

West Virginia Health Insurance Exchange Concept and Actions Taken

The West Virginia Offices of the Insurance Commissioner (OIC) is currently pursuing the establishment of a web-based health insurance exchange or connector. The features and functionality of this exchange are being researched and developed using funding from the State Health Access Program (SHAP) grant, which was awarded by the Health Resources and Services Administration (HRSA). The following exchange concepts represent a sample of what is being considered.

EXCHANGE FUNCTIONS

Choosing Coverage

- **Eligibility Portal**: Portal will give consumer ability to input relevant personal information, which will allow electronic assessment of public plan and federal subsidy eligibility. Portal could also give consumer option to input employer or other account code, giving exchange the ability to pull from various accounts set up on consumer's behalf. Logic of system will be built based on MAGI requirements set forth in HHS rules. If consumer is eligible for public plan, consumer will be directly linked to eligibility/enrollment portal for specified public plan. Portal will need to interface with federal income verification tools and citizenship determination tool- likely to be a single interface. Portal could also interface with existing public assistance databases to incorporate MAGI information in a more expedited manner for consumer.
- **Health Coverage Matrix**: An overview will be made available of all health coverage available in state of West Virginia. While consumers will be able to access these programs via the eligibility portal, consumers also will have the option of reviewing the universe of available services in a matrix document on the exchange website.
- **Consumer Purchasing Preference Function**: As a component of the carrier menu, this function would allow consumers to adjust the metrics by which they will purchase coverage, be that premium, co-pay, quality of wellness program, etc.
- **Provider Eligibility Portal**: This function would allow providers to determine what coverage a consumer has by accessing a single portal as offered by the health insurance exchange. This mechanism would streamline administrative efforts of providers as they could access the HIX coverage database.
- **Private Coverage Enrollment Portal**: Upon selection of a carrier plan, the exchange could facilitate the consumer's enrollment into the plan of the

consumer's choice by collecting relevant information and linking to carrier. Another option is to link the consumer directly to the appropriate plan and allowing the plan to enroll the consumer. A more thorough analysis needs to take place concerning the most appropriate option.

- **Exchange Plan Rating Function**: Per the ACA, the Exchange will need to rate the available plans based on yet to be determined metrics. These ratings will be made available to the public in the carrier menu.
- **Carrier Menu**: Exchange provides access to a carrier plan menu for consumers looking to purchase commercial insurance. This menu will allow consumers to compare and contrast critical insurance metrics with more detailed plan descriptions also being available. Carrier menu will be linked to a premium calculator so that consumers know exactly what premium they would be responsible for each plan. Menu will be structured in five actuarially determined tiers per federal guidelines, with one being available to only young adults.
- **Carrier-Provider Network Maps (Provider Search)**: This function would allow consumers to see what providers are available in their zip code or surrounding area and what plans those providers belong to.
- **Provider Cost Comparison**: This function would allow consumers to compare the cost of various procedures as performed by different providers. This function could also show what prices provider has agreed to with different carriers.
- **Provider Quality Comparison**: This function would allow consumers to compare the quality of care provided by different providers. Function would also allow consumers to compare quality metrics of different providers.

Consumer Experience

- **Virtual Access Portals**: This concept contemplates utilizing the services of the West Virginia Telehealth Alliance to expand eligibility functions in the community health center setting. In essence, insurance kiosks, or portals, would be set up in primary care settings to allow consumers to access the exchange at the location where they receive their care. This would allow the State of West Virginia to improve the availability of access points to coverage tools in West Virginia communities.
- **Privacy Review Portal**: This would allow consumers to review how their personal information is being used and how it is being protected. This function would also give consumers the ability to determine how their

information would be used outside of the necessary functions of the exchange.

- **Multiple Exchange Access Points:** WV Consumers need multiple access points into the exchange so that they are assured to receive appropriate subsidies and other services as provided by the exchange. Given literacy levels, lack of computer access, and poor broadband linkages, it is absolutely essential that the exchange is not just a web portal. Beyond the required call center, plans are being developed to utilize a number of organizations already established in communities, including Family Resource Networks; DHHR case workers; volunteers; and other community groups to serve as insurance exchange facilitators and counselors.
- **Consumer Advocate Information:** Information concerning steps a consumer can take to file a grievance or receive assistance from the consumer advocate's office.
- **Wellness Information:** This function would provide consumers with information from Healthy Lifestyles effort and give consumers ability to compare wellness programs of different health plans.
- **Exchange Sign In Function:** Consumers will create sign in as they enter into exchange. As consumer navigates through sites, their progress will be saved so that if they decide to call in or use the live chat function then consumer assistance staff can see where they are in the process. Also allows consumers to save their progress and come back to finish procurement of coverage when their schedule allows.
- **Plan Complaint Portal:** This function would allow consumers to see what complaints had been officially filed against plans on the exchange.
- **Electronic and Telephonic Signature Function:** This component of the exchange would allow consumers to contractually verify their purchase of the plan of their choice.
- **Smart Phone Application:** Function would allow consumers to check the status of their premium payment; check for providers/specialists in their carrier network; check the status of their flexible spending account; read patient rights and recourses to file complaints; etc.
- **Insurance Consultant/ Counselor Assistance:** A web portal is only one means by which consumers will access exchange. Given computer/ internet access and literacy issues, insurance counselors have been designated in the SHAP budget for consumers to access via phone or web chat. The Call Center/Live Chat for health insurance questions and assistance, is

conceptually modeled after and incorporating elements of the State Health Insurance Assistance Program for Medicare.

- **FAQ**: Function would allow consumers to quickly see brief answer to most frequently asked questions regarding exchange.
- **Provider Feedback Function**: This function could also be developed to allow consumers to provide feedback on providers. Claims could be used to ensure that consumers did in fact receive service from listed provider.
- **Toll Free Consumer Hotline**: Consumers that do not feel comfortable with the Exchange process or that have questions must be given the option of accessing consumer service via a toll free consumer hotline. Consumer assistance personnel should be able to link into the part of the process where the consumer is at that point in time so as to better assist the consumer. This is a requirement under the ACA.
- **Common Terms**: This function would give consumers access to consumer friendly definitions of key insurance terms. This would be by product of NAIC's current efforts to develop such language.
- **Alternative Language Function**: The exchange must provide for the availability of information in a linguistically diverse way. A function could be developed that translates information on the exchange into language consumers are most comfortable with using.
- **ADA Functions**: This function would give consumers with disabilities alternative mechanisms by which to use the exchange.
- **Plan Feedback Function**: This function would allow consumers to offer feedback on their experience with a specific plan. Plan information could be used to ensure that consumer did in fact receive service from listed plan.
- **Plan Consumer Rights Information**: Per the ACA, plans must provide consumers with information concerning their rights under the plan. Mechanism to both collect this information and make it available on site is necessary.
- **Consumer Survey**: Per the ACA, the consumer should be surveyed as to their opinion on the exchange experience. This survey should be driven by a logic tree that allows for consumers that have gone through different avenues of the exchange to be asked questions specific to their experience.
- **Producer/Navigator Consumer Portal**: It has been conceptually discussed that the exchange will directly link consumers to exchange participating navigators/ producers. Mechanisms need to be set up for the various access

points that are made available to consumers for the exchange so that consumers are able to easily understand how to contact a navigator/producer. This portal could also place consumers with producers in the consumer's area with a case balanced approach.

- **Coverage Decision Making Assistance Tool**: As consumers navigates the exchange, they could be given option to respond to questions in a guided decision-making tree that would direct consumer to plans that best serve their health care needs. Such a tool would be voluntary and include a disclaimer that consumer should take time to fully research coverage options available to them. Potential negative consequence would be the possibility of creating adverse selection within the exchange.
- **Personal Health Record**: A personal health record empowers consumer to take responsibility and ownership of their health and health care. PHRs could potentially have functionality to incorporate other information as well, including health coverage and paid claims information. PHR could serve as possible distinction between plans in tiers of exchange- some plans incorporate such a function while others do not?
- **Exchange Tutorials**: Consumer could watch tutorial on how to utilize the exchange and its functions. Tutorial could be multifaceted and cover plethora of topics based on specific options that consumer chooses through the exchange process.
- **Exchange Live Chat**: Consumers could ask questions and advice from consumer assistance staff via live chat functions. This would allow consumers not desiring to call into the toll free hotline an opportunity to link with exchange support staff.
- **Family Case Mix Provider Function**: This tool would allow consumers to choose plans that have providers in the same network as providers in the networks of family members receiving a public plan.

Cooperation with Other Agencies

- **Medicaid/CHIP Enrollment Portal**: This mechanism would allow for consumers eligible for CHIP or Medicaid to be appropriately enrolled in those programs.
- **Public Health Notifications**: This function would allow public health officials to send out information to consumers via their exchange contact information.

- **Interface with Treasury:** The exchange must provide the Treasury with various data components related to individuals and employers. This function may be streamlined into one federal interface.
- **Interface with SSA and Homeland Security:** The exchange must verify the consumers are legal citizens of the United States. To achieve this goal, an interface will need to be developed with the SSA or Homeland Security. This function may be streamlined into one federal interface.
- **Interface with State Agencies for Citizenship/Income Determination:** The State is exploring whether or not there are more efficient mechanisms by which to determine citizenship and income of consumers through existing state systems. These systems could be interfaced with the exchange and through a master client index a consumer's previous engagement with the government could be sufficient for citizenship and income verification.
- **Horizontal Interface:** This function would allow for the eligibility of non health related programs to be determined by the Exchange. Another output of this concept could be that once a consumer has input MAGI information it could be linked through a master client index with social service programs to mitigate the time it takes for a consumer to apply for those services.
- **Medicare Interface:** Given what will be a very visible stature for the exchange, the public may benefit from having a portal from the health insurance exchange to the Medicare system. To pull resources and streamline administration, a long term project could be to place Medicare Advantage plans on the exchange for consumers.
- **Social Service Eligibility Reference:** The exchange could inform consumers of their eligibility for programs in social services like TANF and SNAP. This reference could be flashed to the consumer in a screen but would not require the consumer to follow course in applying for those programs.

Facilitating Employer-Sponsored Coverage

- **Payroll Deduction Mechanism:** This function would allow individuals or members of a small group to set up a payroll deduction through their employer for the purpose of paying their premium.
- **Employer Coverage Notifications:** Exchange must provide employer the name of each employee of the employer who ceases coverage under a qualified health plan during a plan year and the effective date of the cessation.

- **Free Choice Voucher Portal**: For consumers that may be eligible for a Free Choice Voucher from their employer to procure coverage on the exchange a function will need to be developed to first determine whether or not consumer is eligible for such a voucher. This function should be able to inform consumer and employer exactly what the process is for completing this option and specifically what the voucher will be.
- **Electronic Employer Exchange Kits**: Small and eventually large employers can utilize the functions of the exchange to streamline the administrative burden that providing coverage to their employees results. To effectively utilize the exchange, an employer kit could be developed that systematically outlines all of the steps that an employer needs to take to use the exchange.
- **Employer Tax Credit Calculator**: This function would assist employers in determining what tax credits/ subsidies for which they may be eligible. This function could serve as subcomponent of employer exchange kit.
- **Premium Aggregator**: Upon inputting MAGI information and information related to all accounts offering additional premium assistance the totals must be verified and a mechanism created to collect from these various accounts.
- **Premium Calculator**: As consumer compares and contrasts plans in the carrier menu, they will know the aggregated contribution to their coverage from other entities, thus giving them a better tool by which to budget for and purchase the plan that best serves their needs. This tool would need to work in conjunction with account verification tool, as input into the eligibility portal by consumer, and premium aggregator. Premium calculator should also have function that allows consumers see what type of cost sharing subsidies may be available to them.

Data and Reporting

- **All Payer Claims Database**: Through an executive order by the Governor, DHHR is leading a task force to establish an APCD. This tool could function to provide consumers with both provider charges within a carrier network and quality assessments of those providers in carrier networks. Other quality comparison tools still need to be considered and worked out with various state entities and other interested parties.
- **Master Client Index**: Function could be used to streamline front in eligibility determination based on similar information already provided to another service or program in the State. Function could also be used to track consumers across different health coverage plans.

- **Exchange Funding Report**: The Exchange shall publish the average costs of licensing, regulatory fees and any other payments required by the Exchange, and the administrative costs of the Exchange, on an Internet website to educate consumers on such costs. This information shall include information on monies lost to waste, fraud and abuse.
- **Periodic Financial Disclosures**: Per the ACA, plans must provide periodic financial disclosures on the exchange. Mechanism to both collect this information and make it available on site is necessary.
- **Provider Complaint Portal**: This function would allow consumers to see official complaints have been filed against various providers.
- **Plan Claims Policies and Aggregate of Denials**: Per the ACA, plans must make available on the exchange claims policies and aggregates of denied claims. Must also include a mechanism to allow the consumer to see what a plan pays for a specific service with a specific provider. Mechanism to both collect this information and make it available on site is necessary.
- **Case Management Tracking**: As consumer uses navigator, producer, or other case management service, this information could be collected, charted, and saved for legal and training purposes.
- **Data on Enrollment/Disenrollment**: Per the ACA, plans must provide all enrollee and disenrollment data on the exchange. Mechanism to both collect this information and make it available on site is necessary.
- **Cost Sharing Information**: Per the ACA, plans must provide detailed cost sharing information on the exchange, including information about payment to providers out of network. Mechanism to both collect this information and make it available on site is necessary.

Administration

- **Special Enrollment Period Functions**: Even when enrollment periods are developed the exchange must accommodate a special enrollment period process for unique situations. A mechanism will need to be developed to determine whether or not the consumer is eligible for the special enrollment period.
- **Account Contribution Portal**: In order to draw premium assistance from disparate accounts set up on behalf of individual consumers a mechanism would need to be set up that can both allow for the account to be set up and interfaced with the premium calculator but also allow provide the appropriate information to the carrier or TPA for collection purposes.

- **Tax Credit Adjustment Function**: Allow consumers to set up mechanism by which their premiums are adjusted throughout the year based on new information provided by the consumer. This would mitigate the level at which consumers will have to repay premium assistance based on their yearly tax filings.
- **Premium Collection and Remittance**: The Exchange could perform accounting functions to remit premiums and prepaid amounts to the appropriate plan. Such options could include collecting from disparate accounts set up on behalf of the consumer, facilitating the federal premium subsidy, collecting from a payroll deduction, or collecting from a exchange registered account. Through economy of scale, the exchange could potentially perform these functions more efficiently.
- **Plan Certification Portal**: Plans on the exchange must go through the rates and forms plan certification process and then be uploaded onto the exchange in a manner that allows consumers to compare and contrast with other plans on the carrier menu. Plan rate increase requests must be made public before approval process begins.
- **Portability of Coverage**: It is contemplated that Exchange will facilitate portability of coverage as employee transitions from employer to employer. This concept faces obstacle of different employers choosing different tiers of coverage for their employees. To make this a functional option, some type of tracking mechanism will be necessary to store procured coverage as one traverses from one employer to the next. Business operation would need to be developed to transfer plan from one employer to the next.
- **Mandate Exemption**: Exchange must provide consumers with process for being exempted from mandate. This service could be made available as a component of the eligibility portal.
- **Link to Regional Exchange**: WV has considered two potential benefits of regional exchanges. The first option would be to provide coverage to consumers from multiple states/regions in a single exchange or give a consumer access to multiple exchanges. This would benefit consumers by either increasing the number of participants in plans from which they choose. It could also provide them with regionally attractive options, especially for consumers living in border counties. State mandatorily covered services and variations in state regulations make this concept difficult to realize. The second option would be to share administrative functions with other state exchanges. For example, having one vendor that would be able to collect and remit premiums in more than one exchange could potentially see savings through an economy of scale.

- **Producer/Navigator Interface**: Producers and navigators are key stakeholders as the exchange is developed. Their role in the exchange needs to be further fleshed out. Consumers that want to utilize the service of an agent or broker should not be precluded from doing so. Concepts are being considered that would give agents/brokers special access to the exchange to perform functions for consumers.
- **Risk Adjustment Tool**: Each state will operate risk adjustment for the individual and small group market. Plans with lower than average risk must make payments. Plans with higher than average risk would receive payments. Calculation of average actuarial risk based upon all enrollees in fully-insured plans in the state. Grandfathered plans are exempted.
- **Risk Corridor**: HHS will establish risk corridors for 2014-2016. Covers Qualified Health Plans in the individual and small group markets. Plans whose claims exceed 103% of premiums minus administrative expenses receive payments. Plans whose claims are less than 97% of premiums minus administrative expenses make payments.
- **Reinsurance**: HHS, with NAIC, will establish a mandatory reinsurance program for 2014-2016. All group and individual insurers and third party administrators must contribute based upon total market share. Non-grandfathered individual market plans covering high-risk individuals receive payments. Total contributions to be based on estimates of the NAIC. Program phases out over 3 years.
- **Flexible Spending Account Portal**: Function would allow consumers to load dollars into their flexible spending account and have a up to date statement of consumer's FSA.