DRAFT MINUTES

Health Plan Benefits and Qualifications Advisory Committee Meeting & Consumer Experience and Outreach Advisory Committee Special Meeting

Location: Holiday Inn - Junior Ballroom
100 East River Drive
East Hartford, CT

Date: Tuesday, February 10, 2015
Time: 1:00 p.m.

Members Present
Mary Ellen Breault; Robert Tessier; Elizabeth Krause; Victoria Veltri; Anne Melissa Dowling; Gerard O'Sullivan; Bonnie Roswig; Shawn Lang; Deb Polun; Anita Cotto; Alta Lash

Members On Phone
Mark Espinosa

Other Participants
AHCT: James Wadleigh; Virginia Lamb; Julie Lyons; Chad Brooker

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I. Call to Order and Introductions

The meeting was called to order at 1:00 p.m.

II. Public Comment

There was no public comment.

III. 2016 Standard Plan Designs – Discussion and Vote

Meeting presentation was reviewed.

- Discussed the current requirement on number of standard plans as well as the number of optional non-standard plans permitted. Julie Lyons provided a refresher on the distinction between standard and non-standard plans.
- Reviewed enrollment data, noting that 60% of enrollment is in a Silver plan. 70% of enrollment is in an AHCT standard plan.
- Chad Brooker provided a summary of the need to revise some of the 2015 standard plans due to changes in the CMS Actuarial Value Calculator (AVC) tool. The Bronze plans had significant issues to remain in compliance.
    - Platinum standard plan option for consideration included the addition of a deductible that Inpatient Hospital, Skilled Nursing and Outpatient Hospital services would be subject to, and reductions in cost sharing for many services, although copays would increase for Prescription Drug in the Brand and Specialty tiers. Discussion ensued regarding these changes.
        - A motion was made by Victoria Veltri to adjust the proposed plan cost sharing as follows for recommendation to the Board of Directors: Emergency Room: $100; Inpatient Hospital/Skilled Nursing: $200 per day to $400 maximum; Advanced Radiology: $75; Prescription Drug Tiers 2-4: $15, $30 and 20% to $100 per script maximum. This motion was seconded by Deb Polun. **The motion passed.**
    - Gold standard plan option for consideration included a change to the Prescription Drug Tier 4 cost sharing to 20% coinsurance with a $75 per script maximum. Discussion ensued regarding these changes.
        - A motion was made by Bob Tessier to approve the Gold plan as presented for recommendation to the Board with a change to the Tier 4 per script maximum of $100. This motion was seconded by Anne Melissa Dowling. **The motion passed**.
    - Silver standard level plan considerations included two options, with cost sharing adjustments to include an increase in the Prescription Drug deductible and Maximum Out-of-Pocket (MOOP), as well as other changes for a limited number of service categories, including Tier 4 Prescription Drugs to align with the approach of coinsurance and a per script maximum used for the Platinum and Gold plans. Discussion ensued regarding these changes, including trade-off of increasing the Tier 4 maximum and potentially decreasing premium. Chad Brooker noted that non-subsidy eligible enrollees would benefit from the decreased premium, but those eligible for premium tax credits might not since the subsidy is based off the Second Lowest Cost Silver Plan (SLCSP).

- A motion was made by Victoria Veltri to approve the Silver plan identified as 'option 3' in the presentation for recommendation to the Board. This motion was seconded by Alta Lash. **The motion passed with one vote (Shawn Lang) opposed.**

- Silver standard 73% cost sharing variant (CSR) plan consideration included cost sharing adjustments to the PCP copay (reduction), elimination of the deductible for Urgent Care and changing the Tier 4 Prescription Drugs to align with the approach of coinsurance and a per script maximum taken for the plans previously reviewed. Discussion ensued regarding these changes, including estimated differences in trend for medical and prescription drug costs. Retaining the same copays and deductible from one year to the next results in an effect known as 'leveraging' where the insurance company is responsible for a greater share of covered services so the plan premium is increased.
    - A motion was made by Bob Tessier to approve the Silver 73% CSR plan identified as 'option 1' in the presentation for recommendation to the Board. This motion was seconded by Gerard O'Sullivan. **The motion passed with one vote (Shawn Lang) opposed.**
- Silver standard 87% CSR plan consideration included cost sharing reductions to the MOOP and many services, as well as the movement to coinsurance with a per script maximum for Tier 4 Prescription Drugs. Discussion ensued regarding these changes, including a recommendation to revert to an Emergency Room copay of $100, rather than reduce it to $75 due to concerns of increased utilization of higher cost services.
    - A motion was made by Deb Polun to approve the Silver 87% CSR plan identified as 'option 1' in the presentation for recommendation to the Board with the adjustment in the Emergency Room copay to $100. This motion was seconded by Alta Lash. **The motion passed.**
- Silver standard 94% CSR plan consideration included cost sharing reductions to many services, an increase to the MOOP and movement to coinsurance with a per script maximum for Tier 4 Prescription Drugs. Discussion ensued regarding these changes, including a recommendation to revert to an Emergency Room copay of $75, rather than reduce it to $50 and to drop the Urgent Care copay to $25.
    - A motion was made by Victoria Veltri to approve the Silver 94% CSR plan identified as 'option 1' in the presentation for recommendation to the Board with the adjustment in the Emergency Room and Urgent Care copays as discussed. This motion was seconded by Bob Tessier. **The motion passed.**

- Bronze standard plan considerations included three options for the non-HSA Bronze plan and three options for the HSA-Bronze plan. Discussion ensued regarding these options. For the non-HSA Bronze plan, Tier 1 generic drugs would need to be subject to the plan deductible in order to meet the AV requirements. The existing non-HSA Bronze plan design result is 64.5% using the 2016 AVC, which is outside the de minimis range by 2.5 points. The Connecticut Insurance Department copay maximums must be considered in plan designs, and currently the generic drug cap is $5. Suggestions for alternatives included a separate deductible for Prescription Drug coverage, determination of whether the plans could have a $0 copay for Tier 1 Mail Order Drugs and offsetting the Tier 1 cost sharing change with a change to some other coverage, such as changing Skilled Nursing to coinsurance.
    - A recommendation was made for AHCT to develop other options for these plans, since the Committee has concerns with revising the Prescription Drug Tier 1 cost sharing for the non-HSA Bronze plan to be subject to the plan deductible. The Committee would need to reconvene to review additional options but could do so via a conference call rather than an in-person meeting as long as there was a physical location available for public attendance.

Meeting adjourned at 3:00 pm.