

MISSISSIPPI HEALTH INSURANCE EXCHANGE ADVISORY BOARD MEETING

MISSISSIPPI INSURANCE DEPARTMENT

MAY 9, 2012

9:30 AM – 12:00 PM

WOOLFOLK STATE OFFICE BUILDING - ROOM 145

JACKSON, MISSISSIPPI

MEETING MINUTES

I. Roll Call: Kathryn Gilchrist, Attorney, Adams and Reese, LLP

○ **Board Members present:**

Ms. Geroldean Dyse

Mr. Robert Pugh

Ms. Mary Werner

Ms. Therese Hanna (*Proxy: Ms. Angela Ladner*)

Mr. Roy Mitchell

Ms. Teresa Planch

Mr. Joel Jasper

Dr. Claude Brunson (*Proxy: Ms. Emily Lewis*)

Mr. David Buchanan

Ms. Lee Ann Griffin

Ms. Stephanie Barnes Taylor

Ms. Kathryn Gilchrist, legal counsel to the Mississippi Health Insurance Exchange Advisory Board (“Advisory Board”), verified that a quorum was present.

○ **Attendees:**

Honorable Mike Chaney, Commissioner of Insurance, Mr. Aaron Sisk, Ms. Maris Cooper, Ms. Kaylea Crabbe, Mr. Drew Weiskopf, Ms. Misty Watson, Ms. Sandy Ray, and Ms. Lee Anne Robinson: Mississippi Insurance Department

Ms. Cheryl Smith, Ms. Kathryn Toone, and Ms. Laura Summers: Leavitt Partners, LLC

Ms. Kathryn Gilchrist: Adams and Reese, LLP

Mr. Lanny Craft: Mississippi Comprehensive Health Insurance Risk Pool Association

II. Welcome and Introductions: Aaron Sisk, Senior Staff Attorney, Mississippi

Insurance Department

Mr. Sisk reported to the Advisory Board on recently attending the National Association of Insurance Commissioners (“NAIC”) Plan Management Forum, as well as the Center for Consumer Information and Insurance Oversight’s (“CCIIO”) conference on risk adjustment in Washington, D.C.

- III.** A motion was made to adopt the meeting minutes from the third meeting of the Advisory Board, held on April 11, 2012. Said motion was made by Mr. Buchanan, seconded by Mr. Mitchell, and approved by a unanimous voice vote of the Advisory Board members.

IV. Updates and Announcements: Lanny Craft, Executive Director, Mississippi

Comprehensive Health Insurance Risk Pool Association

Mr. Craft gave an update to the Board regarding the Mississippi Comprehensive Health Insurance Risk Pool Association’s (“CHIRPA”) progress on the Phase I shop-and-compare portal. Mr. Craft stated that the Exchange website will be put together through four phases and that each phase will be bid out and brought online as appropriate. Mr. Craft stated that the Phase I portal will give Mississippi residents a mechanism to purchase insurance policies online.

Mr. Craft announced that after several months of contract negotiations, CHIRPA signed a contract with eHealthInsurance Services, Inc. Mr. Craft affirmed that there are two insurers that have committed to make their products available on the Exchange portal, and CHIRPA anticipates that the web portal will be available to the public in late May. In conjunction with the completion of Phase I, CHIRPA is preparing to issue the next

Request for Proposals which will cover Phases II and III of the Exchange development process. Phase II, projected to be completed by the fall of 2012, is expected to result in the creation of an unsubsidized exchange, which will include enrollment through the electronic portal, marketing and outreach, navigator activities, and call center functions.

Mr. Craft mentioned that Phase III of the Exchange portal will include requirements to adhere to federal and state guidelines, as well as enrollment and plan management functions. Mr. Craft anticipates that the Mississippi Division of Medicaid will continue to be responsible for eligibility services for Medicaid and Children's Health Insurance Plan ("CHIP") enrollment. Mr. Craft anticipates Phase III completion by the end of 2012.

Mr. Craft reported on the Exchange planning review meeting in Washington, D.C., which was attended by representatives from CHIRPA, Adams and Reese, Mississippi Insurance Department ("MID"), and CCIIO. Mr. Craft confirmed that CCIIO is comfortable with the progress being made on Mississippi's Exchange, and noted that CCIIO staff feel that Mississippi is ahead of other states with regard to the shop-and-compare portal. Mr. Craft mentioned that CHIRPA and MID will engage in additional Exchange planning reviews with CCIIO in the future.

Roy Mitchell, Program Director, Mississippi Health Advocacy Program

Mr. Mitchell gave an overview to the Advisory Board members of the partnership between Health Help Mississippi ("HHM") and MID which began in October of 2011. Mr. Mitchell stated that HHM has assisted consumers with enrollment in Medicaid and CHIP, as well as both private and public health coverage. Mr. Mitchell stated that HHM assists consumers who are having difficulty communicating with their insurers, completing applications, and/or satisfying requirements for Medicaid and/or CHIP enrollment.

HHM also assists consumers with questions specifically pertaining to the Affordable Care Act ("ACA") and informs individuals of their rights and responsibilities under the ACA. HHM has recently partnered with local chambers of commerce and other

community and professional organizations in order to broaden their outreach and education efforts across the state.

Mr. Mitchell also affirmed that HHM will launch a campaign in June to target individuals in the nineteen (19) to twenty-six (26) year-old age group. Mississippi has one of the highest uninsured populations of this age group in the nation at forty-three (43) percent. Thus far, HHM has made several site visits to many of the major colleges and universities in the state. Mr. Mitchell stated that the organization is currently working on creating a mobile web device, similar to what the “Young Invincibles” nationwide program is using.

V. **Impact of 2012 Political Scenarios on Health Care Reform: Cheryl Smith, Leavitt Partners**

Ms. Smith gave an overview of likely future political scenarios as well as key U.S. Supreme Court decision points associated with the pending court challenge to the ACA. Ms. Smith discussed the likelihood of the U.S. Supreme Court upholding the ACA and also explained the various situations associated with the presidential and congressional elections. Ms. Smith stated that exchanges are a public policy mainstay and will likely remain regardless of political scenarios.

VI. **Overview of Essential Health Benefits Final Recommendations: Kathryn Toone, Leavitt Partners**

Ms. Toone gave a presentation on the Advisory Board’s Essential Health Benefits (“EHB”) final recommendations and the selection methodology behind the EHB plan document developed by Leavitt Partners and Adams and Reese. Ms. Toone thanked the Advisory Board and Subcommittee members for their time and effort. Ms. Toone stated that each group has had a different definition of what a “bare bones” plan might look like. Ms. Toone stated that some groups have been hesitant to recommend a plan because there are still questions left unanswered as far as actuarial value is concerned. Ms. Toone stated that the preferred plans among the Subcommittees were plans A and E.

VII. **Presentation and Discussion of Final Subcommittee Recommendations on Essential Health Benefits: Advisory Board Members**

The Advisory Board members provided reports from their Subcommittee meetings.

Mr. David Buchanan, Health Insurance Issuers Subcommittee:

Mr. Buchanan reported that his Subcommittee met three times during the month and the top two plans discussed were plans A and B. Mr. Buchanan stated that his Subcommittee had selected Plan B. Although not voted on by the Subcommittee, the inclusion of pediatric dental benefits was discussed and the Subcommittee members believed that the dental plan currently used by the State's CHIP program should be a consideration for inclusion in the EHB package.

Ms. Stephanie Barnes Taylor, Health Care Providers Subcommittee:

Ms. Taylor reported that one of the main points mentioned during the Subcommittee's meetings was the balance between cost and coverage. Ms. Taylor mentioned that most providers are concerned about the treatment they are actually able to render as it is impacted by the coverage that patients may or may not have. Ms. Taylor stated that one of the issues discussed was what individuals and businesses owners will be able to pay for. Ms. Taylor affirmed that the Subcommittee ultimately recommended Plan A. Ms. Taylor also stated that the Subcommittee does not want a plan that is so "bare bones" that it does not meet the coverage levels that are actually needed. Adult dental coverage and telemedicine are particular concerns for the Subcommittee.

Ms. Teresa Planch, State Government Agencies and Divisions Subcommittee:

Ms. Planch reported that the Subcommittee met several times and that EHB selection was taken very seriously. Ms. Planch stated that their Subcommittee focused on comparing the plans between cost and coverage. The plans were narrowed down to Plans A and B and the Subcommittee's final recommendation was Plan A.

Mr. Robert Pugh, Public Health Experts Subcommittee:

Mr. Pugh reported that the Subcommittee grappled with the issue of cost and coverage, and acknowledged that this was difficult to balance for the Subcommittee knowing that everything cannot be included in the EHB package due to cost. Major concerns for the

Subcommittee included addressing Mississippi's health issues and improving access to care in Mississippi. The Subcommittee chose Plan E as its first choice and Plan F as its second choice. Ms. Lee Ann Griffin, co-chair of the Subcommittee, noted several services that the members felt were important, including: tobacco counseling, medication, vaccination coverage for adults and children, weight management, nutritional counseling, prenatal counseling, and contraceptives.

Ms. Mary Werner, Small Businesses and Self-Employed Individuals Subcommittee:

Ms. Werner's Subcommittee chose Plan A for the benchmark. Ms. Werner noted that the members discussed the inclusion of pediatric eye services as a supplement to the plan.

Ms. Geroldean Dyse, Educated Health Care Consumers Subcommittee:

Ms. Dyse reported that Plan A was the recommended choice and Plan E was the second choice. She also stated that access to care was important to the Subcommittee.

Ms. Angela Ladner, Hard-to-Reach Populations Subcommittee:

Ms. Ladner, serving as a proxy representative for Ms. Therese Hanna, reported that Plan E was the Subcommittee's first choice and Plan A was the second choice for the EHB benchmark. The Subcommittee felt Plan B was the least preferable plan based on certain benefits that plan does not provide. Issues that were particularly important to the Subcommittee included: family planning, hearing services, vision services, treatment for smoking, and durable medical equipment. Also noted was that the EHB benchmark plan would need to meet all requirements of the Mental Health Parity and Equity Act ("MHPAEA").

Mr. Roy Mitchell, Experience in Enrollment Subcommittee:

Mr. Mitchell's Subcommittee met several times and stated it was difficult to agree on a methodology due to the lack of information on cost. The Subcommittee did come to a decision to select Plan A, and noted that weight management, prenatal care, and hearing devices were also concerns to be addressed.

Ms. Emily Lewis, Large Employers Subcommittee:

Ms. Lewis, serving as a proxy representative for Dr. Claude Brunson, reported that one of the major issues discussed among the Subcommittee members was the balance of cost

versus coverage. Ms. Lewis stated that the Subcommittee intensely analyzed both Plans A and E. The ultimate decision, made by a majority vote of the Subcommittee members, recommended Plan E as the first choice and Plan A as the second choice. Ms. Lewis stated that the members discussed some changes to Plan E, including: mental health treatment for post-partum depression, alcohol substance abuse screenings, and dental care. The Subcommittee felt that adherence to American Medical Association (“AMA”) guidelines for medical professionals should be encouraged, thereby removing alternative medicine practices from covered services. Weight management programs and obesity treatments are important in addressing the health problems of Mississippi’s population but should be further considered before being included in the EHB plan. The Subcommittee also felt that pediatric dental services, hearing aids, and eye glasses need to be covered in the EHB benchmark plan.

Mr. Joel Jasper, Health Insurance Agents and Brokers Subcommittee:

Mr. Jasper reported that the main concern of the Subcommittee was cost. Mr. Jasper emphasized that insurance will not offer value to consumers if it is unaffordable. The Subcommittee made the decision to choose Plan A.

Aaron Sisk, Senior Staff Attorney, Mississippi Insurance Department:

Mr. Sisk requested that the Advisory Board members submit a written final report of their Subcommittee recommendations on EHB if they have not done so already. MID will then compile a final recommendation report, to be presented to the Advisory Board for adoption at the next meeting. There were six subcommittees that chose Plan A, three subcommittees that chose Plan E and one subcommittee that chose Plan B. Mr. Sisk noted that Plan A is a small group plan in the state and Plan E is a plan in the Federal Employee Health Benefit Program.

VIII. Introduction of Second Assignment Topic: Outreach, Education, Adoption, & Enrollment: Laura Summers, Leavitt Partners

Ms. Summers presented the next assignment to the Advisory Board which is outreach, education, adoption and enrollment. Ms. Summers discussed the navigator program, communication and marketing activities. She also explained some of the rules governing

navigators, training and certification requirements, and noted that there are many unanswered questions remaining. Ms. Summers emphasized the importance of educating people about the exchange. Ms. Summers referenced the population data on the uninsured, which shows almost twenty (20) percent of Mississippi's population is currently uninsured, equaling around 550,000 residents.

IX. Other Business: Honorable Mike Chaney, Commissioner of Insurance, Mississippi Insurance Department

Commissioner Chaney thanked the Advisory Board members for their time and dedication to service. Commissioner Chaney explained to the Advisory Board that, regardless of the U.S. Supreme Court ruling on the ACA, it is Mississippi's goal to have a free market exchange.

Aaron Sisk, Senior Staff Attorney, Mississippi Insurance Department:

Mr. Sisk noted that the current state statute requires that a person must be a licensed agent in order to sell, solicit, or negotiate insurance, and to receive compensation for the sale of insurance. Mr. Sisk also stated that each Subcommittee should be creative with the outreach and education assignment.

MID is in the process of releasing a Request for Proposals for a marketing and outreach campaign for "One, Mississippi." Mr. Sisk stated that MID plans to use a grassroots approach, and incorporate many forms of media to educate consumers about the exchange.

X. Adjournment

A motion to adjourn was made by Mr. Sisk and a seconded by the Advisory Board members.