

Health Exchange Advisory Board

Location: Delta Dental (1 Delta Drive), Maine Room

Date: January 10, 2014

Time: 9:15 – 10:45 AM

I. Board & Presenter Attendance

Board	Other Presenters
Christine Alibrandi	Alex Feldvebel, NHID
Nancy Clark (Phone)	Karen Hicks, Covering NH
Lisa Guertin	Jennifer Patterson, NHID
Lisa Kaplan Howe	Katja Fox, NH DHHS
Karen Poulin	Ray Hurd, CMS
Beth Roberts	
Sandra Ruka	

II. Approval of minutes from last meeting

Lisa Kaplan Howe acting as chair due to the initial absence of both co-chairs (Lisa Guertin was delayed due to poor weather conditions) motioned to approve the minutes from the last meeting on December 13, 2013. The minutes were approved as read.

III. Open Issues

a. Update from Karen Hicks with Covering New Hampshire on Outreach and Education portion of Consumer Assistance efforts

After the December 24 launch date of the CoveringNewHampshire.org web page, some base-level analytics about site traffic and consumer behavior are now available. The two pages receiving the most traffic since the site went live are currently (1) Get Covered Now (Individual) and (2) Do I Qualify for Financial Assistance.

Site functionalities will continue to be added in the coming month. Also scheduled for January are the first flights of direct mailers and production for television and radio advertisements. Television advertisements are expected to air in late February, with radio advertisements to air in mid-February.

Additional outreach efforts have been made to all child care providers in the State to provide information about offering coverage to employees. Of the child care centers contacted, 330 centers have agreed to receive information to provide to employees. Including workers and their families, this outreach effort has touched 40,000 people total. Future outreach and educational materials will increase emphasis on the March 31 end of the Marketplace open enrollment period.

On the research side, Karno has recently completed a 1,200 person survey to obtain information and test outreach messages. Of those contacted, 550 survey takers do not have health insurance.

The goals of the survey were to:

1. Provide information to target populations and test outreach messages;
2. Gauge respondents' openness to signing up for coverage on the Marketplace; and
3. Gain insight into behaviors of target audiences.

Through this research and the messages tested, the CoveringNH campaign will emphasize three arguments that are persuasive for the uninsured:

1. Security;
2. Affordability; and
3. Choices.

b. Update from CMS

Marketplace enrollment numbers for December are expected to be available the week of January 13. CMS cannot guarantee that this coming report will have enrollment data by geographic segments within states (such as county/zip data), but will strive to provide more targeted data in the future.

CMS is also performing outreach and education to potential consumers. The next phase in this effort is to emphasize the March 31 end of the open enrollment period. Additional educational materials will be produced to explain how to use insurance now that it is available.

Healthcare.gov continues to improve and now includes an added a feature to let consumers see plan premiums, including income and the corresponding subsidies as a factor in the price.

c. Update from Anthem BCBS New Hampshire President Lisa Guertin

At present, Anthem has received 10,000 applications for coverage through the Marketplace. A single Marketplace application can include more than one individual. Payment has been processed for half of those applications. Once payment is processed, ID cards are sent to enrollees.

Question: How does a person know if the issuer has received an application or payment?

Answer: If the application is received by Anthem, a "payment due" letter will be sent to the enrollee. The status of an application or payment can also be checked online. "Payment due" letters contain ID numbers that the member can use to log into Anthem's web site. This ID number also allows for account management functions, including allowing for payment of premiums and printing off a temporary ID card to let the enrollee receive coverage before they receive the ID card from Anthem.

More than 50 percent of applications were submitted in the last two weeks of enrollment for January 1 coverage. This has caused a bottleneck in Anthem's capacity and longer-than-expected wait times in call

centers. Anthem's call centers have received as many calls in early January as they normally receive in 2 months. Calls in the call center are taking two times as long as forecasted (which was already forecasted at three times the usual running time). Reasons for these delays include that Anthem is taking payment for plans over the phone, and that the questions being asked about plans are highly technical. Anthem is adding staff to its call centers and extending call center hours to manage this excess workload.

Question: The NH Insurance Department has received consumer complaints that some providers are questioning or not accepting paper Evidence of Coverage (EOC) forms. What can Anthem do to prevent providers from declining valid paper EOC forms?

Answer: Anthem can reach out directly to the providers to let them know to accept paper EOCs. In cases where providers are questioning these forms, Anthem encourages the NHID to collect information on the provider and to communicate that information to Anthem so that they can be contacted and assured that paper EOCs are valid. Starting on January 22, providers will have access to an online tool to let them check coverage status online.

Question: What is Anthem's latest allowed payment date for retroactive January 1 coverage?

Answer: Currently, the date rests at January 15. The deadline for coverage starting February 1 is February 10, and the deadline for coverage starting March 1 coverage is March 10.

d. Update from Delta Dental's Christine Alibrandi

The number of applications for Delta Dental is also growing but the total received still rests under 1,000. Time is resolving site issues with Healthcare.gov, and Delta Dental is now seeing fewer issues from the federal enrollment portal than they are seeing with Vermont, a state-based Marketplace.

Delta Dental is not experiencing call center delays or wait times beyond usual numbers for January, but is finding that many people do not completely understand the Pediatric Dental essential health benefit, or the requirements relating to purchasing this benefit.

Healthcare.gov only displays stand-alone dental plans after a health (Non-SADP) plan has been selected, which prevents a person from being able to purchase stand-alone dental coverage as a solo plan. CMS expects that future versions of the site will allow this functionality.

Delta continues to work with Navigators and MPAs to explain the dental benefit and the benefits of coverage. Although pediatric dental is an essential health benefit, not all plans must include this benefit. Medical plans do not have to include pediatric dental if that benefit is available on the Marketplace though a stand-alone dental plan (such as the plans offered by Delta Dental). A person could buy a QHP and satisfy the individual mandate without buying a dental plan.

e. Update from NHID Legal Counsel Jennifer Patterson

The Insurance Department has received some calls from consumers experiencing issues obtaining services through Marketplace plans. While the NHID is experiencing higher than normal call volume, the

Department still encourages people to contact them if they experience any issues and the Department will help any way they can.

NHID has also been working to clarify the role of agents/brokers in the Marketplace. The Department has now has posted on its site a list of agents/brokers who have undergone federal training, are licensed through the NHID, and are allowed to sell Anthem plans. This list is available at:

http://www.nh.gov/insurance/consumers/anthem_mp_plans.htm.

This list is also available on the CoveringNH site, and will be made more prominent in future versions of the site. Finally, NH Voices for Health has a map on its site that lists the location and contact information for several brokers.

Question: Does the NHID's list include brokers that are appointed with Delta Dental?

Answer: NHID will add those producers to its list.

Looking forward to 2015, NHID has applied for more grant funding for the plan management aspect of the Marketplace. NHID expects to issue a bulletin within the next month asking issuers to provide notice of intent to offer a plan. The Department expects the filings to be sent in on May 1.

f. Update from Katja Fox with HHS

HHS now has 105,000 people enrolled in managed care plans. Issues seen with the rollout of this program include:

1. Transportation;
2. Pharmacy benefits;
3. Prior authorizations; and
4. Isolated dental issues.

All of these issues are currently being addressed and steps are being taken to resolve them.

Lisa Kaplan Howe suggested that HHS educates providers and encourages them to inform consumers that they can change their plans. This may ease some issues with provider networks and consumers possibly losing coverage through their primary provider after entering care management.

Sandra Ruka mentioned that the Medicaid population does not normally obtain prior authorizations for services, and that the issues with this aspect of coverage could be mitigated by decreasing the time between requests for services and granting of the authorizations.

If an application for Medicaid is denied, applicants are then referred to the FFM. If a person applies through the FFM, HHS isn't currently able to receive transfer files from the FFM, but is working to resolve the issue. When a person applies through the FFM, they are encouraged to contact the state if they do not hear back within 10 days. Current messaging from CMS notifies applicants that they can

apply for Medicaid directly through the state. Medicaid has seen no increase in enrollment numbers in the last quarter.

Question: With Medicaid expansion still being debated, has HHS received any complaints from MCOs about not being able to provide coverage for the expansion population?

Answer: The original procurement of the MCOs included Medicaid expansion as a possibility because it took place before the Supreme Court decision to not require all states to expand the program. MCOs may be having those discussions internally, but there has not been any backlash seen from HHS.

Question: What should a family do if it wants its children covered under a family plan, but the FFM is forcing the children into Medicaid?

Answer (CMS): This issue has been brought up before. There is no resolution yet, but CMS is working to find a solution.

g. Navigator update from Bi-State Primary Care Association

As of the week of December 24, Bi-State has attended or hosted 100 enrollment events and made 1500 consumer contacts. The organization is gearing up to do more outreach in the coming months.

h. Public Comment

Question: What is covered under the grant applied for by the NHID?

Answer: The grant is for plan management, which is the process for reviewing and certifying plans to offer on the Marketplace. This review process is more complicated with the additional federal rules put in place by the Affordable Care Act.

IV. The next meeting is scheduled for February 14, 2014 at 9:15 am at Delta Dental of New Hampshire. All Advisory Board meetings are open to the public and everyone is welcome to attend.