

NEBRASKA EXCHANGE STAKEHOLDERS COMMISSION MEETING
JUNE 4, 2014

Chairperson Green called the meeting to order at 10:00 a.m.

Roll Call was taken. Commission members present at the meeting included: Michael Groene, Patrick Booth, Brett Thedinger, James Green, Sherry Wupper, Bruce Ramge, Ruth Vineyard and Shari Flowers. Those present from the Department of Insurance were J. P. Sabby, Martin Swanson and Steve King.

Chairperson Green announced that the minutes were not available from the last meeting and would be put on the website at a later date.

Martin Swanson gave a presentation regarding the status of the Exchange so far. People enrolled in the ACA as of May 1 was 42,975. Eighty-four percent of those enrolled in an Exchange plan received tax credits from the Exchange. Additionally, the Department of Insurance reported that grant money for the building of a state based exchange will expire this year. The Department also reported that transitional plans are allowed in Nebraska and that rate filings are not available right now and will be published on the website.

The Department of Insurance is also reviewing numerous rules and regulations, which included payment parameters for 2015, information on Navigators and other technical changes regarding plan filings. The Department also reported that Essential Health Benefits will remain in effect until 2016, however, they may be changed at the discretion of the Secretary of Health and Human Services, but the Department of Insurance did not know when that regulation will be released and what it will entail. The Department of Insurance indicated that Employee Choice for the FFM SHOP is allowed. Employees will be able to choose the company and plan from the employer pre-selected medal tier.

The Department further reported that the four companies that are currently participating on the Exchange now have expressed intent to participate on the exchange in 2015 with a fifth one possibly being included. Companies need to file their rates and forms with the Department of Insurance by the end of June. Filings will be due here in June and sent on to the Federal Marketplace in August. The Department of Insurance approves rates for companies. The Companies haven't had much experience with experience thus far because of the limited amount of time the exchanges have been in operation. Several board members wondered if companies will be raising their premiums. The Department indicated that it is difficult to know this early in the process. The Department also indicated that they would be conducting a study on the amount of newly insured because of the ACA. The commission also asked whether or

not the Department of Insurance would be asking for additional requirements on Navigators. The Department indicated that they had no plans at this time to do so.

The committee also asked about if the newly insured market could be determined. The Department indicated that it will be conducting a study to attempt to do this, but that one of the guideposts of the U.S. Census was changed by the federal government making the task more difficult.

Catherine Gekas Steeby from DHHS, Nebraska Medicaid, gave a power point presentation. In her report, she provided eligibility numbers regarding Medicaid and the methods of contact if the individual had difficulty with the process due to federal government technological issues. The reconciliation process is thus continues. The projected increase of people applying for Medicaid has not happened. Medicaid indicated that they added additional staff to follow enrollment better.

Chairperson Green invited other speakers to come forward.

Amber Hansen from Community Action of Nebraska (CAN) provided their statistics—

Number of outreach events 8/15/13 to 6/3/14	1,191
Number of outreach event attendees to date	19,576
Phone/email assistance to date	5,854
In-person assistance to date	7,799
Total consumers assisted to date	33,229

CAN indicated that many complicated situations included divorced parents with shared custody of children, what was considered a special enrollment period, Native Americans with income above 400% federal poverty level (FPL) and consumers at the 'end of their rope'. CAN also noted that because of their assistance included health centers seeing more insured clients, still see a need for 'health literacy', people continue to go to emergency rooms, consumers are

unsure how to use the insurance so they don't, and consumers are not making payment or aren't making it in a timely manner.

The Committee asked if there were any reports regarding assisting consumers and who had not paid premiums. CAN estimated that the number from the people they assisted was 10% CAN will be staying on to help with next open enrollment, however, the grants for Navigators have yet to be released and the contract between the federal government and the Navigators ends in August.

No representative was available from Ponca Tribe of Nebraska.

Keshia Bradford from Health Center Association of Nebraska (HCAN) gave their report. In their report, HCAN indicated that Nebraska's Federally Qualified Health Centers serve 65,000 primarily low income patients annually in twenty-eight locations across the state including Omaha, Lincoln, Plattsmouth, Norfolk, Madison, Gering, Columbus, and now Grand Island. The majority of our patients have no insurance. Our uninsured patients are almost entirely low income working adults, people whose employers don't provide health insurance and people who aren't making enough money to afford a private premium. HCAN employed 41 Certified Application Counselors to help these patients and the communities served by Federally Qualified Health Centers. From January 1st through March 31st, the CACs assisted almost 12,000 people directly with information about the Health Insurance Marketplace and have helped nearly 5,000 people file applications. From October 1st-March 31st, the CACs assisted over 18,000 consumers and had submitted over 8,000 applications. January through the end of March, the health centers saw an increase in consumers visiting their health centers. Many of these consumers reported how happy they were to be able to afford health insurance for the first time. Others were surprised at how affordable their health insurance was. The last three months of Open Enrollment proved to be very busy for the health centers as they experienced an increase of consumers requiring their assistance. Many of the health centers expanded their hours to include evening and weekend hours to accommodate consumers. To address the challenge of reaching consumers most effectively, the health centers partnered with community members to conduct outreach. Another challenge occurred with the changes to the Medicaid program at the beginning of the year, but these were worked through by having trainings and

community partner calls. CACs have been busy with additional training in Medicaid, Medicare, Economic Assistance, health literacy, and helping our consumers understand and use their new insurance. During this time period before the next open enrollment our CACs have participated in conferences, webinars, and calls to increase their knowledge/sharpen their skills and will continue to do so.

The commission asked if people are still going to emergency rooms or if people coming to health centers. The mission for the two is different so consumer education is important.

HHS representative from Kansas City, Adell Sink indicated that they are helping with insurance literacy. She passed out a brochure on 'From Coverage to Care' to members. The federal government has yet to release the Navigator grant as of yet and that the dates of open enrollment have been moved.

The committee asked several questions about how issues are resolved with consumers and where they come from. CMS indicated that they come in a variety of ways, including the call center, the website and Congressional offices. The committee was also curious about subsidies and changes to the plans outside of open enrollment. CMS responded that changes can be made outside of open enrollment during Special Enrollment Periods and that subsidy applications must be made every year.

Chairperson Green asked the insurance carriers to speak.

David Lyons from CoOpportunity Health gave a power point presentation.

They had 81,827 in enrollment; Nebraska had 21,149 individuals on Exchange, 10,140 off Exchange. The age variation was 1/3 were ages 1-30, 1/3 were 31-50 and 1/3 were 51 and older. CoOpportunity indicated that they were still going through the education process because the ACA has "changed everything" in how insurance is done.

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Blue Cross & Blue Shield of Nebraska – Tom Gilsdorf

As of 6/1/14, 15,797 were Exchange enrollment and 16,101 were off the Marketplace for a total of 31,898. Blue Cross indicated that they believe that 88-90% of these insureds on the exchange were subsidized. Their enrollment age range was 1/3, ages 1-30, 1/3, ages 31-50 and 1/3, 51 and older. They did not have data on how many were previously uninsured who now had insurance with BCBNE. BCBSNE indicated that it is difficult to set premiums for next year with limited experience and also had a concern that the federal risk programs will not pay out until 2015. There are still some issues with the FFM and that the federally set grace period is causing some concerns as well. When questioned by the committee, BCBSNE denoted that the ACA addressed access, not necessarily affordability. BCBSNE also indicated that there is always a concern about how much more regulation will be issued by the federal government.

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Curt Harms from Coventry, IA-NE-SD. He indicated that four thousand Nebraskans signed up on the exchange for a plan with Coventry and that eighty-nine percent made binder payment and that the Silver policy was popular choice. Individuals signed up for plans not knowing what they signed up for. Coventry will continue to participate on the exchange in 2015 but will pull out of catastrophic product next year. Coventry also indicated that they would implement rate decrease in premiums next year.

Chairperson Green gave report from Delta Dental of Nebraska –

- Nebraska utilizes the Exchange built by the Federal Government (healthcare.gov)
- Delta Dental of Nebraska is a stand-alone dental plan, i.e., not linked with any medical plan
- Delta Dental offers dental benefit plans to individuals both on and off the Exchange

- Since January 2014, Delta Dental of Nebraska has enrolled 867 individual members On Exchange and 98 individual members Off Exchange
- Small employer business was not functional through healthcare.gov so small groups were not able to purchase via the Exchange
- For 2015, the Exchange will be functional for small groups to purchase medical coverage but not stand alone dental. Small groups wishing to purchase dental will need to contact Delta Dental directly

Public Comments –

Does healthcare reform website contain any information regarding enrollment?

How many people were denied coverage because of pre-existing conditions?

People who qualified for subsidy are a key factor. Uninsured and low income people were served during this first open enrollment.

The next meeting is scheduled for September, 2014.

Meeting adjourned at 11:55 a.m.

Respectfully submitted,

Kathy Hoppel
Recording Secretary