Arkansas Health Benefits Exchange Planning

Healthcare Industry-Insurance Carriers/ Healthcare Providers/Professional Associations	July 21, 2011	Arkansas Studies Institute Rm. 204	9:00AM – 1:00PM
Members Present: Edward Anderson Donna Auld Julie Benafield Dr. Darlene Byrd Mike Castleberry Jon Foose for Mike Stock Austin Gaines Leo Hauser David Holman David Ivers Jacque Martin Sip Mouden Marvin Parks Rebecca Pope Arthur Wolover	**Staff:** Cindy Crone Bruce Donaldson **Guests** Lisa Bilello, AFMC Russell Greene, Connecture	**Members Absent:** Larry Alford Dr. Mark Attwood Ed Choate Jim Clark Steve Gelios Carla Groff John Harriman Dr. Drew Kumpuris Treg Long Lesley Nalley Sharon Oglesby Ray Ortega Sam Partin John Ryan Marie Sandusky Doug Stadter Billy Tarpley Sheila Waits	

Meeting Summary:

I. Following welcome by Cindy Crone and Bruce Donaldson, those present introduced themselves

II. CCIIO Federal Grant Update/Discussion

- If Exchange plan is not approved by DHHS by January 1, 2013, a one-time conditional approval can be granted for states that expect to begin enrolling in October 2013 for full implementation on January 1, 2014. In the case of conditional approval, the Feds will continue to work with the State during 2013. If a State Exchange is not up and running by January 1, 2014 (October 1 for enrollment), Feds will operate the exchange in the State. There can be a transition to State Exchange or vice versa after January 1, 2014 however it requires one year notification/prior approval and meeting the January 1, 2013 criteria.
- Commissions can be paid to agents/producers selling plans on Exchange.
- Navigators can be agents/producers and from at least one other group listed in Act, proposed regulations.
- Definition of Navigators- The states are charged with setting their own criteria; likely the Insurance Department will set criteria.
- Send us others questions and we will work to get answers and put information on the web
- Deadline for application of Level Two Establishment funds is June 2012. Arkansas requested a waiver because the legislature doesn't meet until 2013, however, we do not have a response to that request.
- We have requested a meeting between CMS and ONC officials with State Exchange, Medicaid, and HIT leaders to get clarification/alignment on rules for exchange establishment.
- Arkansas will be seeking a 'no cost extension' to carry grant funding through December to meet deliverables.
- Oct 11, 2011 will be an Arkansas Exchange Stakeholder Summit. Details to follow.
- It was asked if Arkansas could obtain Exchange authority during the 2012 fiscal session with help from grassroots constituencies. Such is possible, but unlikely, as a super-majority vote would be needed for this issue to be addressed during the fiscal session, and obtaining such would be difficult.
- Opposition from some consumers is that neither State nor Federal Exchange is acceptable; however, it is the law and there will be an Exchange.
- We need an education campaign not a sales job. Most don't know what an exchange is.

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III. Steering Committee Update

- Governance – discussed the results of the Governance survey and planning groups having embraced a hybrid model—public organization with an appointed board. The term "public trust" has not been used in AR; however, "quasi-government" has been used in Arkansas and meets the same intent. Also a vast majority of respondents thought the Exchange should be formally connected with the Insurance Department.
- Education of Public – The Self-Chartered Health Care Reform Advisory Group plans to organize and fund an education effort targeted at legislators. The Steering Committee recommends a separate, non-lobbying education campaign to help the public better understand what an exchange is. It was determined that small business owners would be the best group to target at this time. A broader consumer education effort will be needed when we know more about Arkansas' exchange and specifics on how the public can access. Arkansas will be requesting approval from CCIIO to move some of our grant contract line funds to allow for an education campaign.
- UAMS community "listening" meetings will be complete next week. There will be a final community meeting in Fayetteville and three more minority consumer group sessions—two in Springdale and one Little Rock. Reports will be completed at the end of July. UAMS also has created a web-based exchange survey which went "live" on July 12. It has been sent to everyone who signed in at Community meetings and we are asking that all workgroups notify their smaller groups or listservs in an effort to get wide distribution. For maximum impact, the survey should be taken by July 25 at which time an interim report will be developed. The survey will remain active until August 25.
- Presentation by Dr. Lars Powell –a presentation of a micro simulation model for predicting consumer behavior with premium price changes was presented. He should have a preliminary report by the next Steering Committee meeting. Behavior of individuals and businesses in Arkansas will be projected based on past observed behavior and a sample of 30,000 that represents Arkansans or those demographically similar to Arkansans. He will run several different kinds of models to conclude how Arkansans will buy/drop insurance. We can ask questions like: "What if happen if consumers stayed on Medicaid or private plan for a year without changes? What would be the costs?" Suggestions for data sources and marketplace questions are sought by the Steering Committee and Dr. Powell.
- One Workgroup member asked if the Steering Committee had addressed her concerns about the exchange's impact on self-insured plans and ultimately the costs to the business owner—in insurance, plan options, and penalties. The answer was no, but such issues can be taken to the Steering Committee. Please submit in an email, so we will be sure to present the question accurately.
- It was also brought up that there are privacy issues with the Exchange and privacy issue compliance is key as we share private & confidential information between people, state and federal government.

IV. AFMC, First Data subcontractor for communications, outreach, and evaluation, led a discussion. Lisa Bilello provided a brief overview of AFMC and their role in monitoring quality in delivery of health care in Arkansas—particularly Medicare and Medicaid.

a. What is the best way to promote public understanding of the Exchange?

1. Messaging needs to be customized to the population, geographically, and where they get their information.
2. Churches, radio (Hispanic), cell phones, television.
3. Must have a professional media consultant that understands all populations and knows how to get the message out.
4. Must educate the providers/doctors to communicate to their patients. They are "trusted" informants. May also want to look at medical, nurses associations.
5. Use retail model: Go where people are. Place information like pamphlets thers. Use 4th grade reading level.
6. Flyers in medical offices, Wal-Mart and other pharmacies
7. Most of the 500, 000 people do no intersect with the MD's etc.

8. Reading comprehension is a factor, most can not understand insurance terms.
9. Need to put written communication pieces at the fourth grade level
10. Information needs to come from a "trusted advisor"
11. Message may best be received from, "Someone who looks like me, acts like me".

b. Where to reach?
1. Need to have counselors/Navigators in Hospitals; target self-pay group
2. Faith based agencies
3. AARP and other community organizations, agencies where people go.

c. How can we make Exchange user friendly?
1. Need to be able to talk to a live person/Navigator in addition to online.
2. Need to have multiple access points: mail-in, walk-in, phone, web.
3. UX2014 is a prototype for developing an easy to use web-public interface that can be adapted for States..
3. Have on-line chat option for "hand holding" or just to answer question

d. How would you like to contact Exchange for questions?
1. All same access points-County government offices, pharmacies, Wal-Mart.

e. What outcome should we expect from access to Healthcare providers?
1. Access to a Healthcare provider is different than access to a portal.
2. Need to allow advanced practice nurses to be PCPs.
3. If clients will Need to have customer satisfaction surveys so people can rate plans.
4. Need to customize plans to alter lifestyle or behavior change opportunities- Ex. Obesity, Smoking, Chronic Diseases-- which will have real impact on healthcare costs. Identify provider that could help with outcomes. Address chronic disease compliance; wellness center??
5. When we rate plans, will need to know customer values. What is access? What is quality? Leave room for carriers to respond to conditions—such as phone wait time, claims data, feedback to providers as well as public.

f. What consumer rights and protections should be assured in Exchange?
1. HIPAA security
2. Right of administrative appeal
3. Right of Confidentiality - Need to have security in people's records
4. Fourth Amendment of Constitution

V. Navigators

a.) Education needed for all Navigators.
b.) Should at least have some type of certification.
c.) There is already a licensure process in place at AID for producers, take advantage of this to train/certify through navigator program.
d.) Requiring licensure may be too much.
e.) What about errors and omissions insurance for navigators? Should they be an "agent of the government and thus not able to be sued?"
f.) There is already an enrollment process in the Medicaid Division. Check County Operations—Central and Regional Call Centers.
g.) What about conflicts of interest? Compensation?
h.) What, really, are roles of educator vs. navigator vs. enroller? Will there be navigators in call centers? County Operations of DHS? Non-profit companies that get the word out—like Covenant. Also, SHIIP, faith based charities.
i.) Navigators can not/should not be biased.
j.) Should be one enroller- Should be able to enroll into CHIP, Medicaid and Private Plans to reduce bounce around.
k.) Suggestions from the group to invite someone from Medicaid to explain their process.
l.) Will need a lot of advocates—front line staff in hospitals ; some now use Medicaid type organizations to help with Medicaid enrollment (Covenant/Mash).
m.) In 2014 Medicaid will be overwhelmed. The first few years of service/enrollment will be critical.
n.) Keep it simple. Consumers will need help, confidence-building. Look at lessons from Medicare Part D. Can't be on-line only. Which plan is best for who?

VI. Guest input:

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- Guest Input- Russell Greene suggested Senior Centers, VFWS, Moose lodge could also be centers where information about Healthcare can be promoted.

VII. Next Meeting

- August 18 may need to be changed – Bruce will get with everyone.
- Topic next meeting: Financial Models for Exchanges.
- Will also invite SHIIP, Medicaid, and Private Company enrollers to discuss their approaches.

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