MINUTES

NH HEALTH EXCHANGE ADVISORY BOARD

April 11, 2014

Board members present: Co-chair Scott Baetz (arrived late), Christine Alibrandi, Dianne Chase, Russell Grazier, Lisa Kaplan Howe, Lisa Morris, Beth Roberts, and Timothy Soucy.

Board members unable to attend: Nancy Clark, Co-chair Lisa Guertin, Karen Poulin, and Sandra Ruka.

Agency Representatives/Other Presenters: DHHS Commissioner Nick Toumpas, Insurance Commissioner Roger Sevigny, NHID Legal Counsel Jennifer Patterson, Aaron Holman, NHHP/PCG

Sitting in for Co-chair Scott Baetz until he arrived, Lisa Kaplan Howe called the Health Exchange Advisory Board meeting to order at 9:20 a.m. on April 11, 2014, at the Delta Dental Building in Concord, New Hampshire.

Commissioner Sevigny introduced the newest Board member, Dianne Chase, who is a health insurance broker at Doran Independent Insurance Agency in Wolfeboro, NH and who will be the producer representative on the Advisory Board. After welcoming Dianne aboard, Lisa Kaplan Howe motioned for approval of the March 14, 2014 draft minutes. The minutes were approved by all and the meeting continued.

Department of Health and Human Services Updates

Commissioner Toumpas provided the Board with a detailed sampling of the activities at DHHS, particularly as they relate to the NH Health Protection Program, New Hampshire's approach to Medicaid expansion. He explained to the group that DHHS is collaborating with the Insurance Department and working closely with the Department of Justice (DOJ), Department of Information Technology (DOIT), Administrative Services and the Governor's office on the program.

The NH Health Protection Program has three core elements:

1. Bridge Program (MCO coverage)starting July 1, 2014;
2. Expanded HIPP Program (paying the employee share for employer-sponsored coverage) starting July 1, 2014;
3. Premium Assistance Program in the federal Marketplace (would require a federal waiver which will be submitted by December 1st) enrollment starting in October 2015 with coverage starting January 1, 2016

These three programs require significant collaboration among many agencies within New Hampshire. Many of the design and implementation elements cut across all programs, like benefit design, pricing, network adequacy, developing state and federal authority (waivers, regulations, statutory amendments, etc.) and staffing needs.

The current focus is on the bridge and expanded HIPP programs, which require multiple state Medicaid plan amendments and the drafting and adoption of new rules. Each specific component requires multiple state and federal approvals through the Joint Legislative Fiscal Committee, the Joint Health Reform Oversight Committee, the Governor and Executive Council, and the federal Centers for Medicare and Medicaid Services (CMS).

New Hampshire DHHS is also in the process of recruiting staff to perform eligibility and enrollment functions, ultimately expecting 50,000 enrollees based on the Lewin study, with a gradual ramp-up from 25,000 members the first two years.

NH DHHS received $200,000 for their budget so they will have to work closely with the legislature to find money moving forward for the next year and a half. They have to determine eligibility requirements, work on recruiting/training, integration of contracts, TPA's, contracting out for change to eligibility, and benefit outreach education—not only to potential enrollees (a population not presently known to the agency) but also to provider groups and additional stakeholders.

Lisa Morris: Right now there is a big difference in eligible populations, would it make sense for the same person to go through the same process for enrollment as they did with the Federal Marketplace or is this not possible because this is a state run program?

Nick Toumpas: We are beginning to look at the eligible populations and figure out where their best entry point would be. There are a number of possible scenarios in terms of which programs a particular person may be eligible for and which program is suitable. Having to conducting a HIPP assessment first – to determine which program makes the most financial sense for the consumer/state - makes it more complicated.

Lisa Morris: We recently saw over 21,000 enroll through Covering NH with great assistance. Is it accurate to assume almost all of this new population will require some level of assistance?

Nick Toumpas: We are reviewing flow diagrams, trying to understand the various mechanisms to share information. Our goal is to make it seamless and make sure people don't fall through the cracks. We plan to engage consultants for HIPP, and for development of waivers (Marketplace Premium Assistance as well as the additional 1115 waiver that is due June 1).

Beth Roberts: Can you walk us in more detail through the HIPP and Premium Assistance process?

Nick Toumpas: When someone comes in for a Medicaid eligibility determination, the first step is to review the person's financial circumstances. There are several questions that need to be asked: Are you

working? If so, does your employer offer employer sponsored insurance? Do you have coverage through a spouse or partner? If coverage is available, this information will then be given to a third party administrator to review the out-of-pocket costs and portion of the premium paid by the employee to determine the total amount the consumer is paying/would pay for the coverage. The employer plan will then be compared against Essential Health Benefits to determine if they are comparable or if a wrap-around coverage will be necessary to reach Medicaid EHB minimum thresholds. This will be the calculation that will determine what makes more financial sense to NH = keeping (or enrolling) them in employer-sponsored insurance, or enrolling them in the bridge program. Which is more cost-effective for that person?

If a consumer doesn't have access to employer sponsored insurance, or if the coverage they have is not cost effective to the state, the consumer would then enter the bridge program. This would allow the consumer to enroll in one of three available plans through the Medicaid MCOs. DHHS is presently looking at defining the benefit package the MCOs will provide for the bridge population. At a minimum, it would need to be based on Essential Health Benefit as prescribed in the ACA.

In terms of the Marketplace Premium Assistance Program, NH must submit a waiver request to CMS by December 1st. The legislation requires that the waiver be approved by CMS by March of 2015, or else the entire Health Protection Program, including expanded HIPP and the bridge program, will end on June 30, 2015. If we are able to get the waiver approved, enrollment for Marketplace plans would begin in October of 2015, with coverage taking effect January 1, 2016. As the law is written, the entire program will end on December 31, 2016. However, the legislature could pass a new law extending the program into 2017 and beyond.

Lisa Kaplan Howe: Going back to earlier conversations, will there be opportunities to integrate the state's marketing and outreach campaign into the success we saw in Covering NH?

Nick Toumpas: The short answer is yes. But it is not that simple, this is an incredibly complex undertaking. The sooner we get eligible people in the program, the better off the member is and the sooner NH will receive federal dollars and thus the better the fiscal outlook. Given the fact the legislature did put a firm end to the program, it is in everybody's interest to get this going as soon as possible. It does us no good for us to reinvent the wheel, but we are taking a very deliberate approach.

Russell Grazier: If the Marketplace premium assistance waiver is not approved, how many consumers would be affected?

Jennifer Patterson: If the waiver is not granted, the entire program would go away, affecting all 25,000-50,000 people. However, we know CMS has approved waivers like this in the past so we are fairly confident the waiver will be approved at the end of the day.

Scott Baetz: From the employer perspective, the penalty is triggered by an employee receiving a federal subsidy. Would this apply to these programs?

Jennifer Patterson: No – employers whose employees are covered by the Medicaid expansion, including the NH Health Protection Program, are not subject to the employer penalty. That penalty is triggered by an employee receiving a subsidy through the Marketplace itself (advance premium tax credit/cost-sharing assistance), not by a Medicaid eligibility determination.

Nick Toumpas: We have developed a series of performance dashboards and are reaching out next week to a group of stakeholders to review the communication and outreach needs.

Roger Sevigny: I am proud of the Insurance Department team and Department of Human Service team. Seeing these teams work together on these issues has really made me proud of the group of folks involved in pulling this feat off.

Nick Toumpas: Team effort is key and the coordination between the two lead agencies has been remarkable.

Nick Toumpas: In other DHHS updates, over 4 months into the implementation of the Medicaid Managed Care program, we have been working collaboratively with MCOs and are continuing to evaluate what has worked and what hasn't worked, particularly as we are about to add 15-20k new members. One new component that we are looking to add is a substance abuse benefit for the current Medicaid population who currently.

Lisa Morris: So, in this timeline when will the substance abuse disorder benefit be implemented?

Nick Toumpas: Under the ACA, the Medicaid expansion population must receive a substance abuse benefit, because it is part of the essential health benefits. Eventually, DHHS would like to add this benefit to standard Medicaid as well, although it is not required that we do so. Substance abuse is a significant problem within NH, we view this as a real opportunity to address this issue proactively.

Scott Baetz thanked Commissioner Toumpas for his knowledgeable presentation and we continued on with Item 3 on the agenda:

End of Open Enrollment Updates

Aaron Holman presented the Public Consulting Group (PCG) update on behalf of New Hampshire Health Plans' consumer outreach efforts, including the marketplace assister program. He walked the Board through their tentative plans for the summer:

> Goal 1-- Nonprofit outreach—get poised for the next open enrollment period. There are 40 FTAs (federally trained assisters) throughout the state; PCG's goal is to provide infrastructure development support materials, train larger organization for enrollment starting November 15th.

Goal 2--Gather understanding of needs of NH small business community. Use entity field resource, with the goal to come out early fall, needs, think conclusion.

Goal 3-- Qualifying event - -develop partnerships to identify those experiencing Marketplace "qualifying events". I.e. employment security, public health, corrections, conduct training.

Goal 4--Coverage to Care – training those who are newly covered on how to use their insurance - reenrollment, preventative care, primary care.

Next on the agenda was the Navigator update. Kristine Stoddard briefed the group on what Bi-State Primary Care has been doing. They have contacted 10,000 distinct individuals, not including social media efforts. Now they are working on education/outreach on how to access care, in cooperation with DHHS, navigators and consumer assisters, coordinated with PCG. Lisa Kaplan Howe asked about the provider side and Kristine replied that was new, and a large portion of what they will be doing.

Scott Baetz spoke for CMS as they couldn't attend the meeting and forwarded their comments to be read. He mentioned the President's announcement earlier this month that more than 7.1 million people throughout the country have signed up for health insurance through the Marketplace. They expect specific numbers to be released later this month. Also mentioned was the SEP (special enrollment period) for consumers who can attest that they tried to apply for or enroll in coverage through either the Federally-facilitated Marketplace or a state Medicaid or CHIP agency by the March 31 deadline and weren't able to complete their application or enrollment, and how they are considered to be 'in-line' are able to complete enrollment through an 'in-line' special enrollment period.

Carrier updates were next. Paula Rogers spoke on behalf of Anthem, commenting that a lot has happened since the January report and how February and March enrollment numbers got better. There are still 1200 files where coverage is not yet effective but 1000 of those came with the last seven days, so they will be processed in a timely fashion. The call center is at capacity, and they are keeping it open. In terms of the total number of enrollees, Anthem has seen about 30 thousand (plus or minus) enrollees, ¾ of which are subsidized, 80% of which are new to Anthem, with 5% of coming from the small group market, and 15% from another Anthem plan. Anthem is still expecting more enrollments due to the extended deadlines for those who had trouble enrolling through the Marketplace.

Christine Alibrandi continued on with the Delta Dental update. Enrollments are continuing, exceeding what they expected.

Christine then spoke about the Small Business event that was held at SNHU on April 10th and that 200 people signed up, it was a collective effort which included Commissioner Sevigny, Northeast Delta Dental, Anthem, and Harvard Pilgrim, representatives from the U.S. Small Business Administration, and Great New Hampshire Restaurants.

Scott Baetz interjected that he attended this event and it was right on point, great material, great presentation and there should be more of them.

Producer Representative, Dianne Chase commented that the open enrollment did improve over time with the change process, Healthcare.gov/CMS best course of action for clients with a change of circumstances for a fundamental change, divorce, and medical.

Board member Russell Grazier told the group that for the first time in four years, his family now has health insurance. Enrollment was complicated because he was close to the line of eligibility for a subsidy, which ultimately was determined based on one of his children's part time job. To get the subsidy, his son had stop working. He enrolled on line but was never able to do successfully, used phone call, you would plug everything all in before you realized you needed to go back but you can't go back, you have to start all over again with the enrollment. Russ started the process in October, finally finishing the process in March.

Insurance Department Updates

Commissioner Sevigny mentioned that carriers must submit their proposed 2015 Marketplace plansfor Department review by the 1st of May, then the NH Insurance Department recommends the plans by August 10 to the Federal Government, and then CMS will decide in September which plans will be certified for sale on the Marketplace. As of now we have one carrier with eleven plans, and a dental plan, this year we are looking at three carriers and don't know how many plans, so reviewing the plans will be a significant effort.

Commissioner Sevigny continued with the announcement of Kathleen Sibelius' resignation. Attorney Jennifer Patterson commented that the New Hampshire Insurance Department is holding a stakeholders meeting on Network Adequacy on April 23. She explained that with the likely passage of SB 340, the Department will be requiring more transparency with regard to network adequacy during its plan review process.

Scott Baetz said that as the small business representative on the Board, he would like more discussion of small business issues going forward. And Jenny commented that the limited open enrollment period does not apply to small business, so they can continue to enroll as their old coverage expires, throughout the year.

Seeing that there was no public comment, the meeting ended at 10:50 and everyone was reminded that the next meeting will be at Delta Dental on May 9 at 9:15 a.m.