



**DC Health Benefit  
Exchange Authority**

**Standing Advisory Board Meeting**

**DRAFT Minutes**

**Thursday, January 30, 2014**

**3:00 pm**

**1100 15<sup>th</sup> Street, NW, 8<sup>th</sup> Floor Conference Room**

**Members present:**

Kevin Dougherty, Chris Gardiner (Chair), Stephen Jefferson, Barry Lewis, Billy MacCartee (via Telephone), Claire McAndrew, Dania Palanker, Jill Thorpe (via telephone)

**Member Absent:** Karen Johnson

**I. Welcome, Opening Remarks and Roll Call, *Chris Gardiner, Chair***

Mr. Gardiner described the purpose of the meeting-provide an Exchange update from Ms. Kofman and discussion on recommendations needed from the Standing Advisory Board (SAB).

**II. Executive Director Report, *Mila Kofman, Executive Director***

The October 1<sup>st</sup> launch was very successful for the DC Exchange. Bloomberg News report stated the Exchange was one of four jurisdictions that did not shutdown on opening day. On the Small Business Health Options Program (SHOP) side most functionality, including employer and employee choice, was available for small businesses to enroll. The DC Exchange was chosen as the Exchange for Congressional staff to receive employer benefits. President Obama enrolled through DC Health Link as well. Many upgrades and improvements are planned for the future. The Exchange utilizes the feedback given by consumers and other stakeholders. In addition, there is work being done on the broker and assister web portal. The Exchange team works very closely with consumers who have encountered any problem with enrollment to ensure health coverage.

Data is release monthly- as of January 10<sup>th</sup>:

20,290 people have enrolled through DC Health Link in private health plans or Medicaid:

- **2,649** enrolled in private health plans through the DC Health Link individual and family marketplace for coverage that begins on January 1, 2014;
- An additional **997** people have already enrolled for individual and family coverage that will begin on February 1, 2014.

- **4,677** people gained Medicaid coverage through DC Health Link; and
- **11,967** people enrolled through the DC Health Link small business marketplace (includes congressional enrollment).

Additional demographics show that the Exchange is meeting its target areas. Sixty percent of the uninsured population is under 40 years of age. Of those who enrolled 37% are 26-34 years old.

Mr. Gardiner inquired what age group is the most difficult to enroll. Ms. Kofman responded that many efforts targeted those under age 40 and that the Young Invincibles are assumed to be the most difficult to enroll, which hasn't been the case for the Exchange. Ms. Kofman credits this to the DC Health Link Assistants' creative strategies when it comes to reaching that target population. In addition, in an insurance pool you want a healthy mix, to ensure sustainability

Mr. Dougherty inquired about more detailed demographics of enrollees such as employment status. Ms. Kofman responded that is a priority for 2014 and the Exchange will seek feedback on it from the SAB.

Ms. Kofman added that there is not a high portion of enrollees who are receiving Advanced Premium Tax Credits (APTC). In addition, for January 1<sup>st</sup> effective date highest metal level was platinum for individual qualified health plans (QHP).

Ms. McAndrew inquired about uninsured population compared to those enrolled in APTC. Ms. Kofman is concerned about capturing the uninsured population who may qualify for APTC. She added that the Exchange is seeking feedback on disconnect between those who have qualified for APTC and taking the next step to plan selection. Ms. Palanker stated that APTC may not be enough to make plans affordable for those consumers and premium price may deter consumers from moving forward to plan selection. Ms. Kofman added that previous efforts of sending notices to those who didn't complete enrollment weren't as successful as hoped.

Mr. MacCartee commented on feedback from brokers on the deadline issue for companies to go online and finish total enrollment being too far from their renewals. Ms. Kofman responded that they don't have to wait for renewal information, when you go into the portal you can go in and see rates. In addition, any changes that trigger an IT change will have to be put on pause. She continued that she will check with the federal government to see if there is issue with shortening open enrollment for small business employees to choose a plan to less than 30 days. Ms. Palanker stated that she believed this timeline was a federal requirement and expressed concern that shortening this period could negatively impact employees. Ms. Kofman asked the Plan Management committee chair, Ms. Palanker, to take this issue up for discussion to the committee.

Ms. McAndrew inquired if the Medicaid data Ms. Kofman mentioned represented those just assessed by DC Health Link as eligible for Medicaid or those actually enrolled Medicaid. Ms. Kofman stated that the number represents those actually provided a Medicaid number. In addition there were a few consumers eligible for Medicaid but did not want it, but therefore can't get APTC and enrolled through a QHP without assistance.

Ms. Kofman explained that the Contact Center has experienced very high volumes during certain time periods. The highest time was on December 23<sup>rd</sup> with a wait time of up to 2 hours, which is not acceptable. Usually waiting times are reasonable, around 15 minutes. There was a plan B for consumers to get January 1 effective coverage after Dec 23<sup>rd</sup>. A consumer had to call the Contact Center to manually enroll them because system could not do so after deadline.

Ms. McAndrew added that it should be put into perspective that other contact centers have 2 hour wait times at times, although not desired it happens in other places and is a national problem.

Ms. Curtis added that the Exchange is implementing a call back option for the Contact Center. Ms. Kofman added that the team examined and reviewed the reasons for calls and most were for resetting password which contributed to call volume. Now there's a feature for the consumer to reset the password themselves. Also the vendor is planning to increase staff for the contact center.

Mr. Jefferson suggested that since call volume is down after 8PM that should be prompted more to consumers who call in. Ms. Kofman and Ms. Curtis explained that in high-volume times the call center does provide that information and the call center always tells you how long your wait time is.

Stuart Spielman, Autism Speaks, provided public comment questioning if the number of enrolled consumers with disabilities was tracked. Ms. Kofman is not sure if the team has that information for those who applied without assistance or if the assisted application asks disability status. It will be discussed how to gather such information in the policy priority discussion.

Ms. Kofman added that enrollee location is able to be tracked by zip code in the District and currently working on how to get it by ward.

### **III. 2014 Policy Review,** *Mila Kofman, Executive Director and Debra Curtis, DCHBX Staff*

Ms. Kofman and Ms. Curtis presented the SAB with the priority list. The list reflects lessons learned through the implementation and enrollment identified by HBX team. With limited resources there is a need to refocus and prioritize.

1. **Network Adequacy-** 2013 Resolution calls for a hybrid approach to this whereby insurers attested for the 2014 year to network adequacy. During 2014, HBX is to work with DISB to monitor network adequacy and carriers are to submit access plans by July 2014 that report how they have met network adequacy requirements and their plans to correct any deficiencies. In 2015, based on data presented to HBX through the aforementioned reporting, HBX is to issue a request for additional data on DC-specific metrics with the goal of having DC-specific standards for 2016. Other issues raised (network adequacy): provider networks directly on DC Health Link rather than a link through to the Carrier page, secret shopping during 2014 as a tool to measure adequacy, and incorporation of essential community providers in networks (which is attested to in the 2014 plan year).

Currently to access provider directories is a multi-step process; from the DC Health Link website there is a link to the carrier's website that then identifies the providers. Ms. McAndrew commented that having a link to an up-to-date provider directory is a federal requirement and that it should be a top priority that consumers have easy access to accurate provider directories, and beyond that, that issuers have provider networks that truly are adequate in accordance with federal law. Ms. Kofman stated that the direct link to updated provider directories would not be available until the next open enrollment.

Mr. MacCartee supported making network adequacy a top policy priority and added that when a broker adds a group they ask the employer to poll the employees about their provider preference because provider networks are one of the most important factors for consumers when selecting a plan.

*Determination: Priority issue for 2014*

2. **Standardized Benefits:** Resolution approved in 2013 called for DISB to develop standardized plan models for gold and silver plans in 2015 and bronze and platinum in 2016.

There is an issue because plans are already getting ready for plan submission for 2015, so there may not be time to implement this. After open enrollment closes on individual side the Exchange will know what the most popular plans were. Currently the Exchange doesn't have data to support the discussion, in addition to the limited timeline. Ms. Palanker commented that delaying this policy item to the following year may help DC Health Link ensure that it is done well and that standardized benefit designs are able to ensure affordable cost-sharing for consumers.

*Determination: For 2015 Policy Review*

3. **Quality:** resolution approved in 2013 that lays out a variety of requirements on quality for the future. For 2014, it requires that QHPs start submitting a Quality Improvement Plan annually and make them available on the Exchange website for the public. It also requires that the Exchange work with QHP issuers to upload off-the-shelf quality info to DC Health Link. Also suggests we should have public involvement in all of this by reconstituting a working group or some other strategy.

Ms. McAndrew suggested that it is valuable but not a priority for this year. In addition HHS will give requirements for all the exchanges so it may make sense to hold off on this issue until future guidance is received.

*Determination: 2015 priority pending upcoming federal regulations*

4. **Composite rating:** board approved a composite rating system for SHOP premiums, but our technology has been unable to support that. What the Exchange did was look at reference premium that was age adjusted pay a reference amount that is age adjusted

Mr. MacCartee stated that employers need to have an understanding of what that cost will be for that year so they can continue to have their coverage. Ms. Curtis added that employers do know what they are paying with the way it is being done now with the reference plan. Ms. Kofman stated that there is no disagreement that composite rating is ideal, but there could be IT limitations and that needs to be part of our consideration. However, Mr. MacCartee stated that implementing composite rating was a top priority for all stakeholders in the working group that addressed this issue last year, and should continue to be seen as a top priority. Ms. McAndrew concurred.

*Priority issue for 2014, recognizing potential IT limitations*

5. **Preventive Benefits Outreach/Education:** Resolution approved to ensure that the DCHBX site provides information about preventive benefits; that carriers communicate with enrollees about these important benefits and do outreach to their providers as well. As part of training for DC Health Link Assistants, provide descriptive materials on tobacco cessation treatment and other preventive benefits. That HBX utilize alternative vehicles for communication – like providing educational materials to small business owners and benefit administrators. And, that HBX maintain ongoing discussions with key stakeholders to identify additional opportunities. Assistants not focused on benefits at this time.

The Board discussed working with private groups, such as disease associations and tobacco control organizations, on this topic. Ms. Kofman suggested that the SAB put this initiative on its list for 2014. For the next meeting, an agenda item could be on how to partner with other groups. Mr. Jefferson suggested asking others, such as tobacco counselors, to participate in scheduled outreach events.

*Determination: SAB 2014*

6. **De-certification processes:** Needs to be developed for brokers, CACs, navigators, QHP QDP issuers. This is required by federal law

*Priority issue for 2014*

7. **Market Study on Employee Choice:** Resolution approved that calls for a market study, after a reasonable time to collect valid data that includes: a survey of employers and employees regarding their experience with employee choice, actuarial analysis of premiums, examination of options to expand employee choice, and an evaluation of the experience in administering employee choice.

*Determination: Priority issue for 2014 after we have the experience to have valid data*

8. **Survey on new coverage:** As our system doesn't capture whether someone was previously uninsured prior to enrolling for coverage through DC Health Link. Do a survey after open enrollment to find out prior insurance status (uninsured; insured but preexisting condition not covered; insured but affordability issues for OOP and premiums; whether tax penalty lead the person to buy insurance, etc.)

Ms. Kofman stated that she feels strongly about survey on new coverage to help the Exchange understand the enrolled and uninsured populations during this enrollment period. Ms. McAndrew concurred that this is necessary for ensuring that the exchange is meeting its goals and can make policy decisions in an informed way.

*Determination: Priority issue for 2014 after open enrollment*

9. **Shifting from enrollment focus post March to a focus on ensuring people are able to use their insurance effectively:** Haven't made that shift yet, but need to plan how to strategically do this. Ms. Kofman stated that information gathering would be needed for this initiative

*Determination: SAB 2014*

10. **Dental Plans:** ongoing concern from dental insurers that qualified health plans should be required to offer policies through DC Health Link that don't include pediatric dental benefits.

Public discussion from Kevin Wrege, who represents Delta Dental, stated that there was an expectation for stand-alone pediatric dental. He suggested that DC Health Link address this quickly because there are other dental plans that are interested in getting on the Exchange for 2015. Executive Board member Dr. Ku is willing to chair and reconvene the dental work group as a part of the recommended approach to this initiative

*Determination: Work Group 2014*

11. **Broker Steering/CAC Steering/IPA Steering** – What are we doing to monitor this potential problem and if it is happening, what are the solutions to prevent it. This is an ongoing issue that Exchange needs to monitor; currently there is no mechanism in place. Will monitor through a complaint driven process. Board members agreed that this is an appropriate strategy given that at this point in time there is no reason to believe this is a problem in the District. Mr. MacCartee stated that compensation from various insurers barely differs for brokers, so financial incentives for steering are not great.

*Determination: In 2014, will monitor through a complaint driven process*

12. **Federal Grace Period for premium payments by APTC enrollees:** There is a disconnect between the 90-day grace period for enrollees and a 30-day requirement that insurers must pay claims. This could leave providers (mainly doctors and hospitals) on the hook for care provided to APTC enrollees who have failed to pay premiums after 30 days.

Ms. Kofman suggested establishing a work group to research more on this initiative. Dr. Lewis agreed to vice chair the group. In a public comment, Ms. Tonya Kinlow, who works for CareFirst BlueCrossBlueShield suggested that this issue not get addressed by a work group but instead DC Health Link just follow federal policy. Ms. Curtis mentioned that California recently looked into this issue at the state level, and Ms. McAndrew mentioned that Washington State has a bill to require carriers to pay claims for the full 90-day grace period.

*Determination: Work Group 2014*

13. **DISB Enforcement of the ABA services as part of the habilitative benefit:** what information will HBX have on this? It was suggested that this initiative been raised at the next Plan Management Advisory Committee meeting as part of the broader discussion on consumer information.

*Determination: Plan Management Advisory Committee 2014*

14. **Consumer Information:** Better access to plan design information and drug formulary information on DCHealthLink.com rather than requiring consumers to go to the summary of benefits and coverage. NOTE: There is a joint meeting of the Plan Management Advisory Committee and Broker Advisory Committee on this topic February 5<sup>th</sup>.

*Determination: Plan Management Advisory Committee 2014*

Mr. Gardiner recapped the initiatives with the group to prioritize the list. Ms. Curtis will summarize the resolutions into a table.

There was consensus from the Standing Advisory Board Members after the table was read through by Chairman Chris Gardiner with the priority level determinations as indicated in italics above.

#### **IV. Closing Remarks and Adjourn**

Meeting adjourned at 5:10PM

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