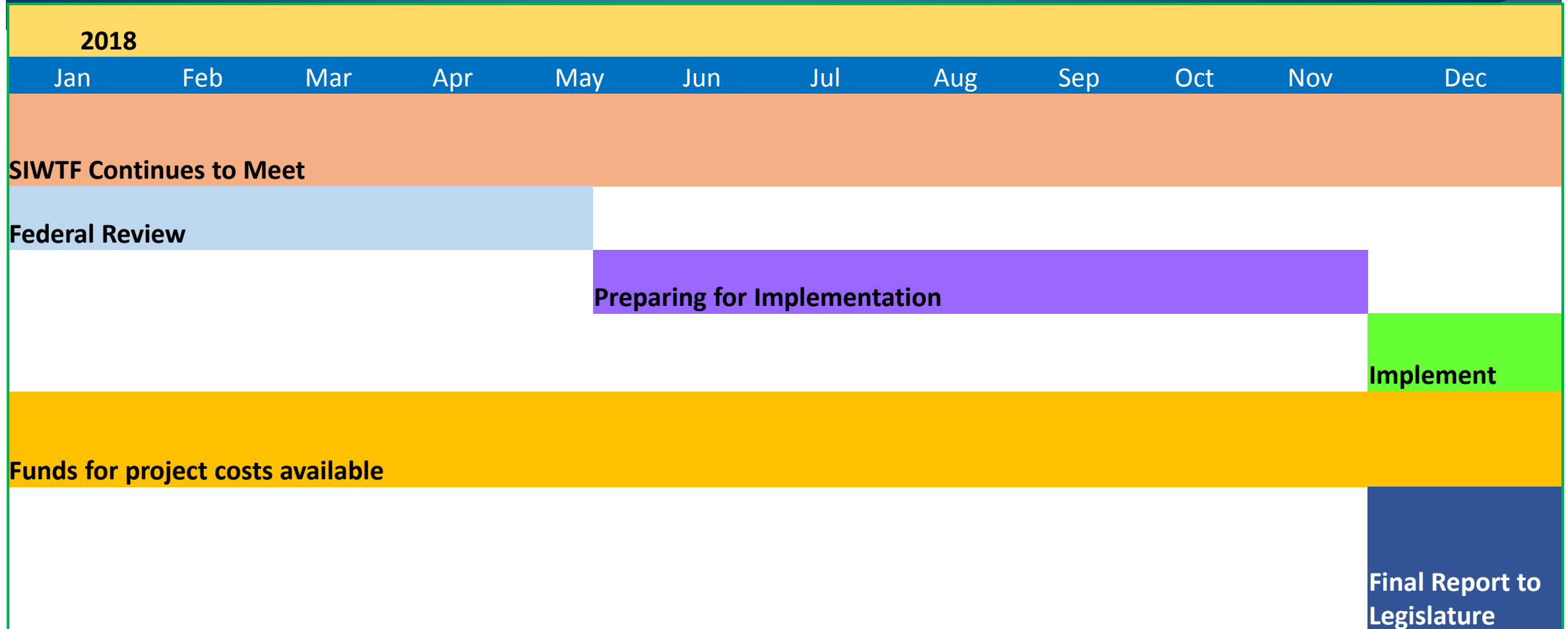
# Innovation Waiver Timeline – Ver. 3



# Innovation Waiver Timeline – Ver. 3



# Innovation Waiver Timeline – Ver. 3



# Innovation Waiver Timeline – Ver. 3

**2019**

Jan      Feb      Mar      Apr      May      Jun      Jul      Aug      Sep      Oct      Nov      Dec

**Waiver Study/Review**

**Report to  
Legislatur  
e**

# Innovation Waiver Timeline Scenarios

- ▶ Discussion
- ▶ Public Comment

# Report to the Legislature

- ▶ **Proposed contents of report**
  - ▶ Membership
  - ▶ Summary of meetings (agendas, minutes, materials, other)
  - ▶ Agreements on basic assumptions
  - ▶ Collaborative IT - possibilities
  - ▶ Premium rating - not waivable
  - ▶ Allocation of resources for innovation - recommendations
  - ▶ Resources for waiver development – recommendations
  - ▶ Metrics – recommendations

\*Logistical/resource issues with transition in Governor's Office

# Report to the Legislature

- ▶ Discussion
- ▶ Public comment

# Adjournment

(proposed motion: The ACA SIWTF shall be adjourned until its next scheduled meeting.)

**Next meeting: 9:00 a.m. November 13, 2014**