

2023 Fall National Meeting

Orlando, Florida

HEALTH INSURANCE AND MANAGED CARE (B) COMMITTEE

Saturday, December 2, 2023

2:30 – 4:00 p.m.

Meeting Summary Report

The Health Insurance and Managed Care (B) Committee met Dec. 2, 2023. During this meeting, the Committee:

1. Adopted its Nov. 2 and Summer National Meeting minutes. During its Nov. 2 meeting, the Committee took the following action:
 - A. Adopted its task forces' 2024 proposed charges.
 - B. Adopted its 2024 proposed charges.
 - C. Adopted the white paper *A Guide to Understanding Pharmacy Benefit Manager and Associated Stakeholder Regulation*.
2. Adopted the report of the Consumer Information (B) Subgroup, including its Nov. 21, Oct. 25, Oct. 17, and Sept. 18 minutes. During these meetings, the Subgroup took the following action:
 - A. Discussed and adopted the documents titled "Filing Health Insurance Claims," "Explanation of Benefits," "Understanding Medical Necessity," and "How to Appeal a Denied Claim."
 - B. Discussed and adopted revisions to the *Frequently Asked Questions About Health Reform* (FAQ) document, which is a resource for department of insurance (DOI) staff when responding to consumer questions about the federal Affordable Care Act (ACA) and related topics.
3. Adopted the report of the Health Innovations (B) Working Group, which met Dec. 1 and took the following action:
 - A. Adopted its Summer National Meeting minutes.
 - B. Heard a presentation from the Centers for Medicare & Medicaid Services (CMS) Innovation Center on the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model.
 - C. Heard a presentation from America's Health Insurance Plans (AHIP) on value-based care.
4. Adopted the report of the Health Actuarial (B) Task Force.
5. Adopted the report of the Regulatory Framework (B) Task Force.
6. Adopted the report of the Senior Issues (B) Task Force.
7. Received an update on the Consumer Information (B) Subgroup's work to educate consumers on their claim appeal rights.
8. Heard a discussion on the Georgia and Virginia state-based marketplaces (SBMs). The presenters discussed the rationale behind the creation of their SBMs, including reducing the number of uninsured



by designing an SBM that is more consumer-friendly with respect to shopping for a plan and plan enrollment and enhancing the ability, through an SBM, to coordinate more closely with other state agencies.

9. Heard a federal update on pharmacy benefit managers (PBMs), Medicare Advantage marketing, federal regulations, and federal court cases.
10. Heard an update from the federal Center for Consumer Information and Insurance Oversight (CCIIO) on recent activities of interest to the Committee, including activities related to the Medicaid unwinding and redetermination process as a result of the ending of the COVID-19 public health emergency (PHE), and the Notice of Benefit and Payment Parameters 2025 proposed rule.
11. Heard a discussion of the Committee's 2023 activities related to the priorities it identified for the year.