Weather didn’t stop us—— the Health Exchange Advisory Board meeting was held with over twenty members of the public in attendance despite a snowstorm. The meeting was called to order by Co-chair Lisa Guertin at 9:00 a.m. on March 8, 2013, at the New Hampshire State Hospital Building in Concord, New Hampshire.

Board Members present: Christine Alibrandi, Scott Baetz, Nancy Clark, Russell Grazier, Lisa Guertin, Lisa Kaplan Howe, Lisa Morris, Beth Roberts, Raymond White, Commissioner Toumpas and Commissioner Sevigny.

Board Members absent: Sandra Ruka, Tim Soucy and Beryl McCormack

Co-chair Lisa Guertin opened the meeting and asked for approval/discussion of the January 11, 2013 meeting (the February meeting was cancelled). Beth Roberts approved and Lisa Kaplan Howe seconded with all members in favor. Lisa reviewed the agenda and changed the order of topics to start the meeting off with Jennifer Patterson explaining the new developments (item 3).

Jenny began with the biggest news, that Governor Hassan issued a declaration letter of intent for the state to enter into an Exchange Partnership for both Plan Management and Consumer Assistance. By majority vote, the Legislative Oversight Committee agreed with the partnership approach described in the letter. The New Hampshire Insurance Department filed a Blueprint with CMS for the partnership. We have been awarded a Plan Management Grant and are moving forward to get the necessary state approvals to spend the grant money. Our request is being heard today by the legislative Fiscal Committee and if accepted we’ll send the request to Governor & Council. We have posted RFPs and are prepared to move forward quickly with contract approvals for work under the grant. We should hear about the Consumer Assistance grant by April. Yesterday the Feds conditionally approved New Hampshire as a partnership exchange state. Federal regulations are out in final form and there is a lot to look at and review.

Lisa Morris then asked about the state role in the Consumer Assistance partnership. Jenny explained that there are three primary roles:

1. Regulation of the day-to-day activities of Navigators selected by the federal exchange to assist people in using the exchange.
2. Creating and running an in-person assistance program to supplement the activities of Navigators.

At this point Insurance Department LAH Director Mike Wilkey made his presentation about Plan management and key concepts. He reviewed the functions within the Plan Management Partnership (handouts), and mentioned the Qualified Health Plan (QHP) certification process which has to be done by July 31st and the short window to review plans. If a plan is submitted by June 15, it will probably be too late.

Lisa Guertin asked Mike which aspects of the approval processes will be new. Mike responded that these include an increased focus on Network Adequacy, verification of NCQA approval status, new templates for rate review, and review of actuarial value with respect to plans’ “metal level.”

Christine Alibrandi wanted to know when we would see the carrier plans and Mike Wilkey responded that it depends on timing, could be early April, it depends when funds are approved, contracts, etc. Lisa Guertin asked about time and function. Mike Wilkey again replied that the Exchanges will be up and ready by October 1st, with coverage starting January 1, 2014. Lisa Guertin then asked Mike about the technology for showing Qualified Health Plans and he said he hopes that SERFF will handle that.

Lisa Guertin introduced Bill Baggeroer of NH DHHS, and his presentation (handouts) about the DHHS technical interface. Bill explained the technical and security issues relating to the Medicaid program’s need to connect with the business side of the Federal Exchange. Bill’s chart, which will continue to be updated, explained how the State Consumer Assistance program might work, and included a chart representing the roles of in-person assistance, education and outreach, and navigator management. At the Federal level, consumer assistance would include call center operations, website management and written correspondence to support eligibility and enrollment.

Beth Roberts asked if the FFE (Federally Facilitated Exchange) makes the first decision for Medicaid eligibility and Bill replied the FFE would make an assessment based on MAGI (modified adjusted gross income) but that NH DHHS would continue to be involved in various aspects of the eligibility review (the details of this process for each state are still being worked out) . Beth then asked what happens if the applicant is not eligible for Medicaid and at that point Jenny interjected that the Exchange would then determine whether based on income they are eligible for the tax credit or cost sharing subsidy. Bill continued, reiterating that we are not building the Exchange, we are connecting with the system the Feds are developing. In addition, the Feds will do the training for the navigators but the states could supplement this training.

Lisa Morris commented how navigators will be very important and will be community based but the data will be in the FFE. Lisa Guertin commented that this is happening in real time.

Bill continued on explaining the slides when Lisa Morris asked what SERFF stood for, Jenny explained that the carriers are already using SERFF and that it’s an NAIC system for electronic form and rate filings.

Bill explained NH Easy, which is an existing program people can use to apply for Medicaid and other benefits, and which is being modified to interface with the federal system. Lisa Morris asked whether an
applicant who did not qualify for Medicaid would have to apply again to get the insurance subsidy. Bill explained that the intent is that once someone applies, all the data will be retained in the system so it won’t need to be reentered. Lisa Guertin commented that it is important for consumers’ entries to be tied together, and Lisa Morris commented that having a single portal might limit the number of calls with people asking questions. Bill continued that people could still apply on paper at the local district offices. Lisa Kaplan Howe commented how it would be a lost opportunity not to have a portal to other state services, but Bill explained that the Feds are designing this, so they control it. Bill continued onto to slide 3, the FFE Overview but also reminded the group that further versions of these slides would be coming out.

The board then engaged in a brief review and discussion of the draft “Swim Lane” chart showing decision points from the consumer perspective, as well as potential assisters at each stage. Lisa Morris mentioned Navigators and asked where the navigator roles ends and the insurance producer starts, and that navigators are not intended to sell, not give advice, that’s the producer’s function. Jenny mentioned that we should have further discussions on this subject. Lisa Kaplan Howe agreed that it would be helpful to discuss relationships between producers and navigators. Lisa Morris explained that with Medicare Part D her group had to assist consumers to clarify the answers. Christine highlighted that state specific information should be part of the training. Lisa Guertin commented that the chart was good and could be built out and tweaked. Russ Grazier suggested adding a “Choice” column to the chart to highlight the point at which consumers would select a plan.

Due to time constraints given the Voices/AARP public hearing at 10:30 there were no public comments. The next meeting will be back to the normal start time of 9:15 on April 12 at NH Hospital.

Meeting was adjourned at 10:00.