

WV Health Benefit Exchange Stakeholder Meeting Notes

Group: Producers

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

Date: 4/10/12

Time: 1:00 p.m. – 2:00 p.m.

Objectives: See agenda

Facilitator/Lead: Matt West

Handouts: summarized excerpts from the § 155.210 *Navigator Program Standards* and § 155.220 *Agents' Participation in the Exchange*

Attendees: Lisa Calderwood, Geoff Christian, Bill Crouch, Joseph Deacon, Greg Elam, Arnie Hassen, Diana Hypes, Scott Kephart, John Law, Gray Marion, Debi McCoy, John Pauley, John Price, Jeremiah Samples, Phil Shimer, Ron Walters, Elizabeth Webb

Next Meeting Date: Wed., May 9, 2012 1:00 p.m. – 2:00 p.m.

Discussion Points

A. *What's New* newsletter

1. The *What's New* newsletter was sent to all stakeholders groups and received positive reviews. Please send any materials and/or submissions you may have to the newsletter to Debi McCoy at Deborah.McCoy@wvinsurance.gov.

B. Exchange Updates by Jeremiah

1. Jeremiah discussed enhancements for the System for Electronic Rate and Form Filing (SERFF) that is currently used by the OIC. It's a viable option and a majority of states will likely use it to assess qualified health plans and for plan management.
2. The SBS (State Based System) that is currently being used for functions such as agent licensure is also being considered for potentially certifying Navigators as well as tracking agents' eligibility for participation in the Exchange.
3. In developing the core Exchange IT procurement, the OIC is still evaluating the options for eligibility determinations. The OIC continues to work with DHHR on this and other Exchange items that have touchpoints with DHHR and Medicaid.
4. The core IT procurement will have to go through the state purchasing and procurement process, review by CMS, and approval by Office of Technology. The risk is that if anyone has changes at any point in the process, a redraft would have to be resubmitted to all three entities. The goal is to release it by late April and award it by late July 2012. The Exchange must be operational by October 2013 for consumers to enroll. Starting the IT project later than August would cause significant time constraints.
5. On the federal level, CGI is the Exchange vendor selected. They have already started development of their system. They have not indicated the cost to states for use of this system.

C. DHHS Rules Updates by Jeremiah

1. Federal grants will be more flexible. States will be able to apply for grants through 2014. 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 if conditional approval is received. The funding approach, as well as sustainability plan, is required by Jan. 2013. There are three steps to acquiring certification. The first step in the three step process for certification has been completed; the Planning Review, step one, was held at the CCIO office in Bethesda, MD March 5-6, 2012. Conditional approvals are now an option.
2. U.S. DHHS has released several sets of rules and updates. The released versions cover the Exchange, 3R (Reinsurance, Risk Corridors, Risk Adjustment), Medicaid, eligibility, privacy, and cost sharing.

3. The rules for Essential Health Benefits have not been released.

D. Research Projects

1. An RFQ for an Agent/Navigator Program strategy has been drafted and submitted to purchasing. . There is no indication of when it will be complete. Still working through state Purchasing.
2. The final navigator rules have had the most changes compared to the NPRM. The changes are noted in the summary that was distributed with the meeting materials.
3. An MOU is being developed with CHIP (Children's Health Insurance Program) for a Children's Research Initiative.
4. An Oral Health Study is underway with the state Oral Health Program.
5. A Behavioral Health research initiative is being discussed with guidance from BHHF. A Health Insurance Literacy Study will be an initiative most likely through Marshall University.
6. SHOP (Small Business Health Options Program) – project-based support that is being procured through the Office of Technology's ITECH10 process will soon be on board with the OIC.
7. The baseline research procurement for actuarial assessment and economic modeling services has been posted; three bids were received and will be reviewed by the OIC then finalized by Purchasing.
8. Actuarial services for the evaluation of Essential Health Benefit benchmark options is currently being finalized at Purchasing.
9. Exchange Performance Evaluation –The MOU with WVU for the development evaluation plan is being finalized.

E. Overview of Agent/Navigator Issues from Rule

1. Lisa presented two handouts for discussion: summarized excerpts from the § 155.210 *Navigator Program Standards* and § 155.220 *Agents' Participation in the Exchange*. (see attachments)
2. The default Essential Health Benefit is the largest small-group plan in the state. That becomes default if there is no decision by the end of the third quarter 2012.

Several questions were asked regarding these rules.

Q Are navigators held to the same website rules as agents?

A The rule does not explicitly address this; the OIC will add to the list of questions to ask HHS.

Q Who will review the websites of the agents or websites of the navigators if they exist?

A The rule does not explicitly address this; the OIC will add to the list of questions to ask HHS.

Q Will navigators need to know about all the plans for Medicaid, CHIPS, and regular qualified health plans?

A Yes. (§155.210 (e))

Q How will the core IT costs be handled? How to proceed?

A The core IT build for the Design, Development and Implementation (DDI) phase of the Exchange will be funded by federal grants. Operational costs will come from Exchange revenue, including fees assessed by the Exchange.

Q Can an agent become a navigator if they receive compensation from a qualified health plan?

A No. (§155.210 (d) 4)

Q Can an entity have a line of navigators and a line of agents?

A The OIC's interpretation of the rule, (§155.210 (d) 4), indicates that this would not be permissible, but the question will be submitted to HHS for verification.

Q Can a union be a navigator if it sells insurance?

A Unclear. Will add to the list of questions to ask HHS. .

Q **Can an agency that sells only non-health care insurance (e.g., long-term care, disability, sick & accident, life insurance, etc.) be a navigator?**

A It depends on what a “non-QHP” entity is. HHS will have to define that term as referenced in (§155.210 (d) 4)

Q **Is there a referral network and, if so, how will it work?**

A A process for referrals is an issue that will have to be discussed by the Board. A strategy for developing a referral network will be addressed in the Agent/Navigator Strategy RFQ that is currently at state purchasing.

After much discussion, it was suggested that people send their additional questions to bewv@cesd.wvu.edu for follow up at the next meeting.

F. Next Meeting

The next meeting will be changed to Wed., May 9 at 1:00 since Tues. May 8 is Election Day.

Action Register

What/Task	Who	When
1. Prepare notes from meeting	CESD	4/17/12

Follow-up Questions

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

Session Plus/Delta

A Plus/Delta was not done for this meeting.