



Standing Advisory Board Meeting

Friday, May 30, 2014, 3:30 pm
1100 15th Street, NW, 8th Floor Conference Room

Members present:

Kevin Dougherty, Barry Lewis (via telephone), Billy MacCartee (via telephone), Claire McAndrew, Dania Palanker (via telephone), Stephen Jefferson, Jill Thorpe (via telephone) – joined the meeting late

Members absent:

Chris Gardiner

I. Welcome, Opening Remarks and Roll Call, Claire McAndrew, Vice Chair

Claire McAndrew stated that she would be chairing the meeting today in the absence of Chris Gardiner.

II. Approval of Minutes, Claire McAndrew, Vice Chair

Ms. McAndrew asked if there were any corrections to the minutes of the Board's March 26, 2014 meeting. The minutes were voted on and passed unanimously by a roll call vote of members present. All members voted aye except for Jill Thorpe who joined the meeting late.

III. Standing Advisory Board Vacancy Discussion, Debra Curtis

Standing Advisory Board Member Karen Johnson from United Health Care has resigned because she has taken a new position in California. We will need to fill her position for the remainder of her term. The vacancy will be posted on the website and we'll share that information as soon as it is posted so that people can help spread the word that we have a vacancy to fill. Resumes will be reviewed by the Operations Committee of the Executive Board. That Committee will then make a recommendation on an appointment to the Standing Advisory Board to fill out the remainder of the newly vacant term. Again, we will post an announcement on the website shortly. We encourage interested people to apply. We hope to have this position filled by July.

IV. Subcommittee Updates:

Subcommittee on Network Adequacy, Claire McAndrew

This subcommittee is fulfilling the resolution passed by the Executive Board that we should monitor consumer access to providers in the District. The process is that we are doing a network examination. We are monitoring provider networks to make sure that, they are really in network, consumers can they get through and make appointments and check on the waiting times for appointments.

This project has turned out to be much more time consuming that we originally envisioned. Our new proposed time line is to try to accomplish this task by the end of July. We are more interested in doing the job well. There has been one public meeting, more will follow.

Stephen Jefferson indicated that he would like to join the group, but after discussion chose to help on the next subcommittee, on preventive benefits, instead.

Preventive Benefits, *Claire McAndrew*

This subcommittee is tasked with ensuring that consumers know their rights and abilities to access preventive services. Karen Johnson had agreed to chair this subcommittee, but now that she's resigned her position on the Standing Advisory Board, we need another Board member to take on this initiative. Dania Palanker has indicated that she will chair, but noted that all work must be completed by the end of July or someone else will need to take over.

Ms. McAndrew highlighted that this subcommittee that Stephen Jefferson's participation would be most helpful and that with Karen Johnson's departure that it would be helpful for another Board member to join. Mr. Jefferson agreed to join the subcommittee.

Dania Palanker stated that this subcommittee is looking to provide recommendations so that enrollees will know that preventive services are available free of charge and take advantage of them. One of the methods they will start with is to review what insurance companies actually have on their websites now. The other aspect will be pulling from organizations that have posted information about preventative benefits. Not research intensive.

A third member is needed for this subcommittee, but no one volunteered. It was agreed that if someone was interested they would reach out to Ms. Palanker directly.

Subcommittee on Educating Consumers on how to use their Health Insurance, *Jill Thorpe*

The roll of this subcommittee is similar to the role of the preventive benefits subcommittee, which is educating consumers on how to use their health insurance and how the Exchange can best do that.

Ms. Thorpe: I think I speak for the three of us; Barry Lewis, Bill McCartee and I are all relieved that the deadline has been pushed back. We are going to be organizing immediately after this call. There is very likely to be overlap and I think it would be a good idea to shadow or audit the meetings of the preventive benefits subcommittee so that if there are overlaps I can just pull it rather than go through another step.

Debbie has given me resources where we can reach out to state Medicaid directors to find out what polling they have conducted within their carriers. I'll withhold further comments until I can talk more with Billy and Barry.

Mr. MacCartee: We have already started looking at the health plans and how they show the benefit outlines on their websites and the 10 key questions on how to decide on a plan, showing the advantages of each plan, and the cost aspect. We need to get together and hash out everything.

Ms. McAndrew: I'd just like to clarify that the task here is to make sure that people who are already enrolled know how to use the coverage they already have.

Jill: I think the way it will be most real for people is, as we interview and reach out to the plans and directors, we'll develop profiles of people who have never been insured and people who have. Then we can develop how to best reach people.

Barry: It would be nice to look at the resources and have a list of objectives you'd like us to meet.

V. Policy Discussion, *Alex Alonso*

The open enrollment period closed for the 2014 plan year on March 31, 2014. We allowed a broad special enrollment period based on the circumstances for consumers who were having difficulty using our system during the open enrollment period; that broad special enrollment period ran through the end of April 2014. Individuals now can only enroll in a private health insurance plan if they qualify for a special enrollment period based on specific criteria. The federal regulations set forth a series of special enrollment provisions that apply nationwide. In summary those reasons are:

Loss of other health coverage

Adding a person to the household through marriage, birth adoption

Moving into the District

Change in Immigration Status

Erroneously enrollment due to the fault of the Exchange or due to the Dept. of Health and Human Services

Change in circumstances

Exceptional circumstances

Native Americans can change plans once a month

Misconduct by a non-exchange entity

We will focus primarily on exceptional circumstances that grant eligibility for special enrollment periods because exchanges get to establish the specifics regarding what qualifies as an exceptional circumstance. DC HBX used this authority in May 2013 to establish three categories of exceptional circumstances, as set forth in the [resolution](#) before you:

Thinking you were going to get into Medicaid, but unable to and outside of open enrollment.

Thinking you were going to get into SHOP, but unable to do so.
If a carrier made a mistake regarding your enrollment.

Now that we've been in operation for several months, staff took the time to thoroughly review the exceptional circumstances authorized through the Federal Marketplace and those authorized by other state based marketplaces across the country. Based on this examination, staff have prepared for you a list of exceptional circumstances that we recommend be adopted by DC HBX. We are presenting these to you for your review and consideration. If approved, we would take the list as approved to the Executive Board for their consideration, hopefully at our next regularly scheduled board meeting on June 11th, 2014.

The list of exceptional circumstances can be found [here](#).

Alex Alonso, HBX Staff lead on eligibility, walked through the list with the Board Members.

Board Members agreed with each recommendation until arriving at the one labeled "exceptional circumstance due to enrollment in COBRA." As described by staff, this is to be a temporary exceptional circumstance that was adopted by the Federal Marketplace because of widespread confusion for consumers in COBRA plans about their ability to drop COBRA and move into exchange coverage instead. In fact, the federal law does not permit people to drop COBRA before it expires and gain access to private plan, with financial help if applicable, outside of open enrollment. However, because this wasn't made clear to consumers through proper notices, the Federal Marketplace created a special category under exceptional circumstances that allows enrollees to voluntarily terminate their COBRA and enroll in a qualified health plan via the federal marketplace until July 1, 2014.

The Standing Advisory Board was concerned that July 1 is very soon and this protection would likely be in place less than three weeks by the time we enacted it through the Executive Board at their next meeting in June. So, they chose to modify the request from staff and to extend this exceptional circumstance relating to COBRA coverage until the next open enrollment period which begins November 15, 2014. That way, consumers will have time to understand the new rules and will be protected for this first year to make whichever choice is better for them.

The Standing Advisory Board agreed with all other staff recommendations on the list above. However, at the end of the presentation and discussion, they did choose to add one additional item to the list.

Claire McAndrew, who was communicating with Dania Palanker via text message because Ms. Palanker had had to leave the meeting early, raised a concern by Ms. Palanker that another exceptional circumstance that we should consider adding to the list is divorce.

Staff member Mr. Alonso confirmed that divorce in and of itself is not currently an exceptional circumstance that qualifies someone for a special enrollment period through DC Health Link. However, he also highlighted that in most cases, people getting divorced – who were losing their health insurance in that process – would qualify for a special enrollment period anyway because of the loss of minimum essential coverage.

Even with that clarification, Claire McAndrew, Dania Palanker and other board members raised concerns that there were circumstances whereby someone was legally separated or divorced and they wouldn't fit the loss of minimum essential coverage because maybe they were not insured with their spouse, but now, because their household income has lowered due to the divorce or legal separation, they would qualify for financial help and would be able to afford coverage. However, based on the current policy in place, they would not qualify for a special enrollment period.

The Board quickly coalesced around the idea that divorce or legal separation would count as an exceptional circumstance to qualify someone for a special enrollment period. A voice vote was taken and this was added to the list of exceptional circumstances to go to the Executive Board.

Public Comment

None.

VI. Action Items

Vote to support the adoption of the modified list of exceptional circumstances. The two modifications are the lengthening of the COBRA eligibility from July 1 to November 15, 2014 and the addition of divorce or legal separation as qualifying events for special enrollment periods.

The roll call vote was unanimous among members present (Barry Lewis, Billy MacCartee, Jill Thorpe, Kevin Dougherty, Stephen Jefferson, and Claire McAndrew).

VII. Closing Remarks & Adjourn

The meeting was adjourned at 5:02 p.m.