

Defined Contribution Risk Adjuster Board Minutes

State Office Building Room 3112

Approved

October 25, 2011

Attendees: Jim Pinkerton, *Regence*; Dave Jackson, *First West Benefit Solutions*; Tomasz Serbinowski, *UID*; Perri Babalis, *Utah Attorney General*; Sue Watson, *OCHS*; Patty Connor, *OCHS Director*; Jill Goodmansen, *OCHS*; John Borer, *PEHP*; Nancy Askerlund, *UID*; Paul Anderton, *UID*; Shelley Braun, *UHP*; Lincoln Nehring, *Voices for Utah Children*; Brian Allen, *CH*; Loraine Mayne, *Milliman*

Kim Miller, *UHC* (via telephone); Jim Murray, *SelectHealth* (via telephone); Mark Brown, *SelectHealth* (via telephone)

- I. Meeting called to order at 1:03 p.m.
- II. Change in meeting minutes from 9/27/2011.
 - a. V on the 3rd page
 - i. Updated Ann Ibrahim with Regence instead of United Health Care
- III. Patty Conner from OCHS gave an update regarding the Exchange
 - a. Patty gave out the most recent dashboards for the Utah Health Exchange including November counts.
 - b. Exchange Counts
 - i. 196 Employer groups on the Exchange, 1,699 employees covered and 4,893 covered lives. 81 groups going for a January 1 effective date. No marketing or outreach due to other activities. This is through communication through producers.
 - ii. The defined contribution average is \$435 per person per month. An audit was done for the groups that contribute \$0. Groups can still join exchange with this. Employer made decision not to contribute. May be giving them other incentives rather than contribute to healthcare. Employee only to family coverage on both groups that are not showing contributions. There were a few incorrect findings and will go back and correct those.
 - iii. Patty is working with Dave Jackson on some average contribution amounts outside the Exchange. FirstWest Benefits gathers this information.
 - iv. Increase of 29% for groups without prior coverage.
 - v. Small number of groups coming in without a broker. Can't support group without brokers.
 - vi. Redefining dashboards. Working with finance group to come up with different ways to do dashboards with more layers. Hoping to get out within the next month.
 - c. Process improvements

- i. Thinking of where we were a year ago which consisted of a lot of challenges. Put together summary of accomplishments and handed out to group. We can now start marketing this. Feel we are scalable and will start marketing the Exchange.
- ii. Timeline was too long (120 days last year) down to 60 day time line.
- iii. Effort in breaking apart processes. How we could put in automated solutions. Filled in gaps and shifted roles and responsibilities to brokers.
- iv. Not enough time to review rates and select plan. Changed that in the back end to fill in gaps. Reduced manual processes. In some cases took out a week in time line.
- v. Lack of roles and responsibilities. A lot of thing ended up not getting done timely. Sent out communication once those roles were defined. Implemented technology solutions for manual processes.
- vi. Lack of training – for technology, Exchange, and time line. Put in all roles into a training program. 380 producers attended first course and 250 attended 2nd course. Will re-do training in December for another round of producer training. As of today, 55 groups trained in eHealthApp. Have provided user guides in process.
- vii. Application process – last year was cumbersome and no required fields. Info was not sent correctly to the carriers. Came up with eHealthApp program in January through August. Running concurrent processes in bswift. Had to identify all the gaps in eHealthApp to make sure all was accounted for. Challenge for all to run concurrent for broker, vendors and OCHS. Hope to have this done in July to test everything before putting out into production. Conversion of data from bswift to eHealthApp. Cut over this month for full eHealthApp. Bswift still enrollment vendor and picks up process during rates.
- viii. 2011 Legislative Changes (over35 changes) - Had huge impact on carriers and partners. Put new plans out on November 1st and January 1st. All technology needed to get updated.
- ix. Producer credentialing process.
- x. Renewal process – last year was not sustainable. Started talking about this in April. In lieu of using APCD created interim process for January February and March. Hope to have in place by April 2012. 48 groups for January 1 up for renewal. Sue made sure time line was updated. Look forward to reporting great numbers for January. May have up to 6 buckets of groups going through at one time.
- xi. Call center – So far new call center numbers still low and going well. Set up monthly feedback meetings to identify problem and possible response updates. Do hope to readdress the first of the year. Agents putting groups through Exchange have been more experienced and do not use the call center as much. Once brokers go through process once, do not need as much help. Keeping statistics since the beginning. Keeping track of all call types and seeing where improvements can be made.
- xii. Interactive with Carriers – See what challenges were on their side. How to improve workflow. Through RAB and subcommittee and carrier round table to get down to details and standardize. All have done good at cooperating with each other. Next round table tomorrow.
- xiii. Producer Round Table – Opportunity to give feedback in a formal manner. Used to get with large agencies to talk. Wanted more structures environment with agenda.

- xiv. Employer Invoicing and Producer Payment – Updated date the group can be invoiced after the first month. Payments around the 21st of the month and pay carriers the last business day of month. Producers get payments 45 days after group’s effective date instead of 90 days after the groups month of coverage. Jim Pinkerton mentioned the feedback that things have improved drastically.

IV. Mark Brown with SelectHealth

a. Risk Adjustment & Premium Allocation subcommittee report

- i. Continuing to work with APCD for development to do risk adjustment. Received file from Mark Gaskell last week, who is no longer with Department of Health. Trying to get date to meet with Jim Pinkerton, Kim Miller and meet with Keely to walk through data. Sample looks promising but need to get into details. Needs to invite John Borer and Dave Jackson to meeting. Mark will send dates to all including OCHS.

V. PerriBabalys with Utah Attorney General

a. Update

- i. By law someone on board reviewed open and public meetings on a monthly basis. One piece critical – need to comply with the act. All subcommittees must comply with open meetings act. Either the minutes or recordings need to be provided. Minutes need to be provided 24 hours in advance on the public meeting website. Office decided subcommittees need to be open meetings. Subcommittees have not included public in the past, but they are welcome to come. Subcommittees will notify Department of Insurance and that information will be posted to the DOI website. As long as meetings are classified as subcommittees, they need to be public. The subcommittee meeting minutes need to be available upon request. Send to Nancy until duties are assigned. Whoever takes minutes for subcommittee needs to send to DOI. Perri stated there are 7 exceptions as some are concerned there is confidential information discussed in meetings.
- ii. Social Gatherings are not included.
- iii. Possible legislation changes in the future.
- iv. 2/3 of body has to motion to close the subcommittee meetings. Minutes will still need to be taken but not made public.
- v. Continue to work as normal until new process is put in place.

VI. Kim Miller with United HealthCare

a. Underwriting Subcommittee Report

i. Renewal Process

1. February Renewal process - Current timeline will sign off tomorrow. John is missing feedback from 1 carrier.
2. Working on drafting future time lines after March. Not sure if interim process will end after March. Vendor changes have helped improve the carrier processes. Received feedback from DOI as well as legal and will implement permanent process.

3. Sue Watson stated March time line for renewal groups. Carriers still need to give groups rates 60 days in advance. Have been working with partner vendors. Make sure time line matches the traditional market. Will put together time line as a draft to get feedback. Concerned with shorting in areas that need to be reviewed further. Wants to discuss in subcommittee meeting tomorrow to discuss time line.

VII. Dave Jackson with FirstWest Benefits

a. Marketing Subcommittee Report

- i. Still planning to have event discussed the past month. Have small employers and producers to attend social/educational event. Not able to do this in October. Will have subcommittee meeting in 2 weeks to finalize. Will get on calendar and report next month.

VIII. John Borer with PEHP

a. Legal Subcommittee

- i. Met last week to go over the following
 1. Plan of operations update – received feedback from all carriers to split out manual to update. Sent out for one final review and finalize. Sue Watson brought up concern over incorporating eHealthApp process flow. John will work with OCHS to also update.
 2. Owner only groups – Representatives from all carriers were there. Agreement of draft recommendations looks reasonable. Move forward with that.
 3. Life event grid – John will send out updated grid including UPP and Medicaid life status events to all.
 4. Non-Disclosure - Wants all carriers to sign to protect all.
 5. Looking into carrier certificate of coverage – want to get copy of online agreement for groups joining exchange. Sue will send the “I Agree” information in the system to John.

IX. Next Meeting will be November 22, 2011 at 1:00 pm

X. Meeting adjourned at 2:35 p.m.