

Executive Board Meeting Minutes

March 22, 2013

11:00 am – 1:00 pm

Members Present:

Dr. Mohammad Akhter (Chair), Dr. Henry Aaron, Kate Sullivan Hare, Dr. Leighton Ku, Dr. Saul Levin, Diane Lewis, Kevin Lucia, Khalid Pitts, Wayne Turnage, William White

Members Absent:

David Burns

Opening and General Updates:

Dr. Akhter welcomed everyone in attendance and took roll call attendance. He explained that the board would be considering recommendations from the Insurance Market Working Committee regarding non-consensus items from the Essential Health Benefit Working Group and the Plan Offering and Qualified Health Plan Benefit Standardization Working Committee.

Approval of Minutes:

Minutes from the 3/13/2013 Board Meeting were approved unanimously

Report from the Executive Director:

Executive Director Mila Kofman provided the Board with a brief update report covering the following:

Working Group Update: Announced the beginning of three new working groups on churning, quality and dental benefits. And, explained that several issues were being moved to the Standing Advisory Board in order to move items through the process because of time sensitivities.

Sequester Impact: Explained that we have no formal information on how the Sequester will impact our federal funding, but have informally been told to expect it will have some impact going forward.

A supplemental grant to CCIIO was submitted this week for additional federal funding, including assister grants.

Introduction of three new staff members for the Health Benefits Exchange Authority:

- Richard Sorian, Communications, Education and Outreach Director
- Purvee Kempt, Deputy General Counsel and Chief Policy Advisor

- Debra Curtis, Senior Deputy Director for Policy & Exchange Programs

Insurance Market Working Committee Report:

- Chaired by Kevin Lucia
- Mr. Lucia provided an overview of their Working Group's consensus develop process walking through the key issues of:

Non-consensus Items from the Essential Health Benefits Working Group:

Whether to use "keep" or "maintain" in the definition of habilitative services and whether to specifically reference applied behavioral analysis as a covered treatment for autism spectrum disorders.

1) COMMITTEE RECOMMENDATION: Unanimous that the word "keep" should be used and applied behavioral analysis should be included in the definition of habilitation. Unanimous support.

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

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?

2) COMMITTEE RECOMMENDATION: Do not limit the number of Qualified Health Plans offered in the Exchange. Unanimous support.

Should health insurance issuers be required to demonstrate a "meaningful difference" among plans they propose to offer?

3) COMMITTEE RECOMMENDATION: The intent of the Exchange Board is to offer meaningful choices for consumers. The Board asks the Department of Insurance, Securities, and Banking (DISB) to apply the Federally Facilitated Exchange's "meaningful difference" standard, the elements of which are outlined in a letter from the Centers for Consumer Information and Insurance Oversight (CCIIO) and the Centers for Medicare and Medicaid Services (CMS) to issuers dated March 1, 2013 (available at <http://cciio.cms.gov/resources/files/issuer-letter-3-1-2013.pdf>, see page 16), as a part of their certification of qualified health plans for the 2014 plan year. The Board asks that the marketplace offerings continue to be monitored and the "meaningful difference" standard updated as needed to provide for meaningful consumer choices. Unanimous support.

Should the DC 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 is yes, would this be plan offerings for open enrollment in 2014 or no later than 2015?

4) COMMITTEE RECOMMENDATION: The Board asks the Department of Insurance, Securities, and Banking (DISB) to develop one or more standardized benefit plans (benefits and cost sharing) at the silver and gold metal level for the 2015 plan year and at the bronze and platinum metal level not later than the 2016 plan year based on input from consumers, employers, carriers, and based on early purchaser preferences. Carriers will be required to offer one or more standardized plans at each metal level in which the carrier is participating for plan years where there is a standardized plan in addition to other plans the carrier may offer. Unanimous support.

Should insurance issuers be required to offer at least one plan at the Platinum level?

5) COMMITTEE RECOMMENDATION: Do not require carriers to offer a platinum qualified health plan. This passed by a vote of 2-1.

BOARD DISCUSSION:

The Board discussed these issues and agreed to remove the decision with regard to requiring an offering of a platinum plan from today's consideration and to bring it back to a future meeting.

In addition, the Board agreed to modified language with regard to recommendation number two above about whether to limit the number of qualified health plans in the Exchange. The revised language agreed to is: "The Board recommends no limits on the number of QHPs. The Board asks DISB to monitor the number and diversity of plan offerings and to report back to the exchange on consumer choices and reports of satisfaction."

PUBLIC COMMENT:

Dr. Akhter opened the meeting for public comment and heard from community representatives in attendance at the meeting and via the phone.

VOTES:

The Board voted unanimously to adopt the Insurance Market Working Committee's recommendations with regard to recommendations 1, 3, 4. It voted unanimously in support of recommendation number 2 with the modified language as outlined above. There was no vote on number 5 because it was withdrawn for future consideration.

Motion brought by Board Member Leighton Ku:

Board Member Leighton Ku brought forth a motion to request that the Health Benefits Exchange Authority staff report back in April to the Board about the feasibility of ensuring that people have access to online provider directories by October 1, 2013. And, if consumers find there are inaccuracies in provider network listings, that there be a way for that to be fixed upon reporting. If that process can't be up and running, then staff should report that in April and continue ongoing reports on the matter.

Executive Director Mila Kofman responded that it we know it is not doable to have this up and operating by October 1, 2013 but clarified that the federal law requires health insurers to maintain accurate online provider directories and that we would work with the DISB to ensure that happens.

In the end it was agreed that a report is due in June on this topic. Board Members unanimously voted on this.

Adjournment: The open portion of the meeting adjourned at 1:20 pm.