

WV Health Benefit Exchange Stakeholder Meeting Notes

Group: Consumers

Location: OIC 4th Floor Main Conference Room,
Charleston, WV

Date: 3/19/12

Time: 1:00 p.m. – 2:00 p.m.

Objectives: See agenda

Facilitator/Lead: Matt West

Handouts: Quality Reporting Initiative

Attendees: Sherri Beane, Hersha Arnold Brown, Perry Bryant, Lisa Calderwood, Bill Crouch, Pam King, Larry Matheney, Deborah McCoy, Randy Myers, Jeremiah Samples, Linda West, Deborah Weston, Jeff Wiseman, JoEllen Zacks

Next Meeting Date: April 24, 2012 10:30 a.m.

Discussion Points

A. Exchange Updates by Jeremiah

1. Jeremiah attended an NAIC meeting in New Orleans to discuss System for Electronic Rate and Form Filing (SERFF). It's a viable option and a majority of states will likely use it to assess qualified health plans.
2. Other plan management not addressed includes SPS system. A number of other systems are being looked at by NAIC.
3. The eligibility option piece has strict guidelines that have to be followed. We're working with DHHR to do an MOU.
4. We have to go through the state purchasing and procurement process for the IT RFP. The risk is that if anyone has changes, we have to start the process all over again with all three agencies: CMS, State Purchasing, and Office of Technology. The goal is to release it by late April and award it by late July. The Exchange should be in place by Oct. 2013 for consumers to access it.
5. On the federal level, CGI is the vendor they selected. They have already developed their system.
6. DHHS will release several rules later this month regarding technical guidance. They have recently released the "big" Exchange rule, Medicaid, risk adjustment, cost sharing and subsidy rules.
7. Federal grants will be more flexible. A Level 1 grant (which is what we have) requires a letter from the Governor. HHS certification must be received by Jan. 2013, but some things may be able to be done later. The funding approach, as well as sustainability, are required by Jan. 2013. There are three steps to acquiring certification. The first (outline) is done; steps 2 and 3 need to be done.

B. Lisa Calderwood discussed the Children's Research Initiative

1. An MOU is being developed with CHIP (Children's Health Insurance Program)
2. There was discussion about the eligibility and whether it would be based on MAGI (Modified Adjusted Gross Income).
3. Lisa shared a list of questions that can be seen in attachment 1.

C. Dr. Hassen discussed the Provider Quality Initiative - see Attachment 2 for more details.

1. The Legislation for the Exchange uses the word "quality" in several places. There was a significant amount of discussion about what quality means and how to measure it according to Dr. Hassen. It involves providers, carriers, consumers and agents, so we need to develop recommendations on what quality is that everyone can agree on. The Feds already have quality measures (150-200 of them) that are reported on the national level. It was suggested that we find out what other states are using for their quality measures as a starting point.
2. The Qualified Health Plan is required to certify physicians. Surveys may be used for consumers to get quality information on providers, agents, etc., but there is concern about objectivity vs. subjectivity. There was agreement on the need to have very clear rules for everyone to follow.

3. Recommendations due by 11/1/12.
4. Dr. Hassen will be seeking volunteers from the four groups (Providers, Producers, Carriers and Consumers) to work with him and provide broad input on the evaluation design.
5. CESD will send email soliciting volunteers for focus group. 2 options – respond directly to Dr. Hassen or respond to CESD, who will pass on information to Dr. Hassen.

D. Stakeholder Meeting Assessment

1. Survey is to gain insight to help improve meeting discussion. (<http://bewv.csurv.com>)
2. Deadline to complete survey was extended to March 23, 2012. An email reminder was sent by CESD.

E. Discussion Topics and Updates for Next Meeting

1. Update on grant
2. IT updates
3. Essential health benefits

Action Register

What/Task	Who	When
1. Start an on-going list of critical/unanswered questions to be able to track and update when known.	OIC	On-going
2. CESD – email to groups for volunteers on Provider Quality Initiative	CESD	3/30
3. Prepare notes from meeting	CESD	ASAP

Follow-up Questions

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

Session Plus/Delta

A Plus/Delta was not done for this meeting.

Attachment 1

Children's Research Initiative

The OIC is partnering with WV CHIP to undertake a research project about children's insurance coverage in the Exchange. We've been discussing the need for answers to a lot of questions about mixed-case families, children's access to coverage and care, and cost-sensitivity to obtaining healthcare. Findings from the research project will be used to make policy recommendations for the Exchange Board as well as help streamline administrative issues of CHIP and the Exchange. The details for the project have not been finalized, but we're looking for your suggestions, comments, and additions to the list of questions that we need to be considering in this project. A few topics on our initial list include:

- How many families currently enrolled in Medicaid might eventually be eligible for coverage in CHIP or a Qualified Health Plan on the Exchange once the new eligibility rules based on household income are in effect, specifically the blended family group, and is it possible to estimate this?
- What is the extent to which parents of CHIP enrollees currently have Employer Sponsored Insurance (ESI) or are uninsured? Also, for those currently in ESI, what factors would make it more or less likely they would access coverage through the Exchange?
- How does sensitivity to cost sharing affect the ability of low-income families to participate in the Exchange?
- Does parental participation or non-participation in insurance impact on children's access to preventive or other health services?
- What additional administrative costs will CHIP need to budget for enrollees who gain coverage through the Exchange?

To submit your comments or suggestions, please email lisa.calderwood@wvinsurance.gov. Thanks for your interest and any insight you can provide.

Attachment 2

Quality Reporting Initiative for WV Health Insurance Exchange (HIX)

- Required to provide consumers with information to help inform choice of physicians/providers and health plans. The focus of this project is physicians/provider.
- Selection of report card measures should be a collective decision by consumers, providers, and insurers.
- Measures should be meaningful, accessible, obtainable and timely.
- There are many "quality measures" available and in use in WV and nationally.
- Other state exchanges have developed report card measures.
- Propose to develop the WVHIX consumer report measures as follows:
 - Create Stakeholder workgroup.
 - Inventory and review existing quality measures, state and national.
 - Solicit suggestions from Stakeholders for meaningful and useful measures.
 - Develop consensus measures.
 - Solicit Stakeholder support for consensus measures.
 - Test consensus measures with patients.
 - Submit recommendation to the WV OIC.
 - Completion date November 1, 2012.