



**Health Benefit Exchange Authority Executive Board Meeting
FINAL MINUTES**

Date: June 24, 2015
Time: 3:00 PM
Location: By Conference Call Only
Call-in Number 1: 1-877-668-4493; access code: 737 285 721

Members Present: Henry Aaron, Leighton Ku, Diane Lewis, Kevin Lucia, LaQuandra Nesbitt, Stephen Taylor, Laura Zeilinger

Members Absent: Kate Sullivan Hare, Nancy Hicks, Khalid Pitts, Wayne Turnage

I. Welcome, Opening Remarks and Roll Call, Diane Lewis, Chair

Chair Diane Lewis called the meeting to order at 3:01 pm. A roll call of members present confirmed that there was a quorum with four voting members present (Dr. Aaron, Dr. Ku, Ms. Lewis and Mr. Lucia).

II. Approval of Agenda, Diane Lewis, Chair

The agenda was approved unanimously, with Dr. Aaron, Dr. Ku, Ms. Lewis and Mr. Lucia voting yes.

III. Approval of Minutes, Diane Lewis, Chair

The June 8, 2015 minutes was approved unanimously, with Dr. Aaron, Dr. Ku, Ms. Lewis, and Mr. Lucia voting yes.

IV. Executive Director Report, Mila Kofman, Executive Director

CMS PRIVACY CONSULTATION VISIT: Ms. Kofman reported that on Wed, June 10th, HBX hosted CMS' Center for Consumer Information and Insurance Oversight (CCIIO) State Exchange Group (SEG) for a Privacy Consultation that included review of our programs protecting privacy and confidentiality. It was a very successful meeting where CMS indicated that our presentation of our HBX Privacy Compliance Program was so thorough that they had only a few questions. CMS stated that HBX "is doing an excellent job" with our Privacy Program and that they "understand how hard it is" to do so. CMS staff said they expected no negative outcomes and called DC HBX a poster child for privacy policies for other exchanges. Finally, CMS conducted a walk-through of the DC Health Link Contact Center, and CMS staff stated that they were quite impressed with our state-of-the-art and accessible accommodations at L'Enfant Plaza. CMS will provide us with a written response to the visit and if there are any follow up questions, we will respond in writing at that time.

SURVEY RFP: HBX has posted an RFP for a customer survey. One of the goals of the survey is to inform our outreach efforts. Applications are due by 2 pm on July 9, 2015. The goal is to review applications quickly so this contract can be awarded and the survey work can commence. Anyone interested should visit our HBX website to view the solicitation. This work came out of the Research Committee, and Ms. Kofman appreciates the work Dr. Ku provided on both the survey and the RFP.

PERSONNEL: Ms. Kofman reported that Keith Fletcher has accepted a significant promotion at DHS as their Chief Operating Officer. While he will be missed and we wish him well, we are confident he will be a great asset to Dr. Nesbitt and DHS.

STANDING ADVISORY BOARD UPDATE: Ms. Kofman reported that last week HBX received the resignation of Standing Advisory Board Dr. Luis Padilla. He accepted a position at HHS and did not feel it was appropriate to maintain his service. HBX has announced the vacancy on our website and, as is our process, the Board Operations Committee will review applications and make a recommendation to the Executive Board for a new Standing Advisory Board Member. The announcement was posted this week and we expect to leave the posting open through July. HBX staff will circulate the vacancy announcement widely. Ms. Kofman noted that Dr. Padilla was the only health professional serving on the Standing Advisory Board at this time and we will give preference to candidates that meet that qualification.

DISB COMMISSIONER: Ms. Kofman announced that the new insurance commissioner, Stephen Taylor, is now an ex officio board member. She is very excited to be working with him. She has known him for many years. He has a national reputation in many areas and is very well regarded by diverse stakeholders, protecting consumers while ensuring the insurers can compete effectively in the marketplace. She and all the HBX staff are looking forward to working with him. Mr. Taylor thanked Ms. Kofman for her kind words.

V. Discussion Item

- a. Resolution to approve an Essential Health Benefits (EHB) Benchmark Plan for 2017
 - i. *Mila Kofman, Executive Director*

Ms. Kofman asked Mary Beth Senkewicz, Associate General Counsel and Policy Advisor, to summarize the presentation made to the Board at its last meeting by Chris Gardiner, Standing Advisory Board Chair.

Ms. Senkewicz reported that at the last Board meeting, the chairman of the Standing Advisory Board (SAB) reported that the federal government notified DISB in early May 2015 that the states may select a new EHB benchmark plan for 2017. The 2017 EHB benchmark plan is based on plans as of March 31, 2014.

There are 10 options: one of the three largest small group plans; the largest non-Medicaid commercial HMO plan; one of the three largest FEHBP plans; and one of the three largest DC government employer plans.

The SAB met twice to review the benchmark options. HBX and DISB staff researched plan options, drafted a chart to summarize and compare benefits among the plans, and briefed the Standing Advisory Board. The Board also asked for public comment. Two members of the public testified and provided written testimony.

After a review and discussion of the ten plans, the Board asked staff to research coverage of benefits in more detail in the following areas: habilitative services; rehabilitative services, home health care services; durable

medical equipment; and hospice services. The SAB also received a report from Dania Palanker, a Standing Advisory Board member who had researched the prescription drug formularies.

The SAB reviewed written comments received directly and the ones received through DISB in response to DISB's public comment request. All comments were reviewed. Nothing further has been submitted.

Through a robust discussion, the Standing Advisory Board narrowed the EHB benchmark choices to the three small group plans. The largest small group plan as of March 31, 2014 was a CareFirst PPO plan and was the most similar to the existing benchmark.

In the absence of compelling evidence to change the nature of the benchmark plan; recognition that all three small group plans were very similar as they already met the 2012 EHB standard; and recognizing that minimizing marketplace disruption is beneficial, the SAB reached a unanimous decision selecting the CareFirst BluePreferred PPO plan, the largest small group plan as of March 31, 2014 and recommend that CareFirst BluePreferred PPO plan be selected as the 2017 EHB benchmark plan.

Dr. Aaron asked if there were any material from the current benchmark to the recommended benchmark plan. Ms. Kofman replied no.

Dr. Ku asked if we had heard from any members of the public. Ms. Kofman stated the SAB asked for public testimony and comments, and there were several provided. Also, DISB had requested comments as well, which were forwarded to the SAB. Ms. Kofman stated that the SAB has a very diverse composition, representing various community constituencies. The SAB reviewed all public comments. It was the unanimous recommendation to recommend the plan that was closest to the existing benchmark plan.

Mr. Taylor asked if there was any opposition to the recommendation. Ms. Kofman said no, all the SAB members were strong in their support of the recommendation. There was public comment surrounding habilitative and rehabilitative services of a clarifying nature, not in opposition. Ms. Senkewicz stated the only other public comments came from the acupuncture community, which wanted acupuncture to be a required benefit. The SAB advised them to make that case to Council.

VI. Public Comment

No public comment was proffered.

VII. Vote

- a. Resolution to approve an Essential Health Benefits (EHB) Benchmark Plan for 2017

The resolution, "To approve an Essential Health Benefit (EHB) Benchmark Plan for 2017," passed unanimously, with Dr. Aaron, Dr. Ku, Ms. Lewis and Mr. Lucia voting yes.

VIII. Closing Remarks and Adjourn, *Diane Lewis, Chair*

The meeting was adjourned at 3:20 p.m.