

## MINUTES

### NH HEALTH EXCHANGE ADVISORY BOARD

May 9, 2014

**Board members present:** Christine Alibrandi, Dianne Chase, Nancy Clark, Co-chair Lisa Guertin, Lisa Kaplan Howe (by phone), Lisa Morris, Karen Poulin, Sandra Ruka and Timothy Soucy.

**Board members unable to attend:** Scott Baetz, Russell Grazier and Beth Roberts.

**Agency Representatives/Other Presenters:** DHHS Commissioner Nick Toumpas, NHID Deputy Commissioner Alex Feldvebel, NHID Life, Accident and Health Legal Counsel Jenny Patterson, and Margot Thistle of Public Consulting Group.

Co-chair Lisa Guertin called the meeting to order at 9:15 a.m. on May 9, 2014. The minutes were approved and we continued on with the agenda. Because Commissioner Toumpas was going to be late we begin with item 3 of the agenda (End of Open Enrollment wrap-up).

Margot Thistle of PCG (Public Consulting Group) gave the consumer assistance update. Over 40,000 people have enrolled in coverage through the NH Health Marketplace. Bi-State Primary Care Association (one of the two navigators) provided an email update read by Jenny Patterson; their navigators are still meeting with consumers, many of whom have too little income to qualify for the Marketplace. Both consumers and community health centers are eager for more information about eligibility and enrollment for coverage through the Medicaid expansion/NH Health Protection Program. Jenny mentioned that NHDHHS was contracting for outreach and education about the program, so more information should be available to the public and providers soon.

Carrier updates were next on the agenda. Christine Alibrandi spoke on behalf of Delta Dental; with open enrollment over, Delta is now focusing on the SHOP. Lisa Guertin was next with Anthem's update. She confirmed that they have received 40,000 applications, with more than 35,000 fully paid. There was a rush of sign-ups at the end of the open enrollment period. Three-quarters of the Marketplace enrollees receive a federal subsidy, and 80% of all new enrollees are new to Anthem.

At this point, Lisa asked for other comments from the Board. Tim Soucy (public health member) talked about the importance of including the substance use disorder benefit for the newly

covered, especially for the Medicaid expansion population. Lisa Morris (Navigator member) noted that the influx of new enrollees at the tail end of the enrollment period was similar to what she had observed with Medicare Part D: everyone waits until the last minute. Her organization (ServiceLink) is still receiving a lot of inquiries, and they are gearing up for outreach/education for the next open enrollment period. Sandra Ruka (provider member) commented that she expects to see changing patient trends, especially once Medicaid expansion coverage begins.

On Item 4 on the agenda, Jenny Patterson introduced staff from the New Hampshire Insurance Department and noted that they could answer further questions. Jenny told the group that on May 1 the NHID received preliminary filings from carriers wishing to offer Qualified Health Plans (QHPs) on the Marketplace for 2015. The Insurance Department has issued guidance on a number of issues. On May 8, a bulletin was issued concerning legal requirements associated with the sale of coverage on and off the Marketplace, and guidance will be issued soon on the Department's review of advertising materials.

With respect to the state High Risk Pool, whose coverage ends June 30, on April 30 the Department issued a Supplemental Order requiring the NH Health Plan to coordinate with private insurance carriers to ensure that enrollees' payments toward their deductibles in 2014 would be credited toward their new coverage (i.e., their deductible would not restart mid-year). The Order also required the NH Health Plan to attempt to get federal funding so 2014 payments toward deductibles could also be credited for those moving out of the federal PCIP (Pre-Existing Condition Program).

On the issue of network adequacy, Jenny noted the likely passage of SB 340, which requires the Department to hold two public information sessions in different parts of the state on carriers' proposed networks for QHPs, as well as accepting public comment on the networks during the QHP review process. The public information sessions are supposed to be held on or before June 15, and will give an overview of carriers' network submissions. Also, on May 1 the Department issued a bulletin revising, for purposes of clarity, the network adequacy template the carriers must submitted, which will be the basis for the public information sessions.

Jenny also mentioned that CCIIO, the federal agency operating the Marketplace, has hired the Urban Institute to do research on different states' experience with the ACA. She spoke recently with Sarah Gadsden, an Urban Institute research assistant, who is interested in talking with members of the Board about their experience in New Hampshire with the Marketplace and the ACA. All of the Board members in attendance said they would be glad to speak with her when she contacted them.

Next on the agenda was a discussion on SHOP employee choice. The SHOP employee choice function was not available in 2014, and there is a question about when it will be functional in the federally-operated SHOPS. In a March 21 proposed rule, CCIIO said that it would allow states to

ask for a waiver of that functionality for 2015 if it would be disruptive to markets to have it take effect in 2015. The Insurance Department is considering asking for the waiver and wanted to hear thoughts from Board members, as they represent a variety of constituencies including carriers, employers and employees.

Margot Thistle of PCG gave an overview of the issue, noting that until the March 21 proposed rule is finalized, states will not know the exact timeframes or procedures for submitting recommendations to CCIIO. It is clear, however, that these recommendations will need to be based on detailed information and concrete evidence that implementing employee choice in 2015 will cause adverse selection and/or adverse effects on markets. Details should be available by the Board's next meeting.

An extensive discussion of the SHOP employee choice issue among board members ensued. Lisa Guertin expressed the view that consumers want to avoid confusion, so if it looks like the functionality is not going to be completely ready for January 1, states should wait. Christine noted that it sounds like the functionality might not be ready until mid-year, which would make the whole process more complex. Lisa Morris commented that small employers would need to send a 30-day notice to employees, and the employee would then have 30 days to select a plan, so that for January 1 coverage, everything would need to be ready in October of 2014. Lisa Guertin commented that every small group should have this available for 2015 coverage; if it gets rolled out mid-year, different small employers will be treated differently. She would favor playing it safe and learning our lessons from the initial open enrollment of 2013/2014 – get a solid foundation before moving to this more complex system

Alex Feldvebel from the New Hampshire Insurance Department told the group that he and Al Couture (also of NHID) traveled to Utah a couple of years ago to check out Utah's health exchange, which was developed to serve only small groups, and included the employee choice functionality. Utah's experience was that, from a technical perspective, it was difficult and labor-intensive to make employee choice work. Given this complexity, it might be a good idea to let the glitches be worked out before using the system.

Discussion continued, with Lisa Guertin noting that waiting on this functionality would not prevent people from getting coverage, and Lisa Morris adding that small employers can still get the tax credit even without employee choice. Nancy Clark, as a small employer, noted that her business has a January 1 renewal, so she would not be able to use employee choice if it is not ready for that date.

Lisa Kaplan Howe, participating by phone, suggested that before deciding whether to recommend a delay it would be helpful to have more information, such as how many employers

have a January 1 renewal date, whether the state could do a pilot with interested employers, and what the ramifications are in terms of adverse selection if employee choice starts in 2015. Alex noted that the NHID has an actuarial firm redoing the market modeling to project what may happen in NH markets in 2015, and that these projections may shed some light on the adverse selection issue. The NHID expects this work to be completed in June.

Lisa Morris asked whether it was the responsibility of the Board to make the decision about employee choice. Jenny responded it is the role of the Board to advise the two commissioners, and while it doesn't make a binding decision, it is helpful to the NHID to hear input from the various stakeholders represented on the board. It was agreed that this would be discussed in depth at the Board's next meeting.

Jenny Patterson wrapped up the NHID's input by saying that the Insurance Department is thinking of doing a revised Q&A for consumers now that the open enrollment period has ended. She asked whether board members had any suggestions for topics to include in the Q&A. Lisa Morris said that it should stress that assistance is available to people with questions, and also that those with questions about particular plans' networks should go directly to the insurance company's personnel in NH with these questions. Lisa Kaplan Howe added that people need to understand how to use their insurance coverage and to understand the need and process for renewing that coverage each year.

Commissioner Toumpas of NH DHHS was the final presenter. He first discussed the status of the NH care management program for the current Medicaid population. As of the end of April over 119,000 people (out of a total Medicaid population of 130,000) are enrolled in one of the three managed care organizations (MCOs). This includes 50% of the waiver population, who were not required to enroll but could do so voluntarily. Medicaid caseload have gone up significantly since January, with about 9,000 new applications received by the end of March. This increase is not technically due the "woodwork" effect, but is driven by the simplified application process which relies on modified adjusted gross income (MAGI) which can be verified through self-attestation, and the lack of an asset test. Of this new population, 65% are children, 28% are parents/caregivers, and 7% pregnant women. Once people are found eligible, they have sixty day to enroll in one of three MCO plans, but care is covered from the date of the eligibility determination.

Next, Commissioner Toumpas discussed the status of the NH Health Protection Program/Medicaid expansion. He noted that enrollment for this program did not start May 1 as originally planned, but will start as soon as possible. There will be a road map giving timeframes in the next couple of weeks.

He continued on, reviewing the three core elements of the Health Protection Program, all of which will be applicable to those with incomes below 138% of the federal poverty level: (1)

HIPP – the Health Insurance Premium Program, where newly eligible individuals who have access to employer-sponsored coverage will enroll in that coverage if it is cost effective for Medicaid to pay the employee share of costs/premiums; (2) the bridge to Marketplace premium assistance program, where MCOs will provide coverage using benefits that are similar to those covered in a QHP; and (3) the Marketplace premium assistance program where, beginning 1/1/16 if a federal waiver is granted, eligible individuals will be covered by QHPs offered on the Marketplace, with the Medicaid program paying the premiums.

All of these programs, especially HIPP and the bridge program, have been moving forward rapidly with administrative approvals. Yesterday DHHS received approval from G&C (Governor and Council) for HMS to administer the HIPP program. Maximus will be the enrollment broker for the newly eligible population as they choose an MCO for the bridge program. Administrative rules are being drafted, as are state plan amendments (SPAs) which must be approved by CMS. One area of particular focus is defining the Alternative Benefit Plan (ABP) the newly eligible population will receive; it will include coverage for substance abuse disorders, which were not previously covered under Medicaid, and it is important to ensure that an adequate provider network for this benefit is available from day one. Another important area is outreach and communications, particularly because this is a new population for NH DHHS. The contract for outreach was competitively bid and was awarded to Louis Karno & Associates. The outreach work will involve strategies to reach providers as well as clients, and will build as much as possible on existing ACA outreach resources.

Tim Soucy asked whether from a system perspective we are still committed to use of NH Easy or whether these folks will enroll through Healthcare.gov. Nick explained that NH Easy will be the main portal but that clients can also apply through Healthcare.gov.

Lisa Morris asked about the respective roles of Maximus vs DHHS when it comes to enrollment. Commissioner Toumpas explained that DHHS is responsible for making the eligibility determination, while Maximus will assist those who have been determined eligible in enrolling in one of the three MCOs

Lisa Morris asked if the July 1 start date might also be delayed. Nick said that he is still discussing this with Governor Hassan and with his team at DHHS; he knows everyone wants it to start as soon as possible.

Lisa Kaplan Howe asked about whether those who are being evaluated for HIPP eligibility will have coverage in the interim while HIPP cost effectiveness is being evaluated. Nick explained that this is addressed in the eligibility SPA but that he can't speak to it in detail.

Finally, Commissioner Toumpas talked about the section 1115 demonstration waiver, which was also part of SB 413. This waiver, called “Building the Capacity for Transformation,” focuses on the integration of physical and behavioral health, executing changes to the mental health system, strengthening the SUD provider workforce, and creating an oral health pilot program for mothers from pregnancy until their child is five years old.

As the final agenda item, the board discussed whether to meet every month over the summer. Because of the intent to discuss the SHOP employee choice issue, the board decided it would hold its next meeting in June, then discuss at that meeting whether/when to hold future meetings. The next meeting is June 13 at Delta Dental at 9:15 am. There was no public comment and the meeting adjourned at 10:45.....