

WV Health Insurance Marketplace Stakeholder Meeting Summary

Group: Consumers and Providers		
Location: Offices of the Insurance Commissioner, 1124 Smith Street, Main Conference Room	Date: 3/26/13	Time: 10:00 a.m.– Noon.
Objectives: See agenda		
Facilitator/Lead: Carl Hadsell	Handouts: Health Insurance Literacy PowerPoint, WV Oral Health PowerPoint	
Attendees: Phil Shimmer, Dan Foster, Perry Bryant, Deborah McCoy, Jeremiah Samples, Dr. Jason Roush, Diana Hypes, Jeff Wiseman		
Next Meeting Date: Please attend the April 30 th workshop regarding Maximizing Health Insurance Coverage in WV		

Discussion Points

1. **What's New OIC newsletter** – The newsletter is a great resource for all types of information and activities regarding Marketplaces. Please send any materials and/or submissions you may have for the *What's New* newsletter to Debi McCoy at Deborah.McCoy@wvinsurance.gov.
2. **Federal Updates**
 - a. **EHB** – WV will use the Blue Cross Super Blue 2000 for its benchmark plan, CHIP for pediatric dental and Federal Employees (FEDVip) plan for vision. There are three information letters the OIC is preparing for QHP regarding Habilitation, Infertility services, and substantially equal plans. Jeremiah will have the letters sent out on 3/13/13. Further guidance will be shared as it is developed.
 - b. **Market Rule** – Has been released and outlines the rating requirements, region, age and tobacco use. West Virginia has selected 11 regional rating areas. The state has chosen an annual progression (one year increments) on age to help reduce rate shock. More information about this selection is available on the www.bewv.com website.
 - c. **Agent Application** – HHS is expecting 85% participation of current agents in the Marketplace. They have stated they estimate the application and training process to be about four and one-half hours. The estimated release date of training is July.
 - d. **Payment Notice Rule** – Sets the fees at 3.5% for first year. WV has asked for more transparency in the cost and process to the federal government to operate the Marketplace. We have not received any information and will continue to request more details. Agent commission in the SHOP must be the same as it is in the outside market.
 - e. The **SHOP** rule outlined that the federal government will not do collection and remittance for the first year. Also note that there will be no employee choice the first year. If an issuer has 20% of the small-group market and wishes to sell in the individual Marketplace, they must also sell plans in the SHOP.
 - f. **Implementation:** Feds moving some of the Marketplace items to the future to push to get what is absolutely required for bringing the system up on time. The State will do regulatory matters; the QHP submission window opened on April 1 and runs through May 31st. Dental templates are expected to be released on May 15th.
- Q:** How many State Exchanges are allowing for Employee Choice?
- A:** Do not have exact numbers, but most are.
- g. **FEE rules** - HHS has sent letters concerning **FFE rules** to all issuers for Plan Management. The letters are posted on the website. CCIIO also released its final letter to issuers, which can be found on the www.bewv.com site.
3. **Marketplace Status Update**
 - a. QHP Application filing window begins April 1 and will last for 60 days. There is a very tight timeline. The applications will be submitted to the Federally-Facilitated Marketplace (FFM) in July.
 - b. The OIC is sending three letters to issuers on the Habilitative Benefit of EHB, Infertility Services and

the definition of substantially equal plans in West Virginia. Plans moving forward must match the policy. If the benefits are different there must be an actuarial value justification. Feds have really not defined habilitative services.

Q: How will prescription drug benefits be compared from plan to plan?

A: The exact details were not available in the meeting. Jeremiah Samples to provide Mr. Shimmer with the section of the final EHB rule dealing with prescription drug coverage. This is an area that will need looked at more.

- c. Issuers put info into Fed data template, then comes to state for review. End of May plans/costs will be revealed.
- d. There is some concern on the data templates that the carriers must use to enter data for the QHP's. The OIC will watch this closely.

Q: When will consumers know what plans are available and the cost of each?

A: After the 60 day submission window the OIC will release the data- after May 31st.

- e. HHS gives state the flexibility to have rating regions of "x" MSAs plus 1; WV was allotted up to 11 rating regions. Issuers may collapse some of these. At first, WV was looking at six regions but will now move forward with 11 regions.
- f. There was discussion on rates. The actuarial work has been done and is being reviewed. This will show the pockets of populations in the market. Need to work on reducing significant rate shock. The information on the actuarial work will be released in the near future. Consultant CCRC has done a good job with this.
- g. CCRC Actuarial report should be finalized and the numbers will be given to the Governor's office for release.

Q: What are the plans for Outreach?

A: There is an In- Person Assistors RFP. The vendor will work within DHHR offices and other locations to enroll consumers. HHS is developing materials which we will use, some of which are already available at:

<http://marketplace.cms.gov/getofficialresources/get-official-resources.html>

Q: Why did the state turn down the Federal funding for marketing, what states are using this funding and how?

A: Federal has done some marketing already, were unclear with all we had on our plate as to what we would do with all the plans in relation to promoting it all. We believe the in-person assistance program was the critical piece in getting enrollments. We continue to work with other agencies such as BCF to use their facilities and as a communication vehicle to promote the Marketplace.

Q: Are the Feds wanting robust grant applications by the states regarding enrollment strategies?

A: Seems the Feds are somewhat nervous about enrollment and what it might need to do to bring awareness and get enrollments.

4. Marshall University Health Insurance Literacy Presentation

A PowerPoint was provided with a summary of the process and findings, including recommendations from the Health Insurance Literacy research project. The results offer some specifics to consider regarding how best to communicate and directly assist individuals entering the Health Insurance Marketplace. The data offered what kinds of help would be most beneficial to the consumer.

5. WV Oral Health Presentation

Dr. Jason Roush, WV State Dental Director, provided information, including a PowerPoint, entitled "Health Care Reform: Where do we go from here?" He spoke to the current status and longer-term concerns as to oral health care in WV. He noted consumer issues included benefit confusion and access to care. For providers, it was practice management and profitability. Recommendations for the State Oral Health Programs (SOHP) include:

- Work with care navigators to ensure consumers understand the benefits being offered
- Work with Medicaid and providers to ensure system is in place to assure fair reimbursement
- Work with stakeholders to incorporate case management/care coordination into State programs.

Next Meeting

The next meeting will be held in May, 2013. You are asked to attend the special planning workshop on April 30th regarding consumer health insurance coverage. Information has been emailed to all stakeholders regarding this event.

Action Register

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