

WEST VIRGINIA HEALTH INSURANCE EXCHANGE

Public Forum Stakeholder Response Summary



west virginia
OFFICES OF THE
INSURANCE
COMMISSIONER

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The Offices of the Insurance Commissioner sincerely thanks all the participants who turned out to share your thoughts and air your concerns, joining in the development of the Health Insurance Exchange. Your voices, the clear engagement of concerned citizens, will help your government create the best system to serve you.

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Stakeholder Sessions Overview

This summary report details the six stakeholder sessions held throughout West Virginia by the West Virginia Offices of the Insurance Commissioner (OIC) between November 30, 2010, and January 20, 2011.¹ The campaign focused on disseminating information about the planned Health Insurance Exchange and noting the concerns and questions from stakeholders and the general public about the initiative. As West Virginia Insurance Commissioner Jane L. Cline said when she announced the campaign, “Providing information and listening directly to stakeholders is paramount for success of the Exchange.” This paper presents the results and findings of the information and stakeholder campaign.

To design and facilitate these stakeholder sessions, the OIC drew on the expertise of the Center for Entrepreneurial Studies and Development, Inc. (CESD). Based on a nationwide examination of best practices, the OIC developed a stakeholder engagement strategy, the goals of which were to create and foster *communities of interest* that would come together to help create new systems for design and development of a Health Insurance Exchange in West Virginia. The first stages of this stakeholder engagement strategy were in the six stakeholder sessions held statewide at the end of 2010 and beginning of 2011 in which the proposed Health Insurance Exchange was discussed. The OIC worked with CESD to design and deliver this series of public forums. It is hoped by the OIC that the constructive dialogue from these sessions will complement the responses to OIC’s Request for Comment. In addition, this report will be used by OIC planners for additional review and to help determine appropriate next steps.

PURPOSE

The meetings were designed to inform the public about what is in the Affordable Care Act (ACA) concerning the exchange, educate the public about what the OIC has accomplished to date on exchange planning, outline critical areas where stakeholder input is needed, receive stakeholder input, and gather public ideas on the exchange. From the information gathered prior to and during these meetings, the OIC wanted to develop community-of-interest policy groups to further develop exchange plans in the near future.

Throughout the sessions, the OIC was committed to making this process as transparent as possible. The OIC went to great lengths to ensure that all perspectives were heard. The sessions were viewed as two-way conversations, between State government and the public. They were not designed to finalize solutions so much as to hear comments, insights, and thoughts in order to help clarify the concerns of the public as well as the process and product required of the proposed Health Insurance Exchange. The discussions focused on the policy and operational decisions that must be made to ensure the successful implementation of a Health Insurance Exchange in West Virginia.

The Affordable Care Act requires that an exchange engage stakeholder groups. While the exchange has not yet been developed, it was absolutely essential to maintain as open a process as possible, starting with the exchange planning stage and moving forward in perpetuity as the exchange is operational. For these initial stakeholder sessions, CESD designed, organized, and facilitated the gatherings, with Associates Holly Clark, Carl Hadsell, and Matt West conducting the meetings. The OIC was represented by various individuals at the meetings. Representatives included Commissioner Jane L. Cline, Deputy Commissioner Bill Kenny, and General Counsel Mary Jane Pickens, as well as Insurance Program Manager Jeremiah Samples, who headed up a team that included Insurance Market Analyst Nancy Malecek, Research Specialist Pam King, Insurance Specialist Debi McCoy, Intern Research Specialist Lisa Calderwood, and Insurance Complaint Specialist Supervisor Dena Wildman.

¹ Fairmont, Nov. 30; Huntington, Dec. 2; Wheeling, Dec. 7; Beckley, Dec. 14; Shepherdstown, Jan. 6; Charleston, Jan. 20.

PROCESS

Each session was structured in three segments (A, B and C). To open each segment, Program Manager Jeremiah Samples, representing the OIC, presented background information to attendees, and a CESD Associate facilitated public comment. In order to streamline the comment phase of each section, questionnaires were distributed that addressed various aspects of the proposed Health Insurance Exchange and Question and Insight Cards were given to participants so they might write down particular questions and concerns to be discussed during the session as time permitted. The cards could be submitted throughout the session as other ideas and additional thoughts were generated by participants.

At the beginning of Segment A, Mr. Samples provided to the participants background about the Health Insurance Exchange: the provisions of the Affordable Care Act, the characteristics and objectives of the Exchange, and the effects the Exchange might have on each stakeholder group. To open Segment B, Mr. Samples discussed the progress the State has made so far, the methods and key components of the State’s current research into the Exchange, how the Exchange relates to other initiatives, and the OIC’s recommendations for the Exchange. In Segment C, Mr. Samples presented future plans, a timetable, and possible challenges of the Exchange, as well as outlining the communities of interest and informing participants how to sign up to get involved in future steps in the initiative.

Data Summary

The heart of the stakeholder sessions lies in the raw data gleaned from the process. Examining the raw data provides arguably the best glimpse into the minds of the respondents, and this summary report presents the data organized by survey responses first, then the information from the Question and Insight Cards. The data has been sorted into categories in order to facilitate understanding, but at the same time readers are cautioned not to read too much into the categories and data. The stakeholder sessions and information gathered should be thought of as hints rather than firm conclusions about opinions and positions held by the public.

At the same time, it should be noted that in these sessions, certain overarching ideas appeared to stand out:

- An appreciation for the process and the openness shown by the OIC—many participants would like to see this continue;
- The importance of balancing consumer, employer, industry, and government participation on the governance board;
- A need to keep in mind the twin goals of affordability and accessibility as a primary purpose of the exchange.

SURVEY RESPONSES

| Survey Responses | | I am (check all that apply) | |
|------------------|-----------|------------------------------------|------------|
| Charleston | 33 | Health Care Consumer | 56 47% |
| Wheeling | 12 | Agent or Broker | 15 13% |
| Huntington | 9 | Health Care Provider | 11 9% |
| Shepherdstown | 9 | Carrier | 4 3% |
| Fairmont | 7 | Employer | 3 3% |
| Beckley | 3 | Physician/Health Care Professional | 0 0% |
| Total | 73 | Other | 29 25% |
| | | Total | 118 |

For each of the following statements, circle the number that best describes how you feel. Circle NA if you feel you cannot provide a rating based on your knowledge. Use the following scale:

1 = Strongly disagree 2 = Disagree 3 = Somewhat disagree 4 = Somewhat agree 5 = Agree 6 = Strongly agree

| Statement | 1 | 2 | 3 | 4 | 5 | 6 | N | Avg. | Std. Dev. |
|---|-------------|------------|------------|-------------|-------------|-------------|----|------|-----------|
| 1. West Virginia consumers will benefit from a Health Insurance Exchange. | 1 (2%) | 4 (7%) | 7 (11%) | 7 (11%) | 15 (25%) | 27 (44%) | 61 | 4.7 | 1.6 |
| 2. West Virginia small businesses will benefit from a Health Insurance Exchange. | 0 (0%) | 3 (5%) | 7 (12%) | 11 (19%) | 16 (28%) | 21 (36%) | 58 | 4.7 | 1.4 |
| 3. All health insurance plans should be made available only through the Exchange. | 17 (30%) | 8 (14%) | 8 (14%) | 4 (7%) | 6 (11%) | 13 (23%) | 56 | 3.1 | 2.1 |
| 4. Health insurance carriers should be permitted to sell plans outside of the Exchange. | 11 (20%) | 5 (9%) | 8 (14%) | 12 (21%) | 9 (16%) | 11 (20%) | 56 | 3.5 | 1.9 |

For those statements you rated 3 or less, please provide explanations for that rating and include the statement number.

Question 1

- The health insurance market is already fairly organized through the agent/broker community. As long as agents are involved in the process, then the exchange will operate smoothly. Unlicensed, new persons/navigators will not help the process and if anything will harm the process.
- To my understanding, the majority of WV residents will be ineligible for the Exchange. The Exchange should be open to everyone—not just those who currently have no coverage offered by an employer.
- Not certain consumers will benefit with limited known structure at this time.

Question 2

- If small businesses currently pay premiums, they may not benefit if they lose ability to deduct expense.
- WV small businesses rely on licensed, professional insurance agents to guide them through a complicated marketplace. Independent agents/benefits professionals play many roles including but not limited to: helping with obtaining premium rates with underwritten bids, helping to facilitate a decision on a plan, enrolling the small business and educating the employees, handling claim and customer service issues, and communicating with the company year round. The majority of these businesses would not have a health plan without the help of a licensed agent. An exchange/website will not replace the value that an agent can provide. In summary, an exchange is a somewhat positive idea, but the agent/broker community needs to be involved to help assist in the implementation.

Questions 1 & 2

- The exchange, if properly structured, could be a huge benefit to consumers and small businesses. The exchange should be governed by a majority of consumers with no one with a financial conflict of interest on the board. Additionally, the exchange should be a prudent purchaser of health care and only allow these companies that submit the best value into the exchange.

- For many consumers, whether business or individuals, matching informed decisions on which is the best plan may be confusing. Price isn't the only consideration. You have to be aware of networks, claims history, service, out-of-network claims and coverage.

Question 3

- Only those that meet criteria established by knowledgeable people. Such a requirement might be ammunition for opposition.
- Free enterprise and existing companies can and will do a good job for satisfied consumers.
- I worry that not all West Virginians will be able to or will be comfortable accessing the Exchange. They would be limiting this knowledge of all places out there, but as insurance will be required, I think consumers should be able to choose their method.
- Too many choices are known to confuse consumers. Well selected options are a better idea.
- If insurance is only available through exchange there is limited.
- Only the plans with the best benefit/cost ratio should be allowed in the plan.
- The only way to be fair and ensure consistency.
- Only those that provide value and meet standards.
- Not enough financial data to determine whether insurance plan should be sold only inside the exchange or allow policies to be sold outside the exchange.
- In WV, opting out will make the system unworkable.
- No monopolies are good.
- The exchange should assure that only high value/high quality plans are sold through the exchange.
- We need everything in HIX.
- In order to avoid adverse selection with policies sold inside the [exchange,] policies should only be sold within the exchange.
- Difficult to answer. If they can sell plans outside the exchange at a greater profit, why would they even consider being a part of the exchange?
- I believe that there need to be plans available inside and outside of the exchange. There will be people who will want certain plan designs that may not be considered adequate by the federal government. Choice needs to be maintained, although choice is going to be diminished HCR.

Questions 1-3

- The Exchange should only be set up if efforts to repeal Obamacare fail. We should wait until after 2012 to begin firm Exchange planning. If repeal efforts fail, I'm not optimistic about the benefit of an exchange.

Question 4

- The insurance exchange should monitor and approve all insurance providers.
- Difficult to mitigate adverse selection. Allowing carriers to sell outside exchange feeds adverse selection.
- Not really sure about pros and cons. Why should we sell plans in WV that don't meet criteria of the exchange?
- Feel competition from health insurance carriers has not been positive - too much control because of financial interests.
- If we limit those who can sell in the exchange it will be necessary to consider this.
- Concern about price offered and services outside the plan.
- I wasn't really sure how to answer that but it seems it might undermine the efforts of the exchange.

- If health insurance plans do not meet criteria, they should not be in the exchange. I don't really care about carriers outside the exchange.
- I'm afraid if a company can operate outside the Exchange then possibly the healthiest individuals will be drawn out of the Exchange system.
- Feel that would not be far and those following guidelines.

Questions 3 & 4

- I believe the private sector and competition within the private sector is very important and necessary for affordable health insurance plans.
- Answers depend on what exchange looks like. Don't want to remove competition from the market.
- I don't know enough to decide whether insurances should or shouldn't be forced to be in the exchange.
- I disagree with any law that reduces competition.

Questions 1-4

- I don't feel the exchange can be created with just WV's given the population w/ Medicare, Medicaid, PEIA and private ER plans in WV - Too expensive! w/ too few participants.
- We have seen historically in our country that competition in a social system has helped with quality, cost, and innovative considerations and many times if industry has government control it has increased cost without increased benefits.
- I foresee adverse selection and rates skyrocketing in the exchange.
- Exchanges do nothing to control costs. They will be too expensive for people in West Virginia. We have to get control of mushrooming insurance costs. Best would be to organize all insurance through a public option or single payer (federal government will provide waiver for alternatives).

Questions

1. Who should operate West Virginia's Health Insurance Exchange?

| | | |
|----------------------------|-----------|-----|
| The State of West Virginia | 50 | 67% |
| A Non-Profit Entity | 23 | 31% |
| The Federal Government | 1 | 1% |
| No Preference | <u>1</u> | 1% |
| Total | 75 | |

2. There should be:

| | | |
|---|-----------|-----|
| One exchange for both individuals and small businesses | 29 | 43% |
| Two exchanges, one for individuals and one for small businesses | 16 | 24% |
| No preference | <u>22</u> | 33% |
| Total | 67 | |

3. As a consumer or employer, how do you go about choosing a health insurance plan (e.g., what is important, how do you learn about and compare plans, etc.)?

Plan Attributes

1. Coverage and cost and access.
2. Cost.
3. Freedom of choice providers. Size of deductibles and co-pays. Size of premium. Experiences of people I know and trust.
4. Services covered, co-pays.
5. As a consumer, I had been limited in accessing policies because my husband has a pre-existing condition. As a small business owner (7 employees) I have been unable to afford coverage for my workers. Looking forward to seeing what the exchange can offer!
6. I choose health care insurance plans that provide the greatest disease promotion projects including chronic disease management programs, weight management programs, etc. and policies with the lowest cost.
7. I look for a plan that covers the most while costing the least - one that I can trust they will come through when I need it.
8. Cost and benefit design, network, customer services, claims payment timeliness.
9. Freedom choice hospitals, physician, other providers with acceptance out of pocket costs.
10. Cost, network, benefits, maximum benefits.
11. Cost/Benefit comparison within personal budget.
12. Coverage of preventive care. - Having choices of providers. - Prefer not to have co-pay but to pay patient portion after receiving services.
13. Coverage.
14. Cost/benefit analysis.
15. Benefits - cost - access in that order. Also customer service - I don't want to spend hours on the phone fighting for something that should have been paid for in the first place.
16. I have compared the quality of insurance products (limited % this time) and price provided by insurance agent.
17. By plan review and cost.
18. Coverage, cost.
19. Cost benefit analysis -- how does insurance meet my specific needs -- then which plan that does is least expensive.
20. I'm part of FEHBP and I compare coverage versus cost.
21. Cost.
22. Premium cost? What is the coverage for medical and prescription drugs? One portal to put information in to see where a person's coverage best fits?
23. Consumer: First and foremost I look at what I can afford, then I choose the plan which the best coverage within my budget. I prefer to pay higher premiums for lower deductibles and copays/coinsurance - good, comprehensive coverage is important. I used to be an employer (small business) and used the same criteria.

24. Small co-pay, biggest amount of benefits, cost to employee out of pocket. We need comprehensive reproductive health care benefits because we employ 80 many women.
25. Benefits -- no limits, preventative care, non-plan services, service -- good consumer history service, cost -- less possible for coverage I need.
26. Best services for a fair cost.
27. I compare premiums, deductibles, and service provider networks in the area (to date, all of the research I have done was online). What is most important is being able to access services when I need them -- meaning leaving access to needed providers and being able to afford those services when I need them.

Selection Process

1. I am a retired state employee using PEIA and Medicare.
2. Primarily by research on internet, secondly by word of mouth of other satisfied consumers or providers.
3. Employer selects carrier and presents choice in plan.
4. Used a "menu" prior to having Medicare and Military Tricare for Life as a military retiree.
5. As an agent, we make in-depth comparison of different plans to each of our clients. How is the exchange going to perform this function? Price is important, but you have to look at the overall picture. I'm afraid if consumers are left to their own devices.
6. As a broker/independent agent, I assist individuals, families, and businesses with these important decisions on a daily basis. I am licensed with every major health insurer in WV and show my clients every available option. I go over the plans and help to compare/contrast the best plans for their budget/needs.
7. Most important - it must be simple, transparent.
8. I work for the state which provides all employees with a "shoppers guide" each year during open enrollment. I review it and compare costs based on the needs of my family.
9. We rely on trained trusted professionals to educate us on these types of decisions. The proper balance of price and product is important.
10. Call my broker.
11. Compare plans presented by agents of different providers.
12. I stayed with any working health plan. I was concerned about trying to find a new plan.
13. I had no choice because I have been an employee of the state all of my career I have had little opportunity to compare plans.
14. My employer decides which insurance plan we have.
15. As an agent for several employers, I do this every day.
16. We belong to the WV High Technology Consortium and avail ourselves of the association plan with mountain state BCBS open to us as members. Our insurance is expensive, but an excellent plan.
17. I have an HR section that analyzes coverages and premiums and fiscal security of the carrier.
18. Internet assistance.
19. I use e-healthinsurance.com. Ehealthinsurance.com is a better exchange platform than anything the government can create.
20. PEIA covered.
21. Use brokers.

4. What skill sets or stakeholder constituencies do you feel should be represented on an Exchange governing board?

Consumers, Community and Advocacy Groups

1. Consumers
2. Consumer (individual)
3. Consumer
4. Consumers
5. Representatives of senior organizations (non-profit)
6. Representatives of children's organization (non-profit)
7. Adequately represent consumers—from low income, lower education consumers to high income, education consumers
8. Consumers
9. Consumers should be a majority of board members
10. Non-profits
11. Faith community
12. Cancer society or such type
13. Someone who has had a family member or themselves who has had a catastrophic illness. They would have insight on navigating through the system.
14. Consumers
15. Consumers
16. Locals
17. Should be more representative of consumers but inclusive of the medical and insurance provider communities
18. Struggling working class who understand that experience
19. Consumers!!
20. Consumers
21. Disabled and long-term illness consumers
22. Consumer, women, and minority interest should be well represented
23. Exchange should be consumer directed- employers, faith community, labor groups
24. Consumers
25. Uninsured individuals
26. Consumers
27. Consumers
28. Women groups
29. Disability advocates
30. Health care advocates (like ACS)
31. Many more consumers on board
32. Equal representation between individuals and small business
33. Majority of consumers

34. Minimum of 50% consumers developed from leaders of advocacy groups that are recognized, i.e., WV Coalition of Homelessness, SILC, WV Mental Health Consumer Assoc., WV Mental Health Planning Council, PAIMI, Unisys, Fair Shake Network to name a few. Certainly DHHR, WV State Insurance Commissioner, HHS, Provider Rep, etc. Prev. Net WVADAC, WV Addictions Care.

Businesses and Employers

1. Business
2. Small business representative
3. Small business
4. Small business
5. Employer organization
6. Employers - big and small
7. Business acumen
8. Actuaries, employers, human resource executives
9. Employers
10. Small business
11. Employers
12. Rep. from companies
13. Small Business owners
14. Chambers of commerce
15. Equal representation between individuals and small business

Healthcare Providers

1. Health care professional
2. Administrator primary care clinic
3. Primary health care providers
4. Doctors
5. Hospital execs
6. Provider representation
7. Health care professionals
8. Primary care doctors
9. Nurses
10. Consumers (Individuals, employers, families, minorities, and women)
11. Providers and insurers should be represented but to a lesser degree than consumers
12. Health care providers
13. Providers
14. Physicians or health care professionals
15. Doctors
16. Hospitals

Health Insurance Industry

1. Industry regulators
2. Insurance agent community/carriers
3. Insurance industry (private) experience
4. Insurance providers
5. Insurance
6. Providers and insurers should be represented but to a lesser degree than consumers.
7. Brokers
8. Insurance companies
9. Brokers
10. Agents
11. Carriers
12. Agents
13. Brokers
14. Insurance professionals
15. Better have several people who have been in the health insurance business for a long time and with financial backgrounds
16. Actuaries
17. I don't see how agents are going to be replaced as competent decision makers. We have invested time and effort to become knowledgeable about the market place. I know the general feeling that a navigator can advise people with a few months training is absurd. It takes years, believe me. I wouldn't try to step in and do your job.

Government

1. Legislator
2. Representative of OIC
3. I think the insurance commission and state agencies dealing with health care should have seats with the rest of the seats filled by consumers.
4. Independent exchange board
5. Government agency reps
6. Representatives from governmental agencies
7. Medicare
8. State agencies

Labor

1. Unions
2. Labor
3. Labor organization
4. Labor unions
5. Union workers
6. Union-AFL/CIO

Skills Needed

1. In addition to what was recommended, I think it would be wise to include folks with financial backgrounds as well as legal expertise.
2. 30 years' experience
3. Education
4. Having worked through different health plans with different companies.
5. Accountability
6. Transparency
7. All levels of expertise
8. Financial
9. Information technology/data standards
10. People who believe in individual liberty and personal responsibility.
11. People who believe rights come from God not government.
12. IT specialists (computer geeks)
13. Accountants
14. Awareness of consumer needs, particularly the less affluent
15. Knowledge of best practices
16. Knowledge of problems faced by consumers and the insurance industry
17. A technology company
18. Board should include members from board spectrum of stakeholders groups, and be sure to include members with an understanding of health economics.
19. Accounting
20. Legal
21. All 'bridge builders' -- folks from different parts of the state and from different walks of life
22. Membership on governing Board should be limited to individuals with specific expertise (e.g. actuaries).
23. Finance people
24. Individual with specific expertise (i.e. health care economist)
25. They should be well experienced in health care needs and they should be replaceable if necessary when unworkable plans start showing up.
26. All should be well educated not involved only in politics. Transparency in selecting the thirteen board members (nonpolitical).
27. People in positions of leadership who can effectively share info with stakeholders

Should Not be on Board

1. Not providers or insurance companies
2. No one with a financial conflict of interest should serve on the board.
3. No one with a financial interest in health care should have a seat in the exchange.
4. It is essential that the governing board members have nothing to gain/no conflict of interest -- (i.e., ties to insurance companies).
5. These should not be insurance companies or hospitals, maybe have nurse/doctor but no organized medical group.
6. No legislators
7. People with vested financial interest should not be included on the governing Board.
8. I would prefer the governance board not have insurance industry as seated. They seem to have a vested interest. Insurance industry should be used as consultants.
9. Those with a financial interest in the decision of the exchange should be excluded from the governing board.
10. No government appointments

Other Comments

1. I agree with model/composition presented.
2. All stakeholders should be represented so a balanced and informed board is constructed.
3. There should be two boards: 1. Voting - A governing board made up of individuals with no financial interest. 2. Non-voting - An advisory board representing all stakeholders, and provides input to the governing board. Advantages: minimizes conflicts of interest while maximizing participation and representation of all.

5. What ideas or suggestions would you offer for the design of a Health Insurance Exchange in West Virginia that would be most helpful to you as a consumer or employer?

The comments below are grouped under 11 general categories to facilitate consideration, as follows:

- | | |
|---------------------------------|------------------------|
| Access and Outreach | Agents/Brokers |
| Budget and Finance | Design and Development |
| Governance | Operations |
| Plan Development and Assessment | Prevention/Wellness |
| Public Forums | Regional Exchange |
| Other | |

The categories were inferred by CESD from the comments made by the participants; other readers of the raw comments may, of course, interpret and group the data differently. With this in mind, the text of the comments below was transcribed from written comments with no edits made. Only usable responses were included; inflammatory or inappropriate comments may have been deleted.

Access and Outreach

1. Barriers - access by internet is good, but need assistance for those not able to use internet and need community access to internet.
2. Allow independent non-profit groups to act as navigators, not just insurance agents. Online access is important.
3. Access to support and produced education.
4. Clear, concise, and user-friendly info exchange is critical. 3- Plan comparisons that are easy to understand and parallel are also important.
5. I hope it would be consumer friendly. Easy to understand, and I would hope I could plug in what is important to me and then a plan would be available.
6. The exchange should be consumer friendly, easy to understand.
7. Full Service website.
8. Keep it simple - Easily understood. No hidden rules/regs. Not a lot of insurance speak - easy access - personal attention.

Agents/Brokers

1. Don't force me into it. Let agents and brokers who have been in the field working with health products lead on this. Make sure it is set up correctly and that there are fair options for all.
2. As a consumer, I'm afraid that the service aspect that agents provide is getting very little attention. I just don't see how using an 800 number is going to provide the claims assistance problem solving, sincere interest in individuals situations that present agents do.
3. Links and contact information to put consumers/businesses in contact with knowledgeable, licensed agents are necessary. Utah has adopted this model and from what I understand, it has worked well. I firmly believe that unlicensed "navigators" or an 800 number are not going to work to help facilitate people into health plans.

Budget and Finance

1. The health exchange should reduce costs and expand eligibility.
2. Affordability as a consumer or employer. As a taxpayer I want this to truly pay for itself.
3. Single payer; Medicare for all; higher taxes that care for the health of US citizens; lower tax proportion going towards death and destruction around the world.
4. Maximize federal funding and make best use of it.
5. Must deal effectively with "negative selection" such that premiums don't rise too far within the exchanges.

Design and Development

1. To have a method to summarize/cost compare plans for consumers that are easily understood, perhaps in tabular form.
2. Simple and to the point. Easy language for all to understand.
3. 1) Must be user-friendly; ease of shopping and 2) Allow carriers to pump their plans on their own terms: do not restrict them; allow carriers to speak freely.
4. Look at how FEHBP operates. Good website where you can compare plans.
5. Don't reinvent the wheel but reference model (federal) or others which are currently working in the US or other countries with a similar health model.
6. Easy to read and comprehend plan comparisons - written in plain English. Probably accomplished ineligibility portal.

7. Talk with other states.
8. Coordinate across state entities/agencies to avoid redundancy of effort, procedures, etc. Avoid conflicting requirements or redundant processes for providers, consumers.
9. Make it simple to access information. Use national data and eliminate consumer having to provide info - e.g., citizenship, income.
10. Pilot test among a variety of demographics to ensure the exchange is as user-friendly as possible.

Governance

1. Must be autonomous in ability to make decisions about plan that is not over-ridden by OIC.
2. Keep it balanced - don't allow familiarity to blind progress - ensure Board remembers Fiscal Responsibility to Exchange.
3. Good balance on IE of individual consumers and small employers on exchange. Age groups should be represented on exchange commission.
4. As a consumer I feel that consumer access and affordability needs to be protected and 50% of membership to the commission would protect the insured's rights.
5. Consumer input - during the design and continuing. Transparency.

Operations

1. The Exchange should use actual purchasing to obtain the best values (higher quality and costs contained) for consumers.
2. Single payer.

Plan Development and Assessment

1. Provide the best value (disease promotion programs) while containing cost of premiums.
2. Only allow the insurance companies that offer the highest value, i.e. highest quality and lower cost, should be allowed to sell policies inside the Exchange.
3. Standardized plans similar to Med. Sup, plans.
4. Ascertain that the insurance industry offers appropriate coverage at a reasonable and competitive price.
5. Make it as open as possible. Allow carriers to participate. Allow all brokers/agents to participate. Allow all plans to be sold outside the exchange.
6. Public option.
7. I think that consumers deserve to know what percentage of their premium is going toward actual care and not administrative/overhead costs. Making that information public is essential to transparency and accountability. Health care should not be a "for-profit."
8. Keep the pools large enough to allow for affordability.
9. Create the largest risk-pool possible. Start with individuals and small business and add large groups as soon as possible.
10. Continue to make the process as transparent as possible and ensure this design increases access to care keep women's health prioritized and steer away from abortion as a wedge issue. Consider it the basic care for women it is.

Prevention/Wellness

1. Be sure prevention health care is promoted.

Public Forums

1. I think gathering input from consumers and employers through comments; these meetings are key!
Good job!
2. More meetings that are better advertised information be placed on websites for more coverage with definitions readily available for the consumer to digest for better understanding of what is being requested.

Regional Exchange

1. Seems because of our population (low # and high morbidity) a multi-state regional exchange would be necessary to offer maximum number of plans, improved premium pricing, and choice/value.

Other

1. Combine all healthcare notes (1) one question only way could possibly work.

6. What ideas or suggestions would you offer for the design of a Health Insurance Exchange in West Virginia that would be most helpful to you as a stakeholder in the health care industry (e.g., producer, provider, carrier, etc.)?

The comments below are grouped under 12 general categories to facilitate consideration, as follows:

| | | |
|------------------------|-------------------------------|---------------------|
| Access and Outreach | Agents/Brokers | Budget and Finance |
| Design and Development | General Health Care | Governance |
| Medicare/Medicaid | Plan Development & Assessment | Prevention/Wellness |
| Public Forums | Quality of Care | Tort Law Reform |

The categories were inferred by CESD from the comments made by the participants; other readers of the raw comments may, of course, interpret and group the data differently. With this in mind, the text of the comments below was transcribed from written comments with no edits made. Only usable responses were included; inflammatory or inappropriate comments may have been deleted.

Access and Outreach

1. I think consumers need guidance. I know when Medicare advantage began I had consumers calling me, as an agent, in tears because they didn't understand what was going on or what to do.
2. Do a lot of outreach in less populated communities. Make it easy for small business to understand.
3. Navigators need specific training; should not be agents of just a few companies; commission or salaries not based on sales.
4. It is very important to bring all the players to the table. Access will not be provided just by having insurance. Who is going to provide the care? Who is going to fill the gaps? We insist on relying on the existing system, instead of providing a forum to create a new system of safety net providers, including FQHCs, free clinics, health departments, EMTs.

Agents/Brokers

1. One that understands the importance in the role agents perform in the purchasing cycle. I feel agents are getting vilified by the press. Not all decisions can be made by looking at raw data on a computer.
2. The creators of the exchanges need to better understand the role of the agent and how the agent benefits from the employer – not only with the purchasing process, also throughout the year with customer services and advocate.

3. Better learn and understand the role of the trusted advisor/agent in the distribution system. Continue to evaluate the roles and value of all the players.
4. Commissions need to be paid to licensed insurance agents only and at a level competitive with the private sector.

Budget and Finance

1. Pay the people who work [or yourself] enough so they stay and retain the knowledge. Do a lot of outreach in less populated communities. Make it easy for small business to understand.
2. Single payer.
3. Single payer.

Design and Development

1. Discussions regarding technological data standards.
2. Use insurance industry as consultants.
3. Embrace the assistance offered by the technology support providers.
4. Carry out an economic impact study that compares various options: exchange, public option, single payer.
5. Be clear and concise. Don't make it too complicated. Take care to not let this get out of hand like Medicare part D and Medicare advantage. Keep the money in the state.

General Health Care

1. Replace fee for service with service first without rewarding doctors and hospitals to provide more care without more tests and surgeries to make more money.

Governance

1. That it be managed absent intervention of the industry but with the cooperation of it. Administration is absolutely critical.
2. Receive summarized comments, plans, etc. on regular (not more than quarterly) basis.
3. Consumers are stakeholders, too!
4. Continued communication. Continued independence, objectivity, and transparency. Scrutiny of board members to ensure independence and objectivity.

Medicare/Medicaid

1. Reimbursement of state and fed government (Medicare/Medicaid) adjustments/caps/limits.

Plan Development and Assessment

1. The above as patients who don't understand their coverage makes the provider's job harder. Plans with minimum coverage are also important to a provider's abilities to treat and get reimbursed.
2. Allow every carrier and broker to sell exchange policies.

Prevention/Wellness

1. Promote preventive health care. Support community health centers.

Public Forums

1. Let us know of outcomes of the other forums.

Quality of Care

1. Quality of care provided.

Tort Law Reform

1. Tort reform plan for frivolous suits.

7. Based on your current knowledge of a Health Insurance Exchange and its intended purposes, please list any suggestions you might have for the name of West Virginia's Exchange (e.g., Mountain State Exchange).

1. Mountain State Exchange sounds good.
2. Mountain Health Exchange.
3. West Virginia Exchange.
4. Mountaineer Health Exchange.
5. Access WV.
6. Mountaineer Health Exchange.
7. Mountaineer Insurance Exchange.
8. Mountain Health Exchange.
9. Mountain Health Trust.
10. Mountain State Exchange sounds fine to me.
11. MSE sounds great!
12. The Thundering Mountaineer.
13. Mountaineers Healing Exchange.
14. Mountain State Health Plan.
15. WV Freedom Choices.
16. Mountain State Health Insurance Exchange.
17. HIX for Hicks! :)
18. Mountaineer Exchange.
19. Mt. State Health Care.
20. I like Mountain State!
21. WV Health Benefit Plan.
22. No comment! Too early to determine.
23. I don't think the name is as relevant as the work it does.
24. Make it simple - so all will understand and find!
25. Too early to evaluate.

QUESTION AND INSIGHT CARDS

The comments below are grouped under 18 general categories to facilitate consideration, as follows:

| | | |
|---------------------|-------------------------------|---------------------|
| Access and Outreach | Agents and Brokers | Budget and Finance |
| Carriers | Eligibility | Employers |
| General Health Care | Governance | Medicare/Medicaid |
| Operations | Plan Development & Assessment | Prevention/Wellness |
| Public Forums | Quality of Care | Regional Exchange |
| Tort Law Reform | Volunteers | Other |

The categories were inferred by CESD from the comments made by the participants; other readers of the raw comments may, of course, interpret and group the data differently. With this in mind, the text of the comments below was transcribed from written comments with no edits made. Only usable responses were included; inflammatory or inappropriate comments may have been deleted.

Access and Outreach

1. Navigators should not be allowed to be insurance agents and brokers.
2. Free clinics treat the very people you want to reach. As navigators, they could be an invaluable asset. They need to be included in your conversations and in your grants!
3. Someone from free clinics on Access/Outreach.
4. Consumers should be able to contact and work with advocates to take on issues/complaints through administrative and court processes. Who will perform this function? OIC, an independent agency?
5. When people come into the exchange, they should be enrolled into (if eligible) Medicaid. They should NOT be redirected to another (Rapids) eligibility and enrollment system. This is a really important issue. Medicaid must CHANGE its image from a welfare program to an insurance system.
6. I've been impressed with the way SHIP works for Medicare recipients in WV. A consumer calls an 800 #, provides key info to a SHIP rep and can find out the best Medicare part D plan for them. Ideally, it would be great if consumers could access exchange info as easily.
7. I believe either Medicaid or the Act currently allow changing providers every 30 days by consumers. What impact will this have on the exchange, rate settings, open periods, etc.?
8. Are "Shine" counselors at county senior centers going to be a part of the Navigator System? Very important for elderly, non-readers, the deaf, the blind, etc.
9. Would community health centers be eligible to be "navigators" and apply for "navigator grants"?
10. We live in a state that "IT" will be a nightmare. Our citizens do not have access to broad band, or a computer. If they have access they may not have the basic knowledge needed. How do we make it work?
11. Will you be planning for a strong consumer advocate in the exchange? Would it be a good idea to have the consumer advocate be located in the Office of the Attorney General?
12. Will WVU or Marshall reading program specialists be utilized to write brochures, letters, etc?
13. Will the exchange be made to be consumer friendly? Reading level of many?
14. The Exchange planning grant requires states to explain how they will involve consumers, including those with disabilities and long term illnesses and give them meaningful input into Exchange planning. What have you done to reach out to consumers with disabilities?
15. What will motivate someone to join the Exchange?

Agents and Brokers

1. I've assisted several clients of mine with the purchase of the Medicare advantage products. However, the commissions are so low I cannot dedicate much time to specialize in this area. This, in my opinion, is the reason for the failure of the plans and the confusion surrounding these products. You have to pay advisors for their time. I recommend commissions for the WV exchange be competitive with private sector.
2. Use the agents and brokers who know the products to work the exchange. Many people make their living in the health insurance arena. Let's not forget them.

Budget and Finance

1. It appears to me that the health care exchange seems to control insurance providers and consumers. I do not see how care is improved or where cost is reduced. Frankly it looks like this is another self-sustaining bureaucracy. This also makes us more reliant on federal money. I truly would like to see how the law or the exchange helps control costs.
2. If the exchanges must be self-sufficient, and low income people are not paying their fair share, then the rest of us will have to pay higher premiums to pay for these people.
3. Have an Economic Impact Study that compares alternatives – Exchange vs. Public Option vs. Single Payer for West Virginia. Note: Congress will provide waivers to states that want to implement a viable alternative to Exchanges. Ask yourself: What is in the bill?
4. If 85 cents of every dollar goes to claims and the company has admin costs and the Exchange has admin costs and we still include agents, didn't we just add more cost to the process?
5. If an evaluator takes the tax credit, w 2011, can they still take the premium as an expense?
6. What is the projected cost to the state to operate the exchange?
7. Can you explain the cost associated w/ subsidizing plans that qualify within the Exchange?
8. Are you going to have deductibles high enough to keep people from going to the doctor when they really don't have to go?
9. What is the long term plan for funding the WV Exchange? What is the anticipated cost of setting up an Exchange in WV? Was a study or analysis conducted to determine cost? For example, it cost MASS \$25 million to setup their Exchange our grant provides \$1 million. Where will the rest come from?
10. Will West Virginia require all insurers operating in the state to offer coverage through the Exchange? If not, the Exchange will bear an unfair burden of insuring the least healthy customers resulting in increased costs.
11. In WV, health care costs are disproportionate to income levels. How will an Exchange comprised of for-profit insurance companies address this disparity when they are spending consumers' health care dollars on marketing, inflated CEO salaries, campaign contributions, lobbying, and advertising?
12. When you say federal subsidies end in 2 years, does this mean that the state must pick up any non-premium costs after that point?
13. To Jane Cline, Do you welcome the additional tools that HHS is providing to provide greater premium increase review? Will this slow the increase in premiums?
14. How can you ensure that enough healthy people enter the exchange to keep the cost down? Will a healthy person pay the same premium as a person with many health problems?
15. Is the exchange in MA properly funded? Would the state of WV consider it a success?
16. Has HHS determined how states will pay for mandated benefits?
17. What happens to the money in the grants if the Supreme Court doesn't uphold the Act?
18. Will we struggle with funding this? Will it affect our budget?
19. What will happen based on the federal judge ruling in VA?

20. How does this program plan to address adverse selection when you are not allowing for carriers to underwrite the risk?
21. Are we going to be able to deal with adverse selection?

Carriers

1. Will insurance companies be dropped from the exchange for excessively high rate increases?
2. What will be the standards for insurance agencies to enter the exchange? Concerned about quality.
3. How can carriers change the same in and out of exchanges if they have different risk pools?
4. Will insurers be required to include a specified minimum number of participating providers in network?
5. What are the bailouts for insurance agencies when they go out of the health business?
6. Won't medical loss ratios hinder competition and push carrier to leave the business? What other industries does congress control their earning potential?

Eligibility

1. Will those owning health insurance currently be drug into the exchange?
2. Will PEIA participants be affected by the exchange?
3. How will affect military?
4. Is this true? The Exchange is only for lower-income people.
5. How does being unemployed affect health care coverage?

Employers

1. As an employer, I want pay-for-performance plans similar to Kaiser Permanente.
2. Our company pays 100% of the premiums for all full time employees. Our provider is Blue Cross/Blue Shield. Will we be eligible for the tax credit? Will we have to offer insurance to our part time employees?
3. Will employer groups be able to split their group, say 25 thru the exchange and 25 thru private plan?
4. What kind of timeframe is there for small businesses to get involved in this conversation?
5. How do small employers find out about tax credits and this process?
6. What are upper limits for small business eligibility?
7. I work for an out of state organization that provides health insurance for me. How will my employer and I be benefited by this?
8. Currently, if an employer pays health premiums, it is fully deductible as a business expense. What will happen to those employers?
9. What about businesses w/ hardships?
10. Will large employer's groups be exempt from the exchanges due to ERISA?
11. If you have a small business and you find an employee hasn't filled their taxes, what happens?

General Health Care

1. Given that the only logical, moral, affordable, self-sustaining and ethical way to deliver health care to Americans is a system of "Medicare for All" (also known as single payer), don't you feel that the Exchange, which is, let's be honest, just a way to channel yet more money to the private insurance industry, is part of the problem.

2. Don't test the Exchange until after 2012. It is unwise to develop the Exchange too much before 2012. Obamacare could be repealed after the 2012 election. Let the people speak before getting this off the ground too much.
3. What is the primary cause of the dramatic increase in health care costs over the past 45 years and how does this health care bill propose to reduce them?
4. Medicare is bankrupting this country. CBO estimated costs of \$10 billion/year by year 2000. By 1990 it was already costing \$200 billion/year. It now costs \$680 billion/year. What makes you think that the government can run this program any more efficiently? It WILL bankrupt this country.
5. Please explain how this healthcare program will lower the cost of health insurance for the average consumer outside of tax cuts or credits?
6. Why has health reform only targeted insurance carriers as a means to improve meaningful reform? Why not more oversight on the cost of care, drug cost, etc.?

Governance

1. Re: board makeup: if providers are excluded, they may have very negative reactions to board policy pronouncements, etc. They may be more cooperative if they have input - perhaps have industry reps as ex-officio (non-voting) members so they feel they have some voice at the table!
2. Don't allow individuals and/or small businesses to be trapped as a captive avoidance that are required to purchase a product that is over-priced or inadequate, board should be slightly consumer dominated and not include those with vested monetary interests.
3. Board should be developed to enhance consumer's protection and representation not to provide safe guards for the profits of health provider and insurance companies! Choose members accordingly.
4. I would like the Governance Board to not have any seats on the board. Please use them as consultants.
5. The Governance Board should have equal representation between individuals and small business. Also consumers should be (at least 50%) of the board. Perhaps the medical profession should also be better represented. Although insurance co. input/knowledge is definitely desirable, allowing them voting rights is a conflict of interest.
6. Governance Board needs representation from the business sector.
7. The board should consist primarily of consumers. Having providers serve as navigators is a conflict of interest.
8. I urge you to include an IT person on your board.
9. I have concerns about the 'independence' of the board. I would suggest housing this board outside of WVOIC.
10. Be sure that governance model includes representation from all parts of the state, particularly the Eastern Panhandle.
11. We need an independent insurance advocate to help police the exchange that is similar to the one that operates independently outside the public service commission.
12. I urge OIC to advance an exchange model with strong consumer representation or the governing board (i.e., avoid financial conflicts of interest).
13. It is critical that the majority of the Exchange Board be consumers/tax payers or other payers. There are other ways to give the Board access to technical expertise other than putting industry representatives on the board. Industry will inevitably make its expertise available through "lobbying". It is also possible to make expertise available through advisory panels. But the decision making authority should not be placed back in the hands of the insurance industry (or even the medical industry). The decision making authority should be primarily in the hands of those whose interest is not an interest in personal profit.

14. Leaving insurance system as is. Make everyone purchase insurance. Leave insurance commissioner in charge. Once all Americans are part of the system, lower premiums and no more pre-existing problems!
15. Maybe the Board (oversight) should be primarily consumers (individuals, employers, etc.) as has been mentioned at the meeting. . . but coupled with advisory committees made up of people in the healthcare and insurance industries.
16. Strongly agree majority of Exchange Board members should have NO financial conflict of interest due to employment, ownership, or substantial investments.
17. I think there should be NO seats on the board for profit driven representatives. This “exchange” should work for people and communities and families – not corporate profits.
18. It is critical that whatever body oversees the exchange that there be significant (not token) consumer/public representation. It should be clear that insurance companies and health care providers have a conflict of interest in this matter.
19. Will the exchange be located in the insurance commission or an independent agency?
20. Is there an admissions committee now for the SHAP grant or is there an Executive Committee that is solely comprised of agency employees?
21. If you maintain two exchanges, one for individuals and one for small businesses, won't it make sense to maintain two separate boards, one made up of a majority of small business representatives and the other a majority of consumers?
22. How will consumers actually be involved? Will they be listened to?
23. What is the role of the DHHR in this?
24. Board appointed by the Governor?
25. Model Legislation on the OLC website?
26. Is the exchange focused on consumers or all stakeholders?
27. Where will this Board be located?
28. What is the mission, structure, etc. for the exchange?
29. Will you make a recommendation to the Governor and/or the Legislature on the composition to the exchange board before the end of the comment period for the request for comments?
30. Your board recommendation assumes combining the individual and small business exchanges. Is that correct?
31. Have folks shown opposition to industry being on the board? If so, where is that coming from?
32. What is HHS's plan for governance?
33. As we look at the next legislative session, what policy will be needed by our state government?
34. Other than the Feds pushing for it, what is the motivation for having the Exchange?
35. Is there a preamble for each of these rules?
36. Will West Virginia require an annual outside, independent evaluation of consumer experience in the Exchange? Will consumers be notified and invited to submit their feedback, and how will that report be made public?
37. Who will serve on the Exchange Board? It should be consumers only with no insurance plans. Plans could serve in an advisory capacity but not set policy.
38. How will participants in Exchange governance be selected? Will there be consumer representation in this group?
39. Do you think this government is capable of running anything? Check out VA hospitals! I'm a disabled veteran.
40. Who are the three consumers on the exchange board?

41. Is there a mission conflict between the traditional role of the OIC and the exchange, and if so, is more than an independent board needed to separate these two distinct missions?
42. What role and oversight does legislature (WV) have over IE?
43. Do you have stakeholder committees? If so, how do interested citizens get the opportunity to serve?
44. Will having four state agencies on the record give the governor too much power?
45. Why 4 state agencies on the exchange board?
46. How are board members decided? Nomination and approval process?

Medicare/Medicaid

1. Clarify: Medicare recipients can be in the exchange?
2. What happens if Medicare Advantage plans disappear? Will Medicare eligible people be added to the exchange at that point?
3. Will Medicaid be part of the exchange?
4. At the present time I am on Medicare and receive Medicaid help with prescriptions. There is no supplemental coverage. We pay 20% of hospital stays and other bills. Where are these going to fall?
5. Have you heard any conversations about funding w/ respect to Medicaid?
6. Will the exchange replace the current system of eligibility and enrollment for Medicaid? HSO for new enrollees only or ALL Medicaid members.
7. Will Medicare patients be denied care?

Operations

1. I'm concerned about business tax credits phasing out in 2016. I know that isn't a state issue, but we better be prepared for a large dump of people into the exchange in 2016.
2. The law requires insurers to pay out specified percentages of their premiums to provide medical care. If they do not, they are required to provide rebates to policyholders. How will this be monitored and enforced? Will detailed and understandable monitoring be available?
3. Can you elaborate on the RFP's you are releasing?
4. Will our exchange look more like Mass. or Utah?
5. Is consideration being given to designing the Exchange competitively, as an attractor of businesses to West Virginia?

Plan Development and Assessment

1. When people come into the exchange, they should be enrolled into (if eligible) CHIP. They should NOT be redirected to another eligibility and enrollment system. This is a really important issue.
2. Priority to consumers; high value protection of exchange, negotiation with insurance companies for price and value.
3. Cost control measures be considered.
4. It is essential that all plans be required to cover services related to women's health – including, but not limited to, contraceptives and abortion (i.e., this should be a determinant of a "qualified health plan." To ensure an inclusive dialogue, the OIC.
5. Full reproductive health coverage for women (i.e., abortion coverage should be protected – NO abortion language in the exchange bill or creation process).
6. Instead of requiring everyone to purchase health care insurance, why not develop say 10-20 standardized insurance policies and open them up to quotes from all insurance companies in all 50 states. Additional coverage could be purchased if needed but no one would be required to purchase insurance. This would allow apples to apples comparison of policies and quotes.

7. You can encourage younger, wealthier people to join the exchange by including companies that have insurance plans that cover benefits that young people actually need – like comprehensive reproductive coverage.
8. Will increases happen that push people out of their plan?
9. How many plans granted an exemption from the ACA?
10. Concern over whether corporations will let employees go who are high risk.
11. As an insurance agent, I have NOT experienced where an insured has been thrown off a group health plan. Can you tell me a situation when this has ever happened?
12. Will big SSH etc. from the IRS be now incorporated into the exchange?
13. How do medical savings accounts fit into this program?
14. Will the exchange replace the current system of eligibility and enrollment for Chip?
15. How will the exchange work with a health co-op as described in the act?
16. Will rates be impacted by pre-existing conditions? What can impact rates (besides age and smoking)?
17. How do you as an individual who has hardships afford this?
18. What percentage of West Virginians is expected to be eligible for the Exchange? Will that include those who would prefer the Exchange because their current insurance premiums, co-pays, and deductibles are not affordable?
19. When determining if an insurance premium increase is reasonable, will WV consider the following factors: (1) whether rate increases are reasonable given an insurer's profit margin, surplus and executive salaries? (2) whether higher rates will be affordable.
20. A number of consumers are likely to choose plans with high deductibles and lower premiums. Studies show that when out-of-pocket expenses are high, consumers are more likely to delay care until they are very sick. They are therefore more likely to experience poor medical outcomes. This can also result in higher costs of care. How will WV address this issue?
21. Will new healthcare law affect deductibles?
22. Carrier menu needs to list everything you state but do not forget formulary for prescription if they exist in the exchange.
23. The current Medicare Advantage Program seems to be the most current form of health exchange. The program began as a success and grew into a problem. A CMS began regulating the process. Carriers have chosen to opt out of the program, will this happen with the exchange?
24. Are you looking at the Vermont direction? (WV has many similarities with Vermont – size, small, modest incomes on average.)
25. Will the Exchange be subjected to the same 85% payout rate as insurance companies?
26. Please explain the age rating (3:1) ratio.
27. Are subsidies available only if you're in the exchange?
28. Can you describe the silver, bronze levels, etc.?
29. Will different counties be under different rating regions?
30. What is MAGI?
31. Does the healthcare exchange facilitate shift cost from young healthy consumers to older less healthy consumers? How then do young consumers build wealth for retirement/healthcare?
32. Any medical provider adjustments?
33. Subsidies are only applied at the "silver" level? How often will consumers be able to chase plans, particularly in the early going?

Prevention/Wellness

1. The biggest reason we are getting sicker and require more illness care (long term) is that we reimburse for piecemeal treatment of body parts and isolated diseases instead of approaching issues holistically. This system must find a way to reimburse providers who get RESULTS by providing alternative holistic care.
2. Suggest changing language from MEDICAL to HEALTH provider – especially if focus is health & wellness.
3. As former Director of Health Promotion and Chronic Disease at DHHR, I feel compelled to stress the importance of using this opportunity to encourage and reimburse for prevention, health promotion and wellness. “That which is prevented needs no cure.”

Public Forums

1. I suggest developing a shorter version with the top 10 pieces of info that can be taken to existing clubs (Woman’s Club, Lions, Elks, church groups, for example). Maybe create a speakers bureau and train people. I realize your time is limited.
2. How about working through community colleges, churches, health right groups to get consumer input?
3. Don’t hold these events at places like Wilson Lodge at Oglebay.
4. Thank-you for taking the time to meet with us tonight. We know how hard you all work. Taking another night to meet with the public is welcomed.
5. Way for us to be informed of outcomes from other forums.
6. A lot of consumers would not understand the concept of these cards; they would need to raise their hands.
7. No public knowledge of meetings and purpose of the meeting. Need to be more contact with community leaders and business owners! Local radio, TV, local clubs, etc! Very informative!
8. 1) For purposes of your presentation, I suggest asking if there are small businesses in the audience. If not, skip that part. 2) Don’t read PowerPoint slides!! Just highlight a few points on each. 3) Try to find a word(s) to use instead of the acronyms.
9. Thank you for facilitating public comment.
10. Where on your website can we find slides from the presentation?
11. Are these outreach meetings being recorded so consumers not present can have access to the responses to questions? Will they be televised on public access TV?
12. Is it clear from the composition of tonight’s audience that certain segments of the population are absent from this discussion. What is the OIC going to do as we move forward to include these people? Improved publicity is necessary.
13. Could you please ask people to raise hands if they think: (1) they might purchase insurance through the Exchange; (2) they will be working on behalf of someone who will use the Exchange. People who are part of the insurance industry should not raise hands.

Quality of Care

1. The exchange should focus on improving quality of health insurance and contain care.
2. The fundamental issue is not about insurance, it is about how we improve the quality of health care for all people in this state and country!
3. How will this legislation improve the quality of the health care we receive?

Regional Exchange

1. Although I prefer WV-RUN exchange, I’m concerned that our pool will be relatively small and unhealthy that rates will be too high for those who need it. Can it be WV-RUN, with a national pool?
2. Open them up to quotes from all insurance companies in all 50 states.
3. Would our being in a regional Exchange, i.e., with Maryland, potentially lower the rate?

Tort Law Reform

1. Any tort reform provisions?
2. Why is this all about the insurance companies and nothing is mentioned about trial lawyers and their settlements? Or is this not considered a reason for high cost of health insurance?

Volunteers

1. What time/duration commitment will be requested of volunteers?

Other

1. I like the idea of accountability.
2. I hope transparency will be prevalent in the Health Insurance Exchange.
3. With an 11% vacancy rate and 27% turnover of new hires in economic services, will there be some incentives for DHHR to keep eco service workers? Or specialize Medicaid?
4. What is PPACA?

Session Ratings Questions

For each of the following statements, circle the number that best describes how you feel. Circle NA if you feel you cannot provide a rating based on your knowledge. Use the following scale:

1 = Strongly disagree 2 = Disagree 3 = Somewhat disagree 4 = Somewhat agree 5 = Agree 6 = Strongly agree

| Statement | 1 | 2 | 3 | 4 | 5 | 6 | N | Avg. | Std. Dev. |
|---|-----------|------------|-----------|-------------|-------------|-------------|----|------|-----------|
| 1. Useful information was provided at today’s session. | 1 (2%) | 1 (2%) | 0 (0%) | 8 (16%) | 16 (31%) | 25 (49%) | 51 | 5.2 | 1.1 |
| 2. There was ample opportunity via discussion, surveys and other methods for me to provide my personal input. | 1 (2%) | 5 (10%) | 3 (6%) | 10 (20%) | 15 (29%) | 17 (33%) | 51 | 4.6 | 1.4 |
| 3. Overall, I was satisfied with today’s session. | 1 (2%) | 2 (4%) | 1 (2%) | 10 (20%) | 21 (41%) | 16 (31%) | 51 | 4.9 | 1.1 |

Please describe how you might improve today’s session

1. Given the large number of people in attendance, staff should always stand when responding to questions. They should also speak louder, as Senator Rockefeller did.
2. Not enough access to information. I.e., handouts, examples of scenarios of choices. Too much info on teleprompters, which were hard to read and moderator was at times too softly spoken.
3. VERY well run public meeting. Handouts of the PowerPoint slides would be helpful.

4. Location difficult for some folks to get to.
5. Too controlled. Not enough give and take.
6. Provide more explicit directions regarding parking and location of entrance. Cold out there!! Start on time. Acronyms used that may be unfamiliar to some in audience and not explained (CHIP ACA, etc.).
7. Recognize a great deal of info was disseminated. Smaller group sessions might be helpful.
8. More time for comments from public.
9. I know the intent of the meeting was only to discuss the exchange, but one question from the audience wasn't addressed and I feel it would shed some light on the view from Washington.
10. Presentation too long - don't need to know all the work that OIC has done. A lot of repetition. Part 2 should be cut to 5 minutes.
11. Start on time!
12. Present "case reports" example of different case scenarios. I.e., 57 year old with income \$60K, diabetic, breast cancer stage II - go through possible steps to obtain care, advantages, disadvantages, etc.
13. Nice job!!!
14. Better promoted and avoid conflict with local activities.
15. Too much information for one session.
16. More opportunity for public comments.
17. Make it easier to find.
18. Questions should not be limited to written questions.
19. Allow attendees to ask questions from the floor while topic is being discussed.
20. To be more open to folks with questions. Really listen to what some were trying to express.
21. Give space as to why particular insurers were given. For example Q1: "non-profit" if the government controls the Board, then will tend to be too controlling of the Boards rulings.
22. The 2nd section is too long and detailed. We don't really need to know all about your internal staff development, grants, and association memberships and activities. I'm much more interested in your plans for the HIX. OIC staff impressively knowledgeable.
23. Good job!
24. There might be more time allotted for questions as well as more open discussion between guests and the panel.
25. The speakers used unfamiliar terms.
26. Less detail, more discussion.
27. A print form of the PowerPoint presentation for questions and comments.
28. THANK YOU!! Nice work. We appreciate the opportunity to participate.
29. OIC may not be consumer-friendly. Might tone down the technical jargon. Should tell people this is a chance to provide their input before the plan is finalized.

Appendix A Survey

West Virginia Health Insurance Exchange: SURVEY

An Initiative of the West Virginia Offices of the Insurance Commissioner

Your open and honest viewpoint is very important to the successful design and development of a Health Insurance Exchange in West Virginia. Please respond to each question from your perspective, even if you do not consider yourself knowledgeable about all aspects of the topic area.

I am (check all that apply)

- Health Care Consumer Health Care Provider Physician/Health Care Professional
 Employer Agent or Broker Carrier
 Other (Please specify) _____

For each of the following statements, circle the number that best describes how you feel. Circle NA if you feel you cannot provide a rating based on your knowledge. Use the following scale:

1 = Strongly disagree 2 = Disagree 3 = Somewhat disagree 4 = Somewhat agree 5 = Agree 6 = Strongly agree

| Statement | Your Rating (please circle) |
|---|-----------------------------|
| 1. West Virginia consumers will benefit from a Health Insurance Exchange. | 1 2 3 4 5 6 NA |
| 2. West Virginia small businesses will benefit from a Health Insurance Exchange. | 1 2 3 4 5 6 NA |
| 3. All health insurance plans should be made available only through the Exchange. | 1 2 3 4 5 6 NA |
| 4. Health insurance carriers should be permitted to sell plans outside of the Exchange. | 1 2 3 4 5 6 NA |

For those statements you rated 3 or less, please provide explanations for that rating and include the statement number.

Questions

- Who should operate West Virginia's Health Insurance Exchange?

The Federal Government The State of West Virginia A Non-Profit Entity No preference
- There should be: **one** Exchange for both individuals and small businesses

OR

 two Exchanges, one for individuals and one for small businesses
- As a consumer or employer, how do you go about choosing a health insurance plan (e.g., what is important, how do you learn about and compare plans, etc.)?

4. What skill sets or stakeholder constituencies do you feel should be represented on an Exchange governing board?

5. What ideas or suggestions would you offer for the design of a Health Insurance Exchange in West Virginia that would be most helpful to you as a consumer or employer?

6. What ideas or suggestions would you offer for the design of a Health Insurance Exchange in West Virginia that would be most helpful to you as a stakeholder in the health care industry (e.g., producer, provider, carrier, etc.)?

7. Based on your current knowledge of a Health Insurance Exchange and its intended purposes, please list any suggestions you might have for the name of West Virginia's Exchange (e.g., Mountain State Exchange).

For each of the following statements, circle the number that best describes how you feel. Circle NA if you feel you cannot provide a rating based on your knowledge. Use the following scale:

1 = Strongly disagree 2 = Disagree 3 = Somewhat disagree 4 = Somewhat agree 5 = Agree 6 = Strongly agree

| <i>Statement</i> | <i>Your Rating (please circle)</i> |
|---|------------------------------------|
| 1. Useful information was provided at today's session. | 1 2 3 4 5 6 NA |
| 2. There was ample opportunity via discussion, surveys and other methods for me to provide my personal input. | 1 2 3 4 5 6 NA |
| 3. Overall, I was satisfied with today's session. | 1 2 3 4 5 6 NA |

Please describe how you might improve today's session

Appendix B Question and Insight Cards

QUESTION

Directions:
Use this form to list a
question that you have for
the WV Offices of the
Insurance Commissioner.

My question:

Ask it

(Remember to fill in your contact info on the back of this card.)

My question best fits into this category (check one):

- Access and Outreach Budget and Finance Other: _____
 Plan Development and Assessment Operations _____

YOUR INSIGHTS

Directions:
Use this form to share your suggested Health Insurance Exchange idea.

Example:
I think a non-profit should operate West Virginia's Health Insurance Exchange.

My insight:

Insight

My response best fits into this category (check one):

- Access and Outreach Budget and Finance
 Plan Development and Assessment Operations
 Other: _____