



STATE OF CONNECTICUT  
**LIEUTENANT GOVERNOR NANCY WYMAN**

Connecticut Health Insurance Exchange  
Board of Directors Special Meeting

Holiday Inn, Suite 222  
East Hartford

Tuesday, May 15, 2018  
**Meeting Minutes**

**Members Participating Via Telephone:**

Lt. Governor Nancy Wyman (Chair); Robert Tessier (Vice-Chair); Janel Simpson on behalf of Commissioner Roderick Bremby, Department of Social Services (DSS); Victoria Veltri; Cecelia Woods; Grant Ritter; Nancy Navaretta on behalf of Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DHMAS); Paul Philpott; Theodore Doolittle, Office of the Healthcare Advocate, (OHA); Secretary Benjamin Barnes, Office of Policy and Management (OPM); Robert Scalett, MD.; Paul Lombardo on behalf of Commissioner Katharine Wade, Connecticut Insurance Department (CID)

**Members Absent:** Commissioner Raul Pino, Department of Public Health (DPH)

**Other Participants:**

Access Health CT Staff (AHCT): Gary D'Orsi

**Other Participants via Telephone:**

AHCT Staff: Shan Jeffreys; Susan Rich-Bye; Andrea Ravitz; Ann Lopes  
Wakely Consulting: Julie Andrews

**The Special Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 12:00 p.m.**

**I. Call to Order and Introductions**

Lt. Governor Nancy Wyman called the meeting to order at 12:00 p.m.

**II. Public Comment**

No public comment.

### **III. Plan Certification Requirements: Standard Silver Plan Premium and Type of Non-Standard Silver (Votes)**

Lt. Governor Wyman introduced Shan Jeffreys, Chief Operating Officer, to review the Plan Certification Requirements. Mr. Jeffreys stated that the Board of Directors approved certification requirements at the April 19, 2018 meeting for the 2019 Silver Plan in the Individual Market. In 2018, the Exchange required participating issuers to offer one standard plan existed, and allowed them the option to offer up to three non-standard plans. For 2018, the issuers' lowest cost silver plan was required to be the AHCT standard silver plan. Mr. Jeffreys indicated that the Board modified these requirements for the 2019 Plan Year by creating two required standard silver plans, one with the higher Actuarial Value (AV) and another with the lower AV, and permitting issuers to offer one non-standard silver plan. One of the AHCT's standard silver plans must be the issuers' lowest cost silver plan.

Mr. Jeffreys added that following Board's decision, feedback was received from the issuers on the 2019 certification requirements. The issuers suggested eliminating the requirement that one of the standard silver plans must be the issuers' lowest cost silver plan, and allowing a non-standard silver plan to be priced anywhere between 66 percent and 72 percent AV. It could result in lower premium costs. The risk of having a silver plan closer to the Bronze level also exists. Mr. Jeffreys pointed out, however, that such a scenario is unlikely to occur.

The Board will discuss and consider two changes to the current certification requirements for 2019. Mr. Jeffreys stated that the first option would remove the current requirement that the Standard Silver Plan be the carrier's lowest cost Silver Plan in the Individual on-Exchange Market. The second option would provide that HSA-compatible plans would not be permitted as an issuer's non-standard Silver Plan option.

Ann Lopes, Product Carrier Manager, added if the non-standard plan were to be HSA-compatible, it may appear attractive to the population. However, for those who cannot fund the HSA component, the health savings account, due to income issues, it might not be the right product for them. Robert Tessier inquired whether, in the history of the AHCT, any of the non-standard silver plans have ever been HSA-compliant plans. Ms. Lopes confirmed that it was never the case in the Individual Market. Mr. Tessier asked for clarification pertaining to the second vote. Mr. Jeffreys stated that by voting in favor of that option, it would be a continuation of the current practice.

Theodore Doolittle inquired whether the second recommendation is based on a consensus from the two participating carriers. Mr. Jeffreys indicated that it is not the case. He noted, however, that such action should be considered, due to consumer impact and transparency in the current market. AHCT wants to provide the carriers with flexibility on that level. Susan Rich-Bye emphasized that HSA-compliant plans may be offered at both the Bronze standard and non-standard levels.

Mr. Tessier indicated the pricing requirement was a conscious and deliberate decision by AHCT and the Board to maximize the utilization of APTCs by consumers. This proposal would change that as APTC amounts could be determined based on the non-standard plans. Ms. Rich-Bye indicated that by the Board vote in 2012, each carriers' lowest price offering for a silver plan had to be the standard plan. This requirement was put into place to maintain the affordability of the

silver plans. The vote did not contain the language regarding maximizing the APTCs; it was to preserve the affordability at the silver tier. Mr. Tessier inquired about any assurances that the carriers will not be proposing 66 or 67 percent AV plans that would dramatically reduce the APTCs available to consumers. Mr. Jeffreys confirmed that it is a risk to be considered in making any changes. In addition, there is additional risk for increased out-of-pocket expenses for consumers if the carriers choose to offer a silver non-standard plan at the 66 percent AV level.

Grant Ritter made a motion to propose an amendment that the lowest AV value of any silver plan be a standard plan. Dr. Ritter further explained his proposal. He added that if the carriers are committed to only changing the network to achieve a lower premium, it does not change the AV value and at this point, a standard plan with an AV of 70 percent exists. It would serve as a protective measure. Robert Tessier seconded the motion. Discussion ensued. Dr. Ritter added that the AV calculator does not take into account the network size. Benjamin Barnes indicated that the overall concern is to allow a low AV plan to be the benchmark for calculating APTCs, which would limit the financial help. Ms. Rich-Bye pointed out that the requirement that the benchmark plan used to calculate APTCs from the second lowest standard silver plan is part of federal regulations. Ms. Rich-Bye added that the Board voted on it in 2013, and specified that the lowest priced silver plan option must be a standard plan. Mr. Barnes inquired whether the new proposal is supported by both carriers. Mr. Jeffreys stated that both ConnectiCare Benefits Inc. and Anthem support this measure. Ms. Veltri stated that she is not supportive of the amendment, but is in favor of the original proposal in front of the Board. Ms. Veltri supported the idea of providing the carriers with more flexibility, while monitoring the situation during the upcoming OE. Mr. Philpott echoed Ms. Veltri's opinion. Mr. Philpott stated that consumers who are not the recipients of Financial Assistance (FA) may be able to benefit from this new plan design. Mr. Jeffreys indicated that this is the case. Mr. Philpott emphasized that the change that is being discussed is not purely technical in nature. It is also done to reduce the financial burden on individuals who have to pay 100 percent of the premium cost. Mr. Barnes added that such an approach would reduce the amount of APTCs for people who are relying on them.

Mr. Tessier floated the idea of proposing an amendment, which stated that, in no event would AHCT allow the non-standard plans to charge a lower premium than both standard plan designs. In addition, it would state that, in no event may a non-standard silver plan be below 70 percent AV. Mr. Tessier pointed out that if the carriers are supportive of pricing their non-standard plans closer to 70 percent AV plan, it may be advisable to support such an effort. Mr. Jeffreys pointed out that one of the two participating carriers indicated that they would price their plans closer to the upper range, while the other one was still working out the details. Paul Lombardo added that when CID asked for the lower premium plans originally, that carrier did evaluate their network, and they did not lower their AV down to 66 percent. That carrier was able to lower premiums through network savings. Mr. Lombardo added that for a low-income consumer, the maximum amount of premium an individual can pay is based upon his or her income. Mr. Jeffreys emphasized that consumers with the Cost Sharing Reduction (CSR) benefits will not be impacted by the proposed changes. Mr. Ritter added that he is not concerned about the upcoming year as much as about the future years. Mr. Tessier indicated that since the chair of the HPBQ AC is not overly concerned about the upcoming OE, it would be advisable to vote in favor of the underlying original proposal, with a caveat that the Board may revisit this issue in the future should concerns arise. Mr. Ritter withdrew his amendment. Mr. Tessier withdrew his second to the proposed amendment. Cecelia Woods stated that it is prudent to monitor this issue in the upcoming OE on

a monthly basis. Robert Scalettar inquired whether a carrier had used a network for Exchange plans, other than their existing one, in the history of AHCT. Ms. Lopes indicated that a few different network types are currently in place. Currently, one of the carriers encourages enrollees to utilize one of the clinics and obtain a lower cost share at that facility. One carrier has a network structure with a smaller number of the Primary Care Physicians (PCP), and they are responsible for recommending all of their specialist care.

Lt. Governor Wyman requested a motion to eliminate the requirement that the Standard Silver Plan be the carriers' lowest cost Silver Plan in the Individual on-Exchange Market. Motion was seconded by Victoria Veltri. *A roll call vote was called and motion passed unanimously.*

Lt. Governor requested a motion to require that the non-standard Silver Plan option cannot be an HSA-compatible plan. Motion was made by Grant Ritter and seconded by Robert Tessier. *A roll call vote was called and motion passed unanimously.*

#### **IV. Adjournment**

Lt. Governor Nancy Wyman requested a motion to adjourn the meeting. Motion was made by Robert Tessier and seconded by Victoria Veltri. *Motion passed unanimously. Meeting adjourned at 12:39 p.m.*