HEALTH EXCHANGE ADVISORY BOARD

April 12, 2013

With a large group in attendance, the meeting was called to order by the co-chairs at 9:15 am on April 12, 2013, at the New Hampshire State Hospital Building in Concord, New Hampshire.


Absent were: Christine Alibrandi, Sandra Ruka, Beryl McCormack and NH DHHS Commissioner Nick Toumpas.

The March 8th minutes were approved and the meeting continued with the second item on the agenda (Follow up from last meeting). Insurance Department Health Counsel Jennifer Patterson reminded all that the Swim Lane Flow chart is still a work in progress as things are changing rapidly. As an example, Jennifer mentioned the Medicaid Expansion – the chart is drafted as if the state were participating in the expansion, but in reality that decision has not been made yet. If we do not participate, the chart will be modified. Another area where a final decision has not yet been made is the question of who will make the final determination of Medicaid eligibility - NHDHHS, or the Feds. Similarly, the column on the top of the chart, which shows the different types of assisters and how their roles may interplay with each other, is still very much a work in progress as the state moves forward with defining the consumer assistance model more clearly.

Russ Grazier suggested a refinement of the flow chart as we move forward, including (as previously suggested) a “choice” column to highlight decisions that the consumer will need to make. Scott Baetz then asked about further comments and the process of getting the flow chart changed. Jennifer said that these issues will be discussed at future meetings, but that board members could also email any suggestions/comments on the flow chart to her (Jennifer.patterson@ins.nh.gov).

The agenda continued on to Item 3 with Commissioner Sevigny talking about the Plan Management Partnership status. He explained that a meeting was held with the Joint Legislative Health Reform Oversight Committee this week and the Committee approved the Department’s Bulletin to issuers laying out the process for submitting proposed Qualified Health Plans for review. The approved Bulletin was sent out and is on our website. The next step in Plan Management is for carriers to file their rates and forms, which are due by June 1, 2013. Commissioner Sevigny noted that implementation of the Plan Management partnership is ultimately contingent on passage of HB 668,
now pending in the Senate, which will align New Hampshire’s market rules with the new federal requirements.

With regard to the Consumer Assistance Partnership, the Department is currently working with the Oversight Committee in formulating a revised Memorandum of Understanding (MOU) outlining the state’s role. Commissioner Sevigny stressed that much of the meaningful work on Consumer Assistance has yet to begin, as the Department had been waiting for the federal grant to fund this part of the partnership, which was awarded April 8 and has now been submitted to the joint legislative Fiscal Committee for approval.

The Commissioner noted that we are working on better defining the relative roles of Navigators and other in-person assisters, and that this will likely be reflected in the MOU. Jenny explained that Navigators are required under the ACA, and funded directly by grants from the federal government. By contrast, brokers will (as now) be funded by commissions for their work in helping people, and may not serve as Navigators if they receive any commissions on health insurance sales inside or outside of the exchange.

A funding announcement was issued recently by the feds for the Navigator program; applications for Navigator grants must be filed with the federal government by June 7, and the feds will announce by August 15 who has been awarded the grants. The feds have allotted up to $600K for Navigators in New Hampshire; this allocation is based on the number of uninsured people in the state.

In addition to the Navigators, partnership states may also set up, on a temporary basis, a supplemental in-person assistance program funded through grants from the state (using federal grant funds through the partnership).

NHID Deputy Commissioner Alex Feldvebel noted that there is an amendment being drafted for HB 668, the Market Rules bill, requiring that Navigators and in-person assisters be licensed or certified.

Lisa Guertin then asked for an explanation of the MOU status so that everyone could understand.

Commissioner Sevigny explained that we are talking with Oversight Committee members about a potential MOU with respect to the Consumer Assistance portion of the partnership. The MOU would give the program greater definition and be more specific. We had been told by the Feds that we didn’t need to have an MOU; however he (Commissioner Sevigny) personally met with the CCIIO last week, and the federal agency is prepared to move forward with us on an MOU if we want one.

At this point Jennifer moved on to discussion about the SHOP Exchange status. There will be a SHOP Exchange in NH in 2014; however, the employers will still be choosing the health insurance plan, NOT each of the employees. Again, the intent is to be ready by 2015. From a technical perspective, the feds determined that it would not be possible to develop the employee choice functionality for 2014.

Scott noted that from a small business perspective, the SHOP alternative is difficult to understand, and it is frustrating that there will be no employee choice in 2014. Alex noted that small employers still could, and likely would, get help from a producer when they use the SHOP. The central function
of the SHOP in 2014 will be to enable small employers to access the small business tax credit. At this point, some of the board members said that they already receive the tax credit. Jennifer explained that as of 2014 the tax credit will be available only to employers using the SHOP.

Commissioner Sevigny continued on with the agenda and the Consumer Assistance partnership status. Currently, the funds for Consumer Assistance are before the joint legislative Fiscal Committee. There are three components to Consumer Assistance: regulation of the day-to-day activities of Navigators; education and outreach; and potentially establishing a supplemental in-person assistance program similar to the Navigator program. These supplemental assisters would be selected and funded through the state government, unlike the Navigators who will be selected and funded through the federal government. The state would develop an RFP and would work with the Joint Oversight Committee to develop the criteria that would be used to select In-Person Assistors.

Lisa Guertin commented that she still finds this very confusing and increasingly difficult because of things changing as we move along. Commissioner Sevigny noted that it is the Department’s intent to convene those stakeholders interested in consumer assistance, and work together to develop a model, including clear roles and handoffs between different types of assisters. He also explained that if Fiscal Committee doesn’t accept the money, then there is no process and no clearly defined model. If we are able to take the money then we can move forward, pulling together industry, brokers, consumer groups, and small businesses.

Under item (d) in New Developments, Lisa Kaplan Howe spoke about the NH Voices for Health/AARP Survey and public hearing. She thanked all for participating and mentioned DHHS, CCIIO, stakeholders, etc. She briefly described the survey, to which they received 600 responses. Seventy people attended the hearing, with twenty-five people testifying and many submitting written testimony. They hired an individual consultant to put together the report and it is available on line.

At this point, Katja Fox introduced staff from DHHS and spoke about DHHS interest in working with the New Hampshire Insurance Department, particularly on the Consumer Assistance tasks. Katja reminded everyone that the next meeting will be held at the Brown Building on the State Hospital Campus grounds.

We moved on to Item 4 discussing the consumer assistance goals, existing resources and potential models. Jenny led off the discussion letting us all know that the term Marketplace is now being used in place of the word Exchange and at this point asked for input from the Board on the consumer assistance program, based on the questions that had been circulated prior to the meeting.

Scott Baetz started the discussion, noting the importance of educating citizens and businesses. From conversations he has been having, there is a tremendous amount of misunderstanding out there about the Marketplace – What is it? What is it called? Where is it going to be? People from all walks of life lack understanding, and we need to help establish a framework of educating our colleagues.

Lisa Kaplan Howe noted the importance of doing outreach that meets people where they are, both physically and in terms of knowledge level.
Lisa Morris agreed and also suggested targeted presentations. Education and outreach are vital, but everyone has a different learning curve, and we need to be cautious as to how much information we give so people aren’t overwhelmed. Based on her experience in educating people about Medicare, the message should be that there is somewhere to go for assistance.

Scott agreed that it is critically important to KEEP IT SIMPLE and not over-explain. And make sure they know that it’s OK not to understand. Health coverage is mandatory, but with too much information people will pull back.

Lisa Morris expressed concern that people will be so stressed that they won’t engage or take action.

Russ Grazier spoke about the time line – too much information too late is a big concern. We need to take action, not just discuss, and get information out sooner rather than later. He suggested using a phased approach, starting with large general concepts and moving into specifics later.

Commissioner Sevigny noted that the NHID will not be able to move forward until the Fiscal Committee meets (April 19, 2013) and approves or disapproves the grant money.

Tim Soucy added that the Medicaid expansion, if the state participates, will add another layer of complexity.

Lisa Kaplan Howe spoke about the need to educate people on the “coverage system” as a whole, including Medicare and Medicaid.

Tim stressed the importance of reaching those who are currently uninsured.

Alex noted that the primary purpose of the Exchange is to administer the subsidy program. People don’t know that they will have new options starting January 1st.

Scott added that people may be aware of a new burden (individual mandate) but not of a new opportunity (subsidies for insurance).

Lisa Kaplan Howe said that the basic message should be that you might be eligible for something, including assistance to help afford insurance.

Lisa Guertin suggested that we not try to boil the ocean – let’s take on what we can and do it well. The Marketplace is a new point of entry that supplements those that already exist. There are groups that have a reason to care about what’s on the Marketplace – let’s get them in so they can use it. Also, there is a strong need to educate the assisters.

Beth Roberts noted that hospitals could do outreach, as they interact with people at a time when they are attentive to health coverage issues.

Russ expressed concern about how people would learn about an information resource (e.g., website) in the first place. There needs to be an initial message to guide them there. Also, it’s important not to confuse the role of assisters with the function of getting the message out.
Lisa Kaplan Howe suggested getting materials to the places people go for information – town offices, schools, etc., as well as other places like fairs.

Commissioner Sevigny noted that doing this outreach takes money, and people to do it. The Department’s plan is to hire a project manager to make things work – but the money has not yet been approved, so there is not a specific plan yet.

Tim Soucy asked if there were any fears of it not being accepted. Roger responded that he didn’t know if the grant will be accepted or not.

It was now time for public comment and Lisa Guertin opened up the meeting to the public.

Suzanne Bissonnette from Alice Peck Day Memorial Hospital Outpatient Medicine encouraged the group to rely on hospitals, and to offer hospitals incentives to educate patients. She also noted that small business owners have huge concerns about how things will change and the choices they will have to make, and that Alice Peck Day will be undertaking outreach beginning in May.

Tom Welden, a broker with the National Association of Health Underwriters (NAHU), voiced his concern that we may never get the money, as funding is not necessarily going to get through Congress, so money for exchanges may be greatly limited. Jenny replied that it was a different funding source and that the grant money already exists, it’s been awarded.

Karen Kelly from NH Citizen Alliance explained that her organization holds monthly meetings for small businesses in the Concord area. At their meeting yesterday, business owners expressed concern that they would have to cut their employees’ hours so they didn’t have to offer health coverage. Also, there was excitement that plans would be presented in a standardized way on the SHOP website, and the question of whether brokers would present the material with the same degree of clarity, transparency and ease of shopping.

Commissioner Sevigny mentioned that we have no backlog of carriers seeking to enter the market. Beth Roberts said that there with only 1.3 million people in the state, the risk pool has too few people. At this point Ray White spoke about licensing and said that there is nothing illegal about giving advice; what is illegal is receiving compensation for the advice without being licensed. Anyone can talk, but if there is money changing hands, then you need to be licensed.

Attorney Andrew Eills noted that the proposed Navigator rule issued by CCIIO/CMS addresses conflicts of interest and how assisters must communicate potential conflicts to consumers.

Lisa Morris mentioned that in the Medicare counseling context, consumers will ask their advisor what carriers would they recommend, they will ask those questions. Assisters need to be well trained so they understand that they can’t make a recommendation.

Sandi Van Scoyoc (President of the Healthy NH Foundation) noted that the state may want to look back at the transition to Healthy Kids for ideas on education and outreach.
Steve Morgan noted that there is a lot of misinformation out there. For instance, he attended a forum at which a broker said there would be both a private and a public Marketplace beginning in January. In response, Lisa Guertin noted that this may just have been a reference to the fact that the private market outside the Exchange will still continue to exist after 1/1/14. Or, Beth Roberts suggested, it might have been a reference to something a specific carrier is setting up.

Lisa Guertin announced that the Business and Industry Association (BIA) is convening stakeholders to develop a full economic plan, and as part of this there will be a facilitated session on April 18 from 9-11 am focusing on health care. All are invited to attend.

Adrienne Rupp of the BIA handed out a flyer on the meeting.

Russ Grazier expressed concern that some board members have not be attending meetings, resulting in a situation where not every constituency is being represented. He suggested that the appointing authorities look at which members are not attending.

Tim Soucy asked for a quick email be sent after the Fiscal Committee to let the Board know what happened.

The meeting adjourned at 10:45 am. Next meeting will be held at the DHHS Brown Building at 9:15 am on May 10th, 2013.