

Health Exchange Advisory Board – DRAFT MINUTES

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

Date: December 13, 2013

Time: 9:15 – 10:45 AM

I. **Approval of minutes from last meeting**

Lisa Guertin motioned to approve the minutes from the last meeting on November 8, 2013. The minutes were approved as read.

II. **Open Issues**

a. **Update from Nicholas A. Toumpas, Commissioner – New Hampshire Department of Health and Human Services (DHHS)**

Medicaid Care Management went live on November 1 with minimal issues. Commissioner Toumpas attributes the success of this rollout to the preliminary diligence practiced by both DHHS and the managed care organizations (MCOs) to anticipate and address possible issues before issues had an opportunity to become problematic.

With the rollout, call center volume and subject matter is in line with expectations. At present, commonly-addressed issues include:

- Clarifications and inquiries about insurance cards (cards from managed care plans are not the same as a Medicaid card);
- Billing (MCOs may have to bill several entities to be reimbursed); and
- Prior authorizations (Consumers call with issues about PA, particularly relating to pharmacy, and the Department is addressing these issues).

The team responsible for readiness review of this rollout is now meeting twice daily to manage the rollout and quickly address issues. DHHS is going to oversee the MCOs to manage compliance and address issues on an ongoing basis. The Commissioner sees the next major milestone in the rollout to be seen when providers begin to bill the MCOs and the Department. During this first billing cycle, DHHS will monitor payments to ensure that these providers are billing correct MCO for the right services.

Question: Is the State mandating the entire Medicaid population into MCOs?

Answer: Commissioner Toumpas provided information on the Medicaid population, including those that were not placed under care management. Overall, 105,000 people are now in Medicaid care management. The whole Medicaid population ranges between 125,000 and 130,000 people. Some populations/programs were excluded from care management, and others could opt out of the Medicaid Care Management program. Waiver services will continue under the fee-for-service model until Step 2 is implemented.

DHHS wanted members to be able to choose one of the three plan choices, and encouraged active plan selection when informing members of this transition. More than 50% of enrollees self-selected their plan. After selecting a plan, enrollees have 90 days to switch plans if they are not pleased with services.

Commissioner Toumpas was asked to inform the Board on the current condition of Medicaid expansion in New Hampshire. The House and Senate did not come to an agreement at the end of a special session in November. The legislature will consider in 2014 whether to move forward with the expansion.

b. Presentation from Lori Snow on the IT system that handles Medicaid Eligibility

Prospective enrollees can apply for Medicaid through several channels, including:

- Online through NH Easy;
- In person at any DHHS office; or
- Over the telephone via the Medicaid call center.

As part of the determination process, the federal data services hub is called for automated verification. If eligible, the client is notified. If ineligible, an automated referral is made to the FFM. If the client applies through the FFM and is deemed eligible, an account transfer is made to HHS.

NH was the first state to implement an account transfer from the FFM (transferred 11/13/2013). Referrals to the FFM are provided for all applicants who are denied Medicaid coverage, CMS plans to contact these individuals to encourage them to apply through FFM.

c. Update from New Hampshire Insurance Commissioner Roget Sevigny and New Hampshire Health Plan President Mike Degan on the High Risk Pool Extension

The NH High Risk Pool will remain open in 2014 and current enrollees may retain existing coverage. This extension applies only to existing high risk pool enrollees; the pool is not accepting new members. The high risk pool, which had until recently been informing enrollees of the pool's closing, is now utilizing multiple outreach channels to notify members of the extension. Fewer than 100 members of the HRP have already moved onto the FFM.

There is no definitive closure date for the pool, but enrollees will be informed of the closure at least 60 days before the closure takes effect. The most pressing issue for the pool's ability to remain open is the availability of funding, which is expected to last until June 30 of 2014 at present spending levels. Funds are currently obtained from three sources:

- Premiums from members;
- Assessments from carriers; and
- Federal funds.

The pool may need to place a special assessment on carriers if services must be provided beyond June 30, 2014.

d. Update from Jennifer Syria (CMS)

Healthcare.gov (and the entire enrollment process) now works more consistently and has a number of improved functionalities, including:

- Individuals can now see plans before they are bought (tool available online);
- A “remove” button allows users to restart their application;
- Applications that were started elsewhere can be completed over the phone by a call center expert.

A question was raised about the outcome for paper applications. Jennifer explained that those applications were processed and those who have submitted paper applications will receive eligibility determinations or follow up based on application content.

The final enrollment date for coverage (Individual and SHOP) to be effective January 1, 2014 has now been pushed to December 23, 2013. SHOP enrollment will be direct enrollment for 2014 coverage.

e. Update from New Hampshire Insurance Commissioner Roger Sevigny and Deputy Commissioner Alex Feldvebel

While much news has been discussed about additional carriers in the New Hampshire Marketplace, there is still only one carrier selling in the marketplace for plan year 2014.

Minuteman health, a co-op plan, received a federal grant (loan) to expand its operations into New Hampshire. NHID is hopeful that the plan can apply for coverage in 2014, and explains that this plan will be subject to the state’s standards relating to network adequacy, financial solvency, and other compliance standards as a condition of its approval. Additionally, Harvard Pilgrim Health Care confirmed its intent to offer a plan in the FFM in 2015.

f. Enrollment Update from Anthem BCBS New Hampshire President Lisa Guertin

At present, Anthem cannot validate the federally-published numbers relating to enrollment, but expects to be able to confirm those numbers within one week.

Individual enrollees can call Anthem to verify their enrollment. Anthem representatives may be reached by phone at **855-748-1804**.

Anthem’s network find-a-doctor function is now working again and is 100% accurate. As an update on the Small Business Health Options (SHOP) Marketplace, online enrollment is not going to be available in 2014 and small businesses will now enroll through an agent, broker, or directly through the issuer.

g. Update from Karen Hicks (Louis Karno & Company) on Consumer Assistance

Karen Hicks from Louis Karno & Company (LKC) presented to the board on its consumer assistance project. LKC was awarded the contract to provide the outreach and education portion of consumer assistance efforts in New Hampshire.

LKC's assignment is to:

- Brand the NH Marketplace;
- Begin to Change Perceptions;
- Educate and Engage New Hampshire Residents; and
- Drive Consumers to the Marketplace.

The presentation containing the approach is included as an appendix to this document.

- III. The next meeting is scheduled for January 10, 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.**