

A background image of a call center with several agents wearing headsets. In the foreground, a woman with curly hair and a headset is smiling and looking towards the right. Behind her, a man is also wearing a headset and looking down. To the right, the back of a person's head is visible.

Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting
February 21, 2019

Agenda

- Call to Order and Introductions
- Public Comment
- Votes: Meeting Minutes (January 31, 2019)
- Follow-Ups from Prior Meeting
- AHCT Consumers & Buying Patterns
- Wakely Consulting Presentation: 2020 Standardized Plan Designs
- AHCT QHP/SADP Certification Requirements & Submission: Plan Year 2020 Timeline
- Certification Requirements: Discussion Topics
 - Recap of 2019 Plan Year
 - Carrier Submittals for Consideration for 2020 Plan Year
- Future Items for Discussion
- Action Items
- Upcoming Meeting Schedule

Public Comment

Votes:

**Review and Approval of Minutes:
January 31, 2019 HPBQ AC Special Meeting**

AHCT Vision and Mission

AHCT Vision

- The CT Health Exchange supports health reform efforts at the state and national level that provide CT residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

AHCT Mission

- To increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.

AHCT Values in Action

At Access Health CT, it is with our customers and our employees in mind that we seek to promote these collective values and to live by these behaviors. Our culture of acceptance welcomes and values everyone. We challenge the status quo to find new ways to grow and improve our community, our company and ourselves. Our people take pride in the service we provide, and in the spirit of the common good that we share.

Authenticity

Act with sincerity,
credibility and
self-awareness.

Integrity

Commit to
doing the right
thing with
genuine intention.

Excellence

Aim high and
challenge the
status quo.

Ownership

Take responsibility
and initiative.

One Team

Collaborate to
succeed.

Passion

Dedication
to creating
opportunities for
greater health
and well-being.

Follow-Ups from Prior Meeting

Action Item	Status
AHCT Consumers & Buying Patterns	Included in this presentation
Standardized Plan Designs FOR 2020: Options for Consideration	Included in this presentation
Value-Based Insurance Design (VBID) Approach in Other State Exchanges	Summary for Discussion
2018 Standardized Plans: Impact of Mental Health Parity Testing	Refer to Appendix (Slide 34)
Connecticut General Statute: Mammography Ultrasound Cost Sharing	Refer to Appendix (Slide 35)
Actuarial Value Calculator (AVC): AHCT Initial Results of Compliance Review for 2019 Standardized Plans	Refer to Appendix (Slides 36-37)

AHCT Consumers & Buying Patterns

Open Questions From Prior HPBQ AC Meeting

- How have customer product preferences shifted?
- How does APTC eligibility play a role in product selection?
- How does CSR eligibility play a role in product selection?
- Which plans are most popular and how has that changed?
- How are repeat customer preferences changing?

AHCT Consumers & Buying Patterns: Metal Tier Product Preferences – 6 Year Overview

Annual End of OE Proportion of Enrollment by Metal Tier*

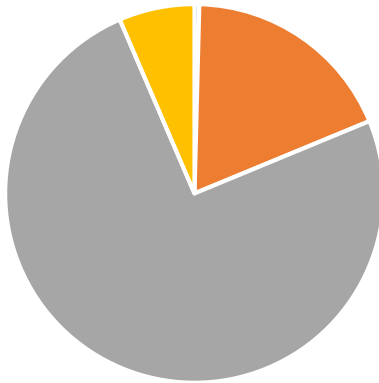
	OE 1	OE 2	OE 3	OE 4	OE 5	OE 6
Catastrophic	2.2%	2.2%	1.8%	1.8%	1.5%	1.7%
Bronze	16.2%	22.4%	23.3%	25.3%	35.1%	44.2%
Silver	63.4%	59.5%	61.5%	63.9%	55.6%	48.5%
Gold	18.1%	15.1%	12.1%	9.1%	7.8%	5.5%
Platinum	N/A	.9%	1.4%	N/A	N/A	N/A

Platinum tier plans were only offered to the on-exchange individual market during 2015 and 2016.

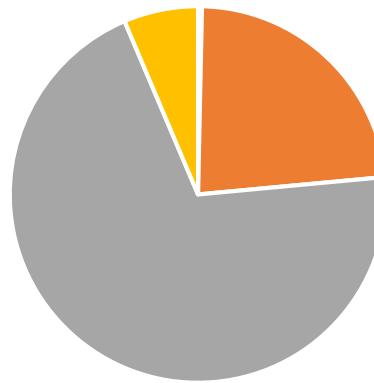
**Percent totals may not sum to 100% due to rounding.*

AHCT Plan Enrollment (Subsidized) by Metal Level: Plan Years 2017 through 2019

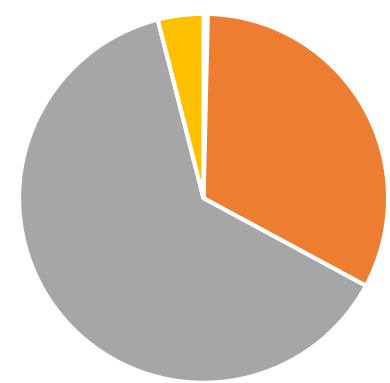
2017 Plan Year: Subsidized % Enrollment by Metal Level



2018 Plan Year: Subsidized % Enrollment by Metal Level



2019 Plan Year: Subsidized % Enrollment by Metal Level



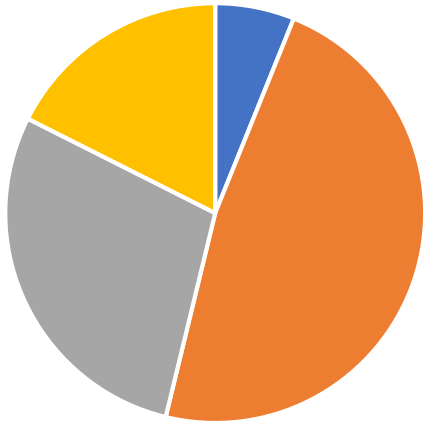
■ Catastrophic ■ Bronze ■ Silver ■ Gold

	Percent Enrollment by Metal Level		
Metal Level	2017	2018	2019
Catastrophic	0.4%	0.3%	0.4%
Bronze	18.4%	23.2%	32.5%
Silver	74.8%	70.1%	63.1%
Gold	6.5%	6.4%	4.0%

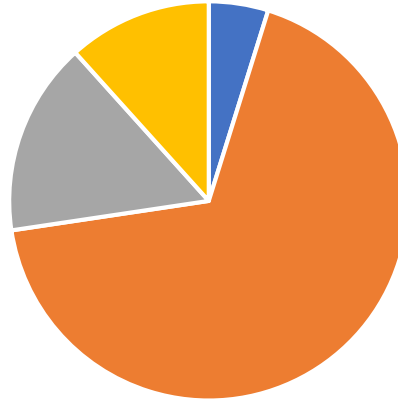
Data for Individual AHCT plans as of end of open enrollment for plan year

AHCT Plan Enrollment (Unsubsidized) by Metal Level: Plan Years 2017 through 2019

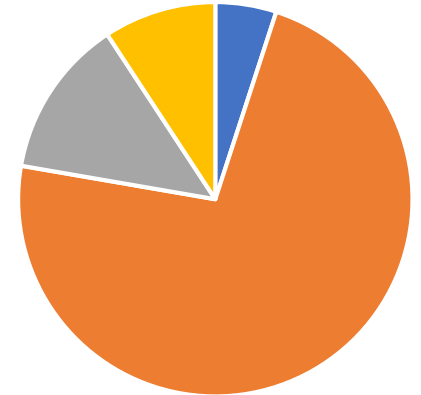
2017 Plan Year: Unsubsidized % Enrollment by Metal Level



2018 Plan Year: Unsubsidized % Enrollment by Metal Level



2019 Plan Year: Unsubsidized % Enrollment by Metal Level



■ Catastrophic ■ Bronze ■ Silver ■ Gold

	Percent Enrollment by Metal Level		
Metal Level	2017	2018	2019
Catastrophic	6.1%	4.8%	5.0%
Bronze	47.7%	67.8%	72.7%
Silver	28.6%	15.7%	13.0%
Gold	17.6%	11.7%	9.2%

Data for Individual AHCT plans as of end of open enrollment for plan year

AHCT Consumers & Buying Patterns: Plan Selection by Enrollees Eligible for CSRs

Proportion of CSR Eligible Enrollment By Plan Metal, CSR Tier, & Year

Metal	2017			2017 Total	2018			2018 Total	2019			2019 Total
	94% CSR	87% CSR	73% CSR		94% CSR	87% CSR	73% CSR		94% CSR	87% CSR	73% CSR	
Catastrophic	0.1%	0.1%	0.3%	0.1%	0.1%	0.1%	0.3%	0.2%	0.1%	0.0%	0.2%	0.1%
Bronze	2.7%	10.1%	22.8%	11.7%	3.6%	11.2%	27.2%	14.2%	4.6%	13.8%	37.5%	19.3%
Silver	95.7%	87.3%	69.3%	84.4%	94.6%	86.5%	64.6%	81.8%	94.4%	84.9%	57.7%	78.3%
Gold	1.6%	2.5%	7.6%	3.8%	1.7%	2.1%	8.0%	3.9%	0.9%	1.3%	4.6%	2.3%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Most Popular CSR Eligible Plans By CSR Tier

#	Plan Name	2019			2019 Total
		94% CSR	87% CSR	73% CSR	
1	Choice Silver Alternative POS	7,196	9,712	4,870	21,778
2	Choice Silver Standard POS	2,447	3,466	2,155	8,068
3	Silver PPO Standard Pathway X	1,166	2,233	1,451	4,850
4	Choice Bronze Standard POS	220	1,213	3,016	4,449

AHCT Consumers & Buying Patterns:

Top 5 most popular plans (Subsidized vs. Non-subsidized)

SUBSIDIZED ENROLLEES

2017 Top 5 Plans	2017 Enrollment	2018 Top 5 Plans	2018 Enrollment	2019 Top 5 Plans	2019 Enrollment
Choice Silver Standard POS	42,130	Choice Silver Standard POS	40,285	Choice Silver Alternative POS	25,685
Silver PPO Standard Pathway X	12,499	Silver PPO Standard Pathway X	11,268	Choice Bronze Standard POS	11,851
Choice Bronze Standard POS HSA	6,856	Choice Bronze Standard POS HSA	6,782	Choice Silver Standard POS	11,324
Choice Silver Alternative POS	3,642	Choice Bronze Standard POS	5,172	Silver PPO Standard Pathway X	7,022
Choice Bronze Standard POS	2,995	Choice Gold Standard POS	3,726	Choice Bronze Standard POS HSA	4,978

UNSUBSIDIZED ENROLLES

2017 Top 5 Plans	2017 Enrollment	2018 Top 5 Plans	2018 Enrollment	2019 Top 5 Plans	2019 Enrollment
Choice Bronze Standard POS HSA	7,531	Choice Bronze Standard POS HSA	11,258	Choice Bronze Standard POS HSA	8,314
Choice Silver Standard POS	4,061	Choice Bronze Standard POS	2,839	Choice Bronze Standard POS	7,406
Choice Gold Standard POS	2,172	Bronze PPO Standard Pathway X	2,588	Passage Bronze Alternative PCP POS	2,619
Silver PPO Standard Pathway X	1,980	Choice Silver Standard POS	2,521	Bronze PPO Standard Pathway X	2,464
Bronze PPO Standard Pathway X	1,766	Choice Gold Standard POS	2,198	Choice Gold Standard POS	1,981

Data for Individual AHCT plans as of end of open enrollment for plan year

2017: Subsidized: 85,258 + Unsubsidized: 26,284 = Total: 111,542

2018: Subsidized: 83,627 + Unsubsidized: 30,507 = Total: 114,134

2019: Subsidized: 78,654 + Unsubsidized: 32,412 = Total: 111,066

AHCT Plan Enrollment: Plan Purchasing History

2017	2018	2019
Gold: 5,258	3,978	2,827
		796
		355
	700	35
		545
		120
	580	12
		40
		528

Percent 2017 Gold enrollees continuously enrolled in Gold through 2019: 53.8%

2017	2018	2019
Silver: 30,800	355	168
		131
		56
	27,586	164
		23,610
		3,812
	2,859	14
		152
		2,693

Percent 2017 Silver enrollees continuously enrolled in Silver through 2019: 76.8%

2017	2018	2019
Bronze: 13,325	46	17
		13
		16
	565	3
		413
		149
	12,714	25
		271
		12,418

Percent 2017 Bronze enrollees continuously enrolled in Bronze through 2019: 93.2%

Exhibit includes members in Gold, Silver & Bronze metal levels that have been covered via plans available through AHCT for each of the plan years (2017, 2018 & 2019); Excludes members in a Catastrophic plan during any of these years



Access Health CT

2020 Individual Market Standard Plan Designs

February 21, 2019

PRESENTED BY
Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Agenda

2020 Plan Design Review

- Summary of Plan AVCs
- Carrier Feedback
- Proposed Plan Designs
- VBID

2020 Plan Design Review

Summary of 2020 AV Changes

Individual Market	Gold	Silver Copay	Silver Coinsurance	Bronze	Bronze HSA
Permissible AV Range	76.0%-82.0%	66.0%-72.0%	66.0%-72.0%	56.0%-65.0% ¹	56.0%-65.0% ¹
2019 AV Range	80.0% to 82.0%	70.1% to 71.9%	70.1% to 70.4%	64.0% to 64.6%	62.5%
2020 AV Range	82.2% to 82.8%	71.8% to 73.1%	70.8% to 71.4%	65.4% to 66.0%	63.7%

¹ Bronze plan designs are eligible for new expanded "de minimis" range

Individual Market - CSR Plan Variations: Silver Copay	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%
2019 AV Range	72.3% to 73.9%	86.9% to 87.9%	93.9% to 94.7%
2020 AV Range	73.8% to 75.1%	88.1% to 88.6%	94.9% to 95.0%

Individual Market - CSR Plan Variations: Silver Coinsurance	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%
2019 AV Range	73.3% to 73.5%	87.3% to 87.5%	94.76%
2020 AV Range	73.8% to 74.5%	87.9% to 88.03%	95.01%

² 73.0% CSR Silver must be have a differential of 2.0%+ with Standard Silver

2020 Benefit Cost-Sharing Carrier Feedback

- Acceptable to All:

- Increase MOOP
- Increase Emergency Room Copay – Can go as high as \$500 suggested
- Changes to OP Copay – Suggest that the inpatient copay should be 2x any OP copay. I have increased the OP copay to \$750 which had little impact on the AVC, this level may not be appropriate for Gold plans.
- Optimal copay relationships for PCP, Specialist and Urgent Care? All suggested change is reasonable, one suggestion is PCP copay \$30, Specialist copay \$60-\$70, Urgent care \$100
- Lowering the coinsurance on DME

- Mixed Responses:

- Are there any concerns with covering lab & x-ray before the deductible? One prefers that x-ray should not be before the deductible, one would prefer lab to be limited to independent lab providers
- Drug Copay ideas? Mixed response to generic copay, one neutral another prefers \$5 with an increase in brand copays.

- Additional Follow up to most recent plan samples

- Wakely had decrease PCP/Increased Specialist ----- Feedback to leave PCP alone, and further increase Specialist
- Suggestion to lower Urgent care copay and further increase ER copay

2020 Benefit Cost-Sharing MOOP Backup Plan

- Contingency Planning: Under §156.130(a)(2), CMS proposed a maximum annual limitation on cost sharing of \$8,200 for self-only coverage, whereas they would have proposed a maximum annual limitation on cost sharing of \$8,000 for self-only coverage if employer-sponsored insurance premiums continued to be used in the premium adjustment percentage calculation for the 2020 benefit year.
- The following suggestions were proposed - carrier review not yet completed
 - Silver: MOOP \$8,200 limited to \$8,000; increase medical deductible by \$200
 - Bronze: MOOP \$8,200 limited to \$8,000; increase medical deductible by \$600

2019 Plan Design Overview with 2020 Plan Samples

The 2020 plan samples have been reviewed for AVC or Mental Health Parity compliance by Carriers

2020 - Individual Market Gold Plan, 80% AV

Individual Market Gold Plan	2019 Gold	Sample Plan 1	Sample Plan 4
Medical Deductible	\$1,300 (INN)/\$3,000 (OON)	\$1,300	\$1,300
Rx Deductible	\$50 (INN)/\$350 (OON)	\$50	\$50
Coinsurance	30%	30%	30%
Out-of-pocket Maximum	\$5,000 (INN)/\$10,000 (OON)	\$5,500	\$5,250
Primary Care	\$20	\$20	\$20
Specialist Care	\$40	\$40	\$40
Urgent Care	\$50	\$50	\$75
Emergency Room	\$200	\$400	\$400
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$500 (after ded.)	\$750 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65	\$65	\$65
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)	\$10 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$40	\$40	\$40
All Other Medical	30%	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)	\$10 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
2020 AVC Results		81.52%	81.96%

2020 - Individual Market Silver Plan, 70% AV

Individual Market Silver Copay Plan	2019 Silver Copay	Sample Plan 1	Sample Plan 2
Medical Deductible	\$4,300 (INN)/ \$8,600 (OON)	\$4,300	\$4,300
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$250
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,900 (INN)/ \$15,800 (OON)	\$8,200	\$8,200
Primary Care	\$40	\$40	\$40
Specialist Care	\$50	\$60	\$50
Urgent Care	\$75	\$75	\$75
Emergency Room	\$200 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital	\$500 (after ded.)	\$750 (after ded.)	\$750 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)	\$20 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30 *	\$30 *
Chiropractic Care 20 visit calendar maximum	\$50	\$50	\$50
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$60 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)
2020 AVC Results		71.93%	71.99%

Potential changes from the 2019 plan design are shown in red font and boxes.

*Cost sharing at maximum copay allowable as specified by Statute or Insurance Department Bulletin HC-109

2020 - Individual Market Bronze Non-HSA Plan, 65% AV

Individual Market Bronze Non-HSA Plan	2019 Bronze Non-HSA	Sample Plan 1	Sample Plan 2
Combined Medical & Rx Deductible	\$6,000 (INN)/\$12,000 (OON)	\$6,075	\$6,050
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,900 (INN)/\$15,800 (OON)	\$8,200	\$8,200
Primary Care	\$40	\$40	\$40
Specialist Care	\$50 (after ded.)	\$60 (after ded.)	\$60 (after ded.)
Urgent Care	\$75	\$75	\$75
Emergency Room	\$200 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$500 (after ded.)	\$750 (after ded.)	\$750 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$50 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)	\$20 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 (after ded.)	\$30 * (after ded.)	\$30 * (after ded.)
Chiropractic Care 20 visit calendar maximum	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$10 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$10 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2020 AVC Results		64.98%	64.99%

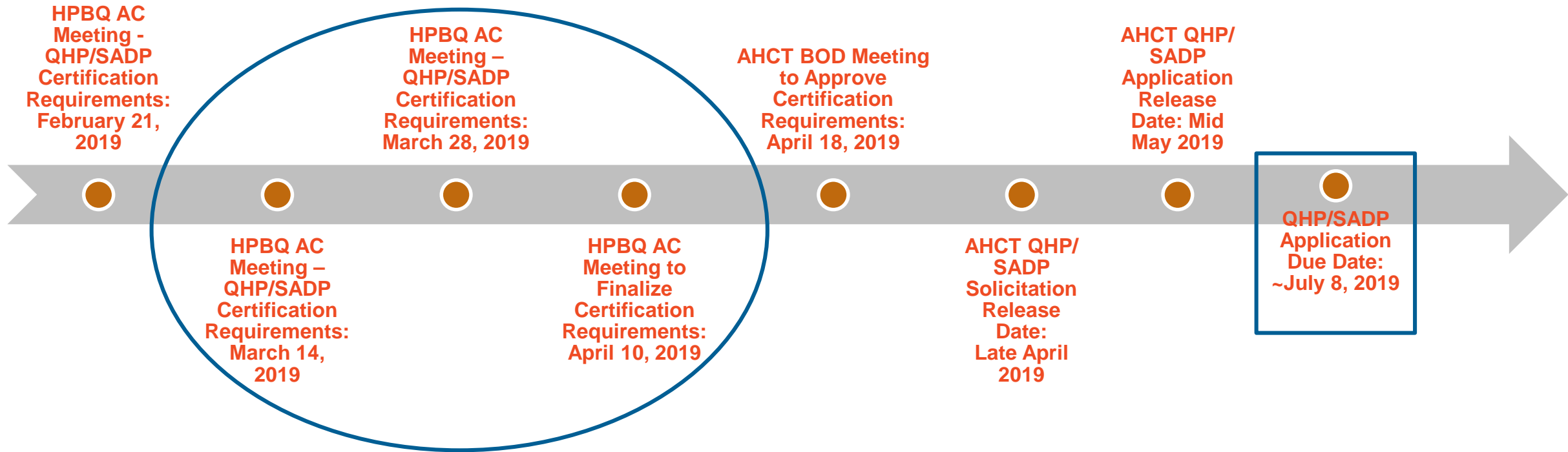
2020 Benefit Cost-Sharing MOOP Backup Plan

- Estimated Impact of VBID on AV
 - Potential proposal for diabetes and chronic obstructive pulmonary disorder medications that the tiers to be reduced from proposed \$10/\$45/\$70/20% to \$0/\$15/\$30 (generic/preferred brand/non preferred brand) and not subject to the deductible, and specialty Rx remaining unchanged.
 - No Carrier provided AV or MHP feedback
 - Wakely analyzed the potential AV impact of the above VBID proposal
 - The 2016 Wakely ACA data (WACA) for the Northeast region was used for the analysis
 - Prevalence of COPD: 5.5%, Diabetes: 6.0%, Comorbid: 0.7% Total: 10.8%
 - % of therapeutic drugs by type for this population:
 - Generic: 3.7%, Single Source Brand: 28.4%, Multi-Source: 0.5%
 - Average AVC impact 0.1% - 0.3% increase

2020 Benefit Cost-Sharing Plans

- To do Items
 - Silver Copay CSR plan options
 - Silver Coinsurance CSR plan options

QHP/SADP Certification Requirements & Submission: Plan Year 2020 Timeline



Certification Requirements: Discussion Topics - Recap of 2019 Plan Year

Topic	Summary of Discussions / BOD Votes
Requirement to Submit Standardized Plan Designs	<p>Reviewed the options listed below:</p> <ul style="list-style-type: none"> • Eliminate the requirement for carriers to submit standardized plans; • Allow only standardized plans at one or all metal levels; <p>Continued the requirement for standardized plans (outlined in “Plan Mix” section below)</p>
Plan Mix – Individual and Small Group: Qualified Health Plan (QHP) & Stand-Alone Dental (SADP)	<p>Modified Individual QHP Plan Mix as follows:</p> <ul style="list-style-type: none"> • Eliminated the standardized plan at the Platinum metal level; • Added a new standardized plan (coinsurance based) at the Silver metal level; • Revised the number of non-standard Silver plans permitted (from 3 to 1), with a requirement that the non-standard plan cannot be HSA-compatible <p>Modified SADP Plan Mix for a technical adjustment to remove reference to High/Low Option Actuarial Value based on changes in federal regulation</p>
Standardized Plan Design Cost Sharing: <ul style="list-style-type: none"> • Individual QHP • Individual and Small Group SADP 	<ul style="list-style-type: none"> • Reviewed options to modify cost sharing for Individual QHP Standardized plans (Gold, Silver and Non-HSA Bronze) to comply with federal Actuarial Value and Mental Health Parity; • Established cost sharing for new, standardized Silver plan (coinsurance-based)
Lowest Cost Silver Plan in the Individual Exchange Market	Eliminated the requirement that the lowest costing Silver plan in the Individual Market be the AHCT Standardized Silver plan
Tobacco Surcharge	Inclusion of a tobacco surcharge in the premium rates for QHPs in the Individual Exchange Market not permitted effective with Plan Year 2019

Additional Certification Requirements discussed for Plan Year 2019 for which there was no change included: Pediatric Dental Coverage in Medical Plans, Essential Health Benefits Benchmark Plan, Broker Compensation, Prescription Drug Formulary Standards, Network Adequacy Standards, Essential Community Provider Contracting Standards

Certification Requirements: Carrier Submittals for Consideration for 2020

- Value-Based Insurance Design (VBID)
 - Through discussion with the Massachusetts Health Connector, AHCT was advised that a national workgroup was formed within the past year to develop a VBID approach that would apply to Individual Market plans offered through Health Insurance Exchanges
 - Included representation from CMS, the Massachusetts Health Connector and Covered California, clinicians and the University of Michigan's Center for Value-Based Insurance Design
 - The workgroup identified high and low value services, and reviewed multiple disease states to determine appropriate areas upon which to focus
 - Consultant tasked with developing VBID standards that could be incorporated into plan designs
 - Report expected to be published in the near future that may be useful in creating standardized plan options for 2021
 - Massachusetts Health Connector approach: "...continues to permit optional Value-Based Insurance Design offerings (VBID), building toward a possible standardized VBID plan in the future."
 - Additional information included in Appendix, slide 38
- Individual Market: One Standardized Silver Plan

-- Future Items for Discussion

-- Action Items

Meeting Schedule

Proposed Meeting Agendas <i>(subject to change)</i>	Target Dates <i>(subject to change)</i>
QHP/SADP Certification Requirements for 2020 including Standardized Plan Design Modeling	March 14, 2019
QHP/SADP Certification Requirements for 2020 including Standardized Plan Design Modeling	March 28, 2019
Final Recommendations for QHP/SADP Certification Requirements for 2020 including Standardized Plan Designs	April 10, 2019
Board of Directors Meeting / Present 2020 Plan Design Recommendations for Approval	April 18, 2019

Appendix

2018 Standardized Plans: Impact of Mental Health Parity Testing

- Connecticut Insurance Department (CID) Filing Review: 2018 Plan Year
 - Determined that neither carrier was able to meet MHP testing requirements for the AHCT standardized 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 the need to modify plans that had previously been approved for 2018 by AHCT BOD
- CID, carriers and AHCT worked to modify these plans so carriers could meet the federal requirements
 - Plan medical deductibles were reduced and cost sharing for In-Network Laboratory Services and Non-Advanced Radiology were revised such that the medical deductible would apply to these services
- Additional information on this topic is available on the AHCT Agency Website
 - 5/18/17 AHCT Board of Directors (BOD) Meeting
 - 8/5/17 Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) Presentation
 - Presentations and meeting minutes are available at the following URLs:
 - Board of Directors Presentation (Slides 6-16): <https://agency.accesshealthct.com/wp-content/uploads/2017/05/PRESENTATION-05182017.pdf>
 - BOD Meeting Minutes: <https://agency.accesshealthct.com/wp-content/uploads/2017/06/Approved-Meeting-Minutes-May-18.pdf>
 - HPBQ AC Presentation (Slides 8-11): https://agency.accesshealthct.com/wp-content/uploads/2017/08/AHCT_HPQB-CommitteeMeeting_081517.pdf
 - HPBQ AC Minutes: <https://agency.accesshealthct.com/wp-content/uploads/2017/09/APPROVED-HPBQ-AC-August-15-2017-Draft-Meeting-Minutes.pdf>

Connecticut General Statute: Mammography Ultrasound Cost Sharing

- Connecticut General Statute: “Mandatory coverage for mammography, breast ultrasound and magnetic resonance imaging. Breast density information included in mammography report.”
 - Individual Policies: Section 38a-503
 - https://www.cga.ct.gov/2017/pub/chap_700c.htm#sec_38a-503
 - Group Policies: Section 38a-530
 - https://www.cga.ct.gov/2017/pub/chap_700c.htm#sec_38a-530
- Regulatory text includes the following:
 - “...no such policy shall impose a copayment that exceeds a maximum of twenty dollars for an ultrasound screening under subparagraph...”

Standardized Plans: Actuarial Value Compliance

Metal Level	2015	2016	2017	2018	2019
Platinum	Pass	Pass	Pass	Pass	Pass
Gold	Pass*	Pass	Fail	Fail	Fail
Silver 70%	Pass*	Pass	Fail	Fail	Fail
Silver 73% CSR	N/A	Fail	Fail	Fail	Fail
Silver 87% CSR	N/A	Fail	Pass	Fail	Fail
Silver 94% CSR	N/A	Fail	Fail	Pass	Fail
Bronze	Fail	Fail	Fail	Pass	Fail
Bronze HSA	N/A	Fail	Fail	Pass	Pass

Summary of results of draft Actuarial Value Calculator (AVC) testing of AHCT Individual Market Standardized Plans

Key: "Pass" = plan fell within de minimis range for the metal level / "Fail" = plan fell outside the de minimis range

**Some 2015 Plans that met the AV de minimis range had to be modified to conform with CID Bulletin HC-94*

Summary of 2019 Actuarial Value Changes*

Initial Actuarial Value Assessment of AHCT Standardized Plans Using Draft 2019 AV Calculator Released by CMS in October, 2017

Individual Market	Gold	Silver (Copay)	Bronze	Bronze HSA
Permissible AV Range	76.0%-82.0%	66.0%-72.0%	56.0%-65.0% ¹	56.0%-65.0% ¹
2018 AV	81.70%	71.50%	63.90%	61.20%
2019 AV Range*	81.0% to 82.8%	71.22% to 73.1%	64.83% to 65.5%	62.40% to 62.45%

¹ Bronze plan designs are eligible for expanded "de minimis" range

Individual Market - CSR Plan Variations	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%
2018 AV	73.60%	87.90%	94.90%
2019 AV Ranges	73.44% to 75.1%	87.63% to 88.5%	94.49% to 95.2%

² 73.0% CSR Silver must be have a differential of 2.0%+ with Standard Silver

**Information extracted from Wakely Consulting presentation to HPBQ Advisory Committee on 12/13/17, updated to incorporate 2019 draft AVC results reported by participating carriers within the AV Range*

Massachusetts Health Connector: 2019 Guidance to Carriers on VBID

2019 Health Plan Strategic Initiatives: Value



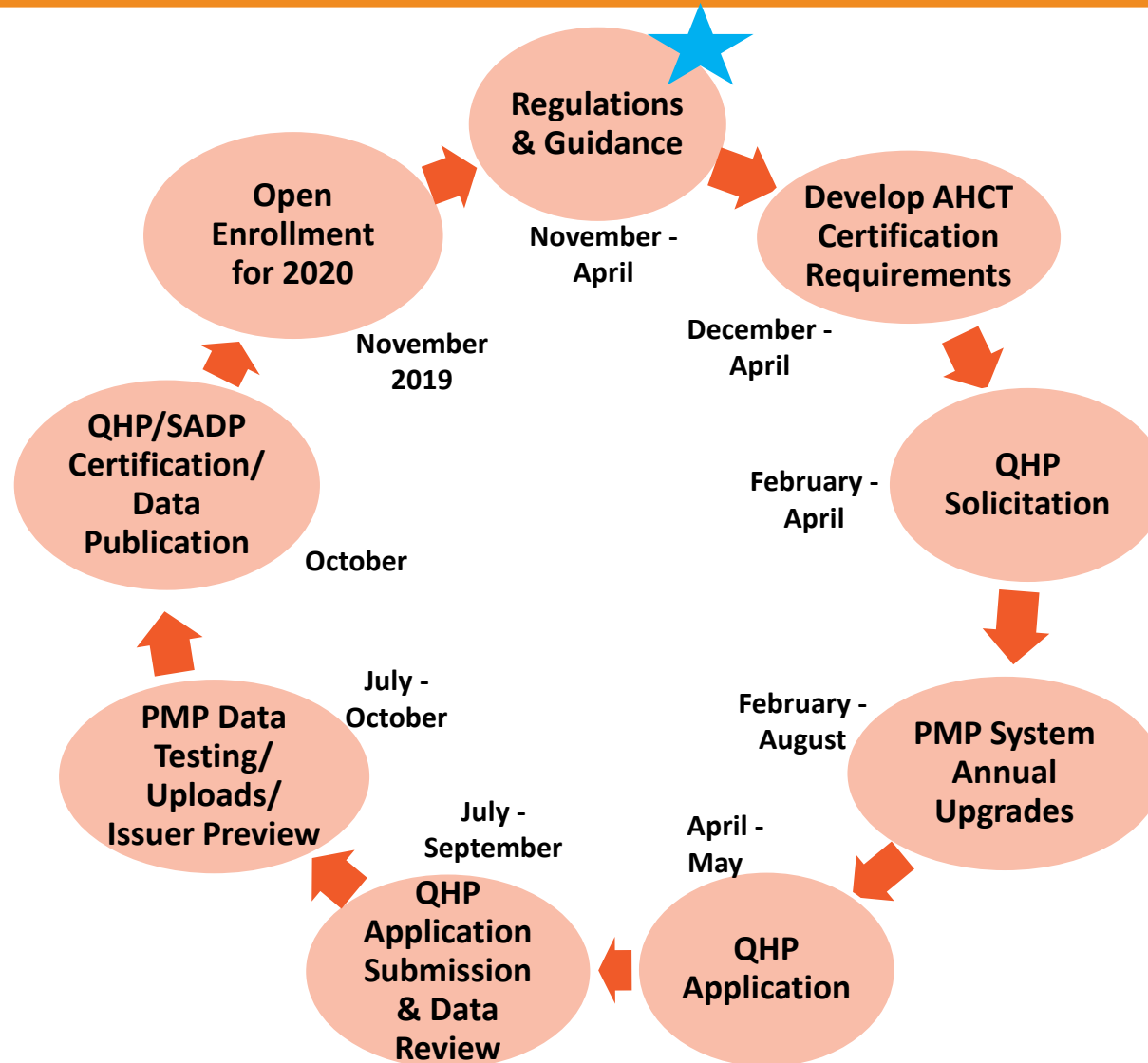
The Health Connector continues to permit optional Value-Based Insurance Design offerings (VBID), building toward a possible standardized VBID plan in the future.

- The Health Connector will continue the same approach as last year, encouraging carriers to voluntarily reduce enrollee costs for select high-value providers within Health Connector-defined guardrails
 - This intervention may apply for ConnectorCare, standardized, or non-standardized plans
 - For carrier-selected providers/facilities, carriers may:
 - Offer financial incentives to enrollees that do not impact premium or cost-sharing, such as “cash-back” incentives
 - Waive or reduce cost-sharing below the standard cost-sharing levels set by the Health Connector
 - Carriers must only reduce enrollee costs (a “carrot” approach, rather than a “stick”)
 - While carriers may use their discretion to define high-value providers, carriers are encouraged to include:
 - Community hospitals (defined according to CHIA acute care hospital cohorts)
 - Provider/facilities certified as Accountable Care Organizations by the Health Policy Commission, particularly those participating in MassHealth’s ACO initiative
- With guidance from Health Connector Board of Directors, the Health Connector is evaluating the possibility of introducing additional VBID elements into its standardized plans for 2020
 - A diverse workgroup of national experts is evaluating potential approaches
 - The Health Connector would seek local feedback from the Board of Directors, carriers, consumer representatives, and provider representatives before implementing such a plan

Extract from “2019 Health and Dental Plan Seal of Approval (SOA)” prepared by Massachusetts Health Connector

Full document available at the following URL:
https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2018/03-08-18/2019-Seal-of-Approval-030818.pdf

Plan Management Certification Life Cycle



Each plan year, the cycle begins with the release of regulations and guidance, including the Actuarial Value Calculator (AVC) tool used to develop standardized plans, and ends once Open Enrollment commences

Note: timeframes subject to change

2019 Plan Mix: Number of Plans Required / Permitted per Issuer

	INDIVIDUAL MARKET		SHOP
Metal Level	Standardized Plans	Non-Standard Plans	Total
Platinum	N/A	2	4 (Optional)
Gold	1	3	Min 1 – Max 6
Silver	2	1	Min 2 – Max 6
Bronze	2	3	Min 2 – Max 4
Catastrophic	N/A	1	N/A
TOTAL	5 Required	10 Optional	5 Required / 15 Optional
Maximum	15		20

2019 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

Metal Level	Total	Percent
Catastrophic	1,910	1.72%
Bronze	49,134	44.24%
Silver	53,886	48.52%
Gold	6,136	5.52%
TOTAL	111,066	100.00%



**Std Silver Plans	Total	Percent of Std Silver
Copay Based	21,369	87.5%
Coinsurance Based	3,055	12.5%
TOTAL	24,424	100.00%

Metal Level	Standardized Plans	Non-Standard Plans	Total	Percent in Std Plans by Metal Level
Catastrophic	N/A	1,910	1,910	0.0%
Bronze*	40,166	8,968	49,134	81.75%
Silver**	24,424	29,462	53,886	45.33%
Gold	5,222	914	6,136	85.10%
TOTAL	69,812	41,254	111,066	62.86%

*Bronze Plans	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Non-HSA Bronze	24,320	8,968	33,198	72.99%
HSA Compatible	15,936	N/A	15,936	100.00%
TOTAL	40,166	8,968	49,134	81.75%



2019 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

	GOLD		SILVER		BRONZE (NOT HSA compatible)		BRONZE (HSA compatible)		CATASTROPHIC	
County	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Non-Std	Total
Fairfield	1,902	263	7,338	9,621	8,967	1,899	5,569	N/A	553	36,112
Hartford	1,214	107	5,292	6,906	4,470	2,690	3,476	N/A	483	24,638
Litchfield	356	101	1,729	1,689	1,594	751	1,272	N/A	119	7,611
Middlesex	321	33	1,187	1,294	1,312	353	857	N/A	104	5,461
New Haven	1,004	194	5,396	7,003	5,277	1,622	3,054	N/A	449	23,999
New London	213	108	2,009	1,515	1,370	763	925	N/A	109	7,012
Tolland	133	63	827	792	767	548	478	N/A	51	3,659
Windham	79	45	646	642	473	342	305	N/A	42	2,574
Total	5,222	914	24,424	29,462	24,230	8,968	15,936	N/A	1,910	111,066
	6,136		53,886		33,198		15,936		1,910	
					49,134					

2018 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

Metal Level	Total	Percent
Catastrophic	1,752	1.54%
Bronze	40,074	35.11%
Silver	63,410	55.56%
Gold	8,898	7.80%
TOTAL	114,134	100.00%



Metal Level	Standardized Plans	Non-Standard Plans	Total	Percent in Std Plans by Metal Level
Catastrophic	N/A	1,752	1,752	0.0%
Bronze*	34,479	5,325	40,074	86.71%
Silver**	55,526	7,884	63,410	87.57%
Gold	7,671	1,227	8,898	86.21%
TOTAL	97,946	16,188	114,134	85.82%

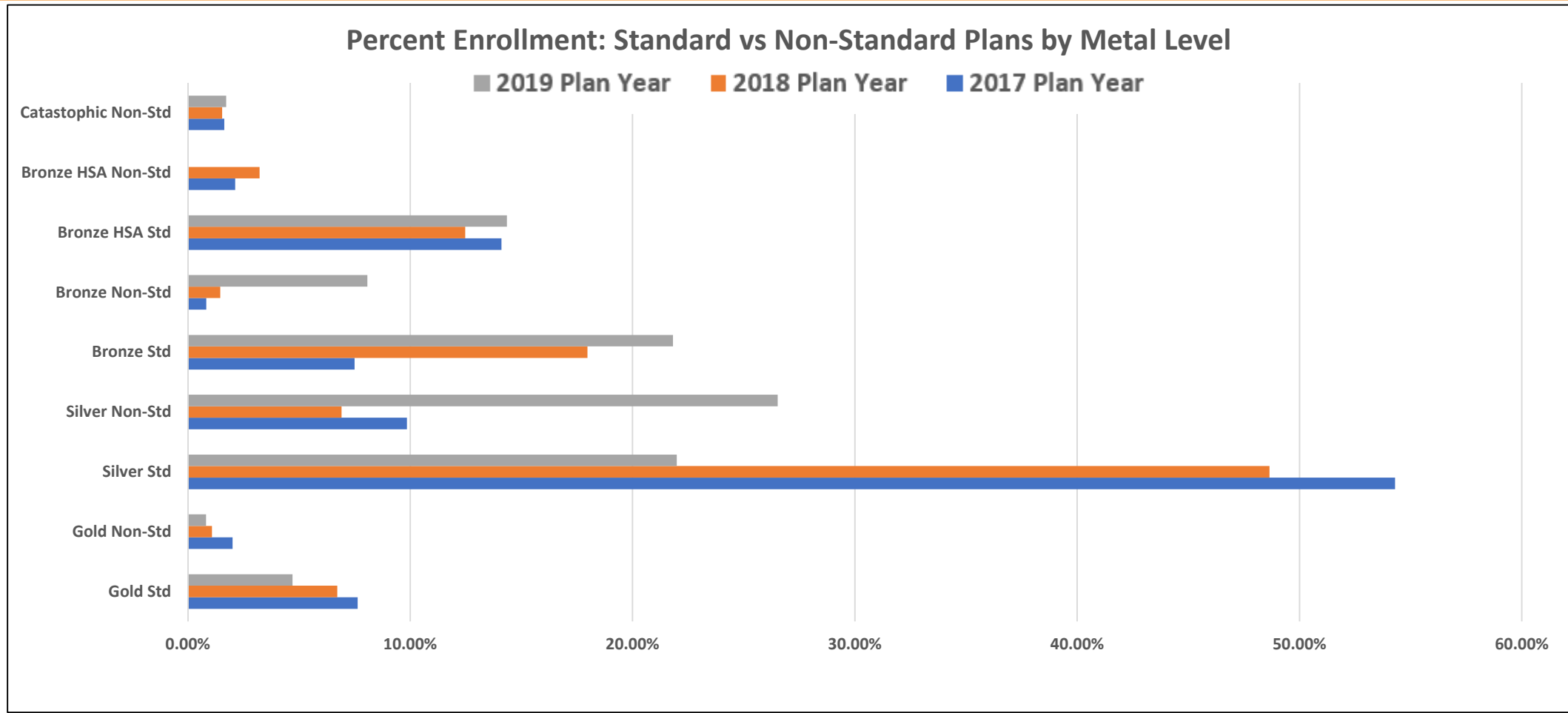
*Bronze Plans	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Non-HSA Bronze	14,238	3,670	17,908	79.51%
HSA Compatible	20,511	1,655	22,166	92.53%
TOTAL	34,749	5,325	40,074	86.71%



2018 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

	GOLD		SILVER		BRONZE (NOT HSA compatible)		BRONZE (HSA compatible)		CATASTROPHIC	
County	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Non-Std	Total
Fairfield	2,648	284	17,239	2,270	7,057	372	4,749	898	436	35,953
Hartford	1,835	155	12,675	1,585	4,801	257	2,792	936	479	25,515
Litchfield	578	144	3,736	613	1,429	163	971	295	98	8,027
Middlesex	449	47	2,526	390	1,156	68	721	122	96	5,575
New Haven	1,425	298	12,538	1,674	4,128	355	3,069	749	404	24,640
New London	336	165	3,668	688	963	263	994	343	124	7,544
Tolland	242	87	1,734	358	636	93	544	200	87	3,981
Windham	158	47	1,410	306	341	84	398	127	28	2,899
Total	7,671	1,227	55,526	7,884	20,511	1,655	14,238	3,670	1,752	114,134
	8,898		63,410		22,166		17,908		1,752	
					40,074					

AHCT Plan Enrollment 2017 – 2019 Plan Years: Standardized / Non-Standard QHPs



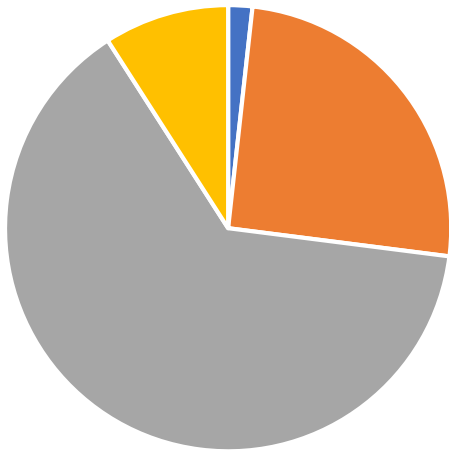
2019 Plan Year: Silver Standard Plan total includes enrollment in both the “Copay” and “Coinsurance” versions, with a split of 88.5% / 12.5% respectively

Data for Individual AHCT plans as of end of open enrollment for each plan year

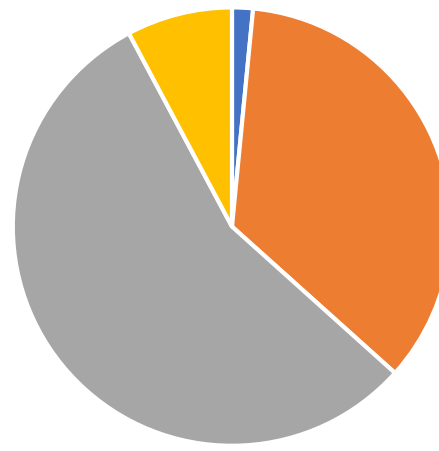


AHCT Plan Enrollment by Metal Level: Plan Years 2017 through 2019

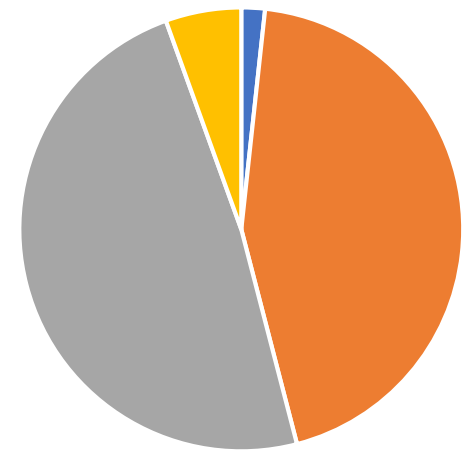
2017 Plan Year % Enrollment by Metal Level



2018 Plan Year % Enrollment by Metal Level



2019 Plan Year % Enrollment by Metal Level



■ Catastrophic ■ Bronze ■ Silver ■ Gold

	Percent Enrollment by Metal Level		
Metal Level	2017	2018	2019
Catastrophic	1.8%	1.5%	1.7%
Bronze	25.3%	35.1%	44.2%
Silver	63.9%	55.6%	48.5%
Gold	9.1%	7.8%	5.5%

Data for Individual AHCT plans as of end of open enrollment for plan year

Plan Design Development: Benefit Cost Sharing Categories

Actuarial Value Calculator (AVC) Inputs
Integrated Medical and Drug Deductible? (Yes or No)
Apply Inpatient Copay per Day? (Yes or No)
Apply Skilled Nursing Facility Copay per Day? (Yes or No)
Use Separate OOP Maximum for Medical and Drug Spending? (Yes or No)
Deductible (\$) for Medical, Drug or Combined
Coinsurance (% , Insurer's Cost Share)
Maximum Out-of-Pocket (MOOP)
MOOP if Separate (\$)

Medical Benefits: Subject to Deductible (Yes or No) Subject to Coinsurance (Yes or No) Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)
Emergency Room Services
All Inpatient Hospital Services (inc. MHSU)
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)
Specialist Visit
Mental/Behavioral Health and Substance Use Disorder Outpatient Services
Imaging (CT/PET Scans, MRIs)
Speech Therapy
Occupational and Physical Therapy
Preventive Care/Screening/Immunization
Laboratory Outpatient and Professional Services
X-rays and Diagnostic Imaging
Skilled Nursing Facility
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
Outpatient Surgery Physician/Surgical Services

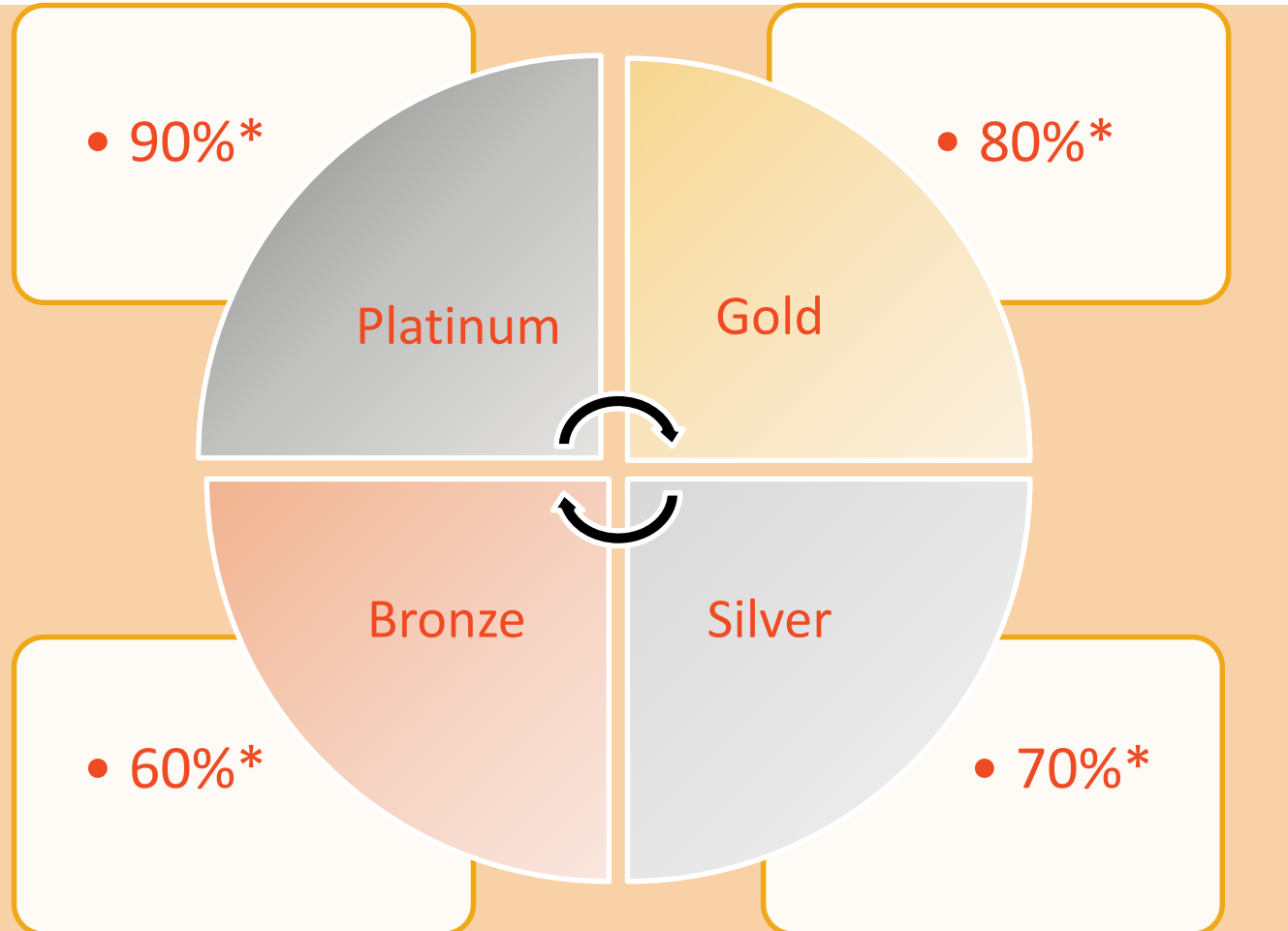
Prescription Drug Benefits Subject to Deductible (Yes or No) Subject to Coinsurance (Yes or No) Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)
Generics
Preferred Brand Drugs
Non-Preferred Brand Drugs
Specialty Drugs (i.e. high-cost)

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? (Yes or No) If yes, value:
Set a Maximum Number of Days for Charging an IP Copay? (Yes or No) If yes, value from 1-10:
Begin Primary Care Cost-Sharing After a Set Number of Visits? (Yes or No) If yes, value from 1-10:
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? (Yes or No) If yes, value from 1-10:

Other Elements for Consideration Not Included in AVC
Out-of-Network Deductible and Cost Sharing
Chiropractic Services
Diabetic Equipment and Supplies
Durable Medical Equipment
Home Health Care
Mammography Ultrasound
Urgent Care
Pediatric Services, including vision (exam & hardware) and dental

Affordable Care Act - Health Plan Types

Metal Levels: Actuarial Value & Average Overall Cost of Providing Essential Health Benefits (EHBs)



**CMS regulations allow for a 'de minimis' range for the Actuarial Value (AV) calculation for each metal level, and for Silver Cost Sharing Reduction plans*

Per regulations effective for the 2018 Plan Year, 'de minimis' AV ranges are as follows:

- *Platinum: 86% - 92%*
- *Gold: 76% - 82%*
- *Silver: 66% - 72%***
- *Bronze: 56% - 62% (AV range permitted for 'Expanded Bronze' plans is up to 65%; plan must include at least 1 major service not subject to deductible or is a High Deductible Health Plan)*

***Silver Cost Sharing Reduction (CSR) Plans:*

- *73% CSR: 72% - 74%, but must be at least 2 points greater than 'standard' Silver plan*
- *87% CSR: 86% - 88%*
- *94% CSR: 93% - 95%*