

**Recommendations from the
Executive Board Insurance Market Working Committee
March 19, 2013**

Recommendation #1 - DC's essential health benefit habilitative services category shall be defined as: Health care services that help a person keep, learn or improve skills and functioning for daily living, including, but not limited to, applied behavioral analysis (ABA) for the treatment of autism spectrum disorder.

Vote: *Unanimous in favor of the recommendation*

The recommendation was in response to two non-consensus items from the Essential Health Benefits Working Group:

- **Non-Consensus Item 1:** 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."
- **Non-Consensus Item 2:** Should the definition of habilitative services specifically reference applied behavior analysis as a modality of treatment for autism?

Recommendation #2 - Do not limit the number of Qualified Health Plans offered in the Exchange.

Vote: *Unanimous in favor of the recommendation*

The recommendation was in response to the following non-consensus item from the Plan Offering and Qualified Health Plan Benefit Standardization Working Group:

- **Non-Consensus Item:** 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?

Recommendation #3 – 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.

Vote: *Unanimous in favor of the recommendation.*

The recommendation was in response to the following non-consensus item from the Plan Offering and Qualified Health Plan Benefit Standardization Working Group:

- **Non-Consensus Item:** Should health insurance issuers be required to demonstrate a “meaningful difference” among plans they propose to offer?

Recommendation #4 - 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.

Vote: *Unanimous in favor of the recommendation*

The recommendation was in response to the following non-consensus item from the Plan Offering and Qualified Health Plan Benefit Standardization Working Group:

- **Non-Consensus Item:** 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?

Recommendation #5 – Do not require carriers to offer a platinum qualified health plan.

Vote: *2 yeah, 1 Nay*

The recommendation was in response to the following non-consensus item from the Plan Offering and Qualified Health Plan Benefit Standardization Working Group:

Non-Consensus Item: Should insurance issuers be required to offer at least one plan at the Platinum level?