

## Access Health CT

# Health Plan Benefits and Qualifications Advisory Committee & Consumer Experience and Outreach Advisory Committee Special Meeting

Location: Holiday Inn  
100 East River Drive  
East Hartford, CT  
Date: Thursday, June 11, 2015  
Time: 9:00 a.m.

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### **Members Present**

Robert Tessier, Gerard O'Sullivan, Elizabeth Krause, Mark Espinosa, Cee Cee Woods, Bonnie Roswig, Mary Ellen Brault, Paul Lombardo, Tanya Barrett, Anita Cotto, Arlene Murphy, Demian Fontanella (for Vicki Veltri)

### **Members Absent**

Alta Lash, Deb Polun, Erica Michalowski, Kevin Galvin, Susan Kelley, Shawn Lang, Sheldon Toubman, Vicki Veltri, Joseph Treadwell, Marcia Petrillo, Margherita Giuliano, Maria Diaz, Robert McLean, Stephen Frayne

### **Members On Phone**

Robert Scalettar

### **Other Participants**

Julie Lyons, Ann Lopes, Charmaine Lawson, Ellen Kelleher

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## **I. Call to Order and Introductions**

- Julie Lyons opened the meeting. Introductions were made.

## II. 2017 Essential Health Benefits (EHB) Benchmark Plan

- Julie Lyons indicated that she would be discussing the 2017 Essential Health Plan Benefits (EHB) Benchmark Plan options and reach consensus on a recommendation to the Board. Ms. Lyons indicated that the next Board meeting will be June 18, 2015 and she would like to present the outcome of this meeting during that Board meeting.
- Ms. Lyons indicated that the discussion would include the EHB categories - the 10 categories of care that are included in the Essential Health Benefits. She indicated that she would provide history so it will provide a picture of how they arrived where they are.
- Ms. Lyons indicated she would go through the actual benefits and the differences between the current benchmark plan and the options that were under review.
- Ms. Lyons referenced a plan that must be used for all non-grandfathered, individual and small group plans both in and out of the health exchange. She indicated that the EHB does not take into consideration any cost sharing, i.e. co-pays, deductibles or co-insurance.
- Ms. Lyons explained the process of elimination. First, did the plan contain all the Connecticut state mandates, have lifetime limits and how rich was the plan. She mentioned that the benefits for pediatric dental and pediatric vision are essential health benefits and no commercial plans covered these benefits so coverage has been supplemented from other plans to make up the 10 EHBs.
- Paul Lombardo asked if the three Federal plans that are being shown previously did not include some of the Connecticut mandates in 2014, and asked if they still do not include the mandates. Ms. Lyons indicated that is correct and Infertility and Lyme disease are not included in the Federal plan either.
- Robert Tessier asked for the definition of rehabilitation services and habilitative services. Ms. Lyons replied that habilitative services would be if a child could not speak, this would help them attain speech, and rehabilitation is restoration of the speech. Mr. Tessier asked how that translates to in terms of where AHCT has been with services to date and how that has been received? Mary Ellen Brault indicated that in general, provider contracts do not get into each and every service that would be covered and generally, insurance contracts have just the major categories. In general habilitative services and are generally in parity with rehabilitation as far as coverage goes. Gerard O'Sullivan indicated that there have been no complaints to the Connecticut Insurance Department (CID) about his matter.
- Tanya Barrett indicated that she is not familiar with what changes are forthcoming and it would be helpful to know if they are going to impact the design. Ms. Lyons indicated they are focusing on 2016 certification requirements and changes are

coming with regard to pharmacy and the AV calculator however a separate meeting would be needed to address those concerns as it gets closer.

- Ms. Lyons indicated that the group is agreeing to A or B and that will be the recommendation to the Board on the meeting Thursday. Ms. Lyons indicated that they received an extension from CMS until July 1, so this is very timely and will work accordingly.
- Elizabeth Krauss asked if they could suggest future meeting agenda items. Ms. Krause requested the topic of eligibility on the exchange for parents covered by Husky. It is going from 201% of the Federal Poverty Level to 155% so up to 24,000 parents, it is hoped, will be enrolling in subsidized qualified health plans.
- Ms. Krause mentioned that past advisory committee meetings were examining the issue of network adequacy and some members of the committee have been asking about a secret shopper evaluation beyond attestations. Ms. Krause did want to offer the assistance of the Connecticut Health Foundation to support with resources. Also she indicated the Advisory Committee would like a discussion on what is being planned for the third Open Enrollment. Ms. Krause stated that she understands that Access Health Analytics has been previewing the wire frames for their consumer facing website as well as some decision support tools and didn't want to duplicate efforts.
- Mr. Tessier said in terms of prioritizing agenda items that the network adequacy is probably a difficult issue but an important one. If there are resources available, that is a new development and something to address.
- Ms. Lyons indicated that AHCT has been working with the carriers to ensure that the labeling of what a person is looking at lines up with the provider network name. The first year there was a lot of confusion. AHCT has made great progress over the second year to make sure a consumer knows his/her network.
- Arlene Murphy said AHCT hasn't seen any carrier file a small network as yet but should they do that it will be looked at as well. There is no control over their website but it has been said in the past that it was one of the reasons AHCT had never approved multiple networks because it was too confusing to the consumer.
- Demian Fontanella indicated if the group is going to look at network adequacy, generally, it might be helpful to have a general overview to what the process for assessing that actually is as well as what criteria used to determine if a network is adequate. Ms. Lyons indicated that AHCT would be happy to do that. The general guidelines are 85% in and out but quarterly AHCT receives complete listings of each carrier's provider's network.
- Mary Ellen Breault said there is one more issue that network advocacy doesn't address is the lack of specialties in the state of Connecticut.

### **III. Adjournment**

- Meeting adjourned at 11:04 a.m.