



Meeting Minutes

October 24, 2012

5:30pm – 7:50pm

899 North Capitol St., NE

Washington, DC 20002

Members Present:

Dr. Mohammad Akhter (Chair), Dr. Henry Aaron, David Berns, Kate Sullivan Hare, Dr. Leighton Ku, Dr. Saul Levin, Diane Lewis, Kevin Lucia¹, William White, Wayne Turnage, Khalid Pitts

Opening and General Updates:

- The meeting was called to order by Dr. Akhter and attendance was taken by roll-call.
- Dr. Akhter welcomed everyone in attendance and gave a brief overview of the agenda items.

I. Approval of Minutes

- The Board reviewed the prepared minutes from the October 3, 2012 Executive Board Meeting.
- Minutes from the October 3, 2012 Executive Board Meeting were unanimously approved by the Board.

II. Navigator Program Recommendations

- Presented by Philip Barlow, *Chair of Health Reform Implementation (HRIC) Operations Subcommittee*
 1. Navigator Program Overview
 2. Crider Group Report Summary
 3. Operations Subcommittee Recommendations
 4. Next Steps
- Floor opened for questions from the Board
 1. Diane Lewis – Is there a breakdown of financing for the Navigator Program?
 - a) Mr. Barlow - Not at this point, but funding will come from the operations of the Exchange.
 2. Kate Sullivan Hare – What is the role of agents and brokers vs. Navigators?

¹ Present via teleconference

- a) Mr. Barlow - Agent's and broker's duties exceed the Navigator's responsibilities. They will continue to service consumers in the same capacity as they have been.
Can agents/broker become Navigators?
 - b) Mr. Barlow - Agents/brokers are prohibited by law from becoming Navigators. Are there additional services that the Navigators will perform that aren't listed?
 - c) Mr. Barlow - No, Navigators will only be trained in specific duties to assist consumers in enrollment.
3. Dr. Leighton Ku – What is the structure of consumer assistance and what other agencies will be involved?
- a) Mr. Barlow - The structure is still being developed so he was unable to speak to the details at this time.
- Floor opened for Public Comments on Navigator Recommendations. Dr. Akhter also informed the public that they can also submit written comments to the Health Benefit Exchange Authority. Comments received from:
 1. Will Robinson, National Committee for Quality Assurance (NCQA)
 - a) Mr. Robinson commented that the Recommendations were a good start, but should include requirements on quality assurance.

III. Executive Report

- Sandra Robinson, *the Interim Executive Director*, gave a brief summary of tasks which have been her focus during her first two weeks.
 1. Budget
 - a) Review of the Level 1 and Level 2 grant applications and NOGAs as well as expenditure reports for the Level 1 grant to determine the amount of funds which remain available and in which expenditure categories.
 - b) Currently working with the Deputy Chief Financial Officer for the Health and Human Services Cluster, the Agency Financial Officer for the Department of Health Care Finance and the Executive Office of the Mayor to establish the budget for the Exchange for FY 2013.
 2. Personnel
 - a) Three (3) candidates for the position of Executive Director have been vetted; the Operations Committee is currently establishing times to conduct interviews.
 3. Facilities
 - a) Permanent space for the Authority has been identified on the 3rd Floor, North Side of 441 4th Street, NW.
 4. Communications/Stakeholder Engagement
 - a) The HBX domain has been secured—www.dchbx.com. Full launch to the public will go live Monday, November 5, 2012.
- Floor opened for questions from the Board.
 1. Dr. Henry Aaron – Why was the .com domain chosen as opposed to the .gov domain?

- a) Dr. Akhter responded that in previous Board meetings there had been discussions about the need for the Board to establish a commercial identity. Consequently, the consensus was to establish a .com domain name rather than a .gov domain name.

IV. Administrative Summary Report

- Bonnie Norton, *Acting Director, Health Care Reform & Innovation Administration*
 1. Staff have prepared and submitted materials for several of the core Exchange activity areas as part of the CCIIO Design Review process. The Design Review will be completed in early November with materials submitted for all core areas.
 2. Staff are also preparing to submit the District's blueprint application by the November 16, 2012 due date for conditional certification.
 3. The procurement for the System Integration vendor to design, build, and implement the Exchange and Integrated Eligibility system is ongoing with an award anticipated in November.
 4. Floor opened for questions from the Board. No follow-up questions were posed.

V. Board Working Committee Summary Reports

- Kate Sullivan-Hare - Marketing and Consumer Outreach
 1. The actual Exchange will have a different logo than the Authority.
 2. The Authority plans to award a contract to assist with communication efforts.
 3. Motion was made and seconded to accept the report.
- Dr. Leighton Ku - IT Infrastructure and Eligibility
 1. Report is on record. No additional comments.
- Diane Lewis - Business and Operations
 1. Update given on the hiring of the Executive Director.
 - a) Resumes are being submitted.
 - b) An Executive Search firm is screening candidates and forwarding resumes to the Board.
 - c) Three candidates have been forwarded thus far.
 - d) The Committee will now be setting up interviews, selecting finalists, and submitting them to the Board for consideration.
 2. Dr. Aaron requested to have the Committee expedite the process in order to bring the candidates before the Board at the next Executive Board Meeting.
 3. Dr. Aaron apologized for jumping ahead with comments on his disagreement with the process of selecting the Advisory Board nominees. He felt the full Board should have received the resumes of all nominees along with the Committees deliberations regarding why some nominees were selected and why others were not. He requested to have the Advisory Board selection moved to the Executive Session.
 - a) Legal Counsel stated that discussion of the Advisory Board selection is not deemed as a personnel matter. Therefore, this matter could not be moved to Executive Session per the Open Meetings Act.

- b) Motion was made and seconded to have this item referred back to the Committee so that the resumes of all nominees and Committee deliberations can be made available to all Board members for review.
 - (1) Voting Nay – Akhter, Pitts, Ku
 - (2) Voting Aye - Sullivan Hare, Lewis, Lucia, Aaron
 - (3) Motion carried
 - c) Dr. Akhter commented on his disagreement with this precedent being set to have items referred back to a Board Working Committee. He detailed what this decision means for the Board and affirmed his position of disagreement with this decision.
4. Motion was made and seconded to accept the report.
- Kevin Lucia - Insurance Market:
 - 1. Committee discussed various stakeholder responses to market recommendations.
 - 2. Reviewed process for evaluation of Insurance Subcommittee recommendations moving forward.
 - 3. Initial discussions of next items for Board to consider from Insurance Subcommittee including QHP application and certification process, employer plan selection in the SHOP, and a review of self-funded plans in the DC HBX.
 - 4. Motion was made and seconded to accept the report.

VI. HRIC Insurance Subcommittee Update

- 1. Brendan Rose, *DISB*
 - a) Gave an overview of the minimum Qualified Health Plan (QHP) Requirements under Sec. 1301 of the ACA.
 - (1) Plan must meet the following minimum requirements (to be determined by DISB and transmitted to the DC HBX Authority) to be certified:
 - (a) Marketing requirements that prohibit carriers from employing marketing practices or benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs.
 - (b) Provider Network requirements that ensure a sufficient choice of providers and provide information to enrollees and prospective enrollees on the availability of in-network and out-of-network providers.
 - (i) “a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be accessible without unreasonable delay” and include essential community providers.

- (c) Provide access to essential community providers, where available, that serve predominantly low-income and medically underserved individuals.
 - (i) Must be a “sufficient number” of providers participating in the 340(b) drug pricing program and those eligible for Section 1927 “nominal drug pricing”.
 - (d) Accreditation with respect to local performance on clinical quality measures (ex. HEDIS), patient experience ratings, consumer access, utilization management, quality assurance, provider credentialing, complaints and appeals, network adequacy and access, and patient information programs.
 - (e) Demonstrate quality improvement strategy.
 - (f) Utilize a uniform enrollment form that both qualified individuals and employers can use in enrolling in QHPs through the Exchange.
 - (g) Utilize standard format for display of health benefit plan options.
 - (h) Provide information to enrollees and prospective enrollees, and to each Exchange in which the plan is offered, on any quality measures for health plan performance.
- (2) Plans must also provide the Essential Health Benefits package as defined by the District of Columbia Department of Insurance, Securities, and Banking.
 - (3) Plans must be offered by a health insurance carrier that is licensed and in good standing to offer health insurance in the District of Columbia.
 - (4) District of Columbia carriers must offer at least one QHP in the silver actuarial level and at least one plan in the gold actuarial level in the DC HBX insurance marketplace.
 - (5) Carriers must charge the same premium rate for each QHP offered without regard to whether it is offered through the DC HBX insurance marketplace or in an external market.
- b) Gave an overview of the SHOP Exchange Employer Plan Selection.
 - (1) ACA mandates that a SHOP Exchange must allow employers to select a “metal level” in which all QHPs are made available to employees. This is the “baseline” for employer selection in the District of Columbia Health Benefits Exchange (DC HBX).

In addition to the baseline, a SHOP Exchange may permit employers to make one or more QHPs available to their employees through a different method. Nothing in the ACA limits a SHOP Exchange’s ability to offer additional options such as:

- (a) Allowing for employee choice across cost-sharing (precious metal) levels,
- (b) Allowing for an employer to select a single plan,
- (c) Allowing for an employer to select a single carrier and employee choice across plans.

2. Floor opened for questions from the Board.

- a) Dr. Aaron – Can the Insurance Subcommittee provide information on what other states are doing for QHPs?
 - (1) Brendan will research and provide the requested information.
- b) Kevin Lucia – Can comments be submitted to the Subcommittee if you are unable to make the meeting?
 - (1) Brendan replied yes and informed the Board that Monday, October 29, 2012 will begin a 15-day open period for public comments.

Mr. Lucia asked that the Board please take the upcoming recommendations very seriously.

- c) Dr. Leighton Ku – Felt that the options allowed within the SHOP Exchange contradicted themselves.
 - (1) Brendan will research and follow-up with the Board to resolve the conflict.
- d) Khalid Pitts – Had questions regarding the cost-sharing (precious metal) levels.
 - (1) Brendan clarified in more detail.

VII. Executive Session

- Motion seconded to go into Executive Session to discuss the Executive Director search.
- Board resumed meeting. No further matters discussed.

VIII. Adjournment

- The meeting adjourned at 7:50pm.

IX. Next Steps

- Next Board Meeting is Wednesday, November 14, 2012 in room 407 at 899 N. Capitol Street NE at 5:30 pm.