

# If the ACA is in Adolescence, States are Living in Dog Years

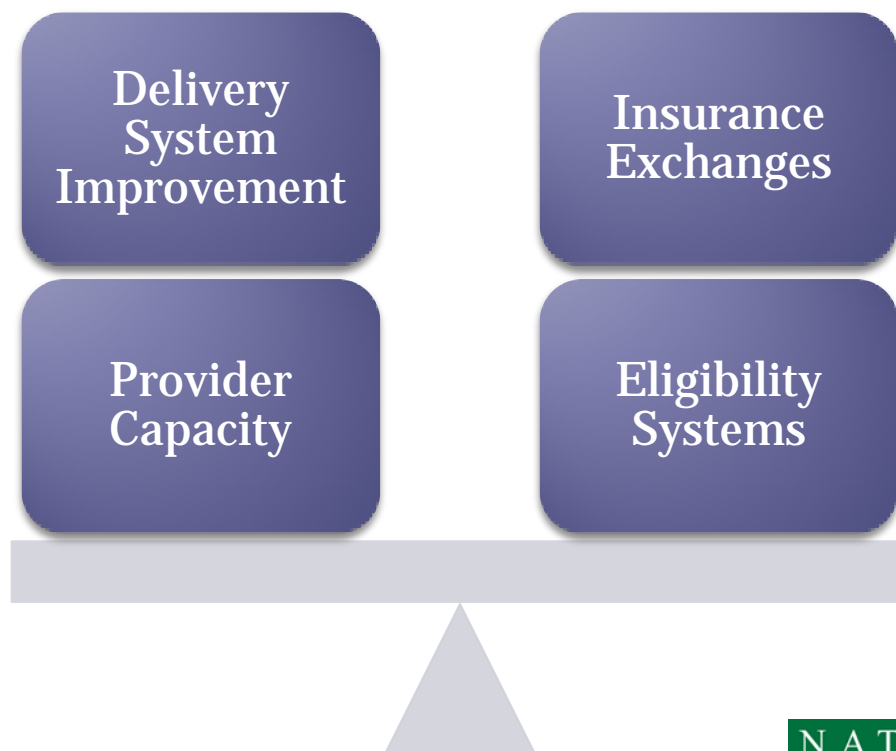
Social Insurance in a Market Economy: Obstacles and Opportunities  
National Academy of Social Insurance (NASI)  
January 26, 2012, Washington DC

Alan Weil  
Executive Director  
National Academy for State Health Policy

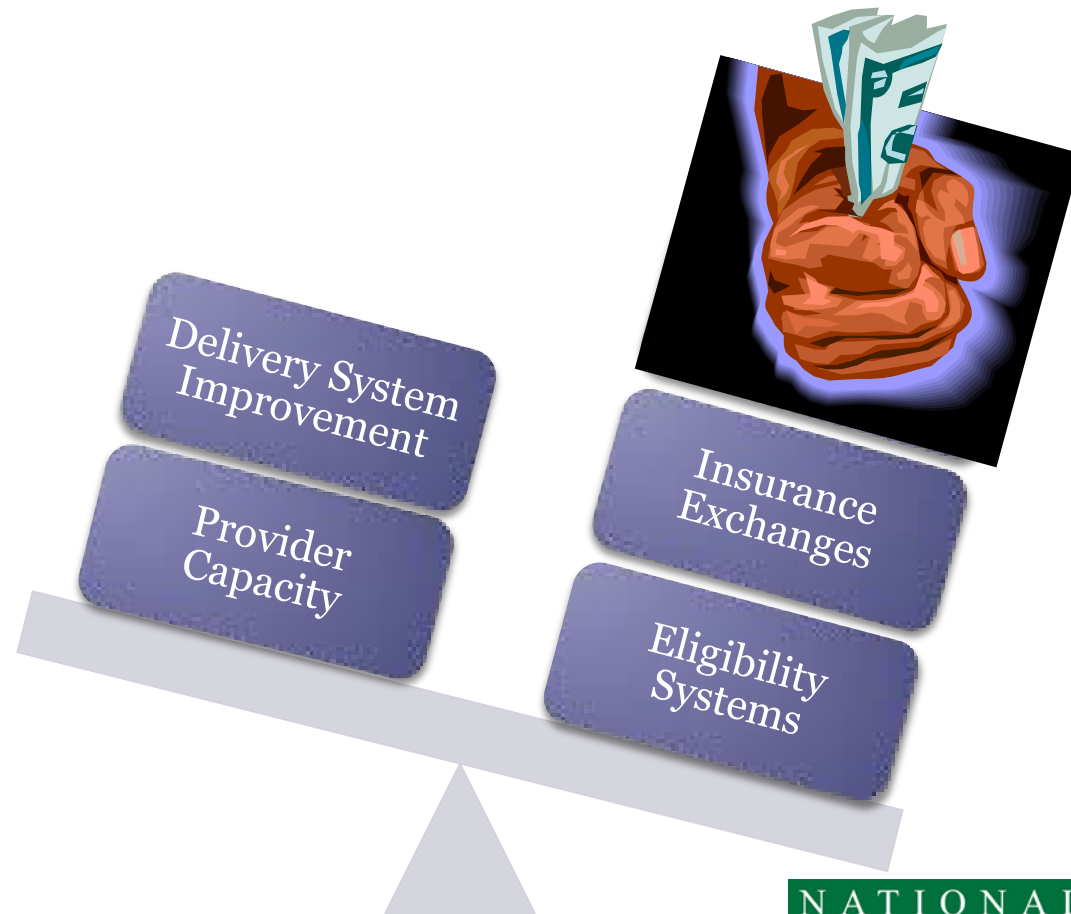
# What States Have to Get Right Implementing the ACA

1. Be Strategic with the Insurance Exchange
2. Regulate the Commercial Health Insurance Market Effectively
3. Simplify and Integrate Eligibility Systems
4. Expand Provider and Health System Capacity
5. Attend to Benefit Design
6. Promote Care Coordination
7. Use Your Data
8. Pursue Population Health Goals
9. Engage the Public in Policy Development and Implementation
10. Demand Quality and Efficiency from the Health Care System

# A Balanced Approach to Implementation



# Federal Funds Drive State Priorities



## Participate in the State Refor(u)m Learning Community

- ❑ Growing collection of 900+ user-generated **documents** capture implementation ideas
- ❑ 11 progress indicators, and related milestones, break health reform into **manageable steps**
- ❑ 1800+ other **health care thinkers and doers** have joined the community
- ❑ Questions? Email us: [staterforum@nashp.org](mailto:staterforum@nashp.org)



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Nation > Be Strategic with Insurance Exchange

## Be Strategic with Insurance Exchange

346 documents | 97 people | 282 discussions | 45 states  email notifications  subscribe

Insurance Exchanges will have a vital role in the marketplace, helping consumers shop for, understand, and purchase coverage. States can also use Exchanges to shape the quality and cost of plans.

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### 346 documents related to this progress indicator

 GHIX Contingency  
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Exchange, Program Integration, Budget for Exchange

 GHIX final report  
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Exchange

 Building a Relationship between Medicaid, the Exchange, and the ...  
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CHIP, Exchange, Medicaid

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Exchange, Program Integration, Budget for Exchange

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Program Integration

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register for our next webinar

Simplified but Not Simple:  
Tackling Health Reform's Eligibility and Enrollment Challenge



## States > Be Strategic with Insurance Exchange

all indicators

Develop a Coordinated Approach to Implementing the ACA

**Be Strategic with Insurance Exchange**

Regulate the Commercial Health Insurance Market Effectively

Simplify and Integrate Eligibility Systems

Improve Provider and Health System Capacity

Attend to Benefit Design

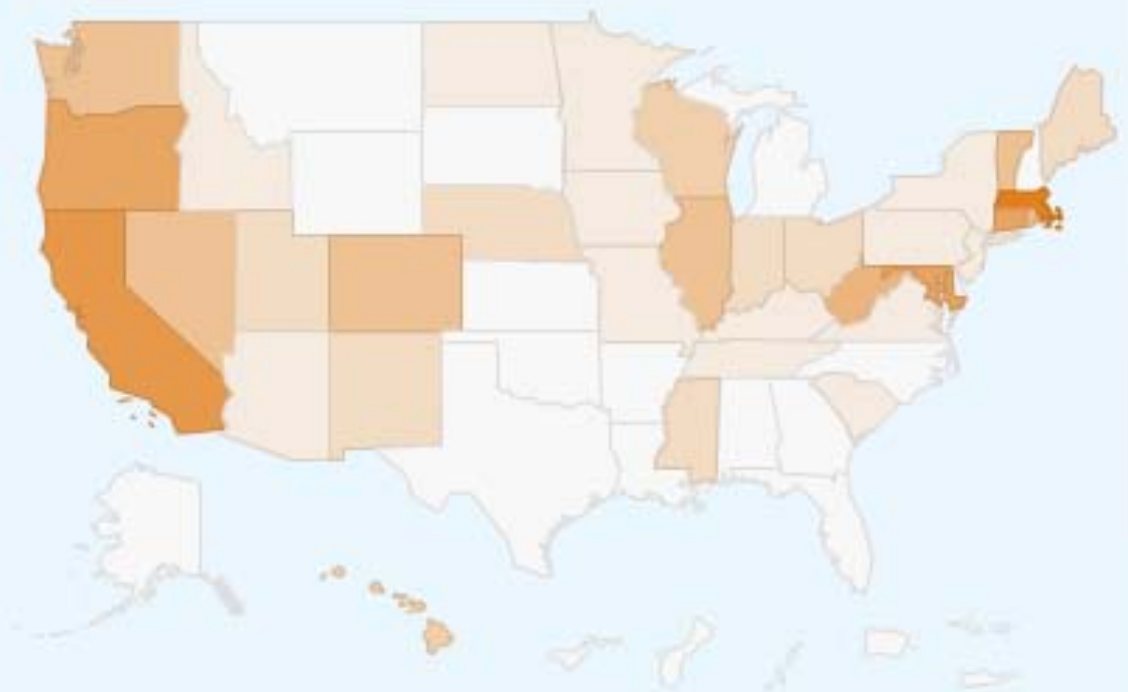
Emphasize Coordination of Care

Use Your Data

Pursue Population Health Goals

Engage the Public in Policy Development and Implementation

Promote Quality and Efficiency in the Health Care System



Massachusetts

56%

Maryland

38%

California

44%

Connecticut

38%

Oregon

38%

West Virginia

31%

Nation > Use Your Data






## Use Your Data



23 documents | 21 people | 29 discussions | 19 states [@ email notifications](#) [subscribe](#)

Data drives improvement, yet the American health care system operates with limited data. States can use data to assess quality and outcomes and to monitor population health, and publicly report data to engage the public.

[read more](#)


### 23 documents related to this progress indicator

-  **Public Act 58**  
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All-Payer Claims Database
-  **CHCF Report on Tracking ACA Impact in CA**  
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-  **APCD Council Web Site**  
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-  **WA County-Level Population Estimation Model**  
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-  **KS Impact of Health Reform Brief**  
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-  **Statewide Multi-Payer Data Initiative**  
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All-Payer Claims Database
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### register for our next webinar

Simplified but Not Simple:  
Tackling Health Reform's Eligibility and Enrollment Challenge

2:30 - 4:00 PM EST  
Thursday, Feb 9, 2012

 29 discussions about this indicator:



## States > Improve Provider and Health System Capacity

all indicators

Develop a Coordinated Approach to Implementing the ACA

Be Strategic with Insurance Exchange

Regulate the Commercial Health Insurance Market Effectively

Simplify and Integrate Eligibility Systems

**Improve Provider and Health System Capacity**

Attend to Benefit Design

Emphasize Coordination of Care

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Massachusetts

57%

Connecticut

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Virginia

14%

Rhode Island

14%

Maryland

14%

Washington

14%

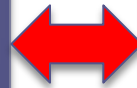
# State Barriers to Implementation

- Fiscal capacity
- Personnel and expertise limitations
- Medicaid through 2013
- IT system constraints
- Politics
- Uncertainty
- Excessive deference to states?

# Example: Eligibility and Enrollment

# Minimum Federal Vision

Medicaid  
Eligibility



Exchange  
(Tax Credit)  
Eligibility

Medicaid  
Plan  
Selection

Exchange  
Plan  
Selection

# Ambitious States

Fully Integrated  
Eligibility

Fully Integrated Plan  
Selection



# Likely Reality in Many States

Medicaid  
Eligibility



Exchange  
(Tax  
Credit)  
Eligibility



Medicaid Plan  
Selection

Exchange Plan  
Selection

# Two Conspiracies Afoot

- Supporters deny how many challenges states are confronting
- Opponents deny how much progress states are making

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