

HRIC Insurance Subcommittee Meeting Plan Management Working Group

February 27, 2012
7th Floor Large Conference Room
Department of Insurance, Securities and Banking

Meeting called at 3:05pm by Brendan Rose. Apx. 15 participants (including employees from DHCF and DISB, as well as consumer advocates, not-for-profits and major medical carriers).

It was stated the purpose of the meeting was to get feedback from Stakeholders for a blueprint of Plan Management for the DC HIX.

- I. Welcome/Introductions

- II. Submission of Rate and Benefit Data for QHPs on the DC HIX
 - a. Current Rate and Benefit Process
 - i. Carriers submit rate and form filings via SERFF. DISB will ask questions if necessary and a final disposition is given to the carrier. Carriers then implement this final disposition (rates, forms, language, etc.) into their system.
 - ii. DISB envisions a module similar to SERFF for HIX implementation
 - b. Information Required by CCIIO
 - i. As submitted to States, the process of submitting a rate filing, along with plan information is different than is currently carried out
 - ii. Why? DISB typically does not receive plan information in a rate filing... primarily actuarial data
 - c. Proposed model from CCIIO/HHS
 - i. DISB does not have a preference in the proposed model of getting rates and plan information into the Exchange... we want the stakeholders to provide input since they will be the ultimate users of the new process
 - ii. Sequencing will be key in the success of the model
 - iii. Options (generally)
 1. Provide actuarial data for approval first, then provide product level detailed data
 2. Provide both actuarial data and product level data at same time for approval
 - a. This option may cause carriers to resubmit information if not approved at first submission
 3. In general, Carriers will need to provide DISB with preference at a later time
 - a. Would like to see a draft plan to share/vet with colleagues
 - iv. Carrier comments
 1. Assuming data required will be similar to HIOS reporting, however HIOS reporting is not as thoroughly reviewed as HIX data will require.
 2. Do not want the process (whatever is decided) to be duplicative
 3. Only want to submit filings one time; want to reduce the amount of time filings flow between DISB and Exchange

4. At what point will an accuracy check of information (between Exchange/Carrier) be completed and who is responsible when information is incorrect
 5. Reconciling subsidies... who will? (solvency, claims payment, etc. concerns may surface)
- v. Note:
1. DISB approves products, Exchange will approve products sold
 2. DISB will continue to approve rates regardless of the structure of the Exchange (active, passive, hybrid)
 3. DISB to provide additional information about the flow of the Plan Management interacting with the rate/benefit review process

Next meeting March 13, 2012 at DISB
Meeting adjourned at 4:05pm