



## Utah Health Exchange Advisory Board Meeting Summary Wednesday, March 23, 2011

### Utah Health Exchange (UHE) enrollment as of April 1, 2011

68 employer groups (just over 2000 individual lives)

100 additional groups are in the enrollment process with effective dates of April, May, or June 2011.

This month's UHE Advisory Board Meeting focused on operational and broker issues.

Patty Connor and Sue Watson (from the Utah Health Exchange) continue to track issues concerning the operation of the Exchange as they arise.

The board discussed the following issues:

### **Communication issues between the Exchange and brokers who sell on the Exchange.**

- Discussion centered on timing lags (commissions to brokers are 2 months out from enrollment) and keeping up with broker/client changes.

### **bswift operations:**

- Tie individuals to brokers for secure release of information in order to market the Exchange and to allow brokers to access information for their clients during the enrollment process. This is in process:
  - a marketing tool for brokers and potential employers to use to get a feel for the Exchange before applying
  - a portal or mechanism for brokers to use for informational purposes employers who are enrolling (not tied to individual clients).
- Comparative apples-to-apples tools for plans offered on the Exchange, for brokers and for the public.
  - Discussion ensued about using a system to label plans by plan code, allowing insurers to keep their own plan names.
- Waiver: collecting information on applications. Right now bswift's application still has fields for information that should not be collected in the application process (like height and weight). This is to be fixed when eHealthApp takes over the application portion of Exchange operations.
- Rate presentation: the Exchange will not be able to show composite rates (instead of age) any time soon because of the Risk Adjuster. One way around this for employers is to do different levels of defined contribution by tier, salary vs hourly, or age band, like some do in the external market.
- COBRA: Current technical problem because "no-one can handle the excel spread sheet." This will be addressed by "tweaking" the COBRA user guide on the UHE. Another potential problem arises from HB128, which ties rates to employee ages, not dependent ages (a problem if a family chooses to use COBRA only for a child).

### **eHealthApp Pilot**

On March 2 the Exchange held a productive process planning workshop with all 3 vendors (bswift, eHealthApp, and HealthEquity). Most of the focus was between bswift and eHealthApp. The effective date for eHealthApp rollout is July 1, 2011. So far there has been positive feedback from brokers. Exchange staff are continuing to work on improving the process. A current problem is that while the group rate is coming out ok, the individual rate is not, so mediation is being pulled in

for individuals. DOI is auditing why 90% go to mediation. There is one glitch, while due diligence was done with eHealthApp, the RFP process has not yet been done. That will be issued today (3/23/11).

### **New Legislation and the UHE**

- **Call center:** to be available for everyone beginning July 1, 2011. HealthEquity has declined the operation of the call center (they don't want to support someone else's platform). Patty Connor (UHE's ED) proposes a 2-pronged solution:
  - 1) Interim solution: call tree that gets the caller to the right person at the right time (to bswift, eHealthApp, or HealthEquity). This will be re-addressed at end of year.
  - 2) Long term: take time to plan for a solution that connects all programs: DOI, DOH, UPP, + Medicaid.
- **Broker Training:** HB128 gives the Insurance Commissioner latitude in setting broker training requirements for the Exchange. The board discussed the need to require more training for brokers who sell on the Exchange: all three Exchange classes would be optimal.

### **NEXT MEETING**

April 27, 2011 10:00-11:30

*Utah Health Exchange “is designed to connect consumers to the information they need to make informed health care choices, and in the case of health insurance, to execute that choice electronically.” For more information go to <http://www.exchange.utah.gov/>*