

WV Health Benefit Exchange Stakeholder Meeting Summary

Group: Providers and Consumers		
Location: Offices of the Insurance Commissioner, 1124 Smith Street, Main Conference Room	Date: 8/28/12	Time: 10:00 a.m. – 12:00 p.m.
Objectives: See agenda		
Facilitator/Lead: Matt West	Handouts: Proposed Evaluation Plan (Word) ; “Proposed Evaluation Collection Plan for HBE in WV” (PowerPoint); WVU Letter with contact information	
<p>Attendees: Kathy Beck, Tom Bias, Perry Bryant, Margaret Chapman Pomponio, Alyson Clements, Bill Crouch, Danielle Ewing, Paula Fitzgerald, Joe Garcia, Rachel Huff, Diana Hypes, Pam King, Larry Matheney, Debi McCoy, Kira Miskimmin, Julie Monnig, Louise Moore, Randy Myers, Renate Pore, Jason Roush, Jeremiah Samples, Doris Selko, Phil Shimer, Richard Stevens, Nancy Tyler, Dena Wildman, Jeff Wiseman</p> <p>On phone: Terri Barrett, Lisa Diehl, Tami Gurley-Calvez, Sam Hickman, Sandra Pope, Tisha Reed, Linda West, Phil Wright</p>		
Next Meeting Date: Tuesday Sept. 25th, 2012 10:00 a.m. – 12:00 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 .

2. Exchange Updates

a. IT

- **SERFF.** The OIC continues to work with the NAIC on upgrades to the System for Electronic Rates and Forms Filing (SERFF) which is intended to be used for plan management functions in the Exchange; it's currently used by the OIC's Rates & Forms unit. SERFF recently released documentation on web-based upgrades. Additional information is expected to be released soon. Jeremiah noted that carriers are encouraged to be increasingly involved to make sure the transition to using the upgraded system is as easy as possible.
- **IT RFP.** The IT RFP for the build of the Exchange is on hold at State Purchasing and could be released if a decision to proceed with a state-based exchange is made.
- **Plan Management.** The OIC is talking to other states and the NAIC about other Plan Management tools, SBS and NIPR for agents and navigators, especially to create a registry of individuals who are assisting consumers.

Q: Perry Bryant asked if a state-based exchange (SBE) is still possible.

A: Jeremiah said it would be difficult, but possible with the selection of a software-as-a-service (SAAS) model. There is a higher cost for maintenance in a SAAS model compared to a build. Operational costs are not covered by Establishment grant funding like development costs, which means that selecting a SAAS model could cost more in the long run. Jeremiah noted Nevada's model for sustaining an exchange built with a SAAS model. Jeremiah noted that no decision has officially been made as to which model Exchange the state will have, a state-based exchange or state partnership exchange or federally facilitated. The deadline for a decision is November 16, 2012, when the model declaration letter must be submitted to HHS.

Q: Perry Bryant asked is the Exchange is affected by the DHHR MMIS contract?

A: Jeremiah said that Exchange development is not affected.

Q: Renate Pore asked if there has been discussion of potentially having a partnership or federal model exchange in 2014 and then transitioning to a state-based exchange in a later year.

A: Jeremiah responded that there are three states that are already planning such a transition - Illinois, Delaware, and Arkansas- and that it's possibly a viable option for West Virginia. There is concern

about the cost of operating an exchange, especially IT development costs, in a small or low-population state. States could potentially benefit from waiting to see what systems and tools can be leveraged from HHS and other states instead of investing in building an exchange for 2014. Jeremiah talked about how other insurance reforms will be creating a lot of change in 2014 that states may want to learn about the effects of those reforms before making decisions that could affect the market and cost of plans in a state.

Q: Renate Pore asked if risk pools are going to be combined in federally facilitated exchanges.

A: Jeremiah said that risk will be pooled only within that jurisdiction, not across states. Regional rating factors, EHB benchmarks specific to each state and other factors would create barriers for sharing risk pools across states.

b. Plan Management

OIC has completed analysis of 11 core areas of plan management outlined by HHS. Work flows for different components of plan management have been completed internally. As a state, West Virginia has existing mechanisms for some of these functions that other states don't have. The next step is to apply IT upgrades to our work flows that have been developed. There are questions about discriminatory benefit design, the calculation of actuarial value, and other issues that need to be answered by HHS. The OIC is still waiting for rules to be released from HHS. West Virginia is as far along as any other state in this functional area.

c. Federal Updates

- Grant Flexibility. There are eight states that received additional Establishment Grant funding this last cycle; \$765 million total for that cycle. One issue we've raised to HHS is how such large IT builds are going to be sustained. States can apply for Establishment Grants through October 2014 meaning we have more time to look at long term costs and funding that would be necessary. That also gives the OIC time to evaluate costs associated with transitioning to a state-based exchange if the state has a partnership model in the first year. Level 2 Establishment Grants have a 3 year project period, so funding could potentially last through 2017 if a state were to apply at the last possible date. At this point in planning, it's important to keep as many options on the table as possible, especially considering how sensitive the small West Virginia market is to change.

Q: Perry Bryant - Have we decided to not to apply for Level 2 in January?

A: Jeremiah said that there has been no official decision, but it's more likely that we would submit another Level 1 Grant. The OIC still has funding from previous grants; between PEG and Level 1 Grant, the OIC has received \$10.6 million to date. If we wait to submit a Level 2 Grant, the grant period would extend further out into operational years.

- Essential Health Benefits. The essential health benefits (EHB) data submission rule was released, which outlined what information would be required in reporting. This is the first EHB guidance beyond the initial bulletin. HHS still has not yet released rule or guidance on meaningful threshold or other information necessary to fully evaluate what the benchmark options mean to the state. The state is still waiting for market rule reform rule which will lay out rating rules and regional rating factor guidelines, also.
- Blueprint. At last month's meeting we went through the Blueprint, which lays out what certification process entails for state-based exchanges (SBEs) and state partnership exchanges (SPEs). As part of that new guidance, a new medium for consumer assistance has been created called Marketplace Assisters (MA). They have similar duties as Navigators, but can be funded by establishment grant. States apply for funding for the program in Establishment Grants then operate their own MA program to get more people on the ground helping educate and enroll consumers.

Q: Renate Pore - Would groups wanting to be MA go through OIC or contract directly with HHS?

A: 1311 funds for MAs would come in through Establishment Grants, so the relationship would be between the state/Exchange and the Marketplace Assister, *not* HHS and the Assister.

- Federally Facilitated Exchanges. Based on information that is being shared with states, it seems that HHS is making more progress on the FFE than states with SBEs. HHS has contracted with CGI for IT development and could be testing as early as late fall or early winter.

Q: Renate stated that the Women's Health Advisory Group has a number of questions. How many self-insured plans or other plans will be losing grandfather status?

A: The OIC currently isn't notified when a plan loses grandfather status but is considering how to track that. Consumer Services does take complaints about self-insured people, but the OIC has no regulatory authority over self-insured plans.

Q: Renate raised a concern that front-line employees at carriers don't know about health reform and resulting changes. Are there any plans for carriers to educate employees?

A: Dena said that Consumer Services does get complaints about this issue. No carriers present spoke to their plans to educate employees. [Note: this was a Consumers and Providers meeting.]

Q: Renate asked if anyone knew of plans that have lost grandfather status.

A: Phil Wright said that few plans have grandfather status - probably 90% do not.

Jeremiah said that because of the lack of rules, many issuers are not able to make decisions about how plans will look as a result of the 2014 reforms.

Q: Renate asked if anyone had heard of employer backlash about losing grandfather status.

A: OIC has not heard any specific feedback.

d. Other Updates

Jeremiah stated that he really likes today's meeting being combined of the Provider Consumer stakeholder groups because it's beneficial to have a cross-section of representatives and several participants agreed.

Q: Renate asked what is being done in terms of branding and naming the Exchange.

A: OIC staff has a call with HHS' marketing unit to understand their vision for education and outreach and to ask how much discretion the state would have to brand the Exchange in a partnership model. In a SBE, Jeremiah thinks it would be best for the Exchange Board to make the branding decisions. At this point, it's too early to brand because a model has not been selected.

Jeremiah said he'd share 4 results that were previously produced in the branding research procurement. [Postscript: The four names developed as a part of the Education and Outreach Plan development in 2011 were: Benefit Exchange West Virginia; West Virginia Coverage Connection; Sycamore Health Exchange; and Vandalia Coverage Connect.]

Q: Richard Stevens asked if a company could only sell fully-insured products on the Exchange.

A: Jeremiah stated that an entity will have to go through entire plan management process to be eligible to sell on the Exchange including licensure and rates and forms review, similar to current process.

Q: Stevens follow up question - does that mean discount card plans are not allowed?

A: The only product other than major medical plans allowed on the exchange would be dental.

Stevens pointed out that dentalplans.com and other non-insurance entities are offering discounted fee services online claiming to be insurance that is required by health reform and that it's confusing to consumers. There's a similar problem with discount cards at pharmacies; consumers think it's an insurance plan, but it is not. This will be increasingly important to resolve before 2014 when people are required to have insurance.

Dena said discount medical plans do have to be licensed now if they charge premium, meaning any fee charge to members. If card is free, it doesn't have to be licensed - instead it's treated as a Third Party Administrator (TPA). Dental discount plans are not licensed.

Stevens said people are confused about what is "real" and required under ACA. People perceive some things as insurance that are not.

Jeremiah said we are looking at protecting consumers from fraud, and especially looking at websites misrepresenting themselves as ACA-related or compliant.

There was some discussion around stand-alone dental plans (SADPs) and that details need to be worked out. Stevens said the major medical premium be separated from dental so that consumers have a choice.

Q: Perry asked if there was any update on actuarial RFP.

A: It has gone through all steps of the technical process, has final signature from Purchasing, and is being reviewed by the Attorney General's office, which is the final step before the vendor can begin work. CCRC had highest technical score and lowest cost, which resulted in their selection as the vendor. The OIC will meet with CCRC as soon as contract has been finalized and hope to get them meeting with stakeholders as soon as possible.

Stevens commented on limited access to broadband in our state. There is an issue for dentists that (rule pending from Board of Dental Examiners) that they must be able to access controlled substance database, which is not possible for every provider. It will be hard for providers and consumers to access Exchange because of broadband issues.

Jeremiah responded that this is another reason why it's that much more important for our state to have effective consumer assistance to help people navigate the system.

3. **Proposed Evaluation Collection Plan for the Exchange – WVU**

Tom Bias, Ph.D. from WVU's School of Public Health introduced himself, Louise Moore, a research nurse at WVU Health Research Center and Paula Fitzgerald and Tami Gurley-Calvez of Bureau of Business and Economic Research. The WVU team has been working together on developing an evaluation plan for the Exchange, an initiative of Memorandum of Understanding with WVU that is funded by Level 1 Establishment Grant.

The goal of the project is to develop an evaluation plan that will capture key metrics regardless of model of exchange selected.

Dr. Bias said that as a citizen of the state, he has a personal interest in the project. While the team has experience in other similar projects, this is a new project developed uniquely for the Exchange. They came to the meeting today to hear stakeholders' priorities and desired outcomes. The plan is currently a draft – stakeholder input is needed to finalize.

The draft plan is based on federal guidance, discussion with stakeholders and the OIC, and work of other states.

The purpose of evaluation is to evaluate three areas of outcomes of the Exchange. 1. Health – we'll need to look at actual health outcomes that result from consumers using coverage gained through the Exchange. 2. Economic and market impact. 3. User experience – it will be important to assess if consumers are able to understand and use system.

Stakeholders are welcome to contact any of the evaluation team at any time.

One of most important things to know is what the research questions are. On page 11 of the handout there is a list of research questions for everyone to look at and review. Tom asked: Do these capture all relevant info related to outcomes of the HIX? Have we missed anything? After identifying questions you want answered, next step is to look at what data needs collected to be able to answer them. All feedback is welcomed because important to framing the discussion.

Tom started going through slideshow and talked about nine areas of the plan.

1. Monitoring existing data. Tom asked, have we missed data sources?

Q: Phil Shimer asked if they were going to use HEDIS data?

A: Danielle Ewing noted that CAHPS data in the first years of operation, but there could be the transition to using HEDIS as a data source in future years.

2. Second form of data collection. Tom stated another piece would be to look at identified state clinical data and health outcomes. They want to figure out how to collect some real clinical data, and in doing that there are several ways to choose comparison groups. Would a comparison group have to be uninsured?

Q: Renate asked if Medicaid will be part of the evaluation.

A: The touch points for Medicaid and the Exchange will be evaluated, like user experience. Jeremiah stated that he doesn't know if this is right forum for Medicaid evaluation of health outcomes, etc.

Phil Shimer said that BMS should have the data necessary to compare new Medicaid to existing Medicaid.

Q: Does plan include what analysis would come as result of data collection or just identification of what data should be collected?

A: Paula stated that the data collection plan would have to be decided upon before a plan for what analysis would be produced as a result.

3. Consumer and navigator feedback on Exchange. Paula discussed that the plan to conduct verbal protocol and beta testing to see what issues are causing users problem in using the portal. This would provide first level understanding of consumer experience.
4. Survey of West Virginia residents. Paula said this survey would look at users and non-users, perception of the Exchange and the ACA, awareness, interest, desire and action. Citizens' ability to use will be affected by financial and health literacy. Survey will look at people's perceived benefits of using the Exchange, and health insurance status – past, present, and future. This medium will help investigate non-users and hopefully discover what is keeping people from using the Exchange.
5. Exit survey. Paula described that this could be a random sampling or population survey to see if users find the Exchange reliable, useful, easy-to-use, satisfactory, and has information that is understandable.

Jeremiah stated that feedback from an agent's experience using the agent portal and interpretation of QHP would be important to capture.

Perry said it'd be important to track costs inside the exchange and also examine trends in value offered in both markets.

6. Tami talked about challenges on economic side of the evaluation and listed first order and second order effects that could be examined. First order effects: money flowing into state to operate exchange; information gains for consumers and businesses; insurance coverage; administrative gains for employers; risk pooling. Second order or indirect effects: change in premiums inside and outside exchange; market size – how many agents, carriers, individuals, and employers are involved in the process. The goal of this piece would be to calculate what market changes are actually the result of the Exchange and not other health reform initiatives or other factors.

Jeremiah asked if there would be a way to evaluate effects of Exchange on businesses and how they make operating in the state more or less appealing.

Renate asked about looking at multiplier effect of money flowing into state through subsidies. Tami said this is easier to evaluate, at least conceptually.

7. Paula discussed small business unknowns. There is currently not a stakeholder group specifically for small businesses. There is research being released about small businesses' understanding of health reform initiatives and especially the Exchange. The evaluation team is trying to figure out how small businesses perceive benefits, look at cost, and how small business owners make decisions. A good place to start would be holding focus groups to understand their priorities and perspective, and then move to more general survey that could be circulated online after we understand their issues.

Perry pointed out that this is going to be a very hard group to reach. Tom said Massachusetts was relatively successful in this area and there is a lot that can be learned from their experience.

Q: Renate asked if there would be a way to monitor new businesses that are started as a result of not experiencing job-lock.

A: Tami said this could be an exciting topic from an economics perspective, but currently doesn't know mechanism for looking at this issue.

Jeremiah said we'd also have to look at the effect of employers who don't want to hire more employees because of the mandate to cover employees beyond 50.

8. Tami talked about possible face-to-face interviews with carriers.

Jeremiah said he'd be curious about their experience with plan management and funds coming from the treasury (federal government).

- Tom talked about their experience engaging providers about health outcomes and experience data. We need to engage them on attitude about the exchange and front-loading experience affecting their practice. There would be a blending of face-to-face interactions and surveys, which generally have a low response rate.

Phil Shimer talked about providers' concern about pent up demand. Perry said you could look at existing Medicare research about their experience with pent-up demand of first time Medicare recipients. Phil said you could also look at Oregon study and CHIP data. Richard Stevens said providers would experience this spike in dental, too. Phil said that's what they found in CHIP.

Matt asked everyone to write down three things: (1) What did you like about the presentation, (2) What concerns and questions do you have and (3) What would you like to see added.

Renate said another health related research question would be to look at avoidable hospitalizations.

Perry commented that the plan is very impressive. Renate wished we'd have this information for all state health programs or at least Medicaid recipients that come through the Exchange. Phil Shimer recommended not doing too much all at once; state has collected data for years but hasn't done anything with it. He also stated that ACA may likely be the most studied public policy in history, so there will be federal research that could be leveraged.

Nancy Tyler suggested looking at people who don't have an incentive to work because they want to keep their Medicaid, so we could look at people who are seeking employment for the first time because of new health coverage options.

Jeremiah commended WVU's effort and noted that the goal isn't just to collect data, it's to analyze it and use it to fill gaps and correct inefficiencies or difficulties in the Exchange.

Next Meeting

The next meeting will be held Tues., September 25, 2012 10:00 a.m. – 12:00 p.m.

Action Register

What/Task	Who	When
1. Prepare notes from meeting	OIC	8/28/12
2. Share potential names for the Exchange	J. Samples	8/29/12
3. Provide feedback on draft Evaluation Plan to WVU team	Stakeholders	9/25/12
4. Share a list of ACA provisions that OIC does not currently regulate.	OIC	9/25/12

Follow-up Questions

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

Session Plus/Delta

A Plus/Delta was not done for this meeting.