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

Connecticut Historical Society Auditorium
East Hartford

Thursday, February 20, 2020
Meeting Minutes

Members Present: Grant Ritter (Chair); Theodore Doolittle; Neil Kelsey, Tu Nguyen; Jill Zorn (via the telephone); Ellen Skinner (via the telephone); Paul Lombardo

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

A. Call to Order and Introductions

Chair Grant Ritter called the meeting to order at 11:30 a.m.

B. Public Comment

Mary Jennings provided a public comment.

C. Vote

Chair Ritter requested a motion to approve the January 29, 2020 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Theodore Doolittle and seconded by Ellen Skinner. ***Motion passed unanimously.***

D. E. and F. AHCT Vision, Mission and Values/Follow-Ups from Prior Meeting/AHCT Mission Statement: Supporting Actions

Ann Lopes, Product Carrier Manager, presented the Access Health CT (AHCT) Vision, Mission and Values description. Ms. Lopes reminded the Committee that reference materials have been distributed and some of the exhibits will be covered in the presentation prepared by Robert

Blundo. Ms. Lopes added that Julie Andrews of Wakely Consulting will review the information on IRS guidance pertaining to additional preventive care benefits that are now permitted to be provided under a High Deductible Health Plan (HDHP) with reduced cost sharing during her portion of the presentation.

In addition, Ms. Lopes noted one question posed during last month's meeting asked about AHCT's efforts in supporting the various components of the Mission Statement. Ms. Lopes stated that related to increasing the number of insured residents, AHCT completed a research study last fall which had a goal of determining achievable strategies and tactics that can be used to innovate and further assist in lowering the uninsured rate in CT.

Tu Nguyen arrived at 11:42 a.m.

The full report of this study was included on the AHCT agency website. Ms. Lopes enumerated some of the findings that the uninsured research included and noted that a number of meetings have been held recently with various constituents, including carriers and provider groups to share information from the study.

Ms. Lopes went on to provide detailed information on improving health care quality. Qualified Health Plan (QHP) issuers must submit quality rating information to CMS, including clinical measure data and QHP enrollee survey response data for its QHPs in accordance with federal guidelines as a condition of certification and participation on the Exchange. CMS then develops a Quality Ratings score based on this information for 3 different categories (Plan Administration, Member Experience and Medical Care) which are then rolled up to an Overall rating. These are translated into stars, ranging from 1 (low) to 5 (high). This information is required to be posted within the AHCT shopping portal and is intended to provide a way for consumers to compare the quality of carrier product offerings. Ms. Lopes elaborated that the goal of the Quality Improvement Strategy (QIS) implementation is to improve the quality and value of care delivered to Exchange enrollees through strategies carriers put forth that provide for increased reimbursement or other market-based incentives that reward quality health care. Over time, it is expected that QIS activities will help strengthen efforts to improve health care quality and health outcomes. Ms. Lopes stressed that carriers set goals for their QIS and are encouraged to retain the QIS for at least two years before modifying it or developing a new QIS to allow time to determine whether the market-based incentives are working. Per CMS guidance for the 2020 plan year, Issuers are not penalized for failure to meet their performance targets. These two quality initiatives are not required of carriers offering plans that are only sold off the Exchange.

Ms. Lopes reminded the Committee that AHCT moved back to one standard silver plan for the 2020 plan year. This decision resulted in 37% of covered households qualifying for an APTC that covers at least 90% of their plan's total premium, which is up from 23% in 2019. In addition, 63% of enrollees are paying less than $200 per month, after APTC for their policy, which is up from 53% in 2019.

Ms. Lopes further added that carriers developed other plan options that were lower in premium that could have a greater appeal for consumers who are not subsidy eligible, including a lower cost Silver plan available off the Exchange and a Gold plan available through AHCT that is lower than the standard Silver plan in every county. In addition, AHCT commissioned the Reinsurance Study that could be considered by the State which, if implemented, could result in reduced premiums.

Ms. Lopes briefly described the issue of improving health disparities. AHCT CEO, James Michel spoke about a report released by the CT Health Foundation at last month's meeting and stated there was more work that needed to be done in this area. Over the past year, Mr. Michel participated in a listening tour that involved speaking with community leaders and influencers, with an aim of determining how AHCT can be more effective and efficient in serving the community. Through its "Choose.Use.BeWell" campaign, AHCT has promoted preventative healthcare, focusing on the importance of the annual physical for communities of color. Ms. Lopes summarized the Essential Community Provider, or ECP, contracting standard required for carriers participating with AHCT. ECPs typically serve predominantly low-income, medically underserved individuals. AHCT has established standards for carriers participating on the Exchange to contract with at least 50% of these providers to ensure that enrollees have reasonable and timely access to a broad range of providers. These providers include Federally Qualified Health Centers. The ECP contracting standard is another way to help reduce healthcare disparities. Lastly, as mentioned earlier, there has been activity in engaging providers as key stakeholders in discussions about reducing the uninsured rate, lowering costs and reducing healthcare disparities.

G. AHCT Consumer and Buying Patterns: 2020 Enrollment

Robert Blundo, Director of Technical Operations and Analytics summarized the discussion from the December HPBQ Advisory Committee meeting regarding the various enrollment exhibits previously been shared with the Committee to ascertain the information the Committee wanted to see for the 2020 plan year. Mr. Blundo enumerated various changes that have been added to the presentation slides based on the feedback. Mr. Blundo provided an overview of the statistical data on the number of enrollees in each metal tier category as well as other factors, such as eligibility for APTCs. Mr. Blundo emphasized that plan premium is the leading driver for consumers when they choose their healthcare plan . Mr. Blundo stated that there are enrollees who are eligible for the 94% Silver Cost Sharing Reduction (CSR) plan, but select a Gold plan instead, which has a lower actuarial value than the 94% Silver CSR plan. This amounted to about 111 enrollees. Mr. Blundo summarized financial information included in Tab E, including average monthly premium after APTCs based on the Federal Poverty Level (FPL) as well as the age band. Exhibits for prior years are available in the annual open enrollment reports posted to the AHCT agency website. The URLs to the reports are included in Tab D, Exhibit 1.0 of this presentation. Ms. Lopes stated that in the new material provided for the binders there are additional exhibits that, should the Committee want to review, we can do so. It's possible that these will come up

during other conversations, but any questions can be included in the discussion for the next meeting.

H. Certification Requirements

Ms. Lopes provided an overview of the Certification Requirements. Ms. Lopes reminded the Committee that for the 2020 plan year, changes were made to requirements related to the plan mix, meaning the number of plans carriers are required and permitted to submit to the Exchange in the Individual market as well as the lowest cost Silver plan, along with adjustments to cost sharing for most of the standard plans in the Individual market. Ms. Lopes added that standardized plan design development is underway right now for the 2021 plan year, as we have been evaluating whether the 2020 plan designs would continue to fall within the allowable AV de minimis range to be compliant with CMS guidelines, as well as looking at whether they would continue to meet Mental Health Parity requirements. If there are any other adjustments in cost sharing for the standardized plans that the Committee would like to consider, they need to be submitted today so that we can ask Wakely and the carriers to evaluate them in advance of the next meeting in March. Also, we want to ensure that if there are any other items that the Committee would like to review for a change in certification requirements for 2021, this would be the time to put forth any new ideas for potential changes in these categories as they would need to go on the agenda for the next meeting. Ms. Lopes noted that If any changes are to be recommended, they would need to go in front of the Board during the April meeting. This should allow for time to modify the annual Solicitation, which outlines AHCT's participation requirements for carriers, and for carriers to determine if they would need to incorporate costs for these changes into the rate filing submissions that are due to CID in early July.

I. 2021 Individual Market Standard Plan Designs

Julie Andrews, Senior Consulting Actuary from Wakely Consulting presented information related to proposed regulatory changes in the draft Notice of Benefit and Payment Parameters (NPBB) for 2021 and the follow up items on the 2021 Individual Market Standard Plan Designs from last month's meeting. Ms. Andrews enumerated regulation changes that include the proposal to increase the annual limitation on cost sharing to $8,550, which is a little lower than what we talked about last month and impacts some of the plan analysis. Regulation changes also include the proposed annual limitation on cost sharing for the Silver Cost Sharing Reduction (CRS) Plan Variations. Ms. Andrews noted that certain elements are not final as yet, including the 2021 Federal AVC, which is still in a draft mode. She stated that comments on the NPBB are due on March 2 and it's possible that the final version of the regulation may not be released in time for the April Board meeting, so this is something to keep in mind, as a contingency plan may need to be considered. She stated that the High Deductible Health Plan (HDHP) minimum deductible and out-of-pocket maximums have not been released as yet. Ms. Andrews summarized the 2021 plan AV's for the standardized plans at the various metal tiers. Some of the results using the 2021 Draft AVC indicate that permissible AV ranges have been exceeded and need to be addressed, but those shaded in yellow did fall within the de minimis range per the carrier's assessment. She

then outlined the changes from last month's discussion that were needed to comply with the proposed $6,550 out-of-pocket maximum for the non-HSA Bronze plan, resulting in a slight increase in the deductible. Both carriers reviewed this plan for AV and mental health parity compliance and passed.

Ms. Andrews provided information on the IRS Notice N-19-45 guidance to expand the allowable low-cost preventative services for a HDHP with a Health Savings Account (HSA), that can be covered before the deductible and help enrollees with chronic conditions maintain health. Ms. Andrews stated that she would not be presenting any plan options that include this coverage, as both carriers were not able to be in compliance with adding this to the plan. Discussion ensued around the fourteen-preventative care services for enrollees with the specified conditions. Mr. Nguyen indicated that rather than include all fourteen services for the specified conditions, maybe focus on one or two, such as diabetes. There was a bill released in the state legislature recently that has changes in coverage for diabetes, and if that passes, carriers will have to include the coverage any way. Dr. Ritter requested rechecking the coverage to see if coverage for the services related to diabetes could be included at reduced cost sharing. Ted Doolittle stated that there appears to be interest by the Legislature to add the fourteen services permissible by the IRS for the specific health conditions, likely at $0 cost sharing, to the Silver plan, and asked if this might be mathematically possible. Ms. Andrews stated that in moving to the Silver plan there would likely be a greater prevalence of these services than at the Bronze plan level, and pressure would be placed on cost sharing for other services to accommodate it. So, there is a trade-off that would need to be considered. The recommendation was to review the bill before the legislature to determine what impact it might have, and request the carriers assess impact of the bill. Timetable for plan submission and finalization of rates, meeting regulatory requirements, as well as legislative proposals affecting plan designs was discussed. Depending on the timing, there could be a need for a special Board meeting after the regular Board meeting in April to approve changes in plan designs. Ms. Andrews then presented information on out-of-network (OON) cost sharing, Including average information on OON deductibles and maximum out-of-pocket. Analysis could be provided if there was interest in adjusting OON cost sharing. Since no feedback was received on this, the decision would be not to adjust OON cost sharing. Ms. Andrews then reviewed medical and drug utilization and average drug cost information. Ms. Andrews stated that they would work with the carriers for the changes to the Bronze HSA plan that was discussed, and potentially for all the standard plans, depending on the potential impact of the bill that was released.

J. Meeting Schedule for 2021 Plan Year Certification Review

Ms. Lopes provided information pertaining to the Committee's meeting schedule. The next meeting of the Committee will most likely take place in the second week of March, unless it is determined that Wakely and the carriers will need more time to make the plan modifications that are needed based on review of the Senate Bill. Julie Andrews will exchange an e-mail with the carriers to determine how much time is needed.

K. Adjournment

Chair Grant Ritter requested a motion to adjourn. Motion was made by Theodore Doolittle and seconded by Tu Nguyen. **Motion passed unanimously.** Meeting adjourned at 12:58 p.m.