

# WV Health Benefit Exchange Stakeholder Meeting Summary

<b>Group:</b> Carriers		
<b>Location:</b> 1 Players Club Dr., 3 <sup>rd</sup> Floor Conference Room, Charleston, WV	<b>Date:</b> 8/14/12	<b>Time:</b> 10:00 a.m. – 12:00 p.m.
<b>Objectives:</b> See agenda		
<b>Facilitator/Lead:</b> Carl Hadsell	<b>Handouts:</b> White papers on Rate Review, Form Review, Consumer Info, Network Adequacy, and Accreditation & quality. Web Page Layout for Quality Workshop (Arnie Hassen), and Clinical Quality Measures (Arnie Hassen)	
<b>Attendees:</b> Lisa Calderwood, Bill Crouch, Sherri Davis, Fred Earley, Andrea Fegley, Joe Garcia, Arnie Hassen, Diana Hypes, Pam King, Rebecca Madison, John Price, Robert Roset, Jeremiah Samples, Phil Shimer, Todd White, Phil Wright		
<b>Next Meeting Date:</b> Tues., Sept. 11th, 2012 10:00 a.m. – 12:00 p.m.		

## Discussion Points

1. **What's New OIC newsletter** – The newsletter is a great resource for all types of information and activities regarding exchanges. Please send any materials and/or submissions you may have to the *What's New* newsletter to Debi McCoy at [Deborah.McCoy@wvinsurance.gov](mailto:Deborah.McCoy@wvinsurance.gov) .

### 2. Exchange Updates

#### a. IT

Continue to work with NAIC SERFF team on plan management and web services. Web services hub is in place – no beta testing yet due to security issues, but testing is expected sometime in September. Standard template data sets have been released. Data sent back to states – states can do specific template, which required training and verification on their part.

HIOS (Health Insurance Oversight System) plan management system has issues with it with data recording. HHS has stated that HIOS will be used for plan management in FFEs.

Next steps for SERFF – release data collection on network adequacy, accreditation and quality data.

Training – There is a concern that while SERFF will provide some web-based training to carriers, it will not be sufficient considering the transition from PDF submission to data entry. The OIC may need to consider supplementing this to avoid complications.

There is still a lack of information from HHS regarding the design of the FFE.

For updated information about SERFF's developments for the NAIC, visit the SERFF website – [www.serff.com/hix.htm](http://www.serff.com/hix.htm) Interested parties may sign up for newsletter from SERFF team (timelines, diagrams, etc. – a lot of helpful information). Continue to follow discussions regarding SERFF.

Status of IT infrastructure RFP is that it is being held at state purchasing, ready to go, if the state decides to proceed with a state-based exchange.

Eligibility work – OIC has requested efforts related to the Exchange to be removed from this APD (advanced planning document). At this time the APD is the responsibility of DHHR. If there is a need for DHHR to perform work related to APTC or CSR calculations, the state could submit an APCD Update (APCDU) to allow for this change.

There may be an option to leverage federally managed services for some exchange functions. OIC has made this option as part of WV IT RFP so it allows OIC to use this optional component if the state were to proceed with a state-based exchange. When developing the technology, there needs to be a consideration of cost vs. quality of process. We need to look at the determining factors – cost and timing – to meet federal requirements in order to determine what the best route is for developing IT components.

b. Plan Management

Completed assessment of 11 core areas. Continue to ask for additional information from HHS.

Continue to determine how regulate the market outside the exchange in 2014. There is limited data that would allow for the state to make policy decisions related to regulatory issues in the 2014 marketplace. All QHPs have to go through the same certification process. Our goal is to limit the amount of data needed from carriers.

One next step is to merge our workflow with SERFF.

It was noted that the state must submit a letter to the federal government by November 16, 2012, on what model the state will select as to the exchange – state-based, federally-facilitated (FFE) or the partnership model associated with the federal exchange (PFFE). There is still no information from HHS on cost of FFE.

Q – What kind of information has to be in the declaration letter due in November?

A – The required information for the November 16<sup>th</sup> model declaration letter is in the template outlined in the Blueprint document handed out. A letter is required regardless of which model a state decides to choose.

c. Federal Updates

Those present discussed the Supreme Court ruling on ACA. Jeremiah asked for thoughts from the group. Some thoughts expressed included:

- Long-term fiscal implication.
- Technical questions of what OIC is required to do.
- Expansion of Medicaid – the expansion of the cost shift on private payers that already exists.

The carriers present spoke to their challenge as carriers, not knowing what is expected or what needs to be done specifically. For example, without answers to the questions the Governor raised to the HHS, how does the state determine what to do or what we should do? They asked OIC for some help in this area.

HHS released additional grant flexibility – the application deadline was extended to Oct. 2014.

More EHB data submission rules are supposed to be released.

d. Other Updates

WVU is completing the research work on the development of the evaluation criteria for the evaluation of the exchange as discussed in prior meetings. They are going to be at the August 28<sup>th</sup> meeting of the Consumers and Providers (10 a.m.) to discuss the progress to date and to gather information from those present on their opinions of what metrics should be considered in the evaluation. Those at this meeting were asked to attend the Aug. 28<sup>th</sup> meeting and provide input.

The Federal government is increasing technical assistance available to the states.

The Federal government is further along on their exchange (FFE) than states. It was asked if the Federal hub would be ready, as it seems to be a very complicated process. Yes, the Federal data hub is in the process of internal testing and when a state is ready to test, it should be complete.

Arnie Hassen, WV Osteopathic School, gave an update on the quality project. He gave two handouts (1. Web Page Layout for Quality Workshop, and 2. Clinical Quality Measures). He's asking for a representative from each Carrier organization to help provide input on the project. Arnie noted many states want a centralized entity to do this, but WV does not have such an entity. The key is what will be of value to the consumer. There are compliance issues, too. The Exchange will have a web page for consumers to access information on quality.

3. **Payment Reform Grant**

Staff from GOHELP office were unable to attend the meeting today to discuss the payment reform grant, so Jeremiah chose to skip over this part. The funding announcement was released by HHS, but it is unclear if

the state will apply. The goal of the grant is to look at payment mechanisms across at all payers, public and private.

**4. NAIC White Papers**

Attention turned to the different white papers from the NAIC that were provided at the meeting. WVOIC participated in the development all of these; however, keep in mind that OIC may not be in agreement on all issues presented in the papers. Jeremiah went through each one and offered a few comments. Those interested should read the full text. All white papers can be found on the BEWV website at <http://bewv.com/national-topics> under the Federal Guidance heading.

Network Adequacy – Some disagreement on its scope. Want to be sure to have full options, state, workers compensation, Medicaid, etc., as all have their own network adequacy.

Accreditation & Quality – Group struggled with not having direction from HHS on this topic. There was concern raised regarding multi-state plans.

Form Review – Discusses changes in form review. It will require examination at a plan level, not just products.

Consumer Information – Focus on regulations related to rate reviews.

Q: What will happen with these white papers?

A: Some will be transformed into models; some will be just information.

**5. State-based and State Partnership Insurance Exchange Blueprint**

Jeremiah reviewed the ACA timeline and Table 1 of the Blueprint handout, Roadmap for Completing the Exchange Application, which shows what responsibilities exist for states in partnership scenarios. In the Plan Management Partnership Exchange, HHS requires that states be able to perform all tasks related to plan management. We need to find out how HHS would compensate for any employees working for the state.

In the Consumer Assistance Partnership Exchange, states will have some responsibility to assist with navigators, but we don't know yet what those responsibilities will be. HHS will still operate the grant process, develop the training for navigators, require navigators to use their web portal, etc. We need to find out what the state's role is. Jeremiah asked that everyone start thinking of questions they would like to have answered regarding the Consumer Assistance (e.g., What funding would be available?).

Most states are looking to HHS for reinsurance programs.

Final discussions turned to discussion of how navigators might work in a PFFE.

Q: Will there be a clear distinction between navigators and agents?

A: Yes, an agent cannot be a navigator. It was then noted a concern that the navigator position will be a revolving door.

Those present wanted to understand the full array of options available to a state in terms of what the state has to decide by November.

**Next Meeting**

The next meeting will be held Tues., September 11, 2012 10:00 a.m. – 12:00 p.m.

**Action Register**

What/Task	Who	When
1. Prepare notes from meeting	CESD	8/24/12
2. As we get into SERFF – feedback from Carriers on any issues is needed.	Carriers	

3. Have a separate dedicated meeting on SERFF to include technical staff from Carriers hosted by OIC.	OIC	
4. Create a checklist of what will be required. Help carriers get ready – comparison of what path, be focused. SPC – what is being told and what we do.	OIC	
5. Carriers provide information on issues they face, especially regulations and other concerns regarding the exchange and related activities.	Carriers	
6. Follow up to see status of communication with the EHB data submission rule.	OIC	
7. Carriers try to attend the August 28 <sup>th</sup> meeting with the WVU evaluation will be part of input.	Carriers	
8. Carriers offer to participate in the quality project by contacting Dr. Hassen.	Carriers	
9. Send out any response OIC gets regarding the Governor's letter that was sent (specifically the questions asked).	OIC	

### Follow-up Questions

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Question
1. Q: A:
2. Q: A:

### Session Plus/Delta

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A Plus/Delta was not done for this meeting.