



August 23, 2011

Arkansas Health Benefits Exchange Planning Project

State of Arkansas
Arkansas Insurance Department



Evaluation

- Introduction
- Approach
- Methodology & Measures

Introduction

- Independent assessment of big questions...
 - Does the HBE effectively perform “essential functions?”
 - Does the HBE meet public policy goals?
 - What consequences are observed from implementation?
- Three components of evaluation
 - Implementation
 - Outcomes
 - Efficiency

Approach to Evaluation Design

- Reviewed measures tied to ACA objectives
- Studied existing state exchanges
- Assessed existing evaluation plans

- Resulted in recommendation to collect data to support use of established national measures published by the National Quality Measures Clearinghouse (NQMC)
 - Healthcare Effectiveness Data Information Set (HEDIS®)
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Implementation Effectiveness

- Use of the exchange
 - Consumer awareness
 - Ease of use
- Enrollment and Re-enrollment
- Disenrollment and Gaps in Coverage
- Navigator Education
 - Ability to answer consumer questions
- New Federally-Required Measures

Enrollee Satisfaction

- Health Plan
- Issuer
- Exchange Website
- Provider
- Agent
- Navigators

Provider Perceptions

- Access to Care
 - Meeting needs of existing patients
 - Delivering care to new patients
- Utilization of Services
 - Is appropriate utilization of services increasing?
 - Are benefits tailored appropriately to the needs of beneficiaries?

Insurance Coverage

- Reducing Number of Uninsured Arkansans
 - Trend annually by:
 - Household income
 - Race and ethnicity
 - Age
 - Geographic regions
- Assessment of Crowd-Out
 - Occurs when private industry ceases to provide a good or service once government assumes that function

Quality of Care

- Technical and Process Measures
 - Focus on areas of greatest need within Arkansas
- Outcome Measures
 - Determined by HBE
 - Use existing NQMC measures
- Variation by Plan and Issuer
 - Ability to make informed decisions
 - Directly compare plans

Beneficiary Perspectives on Access to Care

- Perceived Access to Services
 - Before and after comparison of access to:
 - Primary Care Provider
 - Prescription medication
 - Urgent care or emergency room
- Wait Time for Primary Care Visits
 - Getting care as soon as needed it
 - Seeing provider within 15 minutes of appointment time
- Travelling for Primary Care
 - Ask enrollee miles traveled
 - GIS software to approximate distance through zip codes

Access to Care contd.

- Referrals to Specialists

- Getting referrals as soon as needed
- Difficulty in getting appointment
- Receiving care in timely manner

- Affordability

- Measure level of financial burden of:
 - Monthly premiums
 - Relevant cost-sharing
- Measure the following due to out-of-pocket expenses:
 - Delaying care
 - Not accessing care
 - Going without prescription medication

Utilization of Care

- Preventive Services
 - Use HEDIS measures to determine access and utilization
- Emergency Department for Non-Urgent Care
 - Monitor non-urgent use of ED
 - Trend over time and by benefit level
- Hospitalizations
 - Monitor 30-day readmission rates
 - Track long-term changes in care for chronic conditions

Costs of Care

- Expenditures by Plan
 - Across benefit levels and issuers
- Expenditures by Issuer
 - Compare to all-issuer average
- Trends in Health Expenditures
 - Including insured outside of HBE and remaining uninsured
- Contrast Private Issuers and Medicaid
- *Potential detection of fraud and abuse*



Effective evaluation will be critical to successful planning, implementation and management of the HBE in Arkansas.