Update on Task Force
- Update on Governor’s press conference and legislation to be introduced by Senator Lourey and Representative Atkins

Update on Governance Workgroup
- Discussed merger with Governance group – likely in the spring
- Topics would include items from the task force, potential legislative direction, defining budget scope and solutions to meet estimated need

Review prior discussion and documents on “beneficiaries” of Exchange
- Reviewed handouts

Discussion of/work on “beneficiaries” matrix
- Discussion of purpose of exercise
- Benefits discussion
  - Ability to have continuity of coverage (individual, employees, general population)
  - Cost more affordable with risk pooling
    - Question – is this due to mandate or the Exchange pooling purchasers? Will premiums go down?
    - Impacts of MCHA on market inside and outside the Exchange
      - Impact on MCHA member versus impact of others
    - Tax credit impact
    - Premium changes depend on how define the market
  - Exchange can facilitate aggregating resources (defined contribution) and portability of plans
  - Facilitate selection of appropriate plans – community outreach/Navigator/Broker
  - Individuals also benefit from customer services (navigators/call centers/ easier transitions)
  - Health Plans benefits include mechanism to sell product, reduced administrative costs, members
  - Large group members’ benefits include browsing for information, easier transition to other markets when needed.
  - Navigators/brokers benefit from grants/compensation, ability to maintain relationships/transition clients between markets
  - Medicaid benefits from use of outreach/customer services to clients such as navigators/brokers
  - State is potential beneficiary is Exchange leads to state savings.
- Discussion on looking at volume and revenues through an exchange
  - Number for each market (individual, sm. Employer, public program, etc)
Look at populations serviced relative to cost of Exchange (cost allocation)
Discussion on how to look at business partners versus individuals served
  ▪ Assume costs passed to user at some point, factored into product premium

• Discussion on purpose of Exchange
  o Increase level of health literacy
  o Create a more efficient market place for
    ▪ Enrollment
    ▪ Public program, tax subsidy and cost sharing reduction eligibly
    ▪ Fund aggregation
    ▪ Comparison shopping

• Discussion of cost and quality data, PPG information versus what is currently available from plans

• Discussion of direct benefits and ancillary benefits
  o Focus on purchasers of products through exchange
    ▪ Long-term sustainability from premium/user fee
    ▪ Need to keep fairness and proportionality principle in mind
    ▪ Adverse selection issues – how will risk adjustment, reinsurance and risk corridors offset potential fee impact on adverse selection?
  o Ancillary benefits – General Public Good
    ▪ General provider and plan information
    ▪ Exception process
    ▪ Cost and Quality information

• Discussion of creating narrative displaying three groups of beneficiaries (individuals, Health Plans and General Public Good), direct and ancillary benefits – Barb will draft and route to group for review.