Connecticut Health Insurance Exchange
Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) Special Meeting

Holiday Inn, Salon A
East Hartford

Wednesday, January 10, 2018
Meeting Minutes

Members Present:
Grant Ritter (Chair); Neil Kelsey; Tu Nguyen; Robert Tessier

Participants by Phone: Dr. Maria Diaz; Ellen Skinner; Paul Lombardo; Mary Ellen Breault

Other Participants:
Access Health CT (AHCT) Staff: James R. Wadleigh Jr; Susan Rich-Bye; Ellen Kelleher; Ann Lopes; Charmaine Lawson; Alexandra Dowe; Gary D'Orsi

Wakely Consulting Group: Julie Andrews; Brittney Phillips

The Meeting of the Health Plan Benefits and Qualifications Advisory Committee was called to order at 4:00 p.m.

A. Call to Order and Introductions

Chair Grant Ritter called the meeting to order at 4:00 p.m.

B. Public Comment

No public comment

C. Vote: December 13, 2017 Meeting Minutes

Chair Ritter requested a motion to approve the December 13, 2017 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Robert Tessier and seconded by Tu Nguyen. ***Motion passed unanimously.***

D. Certification Requirements

- Charmaine Lawson, Carrier Product Manager, provided the Committee with a brief overview of the certification review schedule as outlined in the presentation. Ms. Lawson also outlined matters discussed at previous meetings.
- Ann Lopes, Carrier Product Manager, provided a recap of the December 13, 2017 Health Plan Benefits and Qualifications Advisory Committee Meeting. The 2018 Individual Market Standardized Plans at the Gold, Silver and Bronze metal levels would no longer be in compliance with the Actuarial Value (AC) de minimis range for 2019 based on the results of the AV calculator tool. The 2019 AV calculator has come out in the final version. A number of options were discussed that ranged from making minimum changes to the plan design in terms of the cost sharing elements. The second option discussed included significant changes in the cost sharing. The third option included significant changes in cost sharing structure as well as the product type. The last two options could produce significant savings in the range of 20 to 25 percent for the gold and silver plans and 10 to 15 percent for the bronze plans. These options were presented by the Connecticut Insurance Department (CID). It is expected that these items will be included in a discussion with the BOD at the upcoming meeting.
- Robert Tessier indicated that the HPBQ Advisory Committee has struggled over the years in balancing the options available to keep plans within the AV ranges that are allowed under federal law and try to minimize cost increases for consumers. Mr. Tessier thanked Mary Ellen Breault and Paul Lombardo for their presentation at the last meeting. Mr. Tessier stated that while everyone is interested in reducing premium costs, there are trade-offs in plan designs and they may not result in a net benefit for consumers.
- Dr. Ritter stated that we do not know the proportion of consumers using prescription drugs. While a 25% premium decrease is sizable, it comes with a much higher deductible for prescription drugs.
- Ellen Skinner inquired if the information pertaining to the percentage of the consumers who use prescribed medicines and the average cost of that can be obtained from the participating carriers. Tu Nguyen indicated that the cost was more of an issue in the past when there were more carriers participating off-exchange than on-exchange. .
- Ellen Kelleher, Product Carrier Manager, provided an overview of the SHOP Medical Plan Mix. Ms. Kelleher indicated that for the 2018 plan year, standardized plans for the SHOP market were eliminated. Ms. Kelleher added that carriers are allowed to offer up to four platinum plans, up to six in the gold and silver category and maximum four in the bronze metal level. Our AHCT SHOP Manager has confirmed this is a good mix of plans for customers in this market. The plans that were submitted included one platinum, three gold, five silver and five gold for a total of 14 plans in the small group market. Tu Nguyen stated that from a carrier perspective, this is a good approach.
- Dr. Ritter inquired if the carriers consider the requirement of offering the minimum number of plans in the SHOP market as a barrier from joining the Exchange. James

Wadleigh indicated that he is not aware of any comments that it poses a barrier to the carriers.

- Ms. Kelleher reviewed the tobacco use surcharge, regulation and the guidance. AHCT does not require carriers implement those tobacco surcharge rates. Neil Kelsey indicated that ConnectiCare filed separate tobacco use surcharge for the individual market and it was approved, but decided not to pursue. Because it became a problem logistically, and for the Exchange it would have been difficult, but it is on the table for 2019. Mr. Tessier indicated that AHCT might want to prepare and facilitate implementation, and to encourage carriers to include the tobacco surcharge. Communication to the public that smoking has a cost would be an educational effort on the part of the Exchange. Dr. Ritter inquired about the honesty in the tobacco attestation. Ms. Kelleher indicated that the presentation includes the issue of the challenges presented with attestation. Mr. Kelsey stated that some carriers in other states do make eligibility for a smoking cessation program contingent upon identifying that the person applying has attested to being a smoker. No vote was deemed necessary.
- Ms. Lopes provided an overview of the Broker Compensation policy. Ms. Lopes indicated that on January 26, 2017, the Board of Directors voted to require any health carrier offering a health insurance plan through the Exchange to pay a commission to an insurance producer or broker who assists an individual or small employer in enrolling in a health insurance plan through the Exchange for the 2018 plan year. In addition, on March 7, 2017, the Board voted to require that the amount of commission a carrier pays to a producer or broker who assists an individual or small employer enrolling in a health insurance plan through the Exchange be similar to the amount of commission the carrier pays to producers or brokers who assist individuals or small employers in enrolling in health plans outside of the Exchange. Ms. Lopes indicated that with the support of CID, a specific definition was developed and included in the QHP Solicitation that is provided to carriers outlining AHCT's participation requirements. Mr. Wadleigh inquired whether commissions are paid to brokers for plans that are sold outside of the Open Enrollment period. Discussion ensued regarding Special Enrollment Periods (SEP) being available for both on-exchange and off-exchange plans due to qualifying life events, such as moving to the State. It is believed that carriers do not pay commissions for off-exchange plans for enrollments occurring as a result of a SEP. Dr. Ritter stated that if the carrier paid commissions for off-exchange plans for SEPs that they would have to pay commissions for on-exchange plans for SEP's based on the policy in place. He inquired about the number of individuals enrolling through a Special Enrollment period with the Exchange's carriers. Mr. Wadleigh indicated that this number runs between one thousand to two thousand individuals per month.
- Alexandra Dowe, Policy Analyst, provided an overview of the Certification Policy requirements. Ms. Rowe provided excerpts from the AHCT Policy titled Establishing Requirements for Certification, Recertification and Decertification of Qualified Health Plans was adopted by the AHCT Board of Directors on 11/29/2012. Technical changes will need to be made to the document for the contact names, and the Committee was asked to review as the policy to see if there was a need for other changes. If so, those could be made as well. Per Ms. Rich-Bye, any change would need to go through the regular process

for the adoption of policies and procedures: submission to the BOD for approval for posting in the Connecticut Law Journal and then 30 days of public comment before final review and adoption by the BOD.

- Ms. Lopes provided the Committee with an overview of the Stand Alone Dental Plan (SADP). Similar to the medical plans, AHCT requires that a standardized SADP be submitted to participate on the Exchange. Ms. Lopes provided a summary of current regulations and guidance pertaining to the SADP. The pediatric portion of the plan must provide benefits in accordance with State's Essential Health Benefit (EHB) Benchmark plan. SADP's do not have metal levels, but are currently designated as either 'high' or 'low' in terms of AV. Ms. Lopes indicated that the Centers for Medicare and Medicaid Services (CMS) released a proposed change in the regulation to remove the need to calculate the AV for the stand alone dental plans. The proposed rule also outlines very specific perimeters for changing the Essential Health Benefits by states. Depending how the rule is finalized, the State can change the EHB benchmark plan as early as the 2019 plan year, subject to certain requirements being met including documentation being submitted to CMS under specified timeframes. Julie Andrews of Wakely Consulting indicated that the out-of-pocket maximum is the main driver of the cost, and the AV has been held constant for the past several years, and trend will put upward pressure on the higher level AV plans. Ms. Lopes added that any dental plan offered only off-Exchange does not have to have the AV certification and the $350 out of pocket maximum does not need to be part of the design for the pediatric portion of the plan. Mr. Wadleigh added that Exchange's premiums for dental plans range between $50 and $75 where the off-Exchange dental plans may cost $25 a month. Ms. Lopes added that in the individual exchange market, there are currently two non-standard dental plans offered by the carrier that is participating in this market. Ms. Lopes stated that one of the plans that is available is the plan that offers only preventative care for adults. No other services are covered. Many of the dental plans available off-exchange also have preventative coverage only, including for children. Ms. Lopes added that a review of the available off-Exchange dental plans is underway and that a summary can be provided in the future. AHCT Enrollment in the SADP in the Individual Market was summarized. Ms. Rich-Bye stated that because medical plans offered through AHCT also include pediatric dental benefits, this may be a reason for low enrollment counts for children. Ms. Lopes outlined a change in AHCT's approach for standardized plans for the 2018 plan year where carriers would no longer have to submit a plan following prescribed cost-sharing for out-of-network coverage. Mary Ellen Breault indicated that CID no longer requires carriers that are non-HMOs to have out of network benefits. It was a change for 2018. Ms. Lopes provided an overview of the components included in the current standardized SADP. Ms. Kelleher stated that AHCT decided to waive the waiting period for adults for the more significant services if proof of continuous coverage is provided. Dr. Ritter asked if there has been a need to adjust the plan design for SADP, like medical, due to the de minimis range. Ms. Andrews stated that the AV for the AHCT standardized plan is now getting close to 85%. Mr. Nguyen inquired whether it is the Exchange's goal to enlarge the membership in dental plans. Ms. Lopes confirmed. Mr. Nguyen pointed out that currently the Exchange has only one carrier participating in the dental market, and that dental trend is much

lower than medical. Dr. Ritter inquired whether the AHCT pediatric dental plans include orthodontia coverage. Ms. Lopes stated that a lot of states adopted a CHIP plan as the EHB-benchmark plan for dental, and many of these include orthodontia. Discussion ensued around dental plan designs and possible future options for plan development.

E. Next Steps

- Ms. Kelleher provided the certification review timeline. The next two meetings will be on January 24 and February 7. An additional committee meeting may need to take place if necessary. Plan Management Team continues to assess and review the certification requirements along with the standardized plan development in the individual market. Ms. Kelleher added that it is anticipated that the final HHS payment parameter notice is received soon. Ms. Kelleher stressed that the goal is to have the solicitation published in early March if the Board approves plan designs. Ms. Kelleher added that carriers wishing to participate in the 2019 plan year would need to submit their rate filings to CID by May 1. Mr. Tessier inquired whether the recommendations should be part of the January 24 meeting. Ms. Kelleher pointed out that discussion at the next Board meeting will take place in order to obtain more guidance from Board members. These suggestions may become a part of the Committee next meeting agenda.

F. Adjournment

Chair Grant Ritter requested a motion to adjourn the meeting. Motion was made by Robert Tessier and seconded by Grant Ritter. ***Motion passed unanimously.*** Meeting adjourned at 5:43 p.m.