

Executive Board Insurance Market Working Committee Meeting Agenda

Tuesday, March 19, 2013 -10:00 am 899 North Capitol Street, NE, Room 407

Call-In Information 1-888-889-4234; Passcode 6909811

- I. Opening Remarks
- II. Overview and Status
- III. Discussion
 - a. Non-consensus items from the Working Group on Essential Health Benefits
 - The full report from the Essential Health Benefit Working Group is available at: http://hbx.dc.gov/node/424052. The non-consensus items are:
 - <u>Item #1</u> The Essential Health Benefits Working Group reached consensus for using the National Association of Insurance Commissioners (NAIC) definition of "habilitation" for habilitative services with one outstanding issue: Should the D.C. Exchange modify the NAIC definition substituting in "maintain" for "keep"? The NAIC definition for habilitation is: "[H]ealth care services that help a person keep, learn or improve skills and functioning for daily living."
 - <u>Item #2</u> Should the definition of habilitative services specifically reference applied behavior analysis as a modality of treatment for autism?

b. Non-consensus items from the Working Group on Plan Offering and Qualified Health Plan Benefit Standardization

• The full report from the Standardization Working Group is available at: <u>http://hbx.dc.gov/node/430982</u>. The non-consensus items are:

- <u>Item #1</u> Should there be a maximum number of Qualified Health Plans an issuer can offer per metal tier (bronze, silver, gold and platinum)? If so what should that maximum be?
- <u>Item #2</u> Should health insurance issuers be required to demonstrate a "meaningful difference" among plans they propose to offer?
- <u>Item #3</u> Should the D.C. Health Benefit Exchange Authority require health insurance issuers to offer at least one health plan with a standardized cost sharing structure at each metal tier in which they are participating with appropriate consideration to consumer preferences and carrier feasibility? If the answer to 2 is yes, would this be plan offerings for open enrollment in 2014 or no later than 2015?
- <u>Item #4</u> Should insurance issuers be required to offer at least one plan at the Platinum level?

IV. Summary and Action Items

V. Closing Remarks