

Executive Board Insurance Market Working Committee

Wednesday, January 21, 2015, 1:00 p.m.

Draft Minutes

Date: Wednesday, January 21, 2015
Time: 1:00 PM
Location: 1225 Eye Street, NW; Room: 4th Floor, Board Conference Room
Call-in number: 1(877) 668-4493; Access code: 737 801 192

I. Opening Remarks, Kevin Lucia, Chair

Good morning to the Exchange board members Henry Aaron and Kate Sullivan Hare and those joining from the public. My name is Kevin Lucia and I am the chair of the HBX Executive Board Insurance Market Working Committee.

This meeting is taking place by in person at 1225 Eye Street, NW, on the 4th floor and we are available on the telephone as well. There's an agenda and DRAFT staff recommendations that are available on the HBX website. They are available at www.hbx.dc.gov for those not here in person.

At today's meeting we will discuss and vote on recommendations for health plan certification requirements for the 2016 plan year. We will discuss the written comments we have received, they are also posted on our website, and will hear from anyone else with comments.

Our goal is to vote today on 2016 health plan certification requirement updates and present those recommendations to the full Executive Board at its next meeting on Friday, January 30, 2015 at 2:00 p.m. This meeting will be by telephone only. After public comment and discussion, the full Executive Board is expected to vote on a resolution at the regularly scheduled February board meeting which is Monday, February 9, 2015 at 5:30 p.m.

To provide a quick review of how we got here; in early spring of 2013 the Executive Board established a stakeholder working group to advise the Board on the initial certification process. The Board adopted the consensus recommendations, which HBX has been using to date.

Now with two years of experience, the Insurance Committee is reviewing the process in preparing for plan year 2016.

We've had four meetings already. At the first, we reviewed each certification requirement and the legal authority for each requirement at the federal and district level.

Based on your input and on the review provided we decided to take a deeper dive of the following areas:

1. Network Adequacy
2. Review of Rates
3. Quality of Health Plans
4. Discrimination

The implementation of these requirements is a joint effort with the District's Department of Insurance, Securities and Banking (DISB) and we appreciate all DISB's prior and continued efforts on this project.

At our second meeting DISB and HBX staff reviewed how each of these certification requirements has been implemented.

At our third meeting, we heard from numerous experts from the field to learn what other states and the Federal Marketplace have done in each of these areas where standards or processes are broader than the District's.

At that meeting, we asked HBX staff to work to develop recommendations taking into consideration staffing, capacity and feasibility. Over the past month, HBX staff has talked to each health carrier participating in our exchange marketplace numerous times to understand their operations and ability to implement different ideas that were presented by experts in the field. They have talked to people at DISB and other pertinent stakeholders.

At our fourth meeting, Purvee Kempf, HBX General Counsel and Chief Policy Advisor, presented staff recommendations for updating plan certification requirements for the 2016 plan year. We discussed them and took questions to ensure a full understanding of the proposed recommendations.

At today's meeting we will discuss the Draft recommendations; discuss the four written comments received and any public comments; determine if we want to make any changes; and vote on a set of recommendation for the full board to consider.

I also want to recognize Howard Liebers, Philip Barlow and others at DISB for all their input and work including those that actually review the qualified health plans to ensure they meet plan certification requirements. I believe Howard is joining today in case we have questions, thank you for joining.

II. Approval of Minutes, Kevin Lucia, Chair

Mr. Lucia asked for approval of minutes from the last two meetings -- November 20, 2014 and January 9, 2015. The drafts are available on the HBX website. It was moved and seconded to approve the minutes; the motion passed unanimously.

III. Presentation of Comments, Kevin Lucia, Chair

Mr. Lucia noted that comments had been received from America's Health Insurance Plans (AHIP); the DC Association of Health Plans (DCAHP); Families USA (Families USA); and the DC Primary Care Association (DCPCA). He asked Ms. Kempf to review the written comments received on each health plan certification area of discussion.

Network Adequacy:

Purview: Overall, Families USA requested the establishment of network adequacy standards in the District, dedicated telephone number or email be on the provider directories to report inaccuracies and such inaccuracies be rectified within 14 days, and a requirement that plans both audit their directories and validate providers that have not billed the carrier in one year. DCPCA discussed the importance of an accurate provider directory and a healthcare needs assessment for behavioral health providers. AHIP and DCAHP suggested that the a dedicated phone number or email would be an administrative burden without a corresponding benefit for consumers, that validating providers if they do not bill carriers in the past two years be eliminated, and that information in an access plan be protected under the DC open records laws.

Committee members discussed the vagueness of requiring "timely action" on validating and updating a provider directory when there is a report of inaccuracies. Families USA suggested a 14 day timeframe. AHIP comments included a statement regarding updating provider directories within 30 days. Committee members agreed to change "timely action" to "within 30 days" and will seek any additional comment AHIP may have at the full board meeting.

Committee members agreed to clarify that the recommendations are not requiring a dedicated email or telephone number for reporting provider directory problems. A general telephone number or email can be used if the information is being validated and corrected as appropriate.

Committee members asked about AHIP's suggestion to strike the words "program integrity". AHIP representatives at the meeting were unsure of the reason, but Committee members agreed that it would not change the thrust of the recommendation and agreed to strike that term.

Committee members agreed to have the Plan Management Advisory Committee take into consideration the DC open records laws when determining what information is reported in the plan.

Committee members discussed keeping the remaining network adequacy recommendations as drafted – including not adding additional standards, not eliminating any of the steps towards accuracy in the directory.

Committee members unanimously voted to pass this recommendation with the changes specified.

Review of Rates:

Purvee: Overall Families USA supported the recommendations and added that consumers and their representatives be allowed to suggest questions to the actuaries to submit to carriers, make the consulting actuary's report public before the final DISB approval of rates, and asking the actuaries to provide an opinion on whether the proposed rate is justified.

Overall AHIP and DCAHP stated that HBX should not have a separate rate review process from DISB, that dueling regulatory bodies would create a burden on carriers and confuse the public, and that HBX does not have all the information necessary to make determinations about final rates.

Committee members reiterated that the process as currently drafted is akin to the process that occurred over the last two years and that if an enhanced process is developed it would be shared for public comment. Mr. Wrege suggested that the current HBX recommendations duplicate DISB's role and put the agencies at odds. Dr. Aaron and Mr. Liebers from DISB specifically responded that DISB is supportive of the recommendation and in agreement with HBX's role as drafted. Further, Dr. Aaron stated that any enhanced process would be developed jointly with DISB.

Committee members did not make any changes based on the comments and unanimously approved the recommendations.

Quality of Health Plans:

Purvee: DCPCA discussed the importance of having health plan quality information available for consumers. AHIP, DCAHP, and Families USA were supportive of the recommendations. AHIP suggested that quality improvement strategies include the use of positive and negative incentives. However, no one from AHIP was able to specify what negative incentives included. Families USA supports posting of survey data from the HHS surveys.

Committee members agreed to include some technical edits, but unanimously approved the recommendations.

Non-Discrimination Requirements:

Purview: AHIP and Families USA suggested that HBX and DISB clarify the CCIIO tools used for review of plans. AHIP and DCAHP stated that guidance from DISB on discriminatory benefit design examples was not necessary.

Committee members agreed to unanimously approve the recommendations.

IV. Vote, Kevin Lucia, Chair

V. Closing Remarks and Adjourn, Kevin Lucia, Chair

Kevin: Thank you to everyone who has joined us through this process. Thanks in particular to the health plans, the consumer advocates, and DISB for their active participation. Staff will prepare a Report of the full process with the final recommendation. That report will be posted on the HBX website by early next week.

We will present the recommendations to the full board on Friday, January 30, 2015 at 2:00 p.m. This meeting will be by telephone only. After the full board has reviewed, debated, and received public comments on the recommendations, we expect a vote on a resolution at the regularly scheduled February board meeting which is Monday, February 9, 2015 at 5:30 p.m.

As always, the meetings and meeting materials, including the audio from today's meeting and draft minutes will be posted on the HBX website, www.hbx.dc.gov.

We are adjourned.