



Standing Advisory Board Meeting Minutes

January 8, 2013

4:00pm – 5:00pm

441 4th St., NW

Washington, DC 20001

Members Present:

Jill Thorpe, Chris Gardiner, Claire McAndrew, Stephen Jefferson, William (Billy) MacCartee, Barry Lewis

Members Present Via Teleconference:

Karen Johnson, Kevin Dougherty

Members Absent:

Dania Palanker

Staff Present:

Sandra Robinson, Linda Wharton Boyd, Shaunte Barker, Bonnie Norton, Richard Sorian

Opening and General Updates:

- HBX Executive Director, Mila Kofman, welcomed everyone and gave a brief overview of the agenda items.

I. Introduction

- Each member and staff gave a brief introduction of themselves.

II. Preliminary Assessment

- The Board has asked for a full assessment in several areas. Ms. Kofman gave an overview of the areas she has reviewed and the preliminary results of her findings.

1. Staffing

- a) Prior to Ms. Kofman's start, Sandra Robinson, as Interim Executive Director, focused her efforts on creating an operational infrastructure necessary to establish the Authority as a quasi-government agency. Once complete the Authority can proceed with hiring staff and obtaining vendors.

2. Outstanding Policy Decisions

- a) There are several policy decisions established by the ACA that the Board is required to make by specific timeframes that have not yet been made. The goal is to make as many policy decisions necessary in the shortest amount of time to catch the Board up on meeting required deadlines. The focus will then shift to operational matters.

3. Sister Agencies

- a) There is a need to see what the Authority's sister agencies have done and where additional resources are needed to help them move forward.

III. New Process for Working Group Structure

- The Authority is establishing topic specific working groups that will be chaired by one Board member and vice-chaired by one Advisory Board member.
 1. Each working group needs a broad range of stakeholder participation. It was also suggested by Ms. Kofman that members volunteer to vice-chair working groups where they have expertise in an area but not that much personal interest, so that the group can get over the finish line
- The staff of those working groups will be consultants that the Authority will bring on board. Among the consultants being brought on to assist is John Kingsdale and his team from Wakely Consulting, who established the Massachusetts Connector, and other consultants who have experience working with other states to establish their Exchanges.
- The members will be stakeholders who have expertise and/or an interest in a particular topic.
- The projected timeframe for completing all work will be short-term. The vision is two to three weeks to work through the issues and figures out where there is consensus and where consensus cannot be met. Where there is consensus, the working group will develop policy recommendations then forward to the Board for action. The areas where there is no consensus, a record will be developed of the different views of the stakeholders in those groups and forwarded to the Board Committees to review the records of the groups' work and make a recommendation to the Board on that policy.
- The Working Groups developed to this point are:
 1. Essential Health Benefits – Work is planned to start next week. Needs a vice-chair. Will follow-up with Kevin Daugherty to ask if he is willing. If not, Bill MacCartee or Jill Thorpe will decide who will be vice-chair. Saul Levin, Interim Director of the Department of Health, has volunteered to be chair.
 - a) This group will focus on making decision on the formulary, mental health parity, the issues of benefits substitution, and habilitative services. Ms. Kofman will leave it to the chair and vice-chair to get all of the additional issues on the table for discussion and consensus.
 2. Network Adequacy – Stephen Jefferson volunteered to be vice-chair. Diane Lewis has volunteered to be chair.
 - a) A decision needs to be made as to whether the Authority sticks to the basic requirements that now exist within the ACA or go beyond them. Additional topics include: access to specialist, and racial disparities from the provider end that limits access to patients.
 3. Quality – Karen Johnson volunteered to be vice-chair.

- a) What data to collect, how to display it, and additional topics developed by the group.
4. Premium Billing and Collections – Chris Gardner volunteered to be vice-chair.
- a) This will focus on the individual market exchange. Under small group purchasing, Exchanges are required to bill and collect premiums. On the individual side, however, there is no requirement to do so. Consumers must be able to send their payments directly to the health insurance companies they select, but the Exchange has the option of collecting the premiums or have the carriers do it.

A number of questions and answers were posted by the group to which Ms. Kofman provided responses.

- (1) If a group signs up with the Exchange, the Exchange must bill them, since it can't be done directly through the carrier. If however, an individual signs up will they have the option to be billed by the Exchange or the carrier?
 - a. *Yes. The Authority will have to figure out a way to process the billing and collections.*
- (2) How will we get appropriate cost benefit data in a timely manner?
 - a. *There is very little time to get independent actuaries to get independent cost analysis done. Some of the groups that require pricing will look to the consultant that is staffing their group. If they don't have the data in-house, they will get cost estimates from the carriers.*
- (3) What is the process you envision for participating as the vice-chair versus being a member of a group?
 - a. *The hope is that as a vice-chair you will be chairing when a board member can't attend the meeting. In that event you will mostly participate in facilitating the meeting with the support of the consultant staff. On the other hand, as a member of a group your participation will be more significantly as you will be coming to the table with ideas and input.*
- (5) Plan Choice -The group will start its work in February. Billy MacCartee volunteered to be vice-chair.
 - a. This group will explore the issues of Employers participation in the SHOP Exchange. Specifically, when employers sign up for the SHOP exchange, does the employee decide what options to choose, or does the employer select the options for the employees?

- (6) Sustainability – This group will also start its work in February. Jill Thorpe volunteered to be vice-chair.
- a. The primary focus is how the Exchange will finance itself after grant funds are gone.
- (7) Dental Plans – Work of this group will start in February.
- a. There have been no discussion to develop this topic to date.
- (8) Number of plan offerings and standardization of benefits – Work of this group will also start in February. Clair McAndrew volunteered to be vice-chair.
- (9) The focus of this group will be to explore whether to limit the amount of options that are available under each of the metal levels. Also will there be restrictions and how to make the information on each level user friendly and understandable on the sign-up portal?
- (10) QHP Issuer Certification Process Group - Ideal start time for this group would be the end of January and get most of the work done early February.
- a. This is a “process” working group. It will not look at what standards will apply to issuers that want to be certified as QHP’s to do business on the Exchange, but will explore what evidence the Department of Insurance, Securities and Banking will look at to make sure the issuer is meeting the standards that are yet to be developed. The hope is that each of the health plans that want to participate in the Exchange will participate in this group.
- Chris Gardner posed the following question to Ms. Kofman: *What are the expectations of the Advisory Board members?* Ms. Kofman provided the following response:
 1. To volunteer to be vice-chair of one of the working groups.
 2. Vet the nominees for the three standing Advisory Committees (Producer, Plan Management, and Consumer Assistance and Outreach) and make recommendations for each. Recommendations should be prepared to be presented at the next Executive Board meeting on February 7, 2013. Each committee should have 7-11 members. The issues that they cover will be long term issues versus the working groups that will have short term, intense timeframes to tackle the issues and be done.
 3. If policy issues come up and there is no working group for that topic, the Advisory Board will be asked for direction. In addition, there will be other issues that the Executive Board may ask the Advisory Board to work on as required. The Advisory Board is here to help the Executive Board.

4. Once the Advisory Board has their official first meeting, any additional things that are developed can be discussed.
 - Question – How does the Advisory Board insure a certain level of transparency with the decisions of the working groups?
 1. The working groups should be open to the public so that they are aware of the decisions being made. It is up to the vice-chair to structure the meetings.
 - Question – Will the meetings be archived.
 2. We will take a look at what we can do legally. For instance, if the meetings can be recorded.

IV. Adjournment

- The meeting adjourned at 5:25 pm

V. Next Steps

- Volunteers for the working groups will be gathered at the Board meeting on January 10, 2013 and forwarded to you for follow up.
- Next meeting TBD.