

DRAFT

MINUTES

NH HEALTH EXCHANGE ADVISORY BOARD

July 11, 2014

Board members present: Christine Alibrandi, Co-chair Scott Baetz, Dianne Chase, Nancy Clark, Russell Grazier, Lisa Morris and Karen Poulin.

Board members unable to attend: Co-chair Lisa Guertin, Lisa Kaplan Howe,¹ Beth Roberts, Sandra Ruka and Timothy Soucy.

Agency Representatives: NH Insurance Commissioner Roger Sevigny, NH Department of Health and Human Services (DHHS) Health Care Program Specialist Katja Fox, NH Insurance Department (NHID) Director of Compliance and Consumer Services Michael Wilkey, and NHID Life, Accident and Health Legal Counsel Jenny Patterson.

Co-chair Scott Baetz called the meeting to order at 9:21 a.m. on July 11, 2014. The minutes were approved and we continued on with the agenda.

Katja Fox presented the DHHS update. After many steps involving federal and state approvals, DHHS began accepting applications for the initial stage of the New Hampshire Health Protection Program (NHHPP - NH's Medicaid expansion) on July 1, 2014. To date, 2,000 applications have been received through NH Easy, the state's electronic enrollment system. Coverage starts August 15, with MCO coverage beginning September 1.

DHHS has engaged in much outreach and education regarding the NHHPP, including forums around the state for stakeholders, assisters and the potentially eligible and a website that is being updated daily. Plans are also in the works for PSAs, targeted mailings (including letters to the potentially NHHPP-eligible who are presently enrolled in Marketplace coverage and receiving subsidies) and 6 provider forums in Littleton and Concord, with the first scheduled for July 21 and focusing on What Providers and Consumers Need to Know.

¹Board member Lisa Kaplan Howe is leaving NH Voices for Health, and submitted her resignation from the board just prior to the meeting.

The portion of the NHHPP that is underway now is the bridge program; in 2016, if federal waivers are granted, the Marketplace Premium Assistance Program will begin. DHHS will be working closely with the NHID to develop the waiver proposal for that program.

Dianne Chase asked what those potentially eligible for NHHPP who are presently enrolled in QHPs will be told in the letters that will go out.

NHID Legal Counsel Jenny Patterson replied that the NHID and DHHS are still working with CMS on the precise language for these letters, which involves some complex legal issues. The legal analysis of the NHID is that those presently receiving tax credits may remain on their Marketplace plans through the end of 2014, and continue receiving the tax credit; however, they may instead if they choose switch to NHHPP coverage once it begins. However, people who go onto Healthcare.gov or NH Easy to see whether they are eligible for NHHPP will no longer be able to receive a tax credit if they are found eligible for the new program. Thus, there is some complexity to developing a clear message for these folks.

Lisa Morris asked whether navigators and assisters will be informed of the message about NHHPP enrollment once it is developed. Jenny replied that yes, it will be important for there to be a consistent message for all who receive these inquiries. Katja added that there is a lot of information on the NHHPP website, which is accessible through nh.gov. This includes a 24-page slide deck that gives a program overview.

Katja then gave an update on the Medicaid Care Management program, which serves the traditional Medicaid population. This program kicked off in December 2013, and 88% of Medicaid beneficiaries are now receiving care through the program, which remains optional for some populations. One of the three Managed Care Organizations (MCOs), Meridian, has decided to leave NH. Its enrollees are transitioning to the other two MCOs.

Scott Baetz asked why Meridian left the state, and Katja replied that they are from the Midwest and have decided to concentrate their operations in that region.

Scott then asked whether the 2,000 number for NHHPP enrollees was in line with DHHS expectations. Katja replied that DHHS expects enrollment numbers to rise after more outreach is conducted, and in particular once the coverage takes effect.

Katja went on to note that DHHS has just released information about the planned transition of the long-term care population to managed care. A series of forums will be held to help develop a plan for this transition.

Russell Grazier asked about a NH Public Radio report that 10,000 new Medicaid members had enrolled in 2014. The story reported that most of these new members were children, and he wondered whether these were children who did not transition to Medicaid when the NH Healthy Kids program ended a couple of years ago.

Katja replied that actually, the number of children in the Medicaid program increased after NH Healthy Kids ended, because that program required the payment of a premium, while the Medicaid program did not. She noted that the 10,000 new members appeared to be the result of ACA-related changes in how income was calculated, as well as increased publicity about Medicaid and the need for coverage to avoid the ACA penalty.

Commissioner Sevigny then kicked off the NH Insurance Department update, beginning with a thank-you to departing board member Lisa Kaplan Howe, whom he thanked for her service on the board as a member representing consumer interests.

Michael Wilkey next presented an update on the 2015 plan review process. His staff are deeply involved in reviewing the proposed health plans for 2015, with NHID recommendations to the federal Marketplace/Centers for Medicare and Medicaid Services (CMS) due on August 1. For 2015, there are proposed to be five health carriers and nine dental carriers on the Marketplace, with over 70 plans on the Marketplace, and 280 plans off the Marketplace. This process includes a review of network adequacy, and the NHID plans to post revised network adequacy information for the plans shortly.

Lisa Morris commented that assisters have been talking a lot about the fact that in 2015 it will be challenging for consumers and assisters to make sense of their options with so many more carriers and plans. She noted that with the Medicare Part D program, consumers had the ability to search plans by specific providers and medications, and that it would be great if the Marketplace could have similar capabilities.

Michael noted that the NHID has been talking about this issue also.

Katja suggested that, given that CMS, not the state, controls the Marketplace website, it might be a good idea for the board to write a letter to CMS about what, in its view, would be helpful to consumers.

Scott noted that the question of what plan would best suit any particular consumer is quite complex, and that it would be good to hear from the health carrier representatives on the board (not at today's meeting) on how to assist with this.

Nancy Clark suggested that the letter to CMS should include specifics about what NH would like to see.

Roger noted that the folks in the best position to help consumers sort through this are the agents and brokers – but even they may not be sufficient in number to help all who need it. It will be important to develop plans for handoffs between assisters and agents and brokers.

Scott talked about the importance of equipping individuals with the skills to find the right plan on their own.

Lisa Morris offered to draft a letter for the board to consider at its next meeting. She also suggested that a more established partnership be created between producers and other assisters, and that brokers be included in Voices for Health task force meetings.

Michael noted the need for education on the different types of plans (HMO v. PPO v. POS) as all three types will be available in 2015.

Karen Poulin observed that the CMS/healthcare.gov materials contain so many internal links that people will become frustrated or trail off rather than reaching the information they need.

Roger noted that the need to go to carriers' sites to check on which providers are in-network will add to the complexity of plan selection.

Scott mentioned that the average website visitor will not stay beyond four clicks on a site..

Lisa stated that even as an experienced consumer, she needed help and wanted to quit a lot of times.

Russ observed that because his family does not have day-to-day healthcare needs, plan selection is much simpler than for those with complex health issues – yet it was challenging even for him. There should be comparison tools similar to those available for other internet shopping forums.

Wrapping up the NHID update, Roger noted that the network adequacy working group will meet again on July 24. Jenny also noted that the Department held two public information sessions (6/17 and 6/19) on the 2015 plan networks, and that each NH hospital is in at least three carriers' networks.

The next agenda item was enrollment and outreach updates.

Margot Thistle of PCG (Public Consulting Group) noted that there will be a detailed consumer assistance update at the board's next meeting, based on a questionnaire that was sent out recently.

Kristine Stoddard of Bi-State Primary Care Association noted that their navigators are still meeting with consumers, including those potentially eligible for the NHHPP. People started coming in for that program before enrollment started, and Bi-State has a number of paper applications which it will pass on to DHHS. Last week Bi-State talked with 300 consumers; they have met with almost 10,000 over the past year. Bi-State would appreciate getting materials on the NHHPP, and wondered whether someone from DHHS or NHID could participate in assister training on August 5, particularly on the question of potential NHHPP enrollees who are already enrolled in Marketplace coverage.

Jenny noted that there would be an effort to disseminate this message broadly as soon as it is finalized.

Jennifer Frizzell of Planned Parenthood passed out a sheet summarizing their navigator work to date, including assisting 3,633 NH residents in obtaining health coverage, informing 3,755 NH residents about the Marketplace, and holding 210 enrollment events across the state. Jennifer noted that she, along with others from NH, had participated in the national Enroll America conference, where NH was spotlighted as an outreach success story.

Nancy Clark asked about whether navigators were available statewide, because Jennifer's map did not show locations in the northern part of the state. Jennifer noted that between the two navigator organizations the entire state was covered, with some gaps.

Christine Alibrandi gave an update on behalf of Delta Dental. Automatic reenrollment, as laid out in a new CMS rule, is a big issue right now; there are questions about what qualifies as the "same plan" given plan changes for 2015. Christine also recommended that board members look at a Commonwealth Fund report issued yesterday giving statistics on open enrollment. According to the report, the uninsured rate for adults nationwide fell from 20% to 15% in the past year; for young adults the decrease was from 28% to 18%. In states that expanded Medicaid, the uninsured rate for low-income populations fell from 28% to 17%, while it remained unchanged in states that did not expand Medicaid. The report also noted that 60% of those with new coverage had used it already.

Paula Rogers gave the Anthem update. Although the first three months of 2014 were marked by problems, many of these issues have now been resolved and things have settled down. Of the 40,000 Marketplace enrollees, 80% are new to Anthem (based on cross-checks of social security numbers), 15% were previously in an Anthem individual plan, and 5% were previously in an Anthem group plan.

Paula asked that the agencies keep Anthem in the loop regarding outreach to those members who may qualify for NHHPP, so their customer services representatives can advise callers appropriately. Paula also requested that carriers be involved in public forums, noting the challenges of effective communication and avoiding surprises. Finally, she noted that those customers who early-renewed their 2013 plans in November will be able to renew those plans for December 2014, and that this may give rise to questions.

Lisa Morris suggested that the carriers create NH-specific call numbers that assisters (not consumers in general) could call with questions, as a way of minimizing confusion.

The board then moved on to its discussion of how to enhance producer involvement in outreach efforts. Board member Dianne Chase, who represents producers, had asked that this item be added to the agenda. She explained that she was disappointed by PCG's presentation on consumer assistance activities at the June 19 public information session, because it did not mention producers, although in her view people will need their assistance. She was also dismayed by a Covering New Hampshire PSA, which was posted on the NHID health reform page, that started "Are you looking for insurance information without the sales pitch?" She felt

the information about producers able to assist with the Marketplace should be presented in a way that was easier to use – e.g., searchable by zip code instead of in a pdf list.

Board members noted that these were important concerns and that efforts should be made to fully integrate producers into the outreach efforts.

As the final agenda item, the board discussed whether to meet in August, or to wait until September for the next meeting. The board decided that its next meeting would be September 12, 2014 at Delta Dental at 9:15 am.

During the public comment portion of the meeting, the board heard from Karen Kelly of NH Citizen Alliance, who noted the ongoing confusion about the respective roles of assisters and agents/brokers, and about what producer commissions mean for consumers. She suggested that the NHID post guidance on its website. Jenny noted that there was guidance posted on this last fall, but that it needed to be updated.

Greta Johansson of the Small Business Administration noted that the plan comparison charts created last year by the NHID were very helpful and that perhaps something similar could be done for the 2015 plans.

Laura Simoes of Covering New Hampshire commented regarding the earlier discussion of their PSA. She said that the PSA was created based on market research that showed consumer skepticism about sales pitches, but that given the concerns, she would work with the NHID to make sure the link was taken down. She noted that the PSA had only run for a brief period in early December 2013.

Following public comment, the meeting adjourned at 10:46 a.m.