HEALTH EXCHANGE ADVISORY BOARD MINUTES

September 13, 2013

The meeting was called to order by Scott Baetz at 9:16 a.m. on September 13, 2013, at the NH State Hospital Building in Concord, New Hampshire.

Board members present: Christine Alibrandi, Scott Baetz, Russell Grazier, Lisa Guertin (by conference call link) Lisa Kaplan Howe, Lisa Morris, Beth Roberts, Timothy Soucy, Raymond White, Insurance Commissioner Roger Sevigny and Health and Human Services Commissioner Nick Toumpas.

Absent were: Nancy Clark, Sandra Ruka, and Beryl McCormack.

The minutes for the August 9, 2013 were approved by all.

The agenda was adjusted a little bit so that Commissioner Toumpas could continue on to his other commitments on that busy day. Commissioner Toumpas happily brought the group up to speed with the NH DHHS Care Management Program which was announced last week and how excited they are with the performance. He explained that they are going through Readiness Review and the program is 90 days out, with December 1st as the starting date. The Medicaid recipients will have 60 days to select one of three health plans which include Meridian Health Plan, NH Healthy Families and Well Sense Health Plan. Open enrollment starts 30 days out. CMS, Central and Regional office gave all three plans high marks and they are ready for this important undertaking. Open enrollment began September 11 and they already have 370 people enrolled. People received the information electronically through NH EASY (www.NHEASY.com). And that Monday, September 16, a mailing of enrollment information will be sent out to a much larger group. Health plan selection can be done by telephone (1-888-901-4999), on the web or by returning a selection form in the self-addressed stamped envelope provided by DHHS in every enrollment packet. The call center will be ready to take calls. Medicaid recipients who do not select a plan will have one chosen for them in late November (auto-assigned). After enrolling, beneficiaries will have 90 days to change health plans if they desire.

DHHS has spoken with 200 providers and are receiving great feedback. With the timing of all this DHHS does not want people to get confused. Presentation on Consumer Assistance much more work to do, but it went well the first day. Lisa Morris asked about the Medicaid Expansion and if approved what happens with the Medicaid Care Management Program. Nick replied that should the decision be made to move forward, the Care Management Model is for 24 thousand to 50 thousand to long term, fee for service would NOT achieve the goals for this population. CMP will be up by December 1st. Nick continued discussing the Medicaid Expansion meetings over the past few weeks and how there are different options, policy options, and how many of the 138% population are below the federal poverty level we know are working. We want to maintain as many on employer sponsored health plans to ensure the HIPP (Health Insurance Payment Program). If a decision by the Commission
is yes, we will have to move it forward. Lisa Kaplan Howe from NH Voices commented that open enrollment starts October 1st and they won’t have any answers by then. Assuming a lot of people have fluctuating income, churning and that they ease back/forth with their salaries.

Commissioner Toumpas continued telling us how DHHS and the NHID have met with the Governor and how a team has been set up to coordinate efforts for the short and long term communication, and that there was a meeting today (September 16, 2013) to continue discussions. We won’t have a definitive answer to act on, want to manage communication.

Scott Baetz asked about options in place and income fluctuating. Lisa Kaplan Howe replied that we may have to wait but not get lost, lower incomes fluctuate through the year, stay on a plan but maybe pay a different way.

We continued on with the agenda with October 1st is upon us!!! Commissioner Sevigny brought up the outreach efforts by the limited staff at the Insurance Department who get out and talk with the public, he mentioned the success of the August NHID/Delta Dental forum in Manchester and the radio spots with Jack Heath, the recent Concord Chamber of Commerce on the ABC’s of the ACA with small businesses. He told about Jenny driving to Whitefield, NH and how just the day before this meeting he went to Laconia, Plymouth and Newport. The NHID has been very busy and these forums are well attended—the public wants to know, they want information. Jenny continued on this subject and spoke about the CMS forums which were held in Nashua, Manchester, Concord, Dover and Whitefield and now there are two additional ones on marketplace training, one at DHMC in Lebanon and one in Keene. Next week there is also one with the IIANH (Independent Agents of NH) and another on September 23 with the NH Hospital Association in Whitefield. Outreach by NHID involves a huge amount of traveling around state.

Jennifer continued her discussion and talked about big changes in NH. Limited open enrollment period, in individual market—people will have to sign up between October 1, 2013 to March 31, 2014. After that enrollment starts October 15 and ends December 7, 2014. Important point, if not enrolled by April 1, 2014, will have to wait until October 15. In the individual market and the small group market eliminates the need for High Risk Plan because on January 1st people will be able to get coverage. Jenny handed out copies of an update letter that was sent to Joint Oversight Committee on August 26, 2013. She also told everyone how the NHID is very grateful to CMS for setting the meetings up. Audience demonstrates to be prepared for this and the CMS demonstration feature is not loaded onto system yet but can still find a lot of information on www.healthcare.gov, and also that the NHID is also working with Clear Channel with PSA’s over the next few days. Commissioner Sevigny commented that his staff is working day and evenings.

At this point Scott asked Lisa Guertin who was participating in the meeting by phone to tell the group about the market place plans. Lisa told the group how Anthem has received the final federal approval and this information will be released next week with the plans, illustrations, and what the offerings will be. And that on January 1, 2014, Anthem will offer eleven HMO medical plans on the
individual market—5 plans at the bronze level; 3 plans at the silver level; 2 plans at the gold level; and 1 dental plan and 1 catastrophic plan option.

The plans includes all the EHB (essential health benefits) mandated by the ACA. Important that consumers understand who is and who is not impacted by these changes. All individuals that purchase health plans on or off the Exchange as well as small groups that chose to purchase coverage on the SHOP Exchange will use this new Pathway Network.

Lisa then referenced the Narrow Network and explained to the group that it really wasn’t very narrow and that there are 16 out of 26 hospitals and one additional hospital in Massachusetts, and it meets New Hampshire’s network adequacy requirements for all counties. And look at the physicians that it was narrow but not skinny; these plans feature a selected provider network called Pathway Network, which has 85% specialists and 98% ancillary. All essential communities have optimal balance of affordability. And after extensive research driven primarily by higher claims of the previously uninsured and those covered through existing high risk pools, studies predicted an average increase up to 30-40%, and the high risk pool for the uninsured was a completely unaffordable product. Sign up for commercial rates not being used for all of our products, not replacing what we offer today. And again, this will all be released to the press next week. There will be greater affordability and a presentation will be made before the NH Senate on Wednesday, September 18 so that they can get answers to their constituents.

At this point, Christine Alibrandi gave a Delta Dental recap on their Care Concepts and that they know what it is supposed to look like for the individual and small group markets. The plan has ten of the essential health benefits. One of which is pediatric dental. Stand-alone dental plans covering children and others covering families will be available for purchase on the Individual Marketplace. She explained that the AFA created an artificial divide requirement --doesn’t exist for adult dental/family plan for kids—adults cost sharing. Chris continued on describing the various plans and deductibles for families and children and explained that the ‘kid’ plan pays 50% for medically necessary ortho based on the state Medicaid program. There are two plans, two versions for adults and a family plan, coverage for kids very specific. This information will be available on the website on October 1st. Pediatric age up to age 19 runs the plan year. And that most dental coverage will not see change outside of exchange and that this is a small amount of Delta business. Lisa Morris then asked about the SHOP, would it be the same offerings, some combinations. Tim Soucy then asked if people are bouncing in and out because of their salary, would it be the same additional oral health care. Katja replied that there is no adult benefit now. HHS has pursed this on a regular basis. Lisa Kaplan Howe mentioned that there are different tiers and the regulations don’t apply to medal level or similar concepts of medal levels. Lisa Guertin explained that there are eleven medical plans and one catastrophic plan offered in the individual market, with a small number of SHOP plans and that detailed information to this group will be out next week. Ray White asked if there any PPO mentioned and Chris replied yes. Ray commented that the there is no coverage in the exchange outside of PPO. Russ Grazier commented that this was the first he heard that Catastrophic coverage was included and the purpose of all this was to get people care. Jenny commented that the
catastrophic plan has specific limits and under age 30 qualify and kids to age 26 can’t get a subsidy other than catastrophic coverage. Scott interjected on how things have changed and how he is excited to hear about them.

Scott continued and introduced Rich Albertoni from the Public Consulting Group (PCG) and then Beth Roberts, chair of the (NHHP) New Hampshire Health Plan gave some background information about the CAP (Consumer Assistance Plan) launch and the tight time frame and how they created a transition team which is a subsection of the NHHP. They hired PCG for their expertise and they are in five other states. She continued on explaining that the NHHP partnering with PCG gave greater opportunity to be successful and that on August 29 the NHHP application for grant was submitted to CMS for the transfer of funds and there is no response yet, expects something soon. On faith they are moving forward and are expecting a call this afternoon. On September 5, two RFP’s were released one for Market Place Assister vendor and Outreach and Education and the other for outreach and education (media campaign). On September 11, all questions relative to the RFP’s needed to be in. On September 13 responses will be made available end of day today. On September 20 proposals due from prospective vendors. The proposals will be reviewed and the awards will be made the 1st week of October.

At this point Rich Albertoni took the mike and discussed his presentation page by page that was previously handed out to the group along with his business card. He opened with a brief review of the PCG and how partnerships with states and their specialty focus area for them actively reaching out to community organizations to make them aware and to connect to New Hampshire communities. He gave an overview of Consumer Assistance on slide 3 and also mentioned the strong presence for agents and brokers. He then asked for questions and mentioned that Mike Degnan’s email address was also at the end of the slide presentation as well. Christine Alibrandi wanted to know about the expected duration for this effort and Rich replied the grant money is to end of June. And that the open enrollment is until the end of March, there is also enrollment for people who have qualifying events or aging up.

Discussion on the two RFP’s and the Marketplace Assisters (MPAs) ensued when Lisa Morris asked about the training and wanted to know how people will know where and when about this training for the Consumer Assistants and Rich replied that there will be defined training, and that there will be different levels of training and how some people are already in career fields who would need less training. Lisa commented that consumers want people that they know and trust. Lisa suggested Rich rethink the different levels; it might make a difference on who people choose. Jenny interjected that CMS (Feds) will be posting, state doesn’t administer. Lisa continued on that there are counties that can help in some way and wanted to know about the role of the NHHP – CMS and the regional assisted. Beth responded that the NHHP hired the contractor and Rich Albertoni interjected that NHHP has oversight to execute. Details of the federal funds administered by the NHHP were discussed and Lisa Morris asked what NHHP’s responsibility for the MPA’s and the New Hampshire piece together with statewide and the federal government, who has oversight of the vendors. The NHHP is accountable for all of this. Scott Baetz asked who has oversight of the RFP and Beth Roberts
replied that NHHP has oversight of the vendors but the NHHP doesn’t have the skill set to do this, and they hired PCG. Tim Soucy asked again about the RFP and the measure of intent and that there would be a lot of interest, Commissioner Sevigny responded that the New Hampshire Insurance Department will make sure the information is as accurate as can be. Scott Baetz asked if Bi-State Primary Care has started training for the navigator. Discussion continued on this subject and how we had to give CMS a list of the Certified Application Counselors and they are also doing training.

Lisa Kaplan Howe spoke about a conversation she had with Anthem to get training, help facilitator and general lay of the land.

Jenny also mentioned that the New Hampshire Insurance Department would be happy to do the training for the navigators. Lisa Morris asked PCG about NH specific training, and that is when Kristine Stoddard from Bi-State Primary Care Association explained to the group that while Planned Parenthood couldn’t be here today, she wanted to mention how Planned Parenthood has six health centers, and they have three dedicated navigators for New Hampshire and seven individual part time people. Sandi Van Scyoc who is with Healthy NH Foundation spoke about stakeholders, community health centers, and data analysis and that plans will change over time.

Jenny Patterson reminded everyone that Anthem will be presenting before the NH Senate on Wednesday, September 18 at 9:30 at the State House, in Room 100 and Lisa Guertin added that the people need clarity and Anthem will make it a priority over the next few weeks.

A short discussion on the continued role of the Board took place, but after a lengthy meeting it was decided to discuss this matter at the next meeting. At this point Scott asked for topics of the next meeting and all agreed an update of the Medicaid Expansion would be good and Russ suggested the terms of the Board members, as some board members have one year terms and the status of appointees.

It was time for Public Comment and Karen Kelly from NH Citizen Alliance spoke and stressed the confusion that is out there, even amongst the Board, referring to the Exchange which is now the Marketplace. The NH Citizen for Alliance has been meeting with groups at local libraries and they try to keep it simple and straight forward. She suggested that we take the trained navigator process down a level so that people can understand, have consistent branding with the consumer assistant.

Anna Smith from Medical Care Systems in Springfield, Vermont spoke about the large population in the Medicaid network in that area of the state of New Hampshire boarding Vermont. Jenny asked Lisa Guertin about this and Lisa will get that information and follow up. Suzanne Bissonnette from Alice Peck Day Memorial Hospital brought up how small businesses in the area are concerned that Alice Peck Day is not covered in Anthem plan. Hoping that outreach communication can clarify.

The Health Exchange Advisory Board meets the 2nd Friday of every month and the next meeting will be at the New Hampshire State Hospital, Conference Room C on October 11. Scott adjourned the meeting at 10:57.