

FINAL
MINUTES OF THE MEETING OF THE
NEW JERSEY INDIVIDUAL HEALTH COVERAGE PROGRAM BOARD
AT THE OFFICES OF THE
NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
TRENTON, NEW JERSEY
January 8, 2019

Directors participating: Joseph Camargo; Philip Gennace (DOBI); Colleen Picklo; Thomas Pownall (Aetna); Sandi Kelly (Horizon); Tony Taliaferro (AmeriHealth).

Others participating: Ellen DeRosa, Executive Director; Chanell McDevitt, Deputy Executive Director; Christine Machnowsky, Deputy Executive Director; Eleanor Heck, Deputy Attorney General.

I. Call to Order

E. DeRosa called the meeting of the IHC Board to order at 10:00 A.M. She announced that notice of the meeting had been posted at the Department of Banking and Insurance (“DOBI”), on the DOBI website, at the Office of the Secretary of State, submitted to the State House Press Corps, and published in three newspapers of general circulation in accordance with the Open Public Meetings Act. A quorum was present. She stated that voting would be by roll call because some directors were participating by phone.

II. Review of Minutes – December 11, 2018

T. Taliaferro made a motion, seconded by C. Picklo, to approve the minutes of the meeting of December 11, 2018 without amendment. By roll call vote, the motion carried.

III. Report of Staff

Expense Report

E. DeRosa presented the expense report for January 2019 with expenses totaling \$21,618.63, for salaries for December to be paid to the Small Employer Health Benefits Program and for audit costs from WithumSmith+Brown for FY18. E. DeRosa stated that a transfer of \$21,600.00 from the IHC Board’s Wells Fargo Money Market account to its checking account would be necessary to pay these expenses.

S. Kelly made a motion, seconded by J. Camargo, to approve payment of the expenses reported, and the transfer of \$21,600 from the Board’s Money Market account to its checking account to do so. By roll call vote, the motion carried.

IV. Open Enrollment and Beyond

E. DeRosa invited a discussion about the Reinsurance Program and impressions Board members may like to share regarding the open enrollment period. The Board discussed the most recent CMS weekly Report that gives a snapshot of how many people enrolled but such results do not capture premium payments.

One Board member noted that enrollment was light and stated that there was confusion as to whether open enrollment extended beyond December 15, 2018. The Board discussed that,

although rates were more attractive for this open enrollment period, the data captured does not indicate how many of those enrolled were previously uninsured nor does it capture movement between the Medicaid market and the individual market.

The Board also discussed the off-marketplace enrollment results. One Board member observed that the off-marketplace enrollment seemed lighter. One Board member discussed the possibility that people are happy with their current arrangements and therefore not moving between markets.

E. DeRosa noted that, with respect to the Reinsurance Program, carriers have been asking what kind of data they will have to report and, in that vein, E. DeRosa suggested forming an Ad Hoc Committee which should include the carriers' actuaries. This Ad Hoc Committee could discuss the level of data that should be collected for the Reinsurance Program. P. Gennace noted that the Department is currently working with consultants to try to decide the easiest way for carriers to provide relevant data. P. Gennace further noted that the Department is seeking input as to how to collect the data in a simple and accurate way.

Horizon, AmeriHealth and the Department, expressed interest in having their actuaries serve on the Ad Hoc Committee for the Reinsurance Program.

V. Close of meeting

S. Kelly made a motion, seconded by C. Picklo to adjourn the meeting. By roll call vote, the motion carried.

[The meeting ended at 10:30 A.M.]