

# WV Health Benefit Exchange Stakeholder Meeting Summary

<b>Group:</b> Consumers		
<b>Location:</b> OIC 4 <sup>th</sup> Floor Main Conference Room, Charleston, WV	<b>Date:</b> 5/22/12	<b>Time:</b> 10:30 a.m. – 11:30 a.m.
<b>Objectives:</b> See agenda		
<b>Facilitator/Lead:</b> Matt West	<b>Handouts:</b> Final Exchange Rule-Navigator, Navigator Program Standards, Meeting Assessment Survey Results	
<b>Attendees:</b> Ashley Adams, Tom Bias, Perry Bryant, Lisa Calderwood, Paula Fitzgerald, Dan Foster, Peter Fry, Joe Garcia, Terry Garrett, Sam Hickman, Pam King, John Law, Debi McCoy, Randy Myers, Amy Norwood, Sandra Pope, David Regan, Phil Shimer, Ryan Sims, Betina Whitman		
<b>Next Meeting Date:</b> Tues., June 26, 2012 10:30 a.m. – 12:30 p.m.		

## Discussion Points

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### A. Exchange Updates (Lisa Calderwood)

#### 1. IT

Core IT RFP is at the State Office of Technology for review. OIC has received “unofficial” notice that it should be returned any day now. Once approved, it will go to State Purchasing and then to CMS. The RFP is currently scheduled to be awarded during the summer.

Q –Which of the three options will be used? (Federally-facilitated exchange, state-based, or partner with HHS?)

A –OIC is actively is actively pursuing a state-based [planmodel](#). (Note – it was requested that this topic be put on the agenda for the next meeting as to the decision made.)

Q – How will the eligibility piece work? What is the sequence of eligibility review and approvals? What happens if someone is denied eligibility?

A – Federal rules dictate that MAGI comes first, then you can ask other questions such as “Are you pregnant?, etc.” People over 65 years old are not eligible for plans on the Exchange.

Q – How will other eligibility systems such as Medicaid work with the exchange eligibility tool?

A – The OIC is in continued discussions with Medicaid, CHIP, and DHHR about the eligibility tool.

#### 2. Plan Management

An internal workgroup at the OIC is working to outline the business processes of the 11 core areas of plan management outlined by CMS. Development of the business process map and work plan is anticipated to be finalized by end of June. The OIC is working with SERFF on state-specific system enhancements for plan management functions.

#### 3. Essential Health Benefits

United Health Actuaries will be doing an evaluation of the 10 benchmark plans and will send its analysis to the Governor’s office by the end of June. The evaluation will forecast how the benchmarks would affect the market. The Governor’s office will then have until the end of the 3<sup>rd</sup> quarter of 2012 to make a decision. If the Governor’s office doesn’t make a selection, the default would be Highmark Super Blue 2000. If the chosen benchmark does not meet an insurance need, parts of other plans can be put together, or “backfilled”, to provide a level of meaningful coverage. HHS will determine “backfill” options by the end of the 3<sup>rd</sup> quarter. HHS has said that they will provide a definition of meaningful coverage soon. Financial analysis will be included in the report by United Health Actuaries.

OIC has not been asked to make a recommendation on EHB.

Q – What doesn't EHB cover?

A – United Actuaries will be analyzing gaps in essential health benefit coverage categories. At this time, we cannot outline what the EHB benchmark won't cover.

Q – Will the actuarial study be at the county level?

A – The Baseline Research project will look at and provide county level data.

#### 4. Federal Updates

Last week, HHS provided three documents: 1) a blueprint for establishing a state-based exchange 2) the application to become a certified exchange, and 3) guidelines for a federally facilitated exchange.

There are still questions about the costs of a federally facilitated exchange and the definition of "operational costs" of a state-based exchange. The state should declare a model to the Federal government by mid-November 2012.

Q – Does the Board have to be in place to choose the model?

#### 5. Evaluation Strategy

OIC has an MOU with WVU to do an evaluation strategy for the exchange. Tom Bias from WVU Emerging School of Public Health gave a brief update. He and Paula Fitzgerald from the WVU School of Business and Economics will be working together on the project. The evaluation project will look at how services are provided, the business and economic impact, health impact, what's happening on the national level, what other states are doing, literacy levels, etc. They will have six months to develop the evaluation plan and will be getting information from stakeholders during that time on what they would like to see in the evaluation. After the evaluation plan has been developed, OIC will determine who will be doing the actual evaluation process.

Q – Will the evaluation measure if the exchange increases the value of insurance products?

A – It's on the map to look at.

#### 6. Other Updates

The Navigator RFQ is out for bid now with State Purchasing. A vendor needs to be in place by July 1. A copy of the RFQ can be obtained from the State Purchasing website or by contacting Shelly Murray.

Some of the questions that the navigator study will answer are listed below:

- How many navigators will be needed?
- How will the navigator grants be funded?
- How are navigators and agents different and the similar?
- How should navigators be trained?

Q – What is the navigator's role?

A – The navigator's role is to get the information to the consumers to help them decide on a plan – they cannot "sell" any particular plan. Agents will "sell" the plans, and they must meet training requirements to do so. Navigators are paid with grant money through the exchange but that amount is not known at this time. It is also not known how many navigators there will be. The navigator RFQ will provide four different options with estimated numbers of navigators. The exchange board will review and decide upon the options.

Q – How will consumers be involved in the navigator study?

A – The navigator study includes outreach, interviews and focus groups.

Q – What is the navigator RFQ number?

A – Because the RFQ is open for bidding, all questions must be directed to Shelly Murray at state Purchasing.

Q – How are the navigator qualifications determined?

A – The Board decides on qualification requirements of navigators.

## B. Stakeholder Meeting Assessment Survey Results

1. Matt provided an overview of the Stakeholder Meeting Assessment Survey results report.

The summary report was emailed to stakeholders prior to the meeting. You can obtain a copy by emailing [bewv@cesd.wvu.edu](mailto:bewv@cesd.wvu.edu).

## C. Navigator Final Exchange Rule

1. Lisa reviewed two handouts: Final Exchange Rule-Navigators and Navigator Program Standards.

Q – Will navigators be a single person or a company?

A – A navigator will be an entity or group. Individuals working on behalf of that entity or group are also referred to as navigators.

Q – Will WV be working jointly with another state for any aspect of the exchange?

A – We're still looking at doing a regional exchange with another state(s) in the future, but is not likely to happen for 2014. We are participating in a study to identify the opportunities, risks, pros and cons of regional exchanges.

Q – How will funding for navigators be done?

A – States are looking for alternative funding opportunities including grants, private funding, etc. OIC is looking at other states to get ideas.

Q – Is there a prohibition for insurance agents to be navigators if they're paid by an insurance company?

A – Yes, that is true.

## D. Next Meeting

The next meeting will be held Tues., June 26, 2012 10:00 to 12:00

**Action Register**

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What/Task	Who	When
1. Prepare notes from meeting	CESD	5/31/12
2.	OIC	5/2/12

**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.