

# WV Health Benefit Exchange Stakeholder Meeting Summary

<b>Group:</b> Producers		
<b>Location:</b> One Players Club	<b>Date:</b> 10/9/12	<b>Time:</b> 1:00 p.m. – 2:00 p.m.
<b>Objectives:</b> See agenda		
<b>Facilitator/Lead:</b> Carl Hadsell	<b>Handouts</b> Stand-Alone Dental Plan Issue Brief	
<b>Attendees:</b> Scott Kephart, Gray Marion, Diana Hypes, Jeff Wiseman, Lisa Calderwood, Jeremiah Samples, Geoff Christian (phone), Brett Hamilton (phone) , Joseph Deacon (phone), Greg Elam		
<b>Next Meeting Date:</b> Tuesday November 13, 2012 1:00 p.m. – 3:00 p.m.		

## Discussion Points

1. **What's New OIC newsletter** – The newsletter is a great resource for all types of information and activities regarding exchanges. Please send any materials and/or submissions you may have to the *What's New* newsletter to Debi McCoy at [Deborah.McCoy@wvinsurance.gov](mailto:Deborah.McCoy@wvinsurance.gov) .
2. **Exchange Updates**
  - a. **IT** – The non-eligibility procurement continues to be on hold at State Purchasing. If a decision to pursue a state-based exchange is made, that procurement could be released. If the state chose a federal or partnership model, the procurement will have to be changed.
  - b. **Plan Management**
    - i. The OIC is working to fill out the Blueprint for certification. Submission of the Blueprint is contingent on decision of model selection. This work would be necessary for either an SBE or Partnership. We will not submit until final decision has been made.
    - ii. During the morning Carrier meeting the SERFF development team presented about plan management functions for QHP and non-QHP certification. There are still unanswered questions by HHS on discriminatory benefit design, cost of plan management in an FFE, network adequacy, actuarial value calculation, etc.
  - c. **Federal Updates**
    - i. **EHB** – Governor Tomblin sent a letter to HHS Secretary Kathleen Sebelius about the state's concerns over the lack of rules and guidance on the essential health benefits; there is not enough information currently available to make an informed decision as to an EHB benchmark. This is the second letter Gov. Tomblin has submitted – the first was submitted in July and focused on Medicaid questions and the Supreme Court ruling. **The letter is located at [www.bewv.com](http://www.bewv.com). It noted that time is passing and the states are running out of time to get the work done before the established deadline.**
    - ii. **Market Reform** rules are still in a holding pattern. There has been no update from HHS about release date but it is not likely to be released until mid-November. Rating rule – states have the responsibility to develop regional rating, submit report to feds, which they'll then approve or disapprove. There is currently no timeline or guidance about what this process will look like. Just as important as EHB rule in that it's necessary to make decisions. Absent all this information, we still have a duty to do analysis based on ACA provisions alone and take into consideration that the final rules may change the assumption we must make. This increases the risks to the state. We're working with CCRC to analyze filings the state has received to get a better sense of what currently happens, but in 2014 the underwriting we currently know will cease to exist. One approach to mitigate timeline constraints would be to adopt regional rating factors as they currently exist. We'll be working with issuers and our contracted actuaries, CCRC, to investigate these issues.

- iii. **Multi-State Plans (MSP).** There was a release of guidance on MSPs last week. Basically an MSP will be operated at the federal level by the Office of Personal Management (OPM), who will contract with an issuer(s) to provide services per the OPM. One concern is that not all of WV's current regulatory requirements would apply to MSPs. We're been requesting the federal government conform federal plans to meet state requirements, and we need to review the guidance that was released to see if this is happening. It is not yet known how the MSPs will be sold or marketed, which may be of interest to agents.
- iv. **Consumer Assistance Guidance.** We were told there would be additional guidance on the consumer assistance mechanisms – consumer assisters, marketplace assisters, navigators by the end of September, but this information has not yet been released. There is some of this information in the updated blueprint. We've only heard information verbally, so until we have it in writing we cannot plan based on the information available alone. We did hear on a call that web-brokers will be allowed to participate in any model exchange.

d. **Other**

- i. **Provider Quality Initiative.** The ACA requires that quality information be presented to consumers for a variety of reasons. We're not sure when HHS will try to implement this provision. We had a concern that absent input from the state, HHS would develop this on their own and possibly duplicate data submission requirements. The OIC entered into an MOU with Arnie Hassan and the West Virginia School of Osteopathic Medicine (WVSOM), who is recommending to the workgroup that CAHPS data be used as the data input. Because CAHPS is already widely used, this will hopefully not add to the exchange's administrative costs. WVSOM is also recommending that a tool be developed to display this information to consumers in a digestible, easy to use way. We've heard that CAHPS will also be used in an FFE. We have requested a meeting with HHS specifically to discuss their plans for the provider quality initiative and share our research to this point.
- ii. **Insurance Literacy Study – The project team at Marshall University** is beginning the interview process. Understanding consumers' knowledge of insurance and health will help state agencies, agents, and the Exchange craft messages in the future. This also will provide a baseline regarding health insurance literacy. This is a worthwhile and exciting project

**Q:** Gray asked when the drop-date for this project to be completed is.

**A:** Debi responded the MOU states by December. The drop dead date was soft to allow for any potential issues that may arise with the research. Debi also reported that Marshall had requested feedback on the Interview Tool. She stated that OIC Consumer Services had review the document and found it to be through. Debi requested additional feedback from the agents attending and Gray Marion agreed to review the document at the end of the meeting.

- iii. **NASHP Regional Exchange Study.** Finalizing questionnaire for other states. Purpose of the project is to examine regional exchange model including sharing administrative and IT costs, reciprocal agreements with bordering states, pooling risk. Looking at MA, NC, DE, as well as all bordering states. A primary purpose of this important initiative is to bring down the costs for each state.
- iv. **CCRC Actuarial Contract.** CCRC won the competitive bid for actuarial analysis and economic modeling project for baseline research. We currently have data request out to carriers and other state agencies. Hopefully we'll have a much clearer picture of what the market will look like as a result of health reform. The work CCRC is performing will help develop rating rules. For risk adjustment, reinsurance and risk corridors, CCRC is going to develop a micro simulation model to assess how premium stabilization mechanisms will work. CCRC will be researching Medicaid expansion as part of their contract; will not be looking at IT costs or cost of additional FTEs. Anticipate having final report in January. Prioritized effort will be getting information necessary to make an informed decision about which model Exchange the state will pursue and declare in the November letter.

3. **Presentation on Stand-Alone Dental**

- a. Oral health program update: The OIC has an MOU with the Oral Health Program of the Office of Maternal, Child, and Family Health (OMCFH) within DHHR that has 5 deliverables; dental census survey (which will address provider availability in the state); a phone survey to find out about consumer dental insurance and care experience (insurance, emergency care, etc.) and impact on life; a surveillance project for adults (examined peoples' mouths to assess state of oral health) ; surveillance project for seniors, because they may purchase SADP insurance through Exchange; and recommendations on stand-alone dental plans from the perspective of providers.
- b. In a State-Based Exchange, there are more state responsibilities for promoting oral health and displaying stand-alone dental plans (SADPs). The state can choose to actively promote the importance of dental coverage for adults shopping on the Exchange for QHPs. In a Partnership, it is unclear what flexibility the state will have in addressing dental coverage on the Exchange.
- c. Any stand-alone dental plan on the Exchange must include the pediatric dental benefit. If stand-alone dental plan is not offered in the Exchange, the pediatric dental benefit of the EHB must be included in the medical plan (QHP). Stand-alone dental may be adult-only outside of the Exchange. There is an outstanding question to HHS regarding pricing out of adult portion of dental plans separately in Exchange. No requirement to purchase dental in the Exchange if sold as a separate plan – may be able to purchase stand-alone dental outside of the Exchange to get adult-only coverage. Without knowing if a stand-alone dental plan will be offered, carriers are not able to design their QHPs due to uncertainty of having to place pediatric benefit in plan. QHPs will need to know prior to submission of plan if stand-alone are going to participate in Exchange. Potential adverse selection between QHPs and non-QHPs (which must offer pediatric dental).
- d. Premiums costly for dental coverage in relation to what consumers are getting; not lucrative for the agents. Those who tend to want coverage are individuals who have great dental needs; often referred to HMO discount plans.
- e. Pediatric dental coverage likely to be either the CHIP plan or the federal dental plan, per the EHB bulletin.

There was discussion of some of the concerns in the dental health insurance area. Gray asked about out of pocket costs at the dental office? And if consumers will be allowed to finance their dental services (i.e., CareCredit) as he things this is a significant concern that is harmful to consumers.

**Next Meeting**

The next meeting will be held Tues., November 13, 2012 1:00 p.m. – 3:00 p.m.

**Action Register**

What/Task	Who	When
1. Prepare notes from meeting	OIC	10/15/12

**Session Plus/Delta**

A Plus/Delta was not done for this meeting.