MINUTES

NH HEALTH EXCHANGE ADVISORY BOARD

March 13, 2015

Board members present: Evelyn Aissa, Co-chair Scott Baetz, Dianne Chase, Russell Grazier, Co-chair Lisa Guertin, Lisa Morris and Timothy Soucy

Board members unable to attend: Christine Alibrandi, Nancy Clark, and Beth Roberts

Agency Representatives: NH Department of Health and Human Services (DHHS), Commissioner Nick Toumpas, DHHS Healthcare Program Specialist, Katja Fox, NH Insurance Department (NHID), Commissioner Roger Sevigny, and NHID Life, Accident and Health Legal Counsel, Jenny Patterson.

The meeting was called to order at 9:00 a.m. by Co-chair Lisa Guertin. Lisa noted that the agenda focused on looking ahead to 2016. The February 13, 2015 meeting minutes were approved with one change per Evelyn Aissa on page 4, 2nd paragraph, first line, from [rather than by age] to rather than by list billing.

A short discussion ensued about holding the Health Exchange Advisory Board meetings every other month but after discussion, it was decided to continue with the same format of holding the meetings every month. Continuing, Lisa asked DHHS Commissioner Toumpas for his updates.

Commissioner Nick Toumpas - DHHS

Commissioner Toumpas noted that the NH Health Protection Program (NHHPP) now has close to 37 thousand enrollees, and is expected to hit the projected number of 50 thousand. Within the NHHPP, the numbers for the HIP (Health Insurance Protection Program), which pays the employee share of employer-sponsored coverage if cost effective, are lower than expected. The original projection was for 12,000 HIP members, and we have fewer than 500.

The biggest news is that CMS has now approved the 1115 waiver for the Premium Assistance Program, which will use federal Medicaid funds to purchase Qualified Health Plans (QHPs) to provide coverage for the NHHPP population beginning on 1/1/16. Commissioner Toumpas thanked his team who worked closely with the New Hampshire Insurance Department, especially Jenny Patterson, and Deb Fournier and Jeff Meyers from DHHS as well as with the consultant company Manatt. The current waiver covers calendar year 2016, with an additional two years available if the NH legislature reauthorizes the program. Enrollment in QHPs will begin November 1, 2015, with coverage beginning January 1, 2016. There is now a significant amount of work to do to get the program operational in time.
The Commissioner shared a chart showing the percentage of each county’s population that is enrolled in the NHHPP:

- 5% Coos County
- 4% Carroll County
- 1.4% Grafton County (Hanover and Lebanon)
- 3.3% Grafton County (rest of)
- 3.8% Belknap County
- 3% Sullivan County
- 3% Cheshire County
- 1.9% Rockingham County
- 2.86% Merrimack County
- 2.68% Hillsborough County

Lisa Morris asked about the reauthorization status and recent news that the Senate had rejected reauthorization. Jenny Patterson noted that the Senate had tabled a reauthorization bill but that this just means that the issue has not yet been discussed on the merits. Nick explained that the Governor’s budget proposal also includes provisions with respect to reauthorization, as well as funds for the state match that would be needed beginning in 2017, if the program is reauthorized. Thus, the issue remains pending in the legislature.

Commissioner Sevigny added that the timing of reauthorizations will be important to the carriers, as they must file their 2016 QHPs with the NHID for review by April 15. Any carrier that offers a QHP must accept the NHHPP population as enrollees, so carriers have to make a decision about participation, even if it is for only a year. Lisa Guertin joined in and said that although it sounds simple, it isn’t - actual building of the product and rates is a big deal.

Continuing on, Commissioner Toumpas noted that there is also a second 1115 waiver that is still pending with CMS. This waiver proposal, known as the transformation waiver, will focus on the behavioral health delivery system. DHHS submitted an application for this waiver hoping that CMS will approve federal matching funds for some state expenditures that are not currently being matched. However, even if the waiver is granted, it will involve a relatively moderate amount of money, and that money will need to be spent on particular projects. Katja Fox is very involved with CMS with this, waiting for the approval and, if it is granted, assessing proposals that need to be targeted, then allocating funds. Lisa Guertin thanked Commissioner Toumpas and we moved on.

**NH Insurance Department Updates**

At Commissioner Toumpas’ request, Jenny spoke briefly about the Premium Assistance Program waiver, noting that it brings together two very complicated systems—Medicaid and the private market—and necessitates close coordination between the two agencies.
Jenny noted that the NHHPP population will enroll in QHPs through the DHHS website, not through healthcare.gov, but that the coverage will be through fully private plans. Enrollees whose income is below 100% of the federal poverty level will be enrolled in plans that effectively are 100 percent actuarial high-value silver plans (after accounting for cost sharing reductions). Enrollees with incomes between 100% and 133% of the federal poverty level will be enrolled in plans that effectively are 94% high-value silver plans (after accounting for cost sharing reductions). NHHPP Premium Assistance beneficiaries will be able to choose from at least two silver plans in each county.

Once open enrollment starts on November 1, those who are already enrolled in the NHHPP will be automatically enrolled in the QHP offered by their Medicaid Managed Care Organization (MCO), if their MCO offers a QHP. However, they will have the opportunity to choose a different QHP if they wish. Individuals who identify themselves as medically frail will not be eligible to enroll in a QHP, and instead will receive direct coverage as described in the state plan Alternative Benefit Plan for the medically frail. Also, those who are newly determined eligible for the NHHPP in 2016 will be able to enroll in a QHP even outside of the open enrollment period.

Next, Commissioner Sevigny told the group about his trip to Washington, D.C. to attend a special meeting of the NAIC Health Committee, which he is chairing. Fifty state insurance regulators met all day with CMS, OPM and almost as many federal people. Jenny Patterson and Michael Wilkey attended with him, and much of the focus was on the QHP review process. Continuing, Lisa Guertin asked about the timing of open enrollment, and Jenny replied that the NHID submitted a comment letter to CMS about that, in addition to joining the comment letter filed by the NAIC, and the date was moved back to November 1st, with the federal QHP filing date moved back a month as well.

At this point, Michael Wilkey from the NHID presented an overview of the QHP review timeline. By April 15, issuers wishing to offer QHPs in 2016 must submit plan data (all forms and binders) to the NHID. Last year, the NHID had to review 320 plans (including plans both on and off of the exchange) and had until the 1st week of August to submit QHP certification recommendations to CMS. This year, the first SERFF data transfer date is May 15, so carriers will be filing full plan information earlier than last year. In addition, for 2016 there is also a change in small group size, from 2-50 employees to 2-100 employees. With that change there could well be 600 plans to review by August 25, the deadline for states to submit certification recommendations to CMS. There is also a 2nd SERFF data transfer date of July 10, so for the first time CMS and the NHID will be reviewing QHP data simultaneously.

Michael meets with health carriers and dental carriers every week to go over plan submission details. He is anticipating that there will be at least five health carriers, and nine dental carriers – but will not know for sure until plans are filed. In June the NHID will host two public information sessions on the proposed QHP networks, in accordance with RSA 420-N:5-a.

Also, the NHID has asked carriers to supply Marketplace enrollment information on a monthly basis; there were some initial glitches with the data, mainly around the status of those being automatically reenrolled, but a report should be posted soon on the NHID website.
**HHS – Victoria Goodwin**

Victoria told the group that Region I Director Christie Hager has stepped down. Ms. Goodwin proceeded to give the NH enrollment numbers from November 2014 to February 2015: 53 thousand have picked an individual market plan, 71% of whom are subsidy-eligible. Forty percent of those picking plans are new to the Marketplace, while 31% are reenrolling in coverage. Nationally, 11.7 million people have selected a plan, exceeding the goal of 9.1 million.

Continuing, Victoria explained that eight hundred thousand consumers nationally received incorrect 1095A forms (the form that reports the amount of tax credit received in 2014). Corrected forms have been sent out, and HHS is encouraging consumers to wait for the corrected form before filing. Lisa Guertin asked what the error was on the forms, and Victoria explained that most of the incorrect forms used the 2015 benchmark premium information, rather than the 2014 information. Victoria also noted that there are new tools on healthcare.gov for individuals and assisters to use to help consumers figure out whether they qualify for an exemption from the shared responsibility payment. With that we continued on with the agenda.

**Covering NH – Karen Hicks**

Karen’s presentation discussed key findings of a post-enrollment statewide survey (from February 26-March 6, 2015) that reached 800 NH adults, between ages 18-64, of which 200 were enrolled in coverage through Healthcare.gov, 200 were enrolled in Medicaid and 400 remained uninsured. The survey was based on self-reported data, had a 7% margin of error, and was intended primarily to help inform Covering NH’s understanding of what messages might be effective in reaching those who remain uninsured. One overall finding was that there is a much higher level of awareness now than there was a year ago about the shared responsibility payment for not having health insurance. It also appeared that 60% of those remaining uninsured had tried unsuccessfully to enroll in coverage, indicating that there are still barriers and challenges to obtaining coverage. Finally, the remaining uninsured tend to be more ideologically opposed to the ACA, and thus may be responsive to a message about something other than just affordability.

The challenges ahead for Covering NH include identifying resources once grant funding ends, and a renewed focus on SHOP and outreach to business owners.

Discussion ensued. Evelyn Aissa asked about the 60% that had a hard time enrolling – what were the barriers? Lisa Morris noted that she is hearing from consumer assisters that people still find signing up very complicated. Russ Grazier added that he thought there weren’t enough lower-cost choices; his family was not eligible for a subsidy this year, so there were only two plans in his budget range.

Karen Hicks replied that cost remains the biggest issue, especially among those who chose not to enroll in coverage.

Lisa Morris gave an update on assisters and enrollment, as PCG was not able to attend the meeting. She noted that because of grants cutting back, from March to December 2015 there will only be half the
number of marketplace assisters that there were during this period in 2014. Covering NH is focused on increasing capacity to provide enrollment assistance through existing organizations in the state. Hospitals’ level of involvement varies by region, but may increase once other assisters are not available. There is an upcoming event for MPAs next week focused on health literacy, which is very important as people have enrolled and are now using their benefits.

Mike Degnan from the New Hampshire Health Plan noted that the final consumer assistance grant terminates in December, and there is a question about transition of assets and the website, logo, etc. once the NH Health Plan winds down and there is no more federal grant money.

Planned Parenthood’s Health Care Reform Outreach and Enrollment Coordinator, Eireann Aspell, handed out a summary of their consumer assistance program results. They assisted 1637 NH residents in obtaining health coverage; held 65 enrollment events across the state, and informed 501 NH residents about the health insurance marketplace and the NH Health Protection Program. The two age ranges that they saw were consumers in their 20s and 50s primarily due to inexperience with health insurance terminology/concepts and they were in a period of transition. The “20-somethings” were transitioning off their parent’s insurance or had never completed their own taxes, and the “50-somethings” were transitioning to retirement, but pre-Medicare eligibility. The biggest issues or barriers were the reduction in the second lowest silver benchmark plan for 2015, resulting in a decrease in available subsidies, and the family affordability glitch, whereby employer-sponsored coverage is deemed affordable based on the cost to the employed individual, without consideration of whether the cost of family coverage is affordable to the household.

Co-chair Scott Baetz commented that last month we focused on SHOP and how there are only 36 businesses using SHOP, and after listening today to Karen’s presentation and hearing Lisa Morris talk about health literacy, there are still problems to be addressed. Lisa Morris added that there is a need to identify resources to increase health literacy. PCG and Covering NH are committed to this, but discussion should also continue in our monthly meetings.

Finally, the board heard public comment from Elaine Belanger who is a marketplace assister in the North Country. Last she had three MPAs; they are now down to one. The biggest concern she heard from consumers was that the tax credit amount went down while the cost-sharing went up, especially the application of the deductible to the prescription benefit. As a result, people were not filling their prescriptions. At the same time, programs providing free medications were ending, so she is still seeing problems with access and underinsurance. Michael Wilkey from the NHID agreed that this is a major issue in New Hampshire, and Lisa Guertin added that expanding access and increasing competition, while important goals, don’t by themselves solve the affordability problems. With that-- the meeting ended at 11:00.

The next meeting will be at the NH Insurance Department on April 10, 2015 at 9:00 a.m.