

Summary of Steering Committee Meeting

Arkansas Health Benefits Exchange Planning May 17, 2011

Members present: Jay Bradford-Commissioner, Cindy Crone-Staff, Bruce Donaldson-Staff, Bob Alexander-AID Rate Review, Dr. Angela Brenton-Facilitator, John Woods, Barry Hyde, Marilyn Strickland, Frank Scott, Ray Scott, Rich Huddleston for Elizabeth Burak, Deborah Bell, Fred Bean, Patty Barker, Ed Choate, Dr. Drew Kumpuris, Kenny Whitlock, David Boling, John Wayne

Members absent: Annabelle Imber Tuck, David Dere

Discussion of Planning Model

Members of the Planning Steering Committee reviewed the revised planning model which places the Steering Committee in a central role of coordinating the process with input and direction from work groups, the community stakeholder focus group project and the research vendor contract. The Steering Committee will coordinate the parts of the process, analyze data and draw conclusions from the diverse input from various stakeholder groups, and will approve a final recommendation of a business plan to the Insurance Commissioner and the Governor.

The planning committee will be on a short timeline to apply for federal implementation funds. An application for an initial Level I Establishment Cooperative Agreement will be submitted by September 29, 2011 with potential for a second Level I application in December, 2011. A Phase II Establishment cooperative agreement, which is due no later than June of 2012, requires State authorization for an Arkansas Exchange. The group discussed at some length prospects for legislative authorization, an executive order, or some other method of State authority. They decided to proceed with planning even though it is not clear at present how or when state authorization may happen. Legislators on the Steering Committee suggested trying to coordinate the planning process with the Interim Study Committee authorized in the last legislative session, even though there has been little activity to date to initiate a study group.

Charge to Work Groups

The Steering Committee discussed giving more direction to work groups to guide their input into the process. The Committee developed questions to pose to each group. A template of the charge to each group is attached to this overview. A short informational piece listing minimal Exchange parameters—a “what we know now” sheet-- was suggested.

Discussion of Community Stakeholder Focus Groups

Dr. John Wayne, College of Public Health at UAMS reported on plans for obtaining statewide stakeholder input. David Deere of Partners for Inclusive Communities, was unable to attend the

meeting. Dr. Wayne shared tentative meeting dates in communities around the state, starting on May 31 and ending in June. He explained that in each community there would be groups for insurance companies and health care providers, as well as a public town hall type meeting for input. He also shared questions that might be asked in a web survey that could be taken by community members who could not attend the community meetings, as well as by public meeting attendees who would like to offer further input.

Steering Committee members recommended that the process be more defined before the community meetings begin, with questions reviewed by the Steering Committee for the both the community meetings and on-line survey. They also suggested conducting a couple of focus groups, with some time for reflecting on results and adapting methods before conducting the community meetings. They felt that Steering Committee members could be helpful in publicizing the town halls and encouraging attendance.

There may need to be a simple collateral publication to be used with the focus groups / community meeting to give participants some basic information about the health benefits exchange before the session starts. It will also be important to try to steer participants toward discussion of the health benefits exchange rather than a general discussion of health care reform.

Steering Committee members felt that questions should be very basic for the public sessions, and reflect information and concerns that the public has – Can I keep my insurance? Will it be more expensive? Do I have to change doctors? Can the exchange help me get insurance since I can't afford it now? --for example.

The “broken record” message in the meeting is that the Exchange has the potential to achieve not just insurance reform but true health care reform.

Meeting Schedule

The Steering Committee agreed to meet again on May 31 from 2-4. It is hopeful that a representative from the research vendor may be able to attend that meeting. There may be more details to report about the Community Stakeholder Focus Groups. The Steering Committee can also review input from the first meetings of the Work Groups.

Meetings after May 31 may need to be more frequent to have a plan finalized by September. The group agreed to investigate technology support for meetings, such as call-in conference call meetings for any members who may be out of town or unable to attend in person, or videoconferencing to allow members in several locations around the state to meet virtually.

There are two members from most work groups on the Steering Committee. If neither member of the work group can attend a given meeting, they might arrange for a proxy from the work group to attend.

Charge to Work Groups

We appreciate your involvement on a work group for Arkansas Health Benefits Exchange planning. You represent an important constituency and your input will allow us to design an exchange model which will have the best chance of success.

We have listed a number of questions below for each group. Some questions are common across all groups, and some are particularly directed toward a stakeholder group that is uniquely positioned to answer the question. The questions are arranged in somewhat logical order. We would ask that your group discuss the first two or three questions at your first meeting and forward a summary of your discussion to the Steering Committee. The Steering Committee's role will be to analyze and synthesize the input from diverse stakeholder groups to try to develop a plan that meets the needs of as many stakeholder groups as possible.

In discussing these questions you do not have to reach a unanimous conclusion or make a recommendation. We are interested in learning more from your discussion of the issue. You can write a brief summary of your discussion of the question. In your summary, try to give us a sense of how different parts of your work group reacted. For example you might say, "About 75% of our members thought the Exchange should be administered by a state agency while 25% thought it should be run by a private group." Or you might say, "Small business members of our group thought small business customers should be administered separately from individuals, but some insurance representatives thought the exchange would be more viable if all could be included in the same pool."

Do not feel limited by these questions. While we are interested in your thoughts about these questions, you may have additional areas of input you would like to offer, and we are interested in any feedback you have.

We will try to facilitate communication between the Steering Committee and the workgroups by having two members of each Work Group on the Steering Committee to report back and forth between the groups, as well as by setting up a website on which all Work Group reports and Steering Committee minutes and reports will be posted so that Work Groups can keep up with work being done in other groups.

Questions for State Agency Work Group

1. What is your vision of what the Arkansas Health Benefits Exchange should be and how it should operate?
2. Should the Exchange be a regulator or an administrator of health coverage?

3. What governance structure would best support the goals of the Exchange? Private or state run? If a government agency, which one?
4. How can planning efforts of your agency regarding healthcare reform be coordinated with this planning effort?
5. How can the Exchange create seamless integration of eligibility and enrollment of Medicaid, CHIP and other programs? What problems can you anticipate in doing this?
6. What is the best route toward state government authorization for the Exchange?
7. How can the Exchange start small and be scalable to grow and adapt in the future?
8. Should small business and individual services be separate or combined?
9. How can the Exchange prevent adverse selection? Should state employees be enrolled at the start of the program?

Questions for Consumers

1. What is your vision of what the Arkansas Health Benefits Exchange should be and how it should operate?
2. Should the Exchange be a regulator or an administrator of health coverage?
3. How can the exchange attract the largest number of individuals and small businesses to participate?
4. How can we make the Exchange user friendly?
5. What consumer protections and rights should be assured in the creation of the Exchange?
6. Who should consumers contact with questions or needs for assistance?
7. How can consumers gain access to the Exchange if they do not have internet access?
8. What are the best ways to increase consumer awareness of the Exchange?
9. Should small business and individual services be separate or combined?

10. How can the Exchange prevent adverse selection?

Questions for Outreach/Education/Enrollment (Navigators/Brokers/Producers/Agencies)

1. What is your vision of what the Arkansas Health Benefits Exchange should be and how it should operate?

2. Should the Exchange be a regulator or an administrator of health coverage?

3. How can the products and services on the Exchange be structured to attract the most individuals and small businesses to participate?

4. What are the best ways to increase consumer awareness?

5. What sort of individuals could best serve as navigators?

6. How will current insurance brokers be integrated in the Exchange?

7. What will attract insurance companies to offer products in the Exchange that will encourage individuals to purchase insurance in the Exchange?

8. Should small business and individual services be separate or combined?

9. How can the Exchange prevent adverse selection?

10. How can consumers without internet access or computer knowledge gain access to the Exchange?

11. What governance structure would best support the goals of the Exchange? Private or state run? If a government agency, which one?

Questions for Health Care Industry – Insurance Carriers, Health Care Providers, Professional Associations

1. What is your vision of what the Arkansas Health Benefits Exchange should be and how it should operate?

2. Should the Exchange be a regulator or an administrator of health coverage?

3. What governance structure would best support the goals of the Exchange? Private or state run?
If a government agency, which one?
4. How can the products and services on the Exchange be structured to attract the most individuals and small businesses to participate?
5. How will the Exchange promote health care access, quality, and efficiency?
6. What will be the impact of the Exchange on health care providers?
7. Should small business and individual services be separate or combined?
8. How can the Exchange prevent adverse selection?
9. What incentives will encourage carriers and consumers to participate in the Exchange?
10. Will rules for plans in the exchange also apply to plans outside the exchange?

Questions for Small Business/Community Leaders/Legislators

1. What is your vision of what the Arkansas Health Benefits Exchange should be and how it should operate?
2. Should the Exchange be a regulator or an administrator of health coverage?
3. What governance structure would best support the goals of the Exchange? Private or state run?
If a government agency, which one?
4. What is the best route toward obtaining state government authorization?
5. What is the best way to promote public understanding of the Exchange and to dispel misunderstandings about it?
6. How will the Exchange promote health care access, efficiency, and quality?
7. Should small business and individual services be separate or combined?
8. How can the Exchange prevent adverse selection?