

NH Health Exchange Advisory Board Minutes – March 14, 2015 Meeting

Location: NH Delta Dental (1 Delta Drive), Concord

Date: March 14, 2014

Time: 9:15 – 10:55 AM

I. Board & Presenter Attendance

Board	Other Presenters
Christine Alibrandi	Alex Feldvebel, NHID
Scott Baetz, Co-Chair	Katja Fox, NH DHHS
Nancy Clark	Karen Hicks, NHHP
Lisa Guertin, Co-Chair	Aaron Holman, NHHP
Lisa Kaplan Howe	Jennifer Patterson, NHID
Lisa Morris	
Karen Poulin	
Beth Roberts	
Sandra Ruka	
Timothy Soucy	

II. Approval of minutes of February 14, 2014 meeting

Scott Baetz, acting as Chair for this meeting, moved to approve the minutes from February 14, 2014. The minutes were approved as read.

III. Open Issues

a. Updates from Katja Fox (NH Department of Health and Human Services) and Jennifer Patterson (NH Insurance Department) on SB413, AN ACT relative to access to health insurance coverage

SB 413 would create the NH Health Protection Program, which would expand coverage to those below 138% of the federal poverty level. There are three main components to the bill: (1) Bridge program – MCO coverage starting 7/1/14 (target); (2) Expanded HIPP program (paying for employer-sponsored coverage) - starting 7/1/14 (target); and (3) Premium Assistance in the Federal Marketplace – starting 1/1/16 (would require a federal waiver).

The State needs to file an application for a waiver for the premium assistance component by the end of this year. If that is granted then the State is able to go ahead through the end of 2016. The same plans

will be available for anyone shopping on the marketplace. The program not only provides coverage to this population but also provides an incentive for more carriers to come into the Marketplace.

The bill passed the Senate last Monday, and it is currently in the House Finance Committee. The House is likely to vote on the legislation sometime this month.

b. Update from Aaron Holman (Public Consulting Group) and Karen Hicks (CoveringNewHampshire.org) on the Outreach and Education portion of New Hampshire Health Plan's Consumer Assistance efforts

New Hampshire is exceeding expectations for enrollment, with over 21,000 Marketplace enrollees as of the last announcement by the federally-operated NH Health Insurance Marketplace. Women are enrolling more frequently than men, and the "young invincibles" remain a difficult population to enroll. Silver plans are the highest selling, at 59%.

Marketplace Assisters have held more than 3,500 one-on-one appointments and over 250 events (around 10 events a day) throughout the state. They still have many more events scheduled before the close of open enrollment on March 31st.

The Covering New Hampshire effort has been very busy. The first radio ad went live on February 10th. Each time a marketing tool is deployed, a noticeable uptick in website traffic is observed. At first there were an average of 50 visitors a day. After the digital ads, it was up to 100. Following the direct mail, it jumped to 400 a day. Now, after the TV ads, there are around 1,000 visitors per day. The site has had 28,000 unique visitors.

The user of the website stays on for an average of 3.5 minutes and they most often click on the "DO I Qualify" button. The percentage of people traveling from coveringnewhampshire.org to healthcare.gov has increased from 10% to 20%. There have been over 30,000 phone calls to targeted audiences to promote events, and around 500,000 pieces of direct mail. The primary target audiences are 30,000 younger men and 15,000 younger women (under age 40).

Question – Scott Baetz: What is contributing to the success of the outreach effort? Is it due to the fact that the enrollment period is almost over or because we are now in full gear? If we had started earlier, would our numbers be even better?

Answer – Karen Hicks: Both. It is human nature to wait until the last minute, and the fact that we are in full gear with our outreach effort are both reasons why the numbers are high.

Lisa Guertin: It might have been a good thing that we got a late start, as well. We got started around the time the healthcare.gov site started actually working.

Question – Katja Fox: Will there be a switch in messaging from the carrot to the stick?

Answer: People respond best to positive messages, but as we near the end of open enrollment a new message of urgency will be delivered.

Question – Chris Alibrandi: Are we reaching out to people who may have had qualifying events?

Answer- Aaron Holman: Yes - we are working with the state Department of Employment Security, as well as with hospitals and human resources departments. We are going to reach out to HR Departments to inform people of the benefits of the Marketplace in place of COBRA.

The federally-selected Navigators, Bi-State and Planned Parenthood of Northern New England, could not attend, but they did send in updates.

Bi-State has conducted 164 outreach events and made over 5,300 face-to-face connections.

PPNNE is getting good responses from women through their direct mail. Men are a greater challenge, but they are trying different tactics, such as: a “Rock and Enroll” Concert, coasters, and “Get Covered” theme condoms. Condoms are funded by PPNNE, not federal funds.

c. New Hampshire Insurance Department Updates

CMS sent out new federal “transition” guidance which would allow renewal of existing pre-2014 coverage through October 1, 2016. NHID issued a bulletin saying that it will follow the federal guidance; however, it is up to each issuer whether to offer the option of renewing these pre-2014 policies. Anthem confirmed that they are still looking at the new guidance and evaluating their options.

Employers with between 50 and 100 employees will be considered small employers in 2016, and allowing groups in this category to renew large group coverage in 2016 may have a negative impact on the small group risk pool. Thus, the Department may in the future revisit the issue of whether it makes sense to allow renewals in 2016. However, for now we will follow the federal guidance as a way of easing the transition to new systems.

i. Consumer Issues with Marketplace plans

Since January, the Department’s consumer services staff have been assisting consumers who have enrolled but are experiencing coverage and payment issues. Anthem has worked closely with the Department to resolve these issues. Since the last Advisory Board meeting, the problems have been moving steadily toward resolution and the number of new problems has diminished greatly.

ii. Network Adequacy

The NHID held a hearing on Feb 10th so the public can better understand the network adequacy standards and to discuss the Department’s plans for looking at and potentially revising these standards

going forward. The Department plans to convene a working group in order to look at the Network Adequacy requirements. The year 2000 was the last year the Network Adequacy standards were revised. The current version of the rule is not designed to look at network adequacy prospectively, as is done with Marketplace plans, so the Department will address this in any revision.

The Department is also looking at ways to increase transparency with regard to network adequacy during the Marketplace plan review process. The Insurance Department has worked with Voices and Senator Sanborn on an amendment to SB 340 that addresses this.

Also, once we have competition in the marketplace many of the issues relating to narrow networks will be rectified, because consumers will have choice and carriers will be able to compete on the basis of their networks.

Comment – Lisa Guertin: Totally appropriate for the state to tune up adequacy rules. However, we have to be careful that the requirements do not drive up rates. This year is anomalous, so it's best not to overreact to conditions that will likely change next year.

Answer: We agree, and have made that point to the legislature also.

iii. 2015 Marketplace plans

The Department is preparing to issue a bulletin to the carriers laying out the standards for 2015 Marketplace plans. The Insurance Department gets the plans and then submits its recommendations to CMS as to whether plans should be certified as Qualified Health Plans to be sold on the Marketplace. May 1 is the deadline for issuers to submit the plans to the NHID, and Aug. 10th is the Insurance Department's deadline to send its recommendations to CMS. The Department plans to meet with carriers next Tuesday to begin walking through these standards.

d. Marketplace Enrollment

i. Federal updates

CMS could not make it to today's meeting, but sent an email update.

There have been 21,578 individuals who have signed up through the Marketplace. There was a glitch for people who were not able to enroll their children even after the children were determined to be ineligible for Medicaid. That issue has been resolved with a "Report a Life Change" button.

ii. Carrier updates

Anthem – Lisa Guertin: About half of the new enrollees for 2014 have January effective dates. More 20 to 30 year olds are enrolling of late, from around 10% to 20% of the total enrollee population. A high percentage of these individuals are receiving subsidies. We cannot say for sure who was uninsured prior to enrolling. Only several hundred people out of the 21,000 are still having technical issues. The call center times are getting back to normal, as well.

SHOP enrollment is very low – less than 1,000.

Question: Of the 21,000 number, how many of those have paid their premiums?

Answer: Around 19,000 have paid, the rest are pending.

Delta Dental – Chris Alibrandi: Enrollments are continuing. Last meeting payments were an issue, but the good news is that everyone applied through March 1 is paid-up.

We are continuing to hear that people just want dental, but healthcare.gov is not set up for that yet. If you do not need medical you cannot get dental. If you are purchasing a medical plan that does not contain dental, then there should be a prompt that gives you dental.

On April 10th, a special event geared toward small businesses will take place at SNHU. More information is at <https://cwba-nh.squarespace.com/acaysb>. Presenters will include New Hampshire Insurance Commissioner Roger Sevigny as well as representatives of the U.S. Small Business Administration, Northeast Delta Dental, Compass, Harvard Pilgrim Health Care, Anthem Blue Cross Blue Shield and Great New Hampshire Restaurants, Inc.

iii. Board Members' Comments

Nancy Clark – for the first time in 14 years, she is no longer offering her employees a plan through her company. She now directs her employees to the Marketplace, where many are eligible for a subsidy, and also gives them a health care stipend. She has found that her employees are getting a better deal.

Sandra Ruka – as a provider, she is seeing people who are new to health insurance and do not know how to use it to access benefits. We need more education, especially with the Medicaid MCOs.

e. DHHS Update - Medicaid

Katja Fox: The move to Medicaid Managed Care continues to go well. As a result of feedback, DHHS has developed flow chart for patients explaining how to work through coverage issues. Also, they are doing provider outreach. Some providers aren't used to working outside of Medicaid and need to understand how to work with three payers rather than one.

CMS has a backlog of 1,000 applications that need to be transferred to the state Medicaid program for eligibility determinations. New Hampshire has the smallest backlog of cases of any state, however.

f. Small Business issues and timelines

Scott said that the Advisory Board needs to start looking at SHOP. There is a lot of misinformation out there and we need to tell businesses what they need to know. There was caution not to push too hard due to the fact that the website is still incapable of receiving SHOP applications.

Question: Is there an outreach plan for SHOP enrollment?

Answer(Aaron Holman) : Yes. We cannot give that plan publically at the moment, but our plans are in development.

IV. Public Comment

Audience Question (Mary F. of Northwood): Her two daughters bought catastrophic plans. One bought through Anthem's website, the other through the Marketplace. There was a huge difference in price. She wanted to know why there was such a big difference.

Answer(Alex Feldvebel) : The plans' contracted rates with providers are different. This results in higher claims costs for the off-Marketplace plans. (Lisa Guertin): Providers gave rate concessions for the newly insured population, so the on-Marketplace plans are less expensive. Anthem is encouraging consumers to choose the Marketplace plans.

- V. The next meeting is scheduled for April 11, 2014 at Delta Dental of New Hampshire. All Advisory Board meetings are open to the public and everyone is welcome to attend.**