Nebraska Exchange Stakeholders Commission

September 16, 2015 – 10:00 am
Nebraska State Office Building, Room LLA
301 Centennial Mall South Lincoln, NE

Call to Order – JJ Green, Chairperson
The meeting was called to order at 10:04 by James (JJ) Green. The open meetings act information was posted in the back of the meeting room as required by state law.

Roll Call
Patrick Booth – Present
Craig Buescher – Absent
Shari Flowers – Present
James Green – Present
Laura Gyhra – Present
Kyle Kollmorgan – Present
Calder Lynch – Absent
Bruce Ramge – Present
Ed Rieker – Present
Britt Thedinger – Absent
Sherry Wupper – Absent

Quorum present

In addition to the Committee the following were also present: JP Sabby and Martin Swanson from the Department of Insurance and Catherine Gekas-Steeby from the Department of Health and Human Services Division of the Medicaid and Long-Term Care division

Welcome – JJ Green, Chairperson
Figure out when we want to meet at the next meeting. Need to have report by December 1st.

Approval of Minutes
Move to approve November meeting minutes. Approval seconded.
Patrick Booth – Yes
Shari Flowers – Yes
James Green – Yes
Laura Gyhra – Yes
Ed Rieker – Yes
Kyle Kollmorgan – Yes

Minutes approved.

Self-introduction of Commission Members
New Business

Briefing by Department of Insurance Staff, Martin Swanson and JP Sabby

- Demographics of Nebraska insurance market; update study towards end of fall; new census data; changing criteria for census data.
- Population has dropped, uninsured rate has dropped slightly to 9.6%
- Individual insurance market in 2014; BCBS largest insurance coverage; CoOpportunity had 13% of the market.
- Small group- 54.9 BCBS 14% coop
- FFM total enrollment = 36,336 individuals; 88.8% received a tax credit; 55.1% received cost share reduction (CSR) (100-250% of federal poverty level; only receive with Silver plan)
- The Department has emphasized to consumer to not just look at cost; look at the plans at a whole to shop around and be informed A consumer has to look at deductible
- There are still back end issues between carriers and feds; front end of the federal website seems to be working better than last year.
- The DOI selected BCBSNE Blue Pride Plus plan for purposes of essential health benefit selection for 2017, however, it is not final until secretary of HHS signs off on it after a public comment period.
- The DOI was asked to hold off on Rate because Feds were going to get risk-corridor update, however, that update has yet to be forwarded to the state.
- State Based Exchanges (SBEs) are going away (NV, LA) (TN on the verge). PA withdrew their blueprint; Only ME has made money
- Major changes for next year: Small group market changes: size changes to 1-100; might affect plans, cost; Congress looking to give power back to the State’s to make that decision. Nebraska would refer to current state statute (2-50). Bipartisan support. Congress is tied up with budget issues. IRS hitting people hard, enforcing it as well.
- We are allowing composite rating for small group plans.

CoOpportunity: There is a Congressional investigation pending and Congress is investigating various aspects of the CoOp program as a whole.

Briefing by Department of Health and Human Services staff, Catherine Gekas-Steeby, Medicaid and long term care

- Oct-Aug ’15: 15,000 account transfers (25,000 people) (3,000 duplicates) took place.
- Medicaid receives flat files weekly they can’t be electronically sent and are manual.
- When a person applies for plan through marketplace; electronic file sent to see if they are Medicaid eligible.
- Open enrollment period can occur at any time for Medicaid. Medicaid sees a huge increase during open enrollment periods for insurance and they have to increase staff application centers to ensure it is done in a timely manner
Medicaid is updating their computer systems.
Medicaid is seeing delays in some file transfers between them and CMS, in some cases, up to 3 months.
Medicaid is in the process of bids for managed care contracts and will release a Request for Production (RFP) soon.

Hand out provided and is posted on the Commission’s website

Invited Speakers

- **Community Action of Nebraska (CAN)- Executive Director, Amber Hansen**
  - Did receive grant and will reach out to difficult populations (African Americans, Native Americans, young people, rural population).
  - Met with Native Americans and the various tries to start education process with that population
  - with the are partnering with Community health centers in order to pool resources to do events serve a lot of people for a low cost
  - Special enrollment period (tax) special enrollment; extra time really helped people
  - A new navigator entity, HRS Erase (Resolute) out of MO is now the other Navigator for Nebraska. They received 100,000 less from last year. They will mostly serve Omaha. As such, CAN will no longer have navigator in Omaha therefore; will focus on the rest of the state
  - The number of consumers reached in 2014 was 44,476 and in 2015 580,192
  - Navigators spend about an hour with people during enrollment
  - Post enrollment issues are usually dealing with contesting the payment amounts and issues with the website.
  - CAN also educate consumers to shop around and also helps consumers with tax preparation.
  - They have constant communications with CMS

Hand out provided and is published on the website

- **Federal Health Centers, Keisha Bradford, MPA**
  - Serves 70,000 people in 39 counties and serve a lot of Medicaid enrollees
  - They have seen issues with the computer system on verifications and with consumers who are being asked 2-3 times to mail in information and they are working with CMS to clear this up. They have multiple webinars with all market place insurers which are chosen on terms of topics that are pertinent;
  - They have experienced a high turnover with Certified Application Counselors (CACs) we want to make sure they are well trained. We all need more education on appeals, exemptions and we encourage to share resources with sister groups.
  - Our big outreach program is to the LBGT population as required by the federal government.
  - Ponca Tribe did not get a grant.
  - Updated Medicaid brochures. Different languages are on our educational material.
  - Working on marketing campaign; radio commercials; brochures
Medicaid and SNAP marketing camp; new one focused on open Hosted back to school outreach benefits in August
- October will conduct two day training before open enrollment
- Difficulty to communicate with CMS about enrollment data; would have to get a Freedom of Information act to get them to release this data.

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Insurers

- **BCBS, Eric Dunning**
  - 12,500 individual insurance contracts sold
  - SHOP 55 total contracts (79 employees)
  - HICS cases continue to escalate
  - Rates will increase

- **Medica, Craig Ashby, Sr Director, Product Development**
  - Individual Market in NE and IA for 2016
  - Nebraska was chosen and thought that they could grow company and give Nebraska more competition
  - Focus on long term stability; not the lowest cost company in the market
  - Product name is Medica Insure
  - Offer gold, silver, bronze and catastrophic plans on and off exchange; same price on and off the marketplace
  - Available in every county in Nebraska
  - Medica has a contract with the Mayo Clinic
  - Contracting with a handful of field marketing organizations for marketing purposes
  - Time and budget being spent on advertising
  - Medica has had, in the past, $3.8 billion in revenue
  - Third party 24/7 services to help members navigate (HealthAdvocate) and aids with appointments, resolve claim issue, help find best prices on prescriptions, help elders with care issues for parents of members.
  - UHC is a business partner but are separate

Handout provided will be published on the Commission’s website

**Public Comment**

No Comment

**Adoption of Future Meeting Date**

Monday November 16th 10-12pm

**Adjourn**

11:44 am