



**HEALTH BENEFIT EXCHANGE WORKGROUP MEETING**  
**Wednesday, January 11, 2012**  
**North Carolina Institute of Medicine, Morrisville**  
**9:00 am – 12:30 pm**  
**Meeting Summary**

**Attendees**

*Members:* Louis Belo (co-chair), Allen Feezor (co-chair), Tracy Baker, Mary Bethel, Steve Cline, Deby Dihoff, Craigan Gray, Teri Gutierrez, Rep. Verla Insko, Linwood Jones, Fred Joyner, Michael Keough, Adam Linker, Mike Matznick, Barbara Morales-Burke, Carla Obiol, Elizabeth Phillips, Rebecca Whitaker

*Steering Committee and NCIOM Staff:* Jean Holliday, Julia Lerche, Ben Popkin, Lauren Short, Pam Silberman, Anne Williams

*Other Interested people:* Ryan Blackledge, Conor Brockett, Abby Carter Emanuelson, Doug Dickerson, Chris Evans, Fred Forrer, Jerry Furness, Joe Griffen, Amy Jo Johnson, Markita Keaton, Andy Landes, Steven Mayne, Kathryn Millican, Shelli Neal, Susan Nestor, Earnest Nickerson, Elizabeth O'Dell, Robert Seehausen, Ashlee Smart, Chuck Stone, Jim Waldinger

**WELCOME AND INTRODUCTIONS**

*Louis Belo*  
*Chief Deputy Commissioner*  
*North Carolina Department of Insurance*  
*Co-chair*

*Allen Feezor*  
*Senior Policy Advisor*  
*North Carolina Department of Health and Human Services*  
*Co-chair*

Mr. Belo and Mr. Feezor welcomed everyone to the meeting and asked people to introduce themselves.

**FOLLOW UP FROM DECEMBER DISCUSSION AND OTHER UPDATES**

**QHP Certification Requirements**

*Pam Silberman, JD, DrPH*  
*President and CEO*  
*North Carolina Institute of Medicine*

Dr. Silberman asked members to please submit their comments on the QHP Certification Requirements document as a starting point for a dialogue during the next meeting. A copy of the most recent QHP certification grid is available here: [QHP Certification Requirements](#).

## **North Carolina Department of Insurance (NCDOI) Update**

*Lauren Short, MSPH*

*Exchange Coordinator*

*North Carolina Department of Insurance*

Ms. Short updated the workgroup on NCDOI's upcoming SHOP focus groups. She also reported that NCDOI had hired new staff to help with HBE IT requirements (other than building the eligibility and enrollment system, which NC DHHS is leading.)

Ms. Short also reported that the NCDOI Technical Advisory Group (TAG) will be meeting on January 27<sup>th</sup> (from 9:30-12:30 at the NCIOM). NCDOI will be hosting an educational webinar on Monday, January 23<sup>rd</sup> from 3-4 pm. She invited other people who are interested in following the work on the TAG to provide their contact information.

## **Summary of the CCIIO's Essential Health Benefits Bulletin**

*Jean Holliday, CPM, HIA*

*Health Care Reform Supervisor*

*Life and Health Division*

*North Carolina Department of Insurance*

Ms. Holliday summarized CCIIO's December bulletin regarding Essential Health Benefits (EHB). The US Department of Health and Human Services (USDHHS) has proposed that states create their own EHB containing the federally prescribed set of services. States must use one of the following benchmark plans in developing their EHB: the largest plan by enrollment in any of the three largest small group insurance products in the state's small group market; one of the three largest state employee health plans by enrollment; one of the three largest federal employee health plan options by enrollment; or the largest HMO plan offered in the state's commercial market by enrollment. NCDOI is collecting information from insurers and other sources to help identify and perform a preliminary analysis of the options for North Carolina's benchmark plan. NC's essential health benefits need to be designated by Fall 2012.

Ms. Holliday's summary can be found here: [Holliday, Summary of the CCIIO's Essential Health Benefits Bulletin](#). A copy of the full CCIIO bulletin is available at: [CCIIO Essential Health Benefits Bulletin \(Dec. 16, 2011\)](#).

Selected questions and comments:

- Q: Once NCDOI completes a preliminary analysis, who makes the decision regarding the designation of North Carolina's essential health benefits? A: The workgroup will review these options and make preliminary recommendations; however, the decision-maker has not been determined at the federal level.
- Q: Can the benchmark for individual and small groups be different? A: The commercial market and Medicaid can have different benchmarks, but there will be only one commercial benchmark for both small group and individual consumers.
- Q: Where does the benchmark plan fall on the spectrum from catastrophic to platinum coverage? A: This bulletin and the analysis in discussion provide guidance only for which services are covered by health plans, not the level of cost-sharing.

## **HBE EVALUATION STRATEGIES: HOW WILL WE KNOW THE HBE IS MEETING ITS DESIRED GOALS**

*Fred Forrer  
Manager*

*Jim Waldinger  
Associate Manager  
Public Consulting Group*

Mr. Forrer and Mr. Waldinger introduced the role PCG is taking to assist NCDOJ with HBE planning activities. They also discussed the need to identify HBE performance measures for the Level II HBE Development Grant. Mr. Forrer and Mr. Waldinger then led a discussion of what types of data should be collected in order to measure the performance of the exchange in the five core operational functions identified by CCIIO: consumer assistance, plan management, eligibility, enrollment, and financial management.

### Suggestions for Operational Measures Included:

- Consumer Assistance Measures
  - Consumer satisfaction surveys that capture the source of dissatisfaction (i.e. the details of the plan itself, the information provided about the plan, the web portal design)
  - Effectiveness of different education efforts
  - Effectiveness of different assistance methods—Web Portal, Navigators, Agent Community
    - For Web Portal:
      - How many visits does it take to answer questions?
      - At what point do users leave the website?
      - Number of people who cannot successfully apply electronically due to verification issues
      - Length of time to resolve verification issues
      - Length of time between application completion and result
- Plan Management Measures
  - Consumer satisfaction with affordability and variability of plan options
  - What filters do consumers use in plan selection? (i.e. price, availability of specific providers)
- Enrollment Measures
  - Which enrollment mechanisms are consumers using?
  - Enrollee Demographics
    - Income
    - Race and ethnicity
    - Geography
    - Insurance Status
    - Subsidy-eligibility status
  - Rate of “churn” between Medicaid and subsidized insurance through the HBE
- Financial Management Measures
  - Early warning system for adverse selection within HBE and in the outside market

- Effect on premiums

Additionally, Mr. Forrer and Mr. Waldinger led a discussion to identify and prioritize strategic issues that the NCHBE Board and NC decision makers should consider. They also asked for feedback on whether the NCHBE Board should be held accountable for any of the strategic issues, including:

- Quality of Care
- Access to Coverage and Care
- Health Care Costs
- Population Health
  - Aggregate Health Care Data Collection
- Consumer Engagement
  - Health Literacy
  - Cultural Sensitivity
- Uninsured Rates by population

A copy of Mr. Forrer's and Mr. Waldinger's presentation can be found here: [North Carolina Health Benefit Exchange Preliminary Evaluation Planning](#).

Selected questions and comments:

- Consumers should receive targeted education that addresses their unique needs in order to make informed consumer choices. This may include comparisons between the available options and their current/past coverage.
- There should be avenues for immediate consumer feedback.
- Web designers will need to consider at what point to require visitors to provide identifying information.
- The pattern of utilization of resources (such as the time of day, or time of month the website is most accessed) should be measured to allow resources to be allocated efficiently.

#### **PUBLIC COMMENTS**

- A copy of the National Association of Medicaid Directors memo Re: Medicaid crossover issues with Essential Health Benefits is available here: [Medicaid crossover issues with Essential Health Benefits](#).