Exchange Work Group
Tuesday February 28, 2012
8:30am
RI-CIE
Meeting Minutes

Attendees: Jay Raiola, Rachelle Dunning, Michael Varidian, Mark Deion, Ted Almon, Ed Cooney, Brian Jordan, Elaina Goldstein, Paula Hodges, Vivian Weissman, Craig O'Connor, Stacy Paterno, Kathryn Shanley, Bonnie Smith, Linda Johnson, Steve Detoy, Tim Bonin, Chris Kent, Susan Rodrigues, Carrie Bridges, Domenic Delmonico, Don Fruge, Peter Asen, Michelle Brophy, Michael Varidian

I. Call to Order – Dan Meuse called the meeting to order and thanked the group for their continued attendance. He noted that next week we intend to have a syllabus for this group going forward starting at our regularly scheduled session next week.

II. Presentation – Demonstration of UX2014. This is the front-end design, a public private partnership, they engaged a firm, IDEO, out of Paolo Alto to create an experience. Demonstration by Matt Harvey and Dan Meuse. Mr. Harvey notes that this is a prototype, - this is a visual demonstration. It is also a wireframe, and the important thing being shown here is how the user may interact in the system, what kinds of interactions we may have with the system. This is not to be an image of what the colors and fonts will be, but roughly how it is laid out for user experience, not for visual design. This is the second to last draft for IDEO to be using. This is not RI Health Benefits Exchange, this is the baseline to build ours from.
    a. Questions
        i. Domenic Delmonico: This seems to suggest a lot of preparatory work before you get to this. On the standard stuff – language, access, that's important before you get to this; also what about the literacy levels in health care – educating the public on how to compare copays, understand main plan differences etc.
            1. Matt Harvey: On the language side, we are going to require it is provided in the languages for the demographics represented in RI. Pop up health text will be available, in application to help with "what's this". How important the Navigator program will be to assist this. The Navigator program will act as a sister program to this.
            2. Dan Meuse: This is my third time running through this model, I expect there will be numerous others.
        ii. Mark Deion: This will tie into the IRS database, the state division database and the immigration database?
            1. Dan Meuse: Yes, Homeland Security, HHS and IRS.
            2. Mark Deion: This is not going to eliminate brokers then.

iii. Vivian Weissman: Will this system have something to question if someone is on workers comp for three years straight?
    1. Dan Meuse: Yes.
iv. Craig O'Connor: How might we ensure that the father, who has employer coverage, and the wife and child can get into the same plan or a similar one.
    1. Dan Meuse: Definitely – it isn't demonstrated in this model, but definitely something that has been raised over and again.
v. Elaina Goldstein: There is a Medicaid application that is already complicated for a similar demographic that trying to bring out here. Because of the Medicaid rules, it never becomes simplified. There are those who try to get through the Medicaid population, so as much as one tries to help someone get through the application, it always seems to get stuck at some point. Are you looking at coordinating with other programs so people aren't getting stuck and giving up around the state at different points.
    1. Matt Harvey: Single integrated application for health insurance coverage – so the complete Medicaid application, complete insurance application. The sister program will not be doing eligibility determination – that is going to be automated as much as possible. It is going to be as automated as possible, but still consistent with Medicaid rules. There are going to be a lot of work to engage groups like this to ensure we do not lose folks.
vi. Michael Varidian: How many folks expect to be enrolled in this program?
    1. Dan Meuse: This system would be available for every Rhode Islander, to anonymously browse plan options. Then who would use this to enroll in health coverage, somewhere in the range of 210 to 230K. Then it breaks down under that. There is a small sliver of the population that would enroll through the exchange without financial assistance.
vii. Domenic Delmonico: Is this markedly different or considered better than Massachusetts?
    1. Matt Harvey: There is the MA example and a number of private exchanges out there, and IDEO did a number of reviews of all those exchanges, learning from their
viii. Craig O'Connor: I noticed earlier in the application, it asked "are you going to be applying for financial assistance?"
    1. Matt Harvey: That is something to think about going forward. Make sure that folks go through the right screeners.

ix. Elaina Goldstein: Where a person can select "am I eligible for other coverage based on what I know" there will need to be a lot of explanation for that.
x. Rachelle Dunning: Does the exchange allow us to use this as secondary coverage? What if someone wants to exit out of employer sponsored coverage – may they do that.
    1. Dan Meuse: Right now you can only purchase direct pay through BCBS if your only other option for insurance is Cobra. With this one can look at other options. To your second question, if the employee's coverage is unaffordable through the employer then they can exit out and go through the exchange as an individual.
xi. Craig O'Connor: Thinking about the issue of reconciling at the end of the year, vis a vis a tax credit. If income changes and suddenly you owe them $2K as a result of the subsidy – can we work to put that off to the next year?
    1. Dan Meuse: When promulgate federal rules, create regulations to prevent every April 15 people having a panic from income change and now unable to pay. The note is that enrollees are always able to adjust income ASAP – proactive reach out to avoid getting stuck at the end of the year. Not ideal, but how does that reconcile.
xii. Can the wife and child buy separately without the husband's information?
    1. Matt Harvey: Yes, but she would need to input husband's information as a part of the full household income.
xiii. Vivian Weissman: Even if the husband is the primary tax filer, she can be the applicant?
    1. Dan Meuse: Yes, she'll just note that he is the primary tax filer.
xiv. Kathryn Shanley: Is this then going to automatically be fed into the carriers?
    1. Dan Meuse: Yes that is part of the technology integration, so that carriers can have immediate information.
    2. Kathryn Shanley: Are you paying the carriers directly or is the exchange a conduit?
        a. Dan Meuse: We do not know yet. It does not have to be a fiscal conduit, but decisions not made.
xv. Mark Deion: Concerned about the other population of people who we have a huge hurdle to help overcome. Those in low income areas, those without access to computers, not to mention the languages etc. The assistor program, the Navigators will be critical in helping folks get through this program.

1. Dan Meuse: We are going to have at least one or two session on that program to help determine what we need in the Navigator system. Both to help folks directly, but also to ensure the system works well for the assistors.

xvi. Craig O'Connor: This is neat – and actually if you are used to shopping online then this is intuitive. There are different kinds of Medicaid programs, and then there are duals… are you expecting everyone to go through this?

1. Matt Harvey: There is a timing answer tot hat. Oct 2013 eligibility determination for income eligible Medicaid, will be going through this. Thereafter everyone Medicaid eligible will be in the program. The reason for this is to build the system.

xvii. Jay Raiola: Making sure there are ten or twelve terms on each page to be able to click on and explain as going through.

1. Dan Meuse: I have filled out a form to enroll someone in coverage. If you take these screens and put them on paper, the questions are – to an extent – the same. The goal is to have a system that runs through getting that information, understand why entering that information now, and hopefully you are prepped to have that information at your fingertips. This is jokingly referred to as the "turbo tax model."

xviii. Vivian Weissman: Among the things we learn as we build out currentcare, is the individual's choice of care is that providers need to be able to provide for patients. When you get ready to switch plans, the key is to ensure the doc is there. Make sure that is kept.

1. Dan Meuse: Absolutely, we want to ensure the two top questions – can I see my doc and cost are the big two for people applying.

xix. Elaina Goldstein : Why does it ask what prescriptions a person takes?

1. Matt Harvey: To see if the prescription is covered by plans, if it is in the formulary etc. Not sure if that is going to be in the final. We may determine we can't have it, or we do not want to but we have it in the prototype.
2. Elaina Goldstein: For them it goes directly to plan selection. Most of the complexity comes from eligibility, if you are not eligible for or applying for a subsidy.
3. Dan Meuse: We do not know how many plans there will be in RI, will have great flexibility as a state yet there will be a plan to… Just as we are going to have a couple

of plans on assistors, how do we structure this model, what order etc.

xx. Kathryn Shanley: Has IDEO envisioned how dental or pediatric benefits will be offered through the exchange?
    1. Dan Meuse: We flagged as an issue for them; hasn't been worked out yet but something they know need to be address in the future.

xxi. Domenic Delmonico: The pre-populated benefit, the question becomes a matter of steerage vs. choice. Almost wondering if for certain levels there is steerage down to products.
    1. Dan Meuse: It comes down to how many questions do we ask, how do we decide. Yes, that kind of steerage is really where the questions come in. Really get into some detailed questions and only this plan will work for you.

xxii. Domenic Delmonico: If you know, for example, that a person receives the majority of their care from a health center, it may reduce the questions you ask.
    1. Matt Harvey: Absolutely, so maybe that is the first information we ask.
    2. Dan Meuse: Important to note this is insurance information, not medical information.
    3. Mark Deion: You already tied this to the IRS, so if I have an electronic medical record, if I have currentcare and chose to let you use that, doesn't it pre-populate more?
        a. Dan Meuse: It could, but not something we think we have access to.

xxiii. Michael Varadian: What about those with disabilities and a sister or brother is identified but doesn't have the permission to access information?
    1. Dan Meuse: There will be ability for folks to appoint a proxy.

xxiv. Rachelle Dunning: I just visited six of outsourced vendors and there is something that go to primary care, and it mentioned their last physical and it drove people to their doc.
    1. Dan Meuse: The good thing about this system is it is more design based than vendor based.

xxv. Susan Rodriguez: Currently there are large private Medicare exchanges, and do plan selection very well. They are doing for the most part, the over 65 market. Using what is happening in the market right now, what the Medicare exchanges are doing right now is set up forty-minute initial phone calls, asking what is the most important thing to you in the plan right now. Haven't heard that today, and think it is important to have a substantial customer service center.

1. Matt Harvey: Agree, going to do a lot of work over the next several months to incorporate many things, such as the services you suggest.

xxvi. Bonnie Smith: What happens to the population in RI who relies on spiritual care, who doesn't have a doctor?

1. Dan Meuse: that is a specific functionality question that we have not yet addressed. It comes down to how to best make it work, and how to structure plan selection etc.
2. Matt Harvey: The questions pre plan selections are optional – if you don't care who your doctor is, then don't need to answer that.

III. Public Comment – No Additional Comment Made

IV. Adjourn.