

**HRIC Insurance Subcommittee Meeting  
HIX Plan Management Working Group**

February 6, 2012

7<sup>th</sup> Floor Large Conference Room

Department of Insurance, Securities and Banking

Meeting called at 3:05pm by Brendan Rose. All participants (apx. 25) in the room introduced themselves (interested parties included major medical, dental, and MCO carriers in DC, advocacy groups, not-for-profits, employees from DHCF and DISB).

It was stated the purpose of the meeting was to talk about the essential health benefits (EHB) package benchmarks provided by CCIIO/HHS, discuss initial data provided by DC health insurance carriers and the potential impact on DC residents

1. Welcome/Introductions
2. Defining the EHB
  - a. The 10 areas of coverage required by PPACA: Ambulatory patient services; Emergency services; Hospitalization; Maternity and newborn care; Mental health and substance use disorder services, including behavioral health treatment; Prescription drugs; Rehabilitative and habilitative services and devices; Laboratory services; Preventive and wellness services and chronic disease management; and Pediatric services, including oral and vision care
  - b. Review of benchmarks
    - i. Existing plans in DC already meet EHB but the scope of coverage provided may be different... DC is using definition on page 9 of CCIIO EHB's
    - ii. benefits that go beyond EHB in DC
      1. What are they?
      2. Will CCIIO pay for them and for how long?
      3. What happens in 2016?
      4. What will DC's ultimate cost be for these additional benefits?
    - iii. State is currently comparing benefits among carriers and determining where gaps exist (comparison is benefits only, i.e. excluding any type of cost-sharing)
      1. State will share this information with HHS and initiate further discussion re: EHB
3. Further guidance from CCIIO
  - a. DISB stated there is a slight discrepancy in what CCIIO gathered from carriers and what DISB gathered from carriers regarding EHB's (plan vs. product)... DISB will be meeting with CCIIO State Director in an attempt to get clarification

- b. How will Dental be handled in EHB?
  - i. Dental carriers are looking for guidance on dental for pediatrics and adults
  - ii. Pediatric dental is usually covered in a doctor's office only, so how will the need for coverage in a dentist's office be addressed
  - iii. Should a dental EHB be designed by determining the largest dental plan by enrollment, similar to how major medical EHB was determined?
- 4. Questions and Answers/Survey
  - a. What is intent and expected result of a survey?
  - b. For carriers... what are the most utilized coverages and how do they tie into EHB?
  - c. Is there a need to a survey right now since there is no firm guidance from HHS?
  - d. Suggested means of getting the survey to the public... Washington Post, Delegate Holmes-Norton resident newsletter, public hearings
  - e. Wording and phrasing of any survey must be clear on the intent and intended outcome
  - f. Suggested questions... what do residents like/dislike about their current coverage; what coverage do they have now and what would they like to have; scope/duration/limits/gaps of coverage; utilization of benefits; current unmet needs
  - g. Ask prospective questions to address things coming down the pike or potentially coming down the pike
- 5. Closing/Next Steps
  - a. Lay out scope of Plan Management Working Group so that all necessary stakeholders have a seat at the table
  - b. Next Meeting will focus on Plan Management functions and what can be addressed now

Next Meeting will be on Monday February 20, 2012 at DISB  
Meeting adjourned at 3:55pm