



SILVER STATE HEALTH INSURANCE EXCHANGE

808 Nye Lane, Suite 204

Carson City, Nevada 89703

Telephone (775) 687-9928 • Fax (775) 687-9932

www.exchange.nv.gov

AGENDA ITEM

☒ **For Possible Action**

☐ **Information Only**

Date: March 8, 2012
Item Number: XIII
Title: SSHIX Strategic Plan

Summary

This is day 1 of a strategic planning workshop. Staff intends to include a second workshop in the April 12, 2012 Board Agenda. The discussion of the creation of a strategic plan and the options provided in this report are provided to ensure the Board has adequate time to thoroughly consider the direction it wishes to take. Board members are encouraged to provide staff with their thoughts regarding the strategic plan by March 30, 2012 for inclusion in the April 12, 2012 Board packet, or provide those thoughts at the Board meeting. Once the Board has created a Vision, Mission, Values and Goals, staff will return in the following meeting with appropriate Objectives and corresponding Measures for approval by the Board.

Report

Sections of the Strategic Plan

Strategic planning is a process in which management clarifies the organization's overall purpose or direction and defines how those results will be achieved. A typical strategic plan includes some variation of the following:

- Vision – The act or power of imagination¹. Generally, a vision statement indicates in generalized terms, how an organization wants to impact the world. Good vision statements are easy to remember and sometimes inspirational. Often, it is an idealized

¹ Merriam-Webster

view of the organization or world and therefore may not be achievable, but rather, provides a direction for the organization.

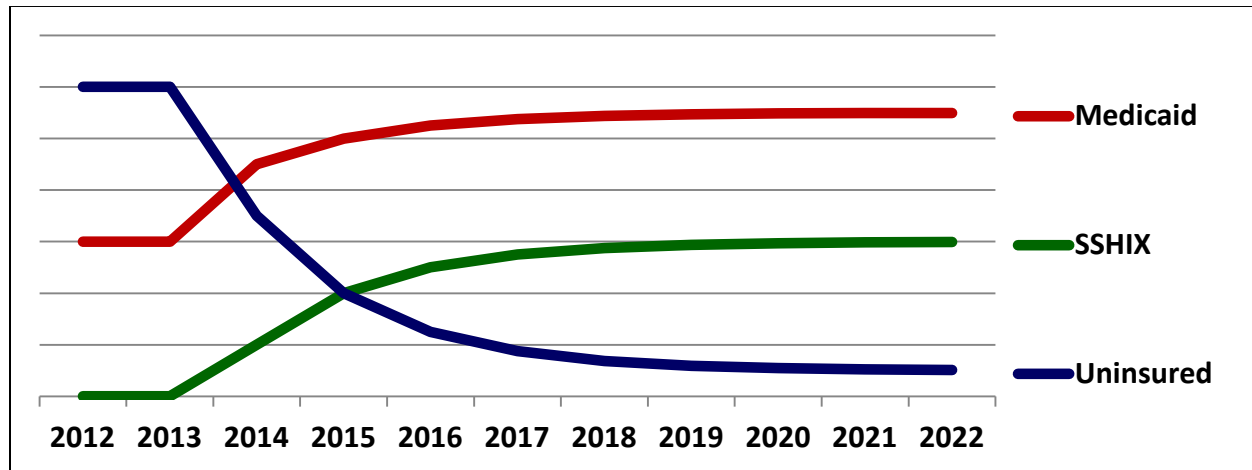
- Mission – A specific task with which a person or group is charged¹. A mission statement is a *succinct* description of the organization's purpose and how it works toward its vision. The mission should provide focus for management and generally encompass all functions of the organization. If a function falls outside the scope of the mission, the mission needs to be updated or the function should be eliminated. All organizational resources should be aligned with the mission.
- Values – Important and enduring beliefs or ideals shared by the members of a culture about what is good or desirable and what is not². Values are shared by the stakeholders of an organization and help set boundaries in future decision making processes. This section of a strategic plan may be labeled “core beliefs” or “philosophy statements.”
- Goals - An observable and measurable end result having one or more objectives to be achieved within a more or less fixed timeframe². Goals are more narrowly defined than the mission but are generally broad in scope, encompassing several objectives. Objectives support the goal and must have *measurable* outcomes and specific deadlines.

Time Horizon

To create useful objectives with measurable outcomes, it is helpful to define the time horizon of the strategic plan. Objectives may be measured at various times, depending on multiple factors including the difficulty in meeting the objective, the regulatory environment, the economy, market psychology, staffing levels, resources, etc. However, the vision of the organization is generally the end-game or steady state view of the organization or world. Once a vision statement is created, a time horizon can be set. Strategic plan time horizons are generally 3-5 years but can be as much as 20 years. Once the strategic plan's time horizon is set, the objectives should be created so that management can measure outcomes and track progress from the current year through the end of the strategic plan. Of course, strategic plans should be updated annually, so there really never is an “end” to the strategic plan.

For illustrative purposes, the table on the following page shows how Health Care Reform could affect Medicaid enrollment, Exchange enrollment and the number of uninsured in Nevada over the next ten years. If the Vision of the Silver State Health Insurance Exchange (SSHIX) is “Zero uninsured”, a 3 year time horizon would be unrealistic because the rate of change in the number of uninsured would likely still be decreasing in a rapid rate in 2015 and that is only the first year the Exchange is required to be self-sustaining. Therefore, the Board may determine that a five or ten year time horizon is better suited for the Exchange. It should be noted, however, that as the time horizon gets longer it becomes more difficult to set accurate outcomes.

² www.businessdictionary.com



Statutory References

In creating its strategic plan, the Board may wish to reference the following excerpts from NRS 695I:

NRS 695I.200 Creation; purpose. The Silver State Health Insurance Exchange is hereby established to:

1. Facilitate the purchase and sale of qualified health plans in the individual market in Nevada;
2. Assist qualified small employers in Nevada in facilitating the enrollment and purchase of coverage and the application for subsidies for small business enrollees;
3. Reduce the number of uninsured persons in Nevada;
4. Provide a transparent marketplace for health insurance and consumer education on matters relating to health insurance; and
5. Assist residents of Nevada with access to programs, premium assistance tax credits and cost-sharing reductions.

NRS 695I.210 Power and duties of Exchange.

1. The Exchange shall:
 - (a) Create and administer a state-based health insurance exchange;
 - (b) Facilitate the purchase and sale of qualified health plans;
 - (c) Provide for the establishment of a program to assist qualified small employers in Nevada in facilitating the enrollment of their employees in qualified health plans offered in the small group market;
 - (d) Make only qualified health plans available to qualified individuals and qualified small employers on or after January 1, 2014; and
 - (e) Unless the Federal Act is repealed or is held to be unconstitutional or otherwise invalid or unlawful, perform all duties that are required of the Exchange to implement the requirements of the Federal Act.
2. The Exchange may:
 - (a) Enter into contracts with any person, including, without limitation, a local government, a political subdivision of a local government and a governmental agency, to assist in carrying out the duties and powers of the Exchange or the Board; and
 - (b) Apply for and accept any gift, donation, bequest, grant or other source of money to carry out the duties and powers of the Exchange or the Board.
3. The Exchange is subject to the provisions of [chapter 333](#) of NRS.

Other States

As a reference, the mission statements for the health insurance exchanges in Oregon and California are provided in Attachment A.

VISION:

The options in the following section are provided as a starting point for the Board. The Board may choose to select one of the options as is, modify one of the options or create entirely new options.

Option 1: Zero uninsured

Option 2: Affordable health insurance for Nevadans

Option 3: Insure Nevada

Option 4: Health insurance as simple as tying your shoe

MISSION:

The options in the following section are provided as a starting point for the Board. The Board may choose to select one of the options as is, modify one of the options or create entirely new options.

Option 1: To facilitate the purchase and sale of quality health insurance for individuals and employers through the creation of a transparent, simplified marketplace of qualified health plans.

Option 2: To facilitate the purchase and sale of health insurance that provides quality health care through the creation of a transparent, simplified marketplace of qualified health plans.

Option 3: To improve the health status of Nevadans by providing a transparent, simplified marketplace for individuals and employers to purchase quality health insurance.

Option 4: To reduce the number of uninsured Nevadans by providing a transparent, simplified marketplace for individuals and employers to purchase quality health insurance.

Option 5: To promote improved health status and economic prosperity for all Nevadans by providing a transparent, simplified marketplace to purchase quality health insurance.

VALUES:

The options in the following section are provided as a starting point for the Board. The Board may choose to select any portion of the options as is, modify the options or create entirely new options. Typically, organizations choose anywhere between four and seven values.

1. The Exchange strives to be an innovative and forward thinking organization
2. The Exchange provides quality health insurance in a simple, transparent manner
3. Diverse stakeholder involvement is vital to a successful implementation of the Exchange
4. Collaboration and consensus is vital to a successful implementation of the Exchange
5. The Exchange is committed to creating a business friendly environment for the simple purchase of health insurance
6. The Exchange is committed to member satisfaction through program design and service delivery
7. The Exchange Board members and staff possess managerial and financial expertise in the health benefits industry

GOALS:

The options in the following section are provided as a starting point for the Board. The Board may choose to select any or all of the options as is, modify the options or create entirely new options. Typically, organizations choose anywhere between three and six goals.

1. Facilitate the purchase and sale of health insurance
2. Assist employers in the enrollment and purchase of health coverage and the application for subsidies for enrollees
3. Reduce the number of uninsured persons in Nevada
4. Provide a transparent marketplace for health insurance
5. Provide consumer education on matters relating to health insurance
6. Assist residents of Nevada with access to programs, premium assistance tax credits and cost-sharing reductions
7. Ensure stakeholder involvement

OBJECTIVES:

Once the Board has created a Vision, Mission, Values and Goals, staff will return in the following meeting with appropriate Objectives and corresponding Measures for approval by the Board.

Recommendation

1. Approve the process provided in this report.
2. Provide staff with any additional language regarding the strategic plan for inclusion in the April 12, 2012 Board packet.

The Oregon Health Insurance Exchange Corporation Business Plan, February 2012 includes the following:

Value of the [Oregon] Exchange

The mission of the Oregon Health Insurance Exchange Corporation is improving the health of all Oregonians by providing health coverage options, increasing access to information, and fostering quality and value in the health care system. The corporation's goal is to create an Exchange that attracts all Oregonians in the individual and small group markets as well as the uninsured by providing the following services:

- **Central place to shop for insurance plans.** The Exchange will provide easy-to-compare information on health plan quality and price.
- **Trusted information and assistance.** The Exchange will provide information on how to best use health benefits to improve health as well as referrals to other resources if appropriate.
- **Focus on cost and value.** The Exchange can help control the underlying cost drivers in health care through the standards it sets for plans sold in the Exchange. This work will be done in concert with Oregon's other efforts to improve health care and reduce costs.
- **Seamless eligibility and enrollment process.** With a single application, Oregonians can find and enroll in the health plan that best meets their needs.
- **Help paying for health coverage.** Federal tax credits and other assistance available through the Exchange will make health care coverage more affordable.
- **Innovative plan options and simplified plan administration for small employers.**
- Small employers can allow their employees to choose an insurance company and plan through a defined contribution model.
- **Community-based assistance.** The Exchange will include a network of specially trained customer service staff, navigators, insurance agents, and other community-based organizations that will help guide Oregonians in all parts of the state through applying to the Exchange and enrolling in coverage.
- **More accessible health coverage.** Through its easy-to-use website, community outreach, and financial assistance, the Exchange will make health coverage accessible to more Oregonians.

The State of California Health Benefits Exchange Vision, Mission and Values statement can be found on the following page.