

Access Health CT

Health Plan Benefits & Qualifications (HPBQ) Advisory Committee

August 15, 2017





Today's Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Vote: February 16, 2017 Meeting Minutes
- D. HPBQ Committee Engagement
- E. Wakely Consulting Research
- F. Recap: 2018 Standardized Plan Design Development
 - Modifications Approved by BOD
- G. 2019 Certification Requirements & Plan Design Considerations
 - Topics Reviewed by Board of Directors
 - Essential Health Benefits
 - Second Lowest Cost Silver Plan (SLCSP) Benchmark
 - Standardized Plan Designs
- H. Next Steps
- I. Adjournment



Public Comment

(2 Minutes per Commenter)



Vote

- February 16, 2017 Meeting Minutes

➤ **HPBQ COMMITTEE
ENGAGEMENT**

HPBQ Committee Meetings

- Frequency of meetings
 - Recommend monthly
- Timing of meetings
 - Schedule for each Wednesday or Thursday a week after Board of Directors (BOD) meeting
 - For months without a BOD meeting, schedule meeting during the 3rd or 4th week of the month
- Agenda items for subsequent monthly meeting to be discussed during each meeting

➤ **Wakely Consulting
Research**

➤ **Recap: 2018 Standardized
Plan Design Development**

Federal Requirements for Mental Health Parity (MHP) Testing

“Substantially All” Test

Determines whether a financial requirement (cost-share) or quantitative treatment limitation applies to substantially all medical/surgical benefits defined as 2/3 of the benefits in a classification

Carriers are required to use own experience to determine the dollar amount of all plan payments for medical/surgical benefits in the classification expected to be paid under the plan

If the financial requirement or quantitative treatment limitation applies to less than 2/3 of the medical/surgical benefits in a classification, such financial requirement or quantitative treatment limitation cannot be applied to any mental health service

“Predominant” Test

Determines the predominant level of a financial requirement or quantitative treatment limitation that applies to more than ½ of the medical/surgical benefits in a classification

Result will vary for each carrier depending on the plan designs offered and the percent of total costs expected at each level

If no one category meets the 50% level to determine the predominant financial requirement, categories can be combined to meet the 50%

The lowest cost share of the combined levels would be the maximum level that can be applied to mental health services

AHCT 2018 Standardized Plans

- Connecticut Insurance Department (CID) Filing Review
 - Determined that neither carrier was able to meet MHP testing requirements for the Gold or Silver (70%, 73%, 87%) plans
 - Additionally, carriers were not able to meet Actuarial Value Calculator (AVC) thresholds for these plans using uniform methodology (i.e., same for non-standard/'off-exchange' plans)
 - Resulted in need to modify plans that had previously been approved for 2018 by AHCT BOD

2018 Standardized Plans

COST SHARING ADJUSTMENTS TO AHCT INDIVIDUAL STANDARDIZED PLANS NEEDED TO MEET MHP REQUIREMENTS

| Plan Design | In-Network Medical Deductible | Out-of-Network Medical Deductible | In-Network Laboratory Services | In-Network Non-Advanced Radiology |
|-------------|---|--|--|--|
| Gold* | \$1250 per member, 2x family (from <u>\$2250</u> , 2x family) | \$3000 per member, 2x family (from <u>\$4500</u> , 2x family) | \$10 copay after deductible is met (from <u>\$10 copay</u>) | \$40 copay after deductible is met (from <u>\$40 copay</u>) |
| Silver 70* | \$3700 per member, 2x family (from <u>\$5000</u> , 2x family) | \$7400 per member, 2x family (from <u>\$10000</u> , 2x family) | \$10 copay after deductible is met (from <u>\$10 copay</u>) | \$40 copay after deductible is met (from <u>\$40 copay</u>) |
| Silver 73* | \$3350 per member, 2x family (from <u>\$4700</u> , 2x family) | \$7400 per member, 2x family (from <u>\$10000</u> , 2x family) | \$10 copay after deductible is met (from <u>\$10 copay</u>) | \$40 copay after deductible is met (from <u>\$40 copay</u>) |
| Silver 87* | \$600 per member, 2x family (from <u>\$750</u> , 2x family) | \$7400 per member, 2x family (from <u>\$10000</u> , 2x family) | \$10 copay after deductible is met (from <u>\$10 copay</u>) | \$30 copay after deductible is met (from <u>\$30 copay</u>) |
| Silver 94 | \$0 per member (no change) | \$7400 per member, 2x family (from <u>\$10000</u> , 2x family) | \$10 copay (no change) | \$25 copay (no change) |

**Plan designs were clarified to indicate that Mental Health Intensive Outpatient Services obtained in an In-Network Outpatient Facility would be subject to plan deductible (same as any other service)*

➤ **2019 Certification
Requirements & Plan
Design Considerations**

Certification Requirements

Topics Reviewed by Board of Directors

| Topic | Discussion Date |
|---|------------------------------|
| Broker Compensation | 2017 |
| Certification Requirements (Policy, Requirements & Procedures: Cert/Recert/Decert) | 2012 |
| Essential Community Provider (ECP) Contracting Standards | 2012, 2013, 2017 |
| Essential Health Benefits (EHB) Benchmark Plan* | 2012, 2015 |
| Lowest Cost Silver Plan in the Individual Market* | 2013 |
| Network Adequacy Standards | 2014, 2017 |
| Pediatric Dental Coverage in Medical Plans | 2014 |
| Plan Mix (Standard/Non-Standard Plan Offerings) | 2012, 2013, 2014, 2015 |
| Plan Mix – Stand-Alone Dental Plans (SADPs) | 2014 |
| Prescription Drug Formulary Standards | 2014, 2017 |
| Standardized Plan Design | 2013, 2014, 2015, 2016, 2017 |
| Tobacco Surcharge | 2017 |

**Referenced in presentation on subsequent slides*

Essential Health Benefits (EHBs)

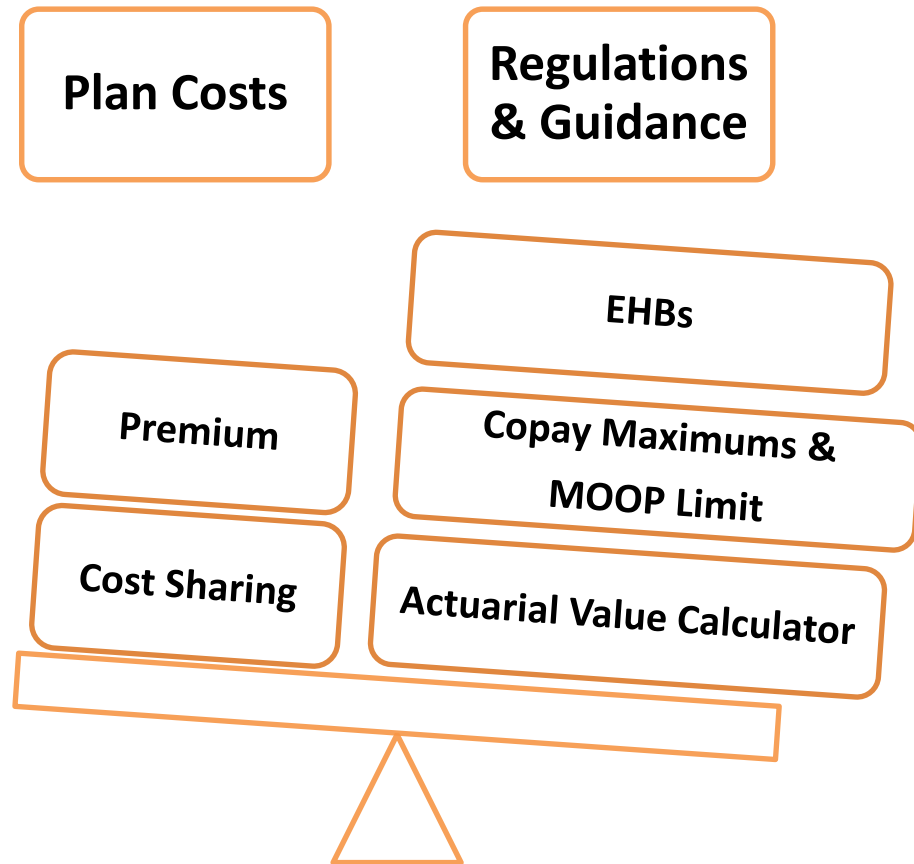
- HHS is responsible for evaluating the effectiveness of the benchmark policy, including:
 - Whether the benchmark plans require further updating
 - Whether the overall approach continues to balance affordability, comprehensiveness, and State flexibility
 - How to account for medical innovations
- Timeline to modify EHB Benchmark plan has, in the past, been 2 years in advance of the plan year impacted (e.g., process began in April, 2015 for the 2017 plan year)
- Meeting with CMS, CID & AHCT held in May 2017 included the following topics:
 - EHB benchmark selection process for 2017 plan year
 - Gauge interest in options to adapt EHB over time
 - Interest in state flexibility in design of EHBs

Second Lowest Cost Silver Plan (SLCSP) Benchmark

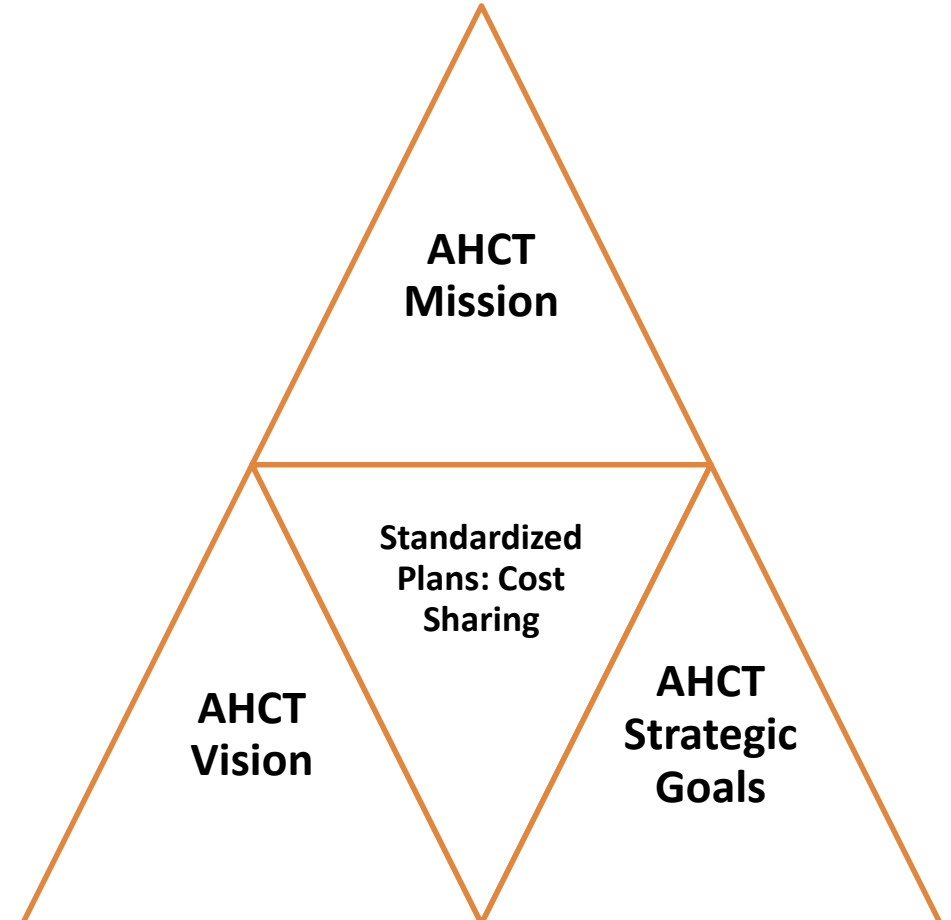
- Premium Tax Credit (PTC) is currently calculated using the SLCSP
- March 2013: AHCT BOD voted to approve a requirement that the AHCT standard Silver plan must be the carrier's lowest costing silver plan in the Individual market
 - Intent was to guarantee the affordability of the standardized Silver plan
 - Results in consumers eligible for PTCs able to select a standardized Silver plan from at least one carrier at the lowest possible monthly premium (as premium would be lower than that of the SLCSP)
 - AHCT has historically designed the standardized Silver plan to include many services not subject to the in-network deductible, ensuring consumers obtain value from the plan

Plan Design Considerations

AHCT Standardized Plan Development Must Balance...



Plan Design Cost Sharing: Influenced by AHCT Vision, Mission & Strategic Goals



Cost Sharing Maximums

CID Bulletin HC-109 (released 2/5/2016) outlined maximum cost sharing thresholds as follows:

| Service | Maximum Copay |
|-------------------------------|------------------------|
| PCP Office Visit | \$40 |
| Specialist Office Visit | \$50 |
| Urgent Care | \$75 |
| Emergency Room | \$200 |
| Outpatient Surgery / Services | \$500 |
| Durable Medical Equipment | \$25 |
| Inpatient Admission | \$500/day up to \$2000 |

| Service | Maximum Copay |
|-------------------------------------|--|
| Generic Drug | \$5 |
| Brand Drug | \$60 |
| Home Health Care | \$25 |
| Ambulance | \$225 |
| Laboratory | \$10 |
| Routine Radiology Services | \$40 |
| Any service subject to coinsurance: | Cannot exceed 50% (applies to In-Network and Out-of-Network) |

Unless CID receives a request to perform a 'data call' and determines these maximums should be revised, AHCT will need to use these same parameters in designing standardized plans for 2019

Next Steps

- Agenda Items for Next Meeting

➤ **Adjournment**