



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

Holiday Inn, Junior Ballroom
East Hartford

Thursday, December 18, 2019
Meeting Minutes

Members Present: Grant Ritter (Chair); Theodore Doolittle; Neil Kelsey, Tu Nguyen; Jill Zorn; Ellen Skinner (on the phone); Heather Aaron

Other Participants: Access Health CT (AHCT) Staff: James Michel; Anthony Crowe; Ann Lopes; Charmaine Lawson; Ellen Kelleher; Susan Rich-Bye; Robert Blundo

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

Chair Ritter requested a motion to approve the April 11, 2019 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Jill Zorn and seconded by Tu Nguyen. ***Motion passed unanimously.***

D. Plan Management Certification Life Cycle; E. Certification Requirements and F. Potential Meeting Schedule for 2021 Plan Year Certification Review

Ann Lopes, Product Carrier Manager, presented the Plan Management Certification Life Cycle. Ms. Lopes stated that the PM Team is responsible for completion of the milestones each plan year. Some of the timeframes presented are subject to change.

Ellen Skinner joined at 4:03 p.m. by phone

Theodore Doolittle arrived at 4:03 p.m.

Heather Aaron arrived at 4:03 p.m.

Ms. Lopes stated 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 (OE) commences. The proposed federal regulation, the Notice of Benefit and Payment Parameters for 2021 has been under review by the federal Office of Management and Budget since September and the AVC has not been released as yet either. Our first step once the AVC is available would be to engage AHCT's Actuarial Consultant to review the 2020 standard plans using the 2021 AVC. Subsequently, carrier results using their own data and/or methodology would be requested to determine whether they are in agreement with Wakely's findings or have other results. If the tool is released over the next few weeks, we could include a presentation on this at the next meeting.

Ms. Lopes reviewed some of the certification requirement topics that have been discussed by this Committee in the past. The state did not request changes to the Essential Health Benefits Benchmark plan for 2021, and any changes for the 2022 plan year would need to be submitted by the state to HHS by May 8, 2020. Prescription drug formulary review responsibility falls within the Connecticut Insurance Department, and any changes to the requirements of the formulary composition would take place as part of the review of the Essential Health Benefits benchmark plan. For the 2020 plan year, changes were made to requirements related to the plan mix, meaning the number of plans carriers are required to and permitted to submit to the Exchange in the Individual market as well as the lowest cost Silver plan. And, standardized plan design development is a big piece of this group's work and the first step as mentioned earlier is to have Wakely run the 2020 plan designs through the 2021 draft AVC once it is available.

Ms. Lopes also pointed out that external factors, such as changes in federal and/or state regulations and topics brought forth by various constituents may need to be included in discussions by this Committee during the certification requirements review process. Ms. Lopes referenced the topic of Value-Based Insurance Designs – VBID that came up in several discussions last year. A workgroup was convened to draft a sample plan design incorporating VBID features that could be used as a model for Exchanges, and their report was released earlier this year. James Michel, Chief Executive Officer, indicated that a status could be presented to the Committee at the next meeting with respect to reinsurance and also discussions regarding a public option by stakeholders in Connecticut, and what other states are doing and how it is impacting their insurance options, such as Maryland, Colorado and Washington. Ms. Lopes stated that the VBID report would be shared with the Committee in advance of the next meeting so that members have the opportunity to look at the suggested cost sharing in the sample plan design.

Chair Grant Ritter inquired if the research had been done on VBID by the carriers. Tu Nguyen indicated that subsidized population may not fully understand how healthcare works and it is one of the challenges to implementing VBID. There has been consideration of developing a Care

Coordinator role within the company, who could help the member navigate through the healthcare process, such as setting up a follow up appointment with a specialist, as this could result in more cost-effective care. Neil Kelsey stated that VBID is more difficult to implement in the Individual space, and it is more successful in a group plan. Some of their plans include first steps towards VBID principles. Jill Zorn stated that there was a VBID presentation at one of the High Deductible Health Plan Task Force meetings which included a discussion on reducing low-value care at the same time high value care is advanced. This could result in providing consumers with the ability to afford lower copays on the high value care services. Discussion ensued around possible implementation of VBID and challenges associated with it.

Following that, the potential 2020 Committee meeting schedule was presented. Mr. Nguyen asked if open enrollment data would be available for the meeting. Mr. Michel stated that since the Open Enrollment period was extended through January 15, a report on enrollment should be available for the February Board meeting and data could be shared with this Committee at that time. Ellen Skinner pointed out that the Committee needs to decide what it wants to achieve for the 2021 plan year, and how to go about it. Various topics were discussed, including, but not limited to silver-loading and Cost Sharing Reduction (CSR) plan funding. Ms. Kelleher stated that we need to be mindful of the need for carriers to evaluate the impact of cost sharing changes on mental health parity testing as well as the AV, and whether there is enough time in the proposed schedule to accommodate that need. Mr. Kelsey stated that two weeks is fine as long as they have all the information when they come out of the meeting, but if they need to wait for Wakely to provide additional information, that may not work. Mr. Nguyen would like to have a VBID discussion up front, and any components agreed upon for inclusion need to be reviewed for each plan. Ms. Lopes noted that the VBID-X report could be discussed at the next Committee meeting as Mr. Michel recommended earlier. There may be some higher cost shares for certain services in the sample plan design included in the report that the Committee may not be interested in implementing. Mr. Nguyen stated that his reference to a Care Coordinator role earlier would be where a member could obtain assistance in understanding how to access different levels of care, such as at an emergency room. Mr. Michel inquired about who would manage the Care Coordinator function, and that AHCT may have information to share with the carriers on interactions within the community that occurred this year and what we learned. Mr. Nguyen stated that the carrier would need to design these programs.

G. Information Collection: Potential Exhibits

Ms. Lopes summarized examples of the exhibits that were presented to the Committee last year and feedback was requested from the Committee members on whether these would be helpful to have for the upcoming cycle. Ms. Lopes presented the AHCT Consumers and Buying Patterns by the Metal Tier Product Preferences over the 6-year period. Discussion ensued if it should compare subsidized versus non-subsidized consumers in addition to this exhibit. Ms. Lopes went on to explain the 2019 AHCT Plan Enrollment with standardized and Non-Standard Qualified Health Plans (QHPs) and inquired whether it is worth providing it to the Committee. Other

exhibits were presented, and the Committee discussed whether the need exists to include them in the future or not.

During the discussion on slide 28 that displayed the top 5 most popular plans for 2019, Ms. Skinner asked if utilization information might be available. Since these are all insured plans, it would seem aggregated information from the All-Payer Claim Database (APCD) could be obtained. Mr. Nguyen stated he would not recommend obtaining utilization information at the plan level, but rather at a metal level. Robert Blundo, Director of Technical Operations and Analytics stated that a challenge with the APCD could be to align plan information, such as deductible and out-of-pocket. Mr. Blundo stated that it still could be pursued, but it should be confirmed. Dr. Ritter commented that the claim data will always be lagged. Mr. Kelsey stated that it would reduce the burden on the carriers if utilization information could be obtained from other sources.

Ms. Lopes went on to describe other exhibits, which included 3-year plan purchasing history and net premium for a 45-year old enrolled in the Lowest Silver vs. Lowest Bronze in 2019. The group's consensus was to eliminate the information on Connecticut Insurance Department Bulletin HC-109 since it no longer applies, but to keep in mind that certain cost sharing elements were not adjusted last year, such as inpatient hospital copay, but it may be something to review for 2021 since the limit of a \$500 copay per day limit for up to 4 days has been removed. Additionally, there are some statutory requirements for cost sharing limits that still apply, such as a \$30 copay for physical therapy visits.

In discussing the information on slide 32 regarding the cost sharing categories expressly included in the AVC (shaded in yellow) vs. those that do not have a specific field entry in the tool (shaded in blue), it was noted that no changes were made to urgent care cost sharing in the 2020 standardized plans. This may be an item to consider for 2021 as there could be a rationale such as an impact to plan premium or an offset to a cost sharing change for a different benefit.

Heather Aaron left at 5:10 p.m.

Ms. Skinner inquired about the option to begin primary care cost sharing after a set number of visits. Since this group is addressing affordability, this might be something to consider, as people not using services may miss serious outcomes. Discussion ensued regarding the standardized HSA-compatible high deductible health plan and whether this type of plan feature could be included for it, or if this would result in the plan no longer meeting IRS guidelines. Mr. Doolittle inquired about resources for consumers to set up an HSA if they purchased one of these plans, and whether AHCT should provide information on these during the plan selection process. Ms. Kelleher stated that typically a financial institution works with a carrier and enrollees are given information on how to establish an account post-enrollment. However, enrollees may have an account that was in place under a previous plan, such as with a former employer, and can maintain it. Mr. Kelsey noted that an enrollee could be buying down to a Bronze plan from Silver and depositing the premium difference to an HSA. Ms. Lopes noted that there have not been any

changes to the standard Bronze HSA-compatible plan for a number of years, and it is no longer the lowest premium plan offered through the Exchange.

Other exhibits were discussed and were either approved or eliminated from the future presentations. Ms. Lopes stated that the Plan Management Team is proposing, going forward, to eliminate publishing the same exhibit for each meeting, and instead providing a binder where the new exhibits could be added for each meeting. Committee members would need to remember to bring their binder to each meeting. This received a positive response from members. The group discussed timing for the next meeting, and it was suggested to continue with Wednesday from 4 to 6 PM. Committee members will be contacted to determine which date works best.

H. Adjournment

Chair Grant Ritter requested a motion to adjourn. Motion was made by Jill Zorn and seconded Theodore Doolittle. ***Meeting adjourned at 5:32 p.m.***