

Nebraska Exchange Stakeholders Commission

July 7, 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 – Present
Shari Flowers – Present
James Green – Present
Laura Gyhrae – Present
Kyle Kollmorgan – Absent
Calder Lynch – Present
Bruce Ramge – Absent (Martin Swanson sitting in for Bruce Ramge)
Ed Rieker – Present
Britt Thedinger – Present
Sherry Wupper – Absent

Quorum present

In addition to the Committee the following were also present: JP Sabby and Robert Bell

Welcome – JJ Green, Chairperson

The United States Supreme Court ruled in favor of the federal government in the King v. Burwell case and, as such, Federally Facilitated Marketplaces can continue to distribute subsidies to enrollees if they are eligible.

Approval of Minutes

Move to approve November meeting minutes. Approval seconded.

Patrick Booth – Yes
Craig Buescher – Yes
Shari Flowers – Yes
James Green – Yes
Laura Gyhrae – Yes
Ed Rieker – Yes
Britt Thedinger – Yes

Minutes approved.

Self-introduction of Commission Members

Ed Rieker is a new member.

New Business

➤ Briefing by Department of Insurance Staff, Martin Swanson

- King v. Burwell was decided by the Supreme Court and the federal government's position was upheld and, as such, subsidies will continue and Nebraska's federally facilitated exchange will continue on as is.
- Stephen King retired; Karl Hug took over as administrator for the Life and Health Division. His division is reviewing several filings.
- The carriers next year for the individual exchange will be: BCBS, Aetna and Midlands. Two new additions are Medica and UnitedHealth Care of the Midlands. CoOpportunity is in the process of liquidation and Time/Assurant is no longer doing business.
- We are looking at the proposed rates submitted by carriers, some of which were published on CMS's website that had proposed rate increases over 10%. Rates are going up, in Nebraska and nationwide. Grandfathered plans will expire eventually as well, so individuals will have an opportunity to enroll in the fall.
- We are currently talking to Feds about status of CoOpportunity; The Guaranty Fund is now providing the funding to pay the claims for the policyholders. Runout will take around 2 years. Process with Feds has not been easy. They want to gain back solvency loans. We did not allow them to do that. We will continue our talks with the Feds.
- Other co-ops are facing similar difficulties. There are no more loans to co-ops forthcoming from the Federal Government.

The Commission then discussed the CoOpportunity situation in detail and asked if additional media contacts were necessary. The Department of Insurance told the commission that much of the information that they were discussing was on both the Iowa and Nebraska Department of Insurance's respective websites. Also, there was significant media attention to the story for quite some time. It won't be known for some time how much the estate will owe and how much the entity was in debt until final numbers on the Three R programs are released by the federal government.

➤ Briefing by Department of Insurance Staff, JP Sabby

- Nebraska appears to have around 36, 336 total enrollees on the FFM.
- Nevada, New Mexico, Oregon going to State Based Exchange. Pennsylvania canceled their blueprint.
- Department of Insurance is doing a study. There were around 243,000 uninsured people or 13% of population; 2014 uninsured- 176, 9.5% (3% decrease).
- These statistics comes from census data. We are looking at Morbidity rates. We need more help from the Feds with FFM data We have yet to receive it.
- Rates will be official in August, will know who is on the exchange or not.

The chairman noted that much of the enrollment was in the silver plan, due to the subsidies available.

➤ **Briefing by Department of Health and Human Services staff, Ruth Vineyard**

- Nebraska is an Assessment State, which was a wise choice because there are many data quality issues as a Determination State. Post-eligibility reviews: we saved money. As an Assessment State we work with federal partners.
- Nebraska has been successful in managing data.
- Family of 4 can earn over 50,000 a year and children could still qualify for Medicaid.
- 21% of denials for Medicaid coverage were because of income. Those individuals were then sent back to the marketplace.
- Data glitches will hopefully be gone by next year. There have been issues with “split households” where some members of the family are on Medicaid and others are not. Threshold for children is higher; children on Medicaid, parents on exchange. Medicaid cannot reduce eligibility until child reaches age 19.
- Account transfers are in real time. Medicaid was very successful in transition and did not have back log on account transfers.
- Medicaid is also getting ready for open enrollment period.
- Access Nebraska has been significantly improved and is considered a success story.
- There are around 240,000 individuals on Medicaid in Nebraska.
- Nebraska showed decline in Medicaid eligibility. It did not see growth in Medicaid with exchange. Majority of enrollees in Medicaid are children.
- The Medicaid report is on Medicaid’s website.

Hand out provided. Will be on website.

Invited Speakers

➤ **Community Action of Nebraska- Executive Director, Amber Hansen**

- Community Action of Nebraska is a Navigator entity.
- Educational efforts have been successful. They have had events partnering with different organizations to work with hard to reach populations.
- The least successful events are “enrollee” events.
- Efforts have been made to target multiple demographics As such, Community Action has partnered with the Native American Center. The emphasis of Community Action is to stress significance of ACA and provide a variety of information, on all components of the ACA. Their outreach and Education events have focus on that.
- Community Action also had to deal with the CoOpportunity issue. They helped several people to reenroll. People were confused on what policy their policy was and didn’t realize there was a penalty for failing to sign up in a timely manner.
- They did not experience website issues with the FFM as compared to last year.
- Community Action was seeking a 3 year federal grant (600,000) Total consumers reached = 437,572.

Hand out provided. Will be on website.

➤ **Federal Health Centers, Keisha Bradford**

- New location in Fremont. 30 certified application counselors. The federal health centers found more success as well with the FFM this enrollment period.
- They had two major outreach campaigns and assisted 28,799 and estimate their total enrollment assistance numbers at 10,725.
- Their focus on strengthening outreach practices. The Federal Health Centers see more Medicaid enrollees.
- The Health Centers have done radio ads, direct mailers and those have been very beneficial. They are trying to mostly target women because they tend to be messengers for their families.
- In preparation for the upcoming open enrollment, they have had held a two-day conference, hosted webinars and training sessions all for the purpose of educating the Certified Application Counselors.
- They are focusing on Native American populations.
- Each year they submit report to the Federal Government about how many patients came into the health center and are still seeing a high number of uninsured.
- Some of their marketing is funded by private donor and have done mailers, different flyers and pamphlets. CMS has various resources, but it is challenging to order them because of high demand.

Hand out provided. Will be available on website.

Insurers

➤ **BCBS, Tom Gillsdorff and Eric Dunning**

- As of June 1, BCBSNE had 20,705 enrollees of which 84 ½% had the advance premium tax credit.
- Percentage of membership in subsidy range 41% of total membership. \$2,077 dollars per month.
- There was a significant increase in issues with the FFM from last year. In 2014, there were 266 in total. In the first quarter of 2015 there are 614. Within those cases, they are finding that a lot of cases that shouldn't be sent to BCBSNE (30-40%) and they are working through those issues with the federal government.
- Other carriers are seeing similar trend.
- The FFM's call centers are still causing issues for consumers and the back end of exchange is a mess. Agents and Brokers seeing problem with back end as well.
- BCBSNE reached a network agreement with Catholic Health Initiatives and, as such, after the announcement many enrollees did move back to BCBS.

➤ **Coventry/Aetna**

- With the demise of CoOpportunity, Aetna was the big beneficiary with the numbers including 46,000 on exchange, 8,000 off exchange. Aetna picked up a lot of market share.
- The Bronze plan was the most popular, followed by silver.
- In 2017, Coventry will officially become Aetna. A Statewide service product will be issued soon.
- The challenge in 2015 will be with managed care and individuals who switched to managed care.

- Coventry saw significant issues with the Marketplace when it asked individuals to verify income. Many individuals forgot to do so and lost their subsidies.
- Coventry is looking to make network improvements in 2016, especially in Omaha.

Public Comment

No Comment

Adoption of Future Meeting Date

Week of September 16th 10-12pm

Adjourn

11:44 am