

Access Health CT

Board of Directors Meeting

August 2, 2017





Today's Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. CEO Report
- E. Bylaws Change - Vote
- F. Information Technology Enhancements
- G. 2018 Individual Market
- H. In-Person Assistance Strategy
- I. Adjournment



Public Comment

(2 Minutes per Commenter)



Vote

- June 15, 2017 Meeting Minutes



CEO Report

Bylaws Change - Vote

Amendment to Bylaws

➤ Bylaws Section 3.6 Surety Bond Requirement

- Add language allowing for procurement of surety bond, blanket bond or *equivalent insurance instrument*
- Delete language requiring filing with Secretary of State and approval by Attorney General

➤ Bylaws Section 5.7 Signing Authority

- Amend language referencing Chief Operating Officer and COO's signing authority

Information Technology Enhancements

Information Technology Enhancements

	Our Customers	Insurance Carriers	AHCT customer support staff
1095-A form (Health Insurance Marketplace Statement)	✓		✓
New Mobile device friendly website	✓		✓
Enhanced password reset functionality	✓		✓
Consolidated enrollment summary dashboard	✓		✓
Feasibility to add Individual Tax Identification Number	✓		
Additional website improvements	✓	✓	✓
Carrier issues reporting portal	✓	✓	✓
Suppress historical transactions	✓	✓	
Changing primary subscriber	✓	✓	
Sequencing transaction records	✓	✓	
Special Enrollment Period (SEP) verifications		✓	✓
CMS filing for Policy-Based Reporting (PBR) *	✓	✓	
Age band regulation update *		✓	
Automated process for large employer appeals			✓

* Regulatory enhancement for CMS/IRS

2018 Individual Market

COST SHARING REDUCTION (CSR) PLANS

- What is a Cost Sharing Reduction (CSR) Plan?
 - An individual plan available to certain enrollees purchasing a Qualified Health Plan (QHP) through an exchange in accordance with provisions of the Affordable Care Act (ACA)
 - CSR plans are available for different enrollee categories, as follows:
 - Silver CSR's are available for consumers with annual income from 138% - 250% of the federal poverty level (FPL), who qualify for premium tax credits (PTCs) and are enrolled in a Silver metal level plan
 - Zero CSR's are available for members of federally recognized American Indian (AI) tribes and Alaskan Natives (AN) with annual income from 100% - 300% of the FPL who qualify for PTCs
 - Limited CSR's are available for members of federally recognized AI/AN regardless of income or eligibility for PTCs when services are obtained from an Indian health care provider

COST SHARING REDUCTION (CSR) PLANS

- What are the benefits of a Cost Sharing Reduction (CSR) Plan?
 - Those who qualify for and enroll in a CSR plan will generally receive a reduction in amounts of cost sharing required under a health insurance plan
 - ‘Cost sharing’ represents the portion of a medical service covered by the insurance plan that the enrollee is responsible to pay
 - Includes deductibles, coinsurance, and copayments
 - Does not include monthly premiums or the cost of medical services that are not covered by the insurance plan
 - Carrier receives payments from the federal government to offset the amount of the cost sharing reduction

COST SHARING REDUCTION (CSR) PLANS

- Eligibility for a Silver CSR plan
 - Eligibility for Silver CSR's is determined based on a household's expected family income relative to the FPL and eligibility for PTCs
- Different levels of Silver CSR's
 - There are three different levels of Silver CSR's, associated with ranges of household income relative to the FPL and 'actuarial value' (AV) of the plans
 - The AV represents, on average, the total costs of covered in-network Essential Health Benefits (EHB) that a plan will cover
 - A Silver plan has an AV of 70%, meaning the enrollee is expected to be responsible for about 30% of the total cost of covered services (depending on health care needs)
 - The three Silver CSR variants have AV's of 73%, 87% and 94%, resulting in enrollee paying, on average, less than 30% of covered plan costs

COST SHARING REDUCTION (CSR) PLANS

2017 Poverty Guidelines for the United States & District of Columbia (excluding Alaska & Hawaii)

Persons in family / household	Poverty Guideline
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

Add \$4,180 for each additional person in family / household above 8

Silver CSR Plans & Associated FPL for 2017

AV Level of Silver CSR Plan Variants	Associated FPL
73% AV CSR	201% - 250%
87% AV CSR	151% - 200%
94% AV CSR	138% - 150%

COST SHARING REDUCTION (CSR) PLANS

The table below illustrates the amounts an enrollee would be responsible for (based on income level) for two different types of cost sharing in the AHCT Standardized Silver Plan offered in 2017

		AHCT STANDARDIZED SILVER PLAN for 2017					
		Annual In-Network Medical Deductible*			Primary Care Physician (PCP) In-Network Office Visit Copay		
Actuarial Value (AV) of Plan	Federal Poverty Level (FPL) at which Enrollee is Eligible for CSR	Enrollee Responsibility	Maximum CSR Payment**	“Total” Plan Deductible	Enrollee Responsibility	Maximum CSR Payment**	“Total” Plan Deductible
70% AV	Not Applicable	\$4,000	N/A	\$4,000	\$40	N/A	\$40
73% AV	201% - 250%	\$3,400	\$600	\$4,000	\$40	N/A	\$40
87% AV	151% - 200%	\$700	\$3,300	\$4,000	\$20	\$20	\$40
94% AV	138% - 150%	\$0	\$4,000	\$4,000	\$10	\$30	\$40

*For covered Essential Health Benefit (EHB) services subject to deductible

**CSR payment would be available when covered claim costs exceed enrollee responsibility

COST SHARING REDUCTION (CSR) PLANS

- How does funding for Silver CSR's work?
 - The Health Insurance Exchange provides enrollment information to CMS, identifying members that have qualified for and are enrolled in Silver CSRs for each health insurance carrier
 - Based on this data, the federal government provides funding each month to insurance carriers to account for the estimated expected amount of the subsidized portion of the cost sharing that will be paid out during the plan year for the enrollees
 - After the end of the plan year, reconciliation occurs to ensure accuracy of the total funds paid

COST SHARING REDUCTION (CSR) PLANS

- Will the federal government continue to fund CSR's?
 - A lawsuit was filed by the U.S. House of Representatives stating that health insurance carriers were being reimbursed illegally for CSR payments
 - The suit argued that money to pay for the CSR's was not appropriated by Congress
 - The court ruled in favor of the House, but appeal is pending from the Executive Branch, resulting in uncertainty as to the funding of CSR's
 - Additionally, there is lack of clarity or certainty from the current administration regarding continuation of funding of CSR's
- What is the impact of the uncertainty of funding CSR's?
 - If federal CSR funding for 2017 ceases, health insurers participating with the Exchanges may incur significant losses
 - If CSR's are not funded for 2018, it is likely that health insurers participating in the Individual Market on the Exchange will need to increase rates for Silver plans to recoup the cost sharing amounts that had previously been subsidized

COST SHARING REDUCTION (CSR) PLANS

- How much will the rates increase because of this lack of federal funding of the CSR's?
 - It is expected that only Silver metal level plan rates will increase
 - Any rate adjustment resulting from discontinuance of funding of CSR's will not be known until the insurance carriers re-submit rates to the Connecticut Insurance Department (CID) for the 2018 plan year
 - The rate impact for elimination of CSR funding is estimated to be +20%
 - This value is outside the requested rate increases filed by carriers in May, 2017
- Will there be an impact on Premium Tax Credits (PTC's) due to this?
 - Because the value of the PTC is calculated using the cost of second lowest cost Silver plan (SLCSP), the amount of the PTC would increase

IN-PERSON ASSISTANCE STRATEGY



access health CT 

TENTATIVE PLAN

1. **Re-location** of the 2 enrollment stores in New Britain and New Haven
2. **10 new locations** are being evaluated based on
 - 4-yr data and customer behavior
 - Space: AHCT and brokers
 - Location familiarity
 - Public transportation and parking
3. **Potential Sites:** Community Health Centers, Libraries, Hospitals, Family Centers etc.
4. **Enrollment fairs:** Complement locations (3 to 5 during Open Enrollment)
5. **Promotion and Branding:** Paid, earned media, community



➤ **Adjournment**