

Health Insurance Exchange Advisory Task Force

Meeting Summary

Tuesday, November 20, 2012

I. **Welcome and Housekeeping**

Commissioner Schowalter called the meeting to order. The Task Force adopted the meeting summary of the October 24, 2012 meeting. Exchange Director April Todd-Malmlov informed the group that Minnesota submitted a Level One grant application on November 15, 2012, and submitted a number of documents and formal attestations related to Minnesota's Blueprint Certification Application. The documents submitted are available on the Exchange [website](#).

II. **Small Employers and Employees Work Group Recommendations**

Dan Schmidt, Exchange Advisory Task Force Member and Manny Munson-Regala, Assistant to the Commissioner, MDH presented the Small Employers and Employees work group report to the Task Force. The report is available on the Exchange [website](#).

The work group recommended that in making policy and operational decisions for the SHOP Exchange, particular attention should be focused on reducing costs for small employers and their employees, reducing the administrative complexity of providing insurance and increasing the number of choices open to those participants.

ACTION: the Task Force adopted the work group report.

III. **Plan Certification Sub Group Recommendation – Standalone Dental**

Roger Kathol, Exchange Advisory Task Force Member and Katie Burns, Exchange Plan Management and Quality Reporting Director presented Plan Certification subgroup report on standalone dental. The report was previously approved by the Adverse Selection work group. The report is available on the Exchange [website](#).

The sub group had two charges:

1. To develop understanding of the feasibility of applying certification criteria for QHPs to stand-alone dental plans; and
2. To recommend what the specific certification criteria for qualified dental plans (QDPs) should be with the understanding that it is useful to draw upon existing provisions of state laws and rules as the basis for these criteria.

The sub group made the following recommendations:

Benefit design requirements

- Most EHB services would not be offered by stand-alone dental plans because stand-alone dental plans by definition cover a limited benefit; however, pediatric oral health services are part of essential health benefits and must be offered by stand-alone dental plans. A certification standard related to inclusion of pediatric oral health EHB services must apply to QDPs.

Licensing certification standards

- Licensure requirements are already included in state law and should be part of certification criteria for QDPs.
- Minnesota Statutes 60A.07, 62C.08, and 62D.03 should respectively serve as the licensure certification standard for insurers, service plan corporations, and HMOs offering QDPs.

Quality improvement reporting and strategies

- Subgroup members have a strong interest in supporting the development of quality measurement related to dental care, but recognize there are few quality measures available related to dental care or dental plans today. The Subgroup recommends the Exchange and/or the Measurement and Reporting Work Group consider options related to measuring stand-alone dental plan quality and enrollee satisfaction as part of its current work prior to January 1, 2016.

Risk adjustment requirements

- It is the Subgroup's understanding that risk adjustment cannot reasonably be applied to stand-alone dental plans because there is no diagnostic coding system used by dentists to indicate risk factors.
- The risk adjustment requirement should not be part of certification criteria for QDPs.

Non-discrimination requirements

- Non-discrimination requirements should be part of certification criteria for stand-alone dental plans. The Subgroup recognizes that pediatric dental essential health benefits are a targeted benefit required by federal law to be offered for a yet-to-be defined pediatric population.
- Minnesota Statutes 72A.20 and 62D.12 should serve as the non-discrimination certification standard for QDPs.

Rating Variation

- State law already requires issuers to obtain prior approval for rates for stand-alone dental plans. This certification criterion should apply to QDPs.
- Minnesota Statutes 62A.02 should serve as the certification standard for rating variation for stand-alone dental plans.

- If future federal rule-making does not require market reforms to apply to pediatric essential health benefits offered through QDPs, the Plan Certification Subgroup should revisit this issue.

Marketing

- Marketing requirements are already included in state law for stand-alone dental plans and should be part of certification criteria for stand-alone dental plans.
- Minnesota Statutes 62Q.77, 62Q.79, and 72A.20 should serve as the certification criteria for marketing for QDPs.

Network adequacy

- Although a standard for network adequacy does not exist for stand-alone dental plans today in the private market, it is important for issuers to meet a network adequacy standard. The certification requirements should include Medicaid's standard of 60 miles/60 minutes transport time.

Essential community providers

- The essential community provider standard should apply to stand-alone dental plans.
- Minnesota Statutes 62Q.19 should serve as the essential community provider certification standard for QDPs.

Rating information requirements

- State law already requires issuers to obtain prior approval for rates for stand-alone dental plans. This should be included in certification criteria for stand-alone dental plans.
- Minnesota Statutes 62A.02 should serve as the certification criterion for rating information for QDPs.

Service areas (minimum geographical areas)

- This certification criterion is relevant to stand-alone dental plans and should be included as part of certification criteria.
- A service area should include at least an entire county unless an issuer demonstrates that serving a smaller area is necessary, non-discriminatory, and in the best interest of enrollees.

Accreditation requirements

- Because no accreditation programs for stand-alone dental plans currently exist, this certification standard should not apply to QDPs at this time. The potential for such a certification standard should be revisited at a point in time that an accreditation program is developed.

Enrollment and termination requirements

- The federal enrollment and termination requirements should apply to QDPs.
- The Subgroup made no recommendations beyond existing federal requirements.

ACTION: the Task Force adopted the recommendations.

IV. Exchange Technical Infrastructure Contract Status Update

Thomas Baden, MN.IT/Exchange Chief Information Officer gave a brief update on technical infrastructure contract activities. Mr. Baden told the group that progress to date includes completed end-to-end process models which are now being used to inform sprint activity. Mr. Baden also explained that there is ongoing communication and work with carriers.

V. Future Task Force Meetings

The Task Force will meet next on December 11, 2012.