

MINUTES

NH HEALTH EXCHANGE ADVISORY BOARD

September 11, 2015

Board Members present: Christine Alibrandi, Scott Baetz, Sharon Beaty, Russell Grazier, Lisa Morris, and Beth Roberts.

Board Members unable to attend: Evelyn Aissa, Dianne Chase, Nancy Clark, Lisa Guertin and Tim Soucy.

Agency Representatives: DHHS Healthcare Program Specialist, Deborah Fournier, NHID Health Policy Legal Counsel, Jennifer Patterson and Deputy Insurance Commissioner Alex Feldvebel.

Co-chair Scott Baetz called the meeting to order at 9:00 a.m. and gave a warm welcome to the group assembled, as well as an acknowledgement of the 9/11 anniversary. Scott then asked for approval of the June 12, 2015 minutes. Everyone approved and the meeting proceeded with the agenda.

Scott told the group that representatives from CMS were unavailable, and we therefore continued on to Covering New Hampshire.

Covering New Hampshire – Ben Janelli

Ben briefed the Board with a comparison of Covering NH's consumer assistance outreach efforts during the past two open enrollment periods (OE1 = enrollment in 2014 plans, OE2 = enrollment in 2015 plans). In OE1 there were 5,890 in-person appointments and in OE2, there were 3,180 in-person appointments. The average time per application in OE1 was over 3 hours and in OE2 it was just under 2 hours per application. Regional collaboration is moving full steam ahead; Covering NH has divided New Hampshire into six regions, with a mixture of MPAs (marketplace assisters), CACs (certified application counselors, now operating from 27 organizations (up from 7)) and navigators, all assisting people in a coordinated fashion.

Ben next spoke about the timeline for OE3 (enrollment in 2016 plans) preparation. He explained that each year the assisters (navigators, marketplace assisters, agents and brokers) have to recertify with CMS with training in September and October. In addition, Covering NH will put on NH-specific training for all assisters on October 14. Open enrollment itself begins on November 1.

Lisa Morris asked Ben to provide an update on the MPA contracts ending. Ben noted that the contracts end at the end of open enrollment (January 31, 2016). He offered to provide a more comprehensive update next month after the NH Health Plan (NHHP) board meets. Scott Baetz expressed a hope that the intellectual property and tools (such as the website and plan compare tools) are not lost. He hopes a home will be found for them and asked that this be discussed next meeting. Alex Feldvebel noted that the NHHP was created to administer NH's High Risk Pool (HRP), and that by statute the HRP has now closed, so the NHHP is due to wind up in the summer of 2016. Ben assured the Board that they are working to ensure that the Covering NH intellectual property does not end when the grant ends.

Christine Alibrandi asked whether dental carriers will be included in the carrier info sessions. Ben said that CoveringNH has not reached out to standalone dental carriers yet, because MPAs work less with dental plans, but that they would be interested in including those carriers. Christine encouraged them to do so because people need information about pediatric dental benefits.

Lisa asked Christine to provide a brief update about pediatric dental coverage to the group so they can understand the issue. Christine explained that all health plans in the individual and small group markets must cover all 10 EHBs, but the one exception is that Qualified Health Plans (QHPs) are **not** required to cover pediatric dental services if there is a standalone dental plan available on the Exchange. Individual penalties are tied to whether a person has purchased a QHP, even if there is no imbedded dental. Individuals have the option of whether to buy a QHP without dental, a QHP with dental and / or any standalone dental plan. Employer penalties work the same way, so employers can offer a plan without dental. Sharon Beaty asked whether the Premium Assistance Program (PAP) plans will include pediatric dental. Deb Fournier reminded her that there are no children in in the PAP.

DHHS - Deb Fournier

Deb spoke about the PAP implementation. PAP is the last phase of the NH Health Protection Program (NHHPP) and involves the purchase of 2016 QHPs to provide coverage for those newly eligible for Medicaid, including the 42,700 enrollees currently on the NHHPP Bridge Program. Deb also reported that the current NHHPP population is skewed to the younger side, with around 65% under age 45, and with slightly more women than men. DHHS is working with all five carriers to get the program ready for enrollment to start in about six weeks, with daily testing on the IT side, and working on preparing the shopping platform, which DHHS will operate. Member materials and training materials for those likely to receive questions about the program are also being prepared.

DHHS has partnered with the Insurance Department, and the two agencies have been working closely on this. Michael Wilkey noted that formal QHP recommendations were made to CMS last week. Lisa Morris asked if the PAP individuals will be enrolling on NHEasy. Yes, Deb

explained; the FFM (Federal Facilitated Marketplace) (Healthcare.gov) cannot do these enrollments. DHHS is working with Maximus, which will serve as the enrollment broker, and Service Link staff are also being trained to assist.

Beth Roberts asked if the PAP program would be ready to launch by the open enrollment date of November 1st. Deb replied yes, with Jenny Patterson reminding everyone that the actual coverage doesn't start until January 1st.

Lisa Morris asked about the role of the Medicaid MCOs (Managed Care Organizations) in the PAP program. Deb responded that NHHPP members still have coverage through them until December 31st. Also, those with coverage from NH Healthy Families will be auto-enrolled in Ambetter's QHP (which is affiliated with NH Healthy Families) if the QHP is approved by CMS; those members also have the option to switch plans if they prefer.

Scott Baetz asked for more details on why everyone is so excited about the PAP program starting up. Deb Fournier explained that there are 40,000 lives going from Medicaid-only coverage to the marketplace (QHPs), which means they are moving to commercial insurance and increasing the size of New Hampshire's individual market. It's a marriage of Medicaid Expansion and the private market in a practical way to serve this low-income population. Deb explained all the work that was involved in this, starting with the request for the waiver from CMS, as well as NHID and DHHS working together to develop the program .

Jennifer Patterson explained that this process started with the US Supreme Court decision on the ACA in 2012, which made Medicaid Expansion optional for the states. In states that chose not to expand Medicaid, there was a coverage gap for those whose income was below 100% of the federal poverty level (FPL); those at or above 100% FPL could receive tax credits to buy coverage, but those who were poorer and not already eligible for Medicaid got no assistance with coverage. It was exciting that NH was able to develop a state-specific program to increase coverage and also to expand the size of the individual market. The hope is that it will be reauthorized so this coverage can continue after 2016.

Sharon Beaty added that this is a population that traditionally could not afford coverage, so they deferred their care. From a population health perspective, having coverage for this group is a huge benefit for everyone.

Lisa Morris noted that a transition like this could be less than smooth (like healthcare.gov in 2013/14) and asked how in the real world the program is looking now. Deb Fournier replied that she is feeling very positive about it. There will be multiple communications with clients, DHHS has been working on IT testing and the NHEasy platform, and she feels NH is in a good position. Beth Roberts responded that from a carrier perspective she also feels confident, but noted that as a carrier it's hard to know how much additional staffing they will need for telephone calls.

Lisa Morris noted that Service Link has been doing health literacy-- educating their clients about using insurance, that it's going to be different for their clients to learn how to talk with insurance carriers. Sharon interjected that as patients also expect help from providers, her organization is staffing up as well.

NHID – Jennifer Patterson

Jennifer Patterson introduced Danielle Barrick, the Insurance Department's Communications Director. Danielle spoke about resources and materials that are available for NH consumers to inform them about the NH HealthCost website and the NHID's consumer services unit, which assisted 8000 people last year. She handed out business cards with contact numbers and encouraged Board members to take cards and display stands for their offices. Scott Baetz and Sharon Beaty asked if there were electronic copies of the materials she was handing out, and Danielle said that everything will be posted on the NHID website for people to download.

Danielle introduced Maureen Mustard, the Insurance Department's Director of Healthcare Analytics, to talk in more detail about the NHID's HealthCost website. Maureen explained that there will soon be consumer-focused updates to the HealthCost website, which allows cost comparison of health care services for both insured and uninsured consumers. Specifically, there will be information on more bundled procedures, some unbundled procedures, and some quality measures. The NHID will also be adding a guide to health insurance discussing how to get and use insurance and how to navigate using your benefits.

Maureen noted that in the future, the NHID hopes to have more useful/user-friendly information that is geared specifically to employers – for example, cost by community, carrier market shared, and carrier product design. She noted that right now the site has links to the NHID's annual and supplement reports, which do include information on New Hampshire carriers and markets. Maureen said that anyone interested in being part of the discussion around the site upgrade could reach her by using the 'contact us' function on NHhealthcost.org.

Beth Roberts asked whether the information about bundled payments includes confidential contract terms which could lead to problems for carriers. Tyler Brannan, the NHID's Health Policy Analyst, responded that these are estimates derived from claims data; it is more detailed now than before but does not contain the actual contract terms.

Discussion – Board Role Going Forward

Scott Baetz noted that this item had been added to the agenda so that Board members would have an opportunity to discuss the Board's role now that the third open enrollment period is beginning. Scott noted that he finds the meetings very informative, but wanted to be sure the Board continues to serve a useful purpose.

Beth suggested we at least continue through this open enrollment period, as there are still many new things due to the PAP program, etc. Russ Grazier felt the Board does have a purpose, as it provides a sounding board to the Commissioners, their staff, and to legislators. He noted that there is a need for stakeholder advocacy, particularly with an election coming up.

Alex Feldvebel referred back to the statute creating the Board (RSA 420-N:10) and added that discussion may continue about how the FFM is functioning, or whether the partnership model is best for New Hampshire. Jennifer Patterson pointed out that there will likely be more questions in the future, which may require transitions/state decision-making. One legal bump in the road was King v. Burwell, but there will continue to be others. She also added that because the current partnership model is decentralized, with different entities performing different exchange-related functions, it is very useful to have us all gathered here engaging in discussions.

Lisa Morris agreed that today's discussions demonstrate that there are still many things to talk about, and it makes sense to meet. Christine Alibrandi noted that she finds the sharing of information at these meetings to be invaluable – it is the one place she can come and hear exactly what is going on. Scott Baetz added that he enjoys these meetings and feels we do have a purpose and a strong role. Beth suggested we could also spread out the meetings and have them less often if there is nothing to discuss.

Finally, there was a reminder of which members' terms expire in November, and the appointing authority for each of their seats: Christine Alibrandi (dental carrier/NHID); Nancy Clark (employer/Governor), Sharon Beaty (provider/DHHS), and Russ Grazier (consumer/Governor). Russ is stepping down to allow for varied perspective from consumers. Interested consumers should notify Jennifer Patterson or Sandra Barlow at the NHID.

The next meeting is October 9th at the New Hampshire Insurance Department.

Public comments were taken. Marie Brownell of Brownell Financial Services wanted everyone to know that as a broker she finds these meetings very informative and very valuable. Deb Fournier was asked when Bridge enrollees will get information about the transition, and she replied that "heads up" letters were going out the end of September. In the beginning of November, letters with detailed information will be sent to current Bridge enrollees. Also, provider/client letters will be sent out in the beginning of October. In the interim there will be public training for stakeholders so they can help to answer client questions. If any organizations want training, they should let Deb Fournier at DHHS know.

The meeting ended at 10:20.