# Health Benefits Exchange: Governance Options for States

Presentation Before the Illinois Health Benefits Exchange Legislative Study Committee

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#### Governance

• Governance Questions to be Considered:

- Where should the Exchange be located?
- What should the composition of the Board be?
  - How should Board members be selected or appointed? Conflict of interest provisions?
- Should the Exchange be subject to State laws governing hiring and procurement?
- What level of transparency and public accountability is desired?

### **ACA Requirements and Federal Guidance**

- Section 1311(d)(1) of the ACA requires an Exchange to be "a governmental agency or a nonprofit entity that is established by a State." This provides for three basic alternatives:
  - 1. New or existing state agency;
  - 2. Nonprofit entity established by State; or
  - 3. Quasi-governmental entity.

 Section 1311(d)(6) requires an Exchange to "consult with [relevant] stakeholders," including enrollees, representatives of small businesses, Medicaid offices, and advocates for enrolling hard to reach populations.

• NOTE: Specific groups are named in the proposed federal regulations, and are wide-ranging.

### ACA Requirements and Federal Guidance (ct'd)

Proposed Federal Regulations (Issued July 22, 2011)

- <u>Governing Board</u>. If a State chooses to structure their Exchange as a quasi-governmental entity/non-profit, it must have a governing board in place that does the following:
  - Holds regular, public meetings;
  - Operates under a formal charter or by-laws.
  - Represents consumer interests, with a majority of voting representatives consisting of individuals without conflicts of interest; and
  - Majority of voting members have relevant experience (described specifically in reg).
- <u>Guiding Principles</u>. The Exchange must have in place publically available guiding governance principles that include:
  - Ethics;
  - Conflicts of interest standards;
  - o Accountability and transparency standards; and
  - Disclosure of financial interests.

## **Models for Governance**

#### **Existing Insurance Exchanges:**

- Massachusetts "Connector"
  - https://www.mahealthconnector.org/portal/site/connector/
- Utah Health Exchange
  - http://www.exchange.utah.gov/

#### Legislation Establishing Insurance Exchanges:

- California, Pennsylvania, Montana, Oregon, Maryland, Washington State, West Virginia, Nevada and others
- Other Illinois State Models
  - *e.g.*, Illinois Comprehensive Health Insurance Plan, Office of Health Information Technology

# **Comparison of Selected State Models**

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	Massachusetts	Utah	California	
Location	Quasi- governmental	State agency, with <i>Advisory</i> <i>Board</i>	Quasi-governmental	
Number of Voting Board Members	10	8	5	
Length of Term	3 years	N/A	4 years	
Selection of Board Members	•4 <i>ex oficio</i> members ( <i>e.g.</i> , Insurance Commissioner) •3 Governor appointees •3 AG appointees	• Selected by Director of Office Of Economic Development	<ul> <li>1 <i>ex oficio</i> member</li> <li>2 Governor appointees</li> <li>2 legislative appointees</li> </ul>	

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# Comparison of Selected State Models (ct'd)

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Massachusetts	Utah California			
Board Composition / RepresentationState agencies • Medicaid, Insura Group Insurance Commission, Administration a FinanceInterest Groups • Consumers (1), st businesses (1), organized labor ( Skills/Expertise • Actuary (1), healt economist (1), employee health benefits plan	<ul> <li>State agencies</li> <li>Insurance,</li> <li>Department of</li> <li>Health</li> <li>and</li> <li>Interest Groups</li> <li>Producers (2),</li> <li>consumers (2),</li> <li>"large insurer"</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(5)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(1)</li> <li>(</li></ul>	: rage ince		

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