

WV Health Insurance Marketplace Stakeholder Meeting Summary

Group: Carriers		
Location: Offices of the Insurance Commissioner, 1124 Smith Street, Main Conference Room	Date: 6/11/13	Time: 10:00 a.m.– 12:00 p.m.
Objectives: See agenda		
Facilitator/Lead: Matt West	Handouts: SHOP Applications (Employer & Employee) SHOP Rules Summary	
Attendees: Fred Early, Ed Hamilton, Alexander Macia, Mary Jane Pickens, Robert Roset, Phil Wright, Angela Lilly-Miller, Joylynn Fix, Kim Elkins, Thomas Lucas, Haley Pauley, Perry Bryant, Julie Duff, Bill Crouch, Diana Hypes, Pam King, Deborah McCoy, Phil Shimer, Dee Weston, Jeff Wiseman, Emily Vasile		
Next Meeting Date: Tuesday July 9, 2013 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.

2. Federal Updates

- a. The OIC is currently in negotiations with HHS on OIC's request for a No Cost Extension on the first Level 1 grant and the latest Level 1 grant request. This is a normal process and the OIC will inform stakeholders once the process is complete.
- b. Many details of the operational components of the marketplace will be released in the late summer or early fall.

Q: What are the amounts in the Level 1 grant and the amount applied for in the second?

A: There is approximately \$6.5-\$7 million left in the first grant. Approximately \$4M of this amount will be moved to the IPA contract for education and outreach. We have requested an additional \$10.7 million, of which \$9.5 million is for the IPA program. The IPA program is around \$15 million total.

- c. Mass marketing by the Federal Government of the Marketplace will begin in late summer. The OIC is still pressing HHS on what, if any, marketing will take place in West Virginia.
- d. Federal training for the IPAs and Navigators will take place in August. It is believed that a number of different groups other than Navigators and IPAs will be eligible to take the training.
- e. The OIC encourages Issuers to let the OIC know if they are having any issues with SERFF or any other problems. The OIC will send these issues to HHS

Q: How will the training certification be validated?

A: The training is web based and an electronic verification will be used. There has been no official announcement of a tracking process

Q: How many Navigators are expected in WV?

A: HHS will make the determination. The OIC hopes to work with the Navigators in order to use limited resources to reach consumers.

Q: When will HHS let West Virginia know who was chosen?

A: HHS will inform the OIC on August 15th, the same day the Navigator groups will be notified.

Q: Will the Navigators be located in West Virginia?

A: Jeremiah stated he believes they will operate in WV. He is not sure if they will be based in West Virginia. The OIC did not provide any groups with letters of support. We did not want to recommend one and not the other. Federal Call Center now has a 1-800 number that currently directs callers to healthcare.gov (1-800-318-

2596). HHS is estimating 40% of all enrollees will use the call center. HHS is using the Medicare structure for the call center. HHS is still working on how to share complaints. They are looking at a cold call transfer until the sharing ability is available. HHS states that the call center can do a start to finish enrollment if necessary.

- f. Pam King reported that the final SHOP rule was released on May 31, 2013. You can find this information in the attachment, *6-11-13 SHOP Handout*. The release covered triggering events, special enrolment periods, qualifying events, multiple premiums, premium aggregation and applications for employees and employers. You can find this information in the attachment, *6-11-13 Agent and Broker Handout*.

Q: A question was raised regarding the grace period where an applicant has the option to stop paying at 30 days do the providers absorb the cost of the claim?

A: Consumers have up to 90 days to pay for their premiums before the policy is terminated for non-payment. The carrier is able to suspend payment of claims if the consumer is more than 30 days behind in payment. If the consumer fails to pay after 90 days, their plan can be terminated and the carrier will deny all pending claims. This will result in the provider having to either absorb the costs or go directly after the consumer for reimbursement of those services provided.

3. Plan Management Updates

- a. The OIC has received four binder filings. The October 31st deadline stands for non-QHP plans. The deadline for standalone dental is June 30th.

Q: What can you report on the filings you received?

A: They are still confidential at this time. The OIC is experiencing technical problems with SERFF. There has been a SERFF technical person on site to address the issues. The OIC will meet the July 31st deadline to submit plans to HHS.

4. West Virginia Marketplace Updates

- a. The IPA presentations from the three vendors will take place this week. It is planned that the presentations will be wrapped up and sent to purchasing by weeks end.
- b. CCRC final report technical scores are in the review process. The premiums for 2016 are predicted to have a 35% increase in the non-subsidized market. In the subsidized market, when the Advanced Premium Tax Credit (APTC) is counted, there is a 42% decrease in premiums. Small groups have an 8% projected increase in 2016. Projection that the 1-25 group market will increase more than 8%. They currently have less robust coverage and will need to upgrade. Large groups of 26-100 are projected to see a decrease along with the 100+ groups.

Q: Has HHS released guidance on the minimum essential coverage for groups?

A: The OIC had asked HHS for this information and is currently reaching out to other groups that would require major medical coverage, and trying to identify the burden it may place on some of these businesses. We will keep you updated.

- c. CCRC has looked at a change for non-compensated care. That is difficult to answer the amounts of what hospital charges that may not be covered.

Q: Are you aware of companies marketing skinny plans?

A: Yes, we are aware and trying to determine what is required. When a carrier adds multiple plans together, there is a question about when it becomes an EHB. We have requested feedback from HHS.

- d. The OIC is planning a stakeholder meeting for small and large businesses similar to the April 30th meeting. The OIC is receiving questions regarding what is required and we are moving forward to get information out to businesses. The meeting will take place later this summer.
- e. The OIC will be developing a Consumer Assistance Stakeholder Group. There is a need for coordination and allocation of resources. We will be asking members from all groups to participate.

Q: Will the group include other state agencies?

A: Yes.

- f. The Regional Exchange Study is at the publishers. We will release it as soon as we receive it.

- g. The CHIP report is complete. They will be meeting with OIC next week and they may present at the Consumer/Providers meeting on June 25th.
- h. The OIC is reaching out to veterans organizations to reach the uninsured veterans and their families in West Virginia.

5. Next Meeting

The next meeting will be held Tues., July 9, 2013 10:00 a.m. – 12:00 p.m.

Action Register

What/Task	Who	When
1. Prepare notes from meeting.	OIC	