



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

Remote Meeting

Thursday, January 28, 2021

Draft Meeting Minutes

Members Present: Grant Ritter (Chair); Theodore Doolittle; Mark Schaefer, Matthew Brokman; Tu Nguyen; Neil Kelsey; Jill Zorn; Paul Lombardo

Other Participants: Access Health CT (AHCT) Staff: James Michel; Ann Lopes; Charmaine Lawson; Ellen Kelleher; Susan Rich-Bye; Marcin Olechowski
Wakely Consulting: Julie Andrews; Brad Heywood
Cecelia Woods

A. Call to Order and Introductions

Chair Grant Ritter called the meeting to order at 2:00 p.m.

Roll call for attendance was taken.

B. Public Comment

No public comment.

C. Vote

Chair Ritter requested a motion to approve the March 18, 2020 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Jill Zorn and seconded by Tu Nguyen. Roll call vote was taken. Theodore Doolittle abstained. ***Motion passed.***

D. E. F. AHCT Vision, Mission and Values/Plan Management Certification Life Cycle/2021 Individual Market Landscape

Ann Lopes, Product Carrier Manager, presented the Access Health CT (AHCT) Vision, Mission and Values description, Plan Management Certification Life Cycle and 2021 Individual Market

Landscape. Ms. Lopes stated that one of the most important roles of this Committee is to help Connecticut residents through the development of standardized health plans that will meet the needs of consumers who obtain health insurance within the individual market. Ms. Lopes added that in keeping with the AHCT Vision, in past years, this Committee has evaluated how to balance designing plans that will deliver upon providing 'a reasonable, predictable cost' within the applicable guardrails of the Actuarial Value Calculator (AVC) tool and Mental Health Parity (MHP) testing, along with any other federal or state requirement.

Ms. Lopes pointed out that in 2020, the standardized Gold and Silver plans did not need to be modified as they continued to be compliant with Actuarial Value (AV) and Mental Health Parity requirements, so cost sharing for those plans in 2021 is the same as it was for plan year 2020. However, cost sharing did have to be modified for both the standardized Bronze and Bronze HSA compatible plans in order to bring them into compliance with AV requirements.

Ms. Lopes emphasized that AHCT Staff adheres to the core Values of the company, which include Authenticity, Integrity, Excellence, Ownership, One Team and Passion and assured that these values guide the behaviors of AHCT employees.

Ms. Lopes went on to describe the Plan Management Certification Life Cycle. Ms. Lopes provided historical perspective of the work of the Committee which, in the past, has included thoughtful discussions about potential cost sharing changes for the standardized plans., The actuarial consultant and the carrier representatives in attendance at this meeting have been instrumental in supporting the efforts to develop options for consideration. Ms. Lopes pointed out that like most years, designing the standardized plans is proceeding prior to the release of final federal guidance related to the maximum annual limitation on cost sharing, which is referred to as maximum out-of-pocket (MOOP) and the Actuarial Value Calculator and added that AHCT is targeting the release of the annual Solicitation for April.

Charmaine Lawson, Carrier Product Manager, provided information on the 2021 Individual Market Landscape. Ms. Lawson stated that there were rate and form filing submissions to the Connecticut Insurance Department (CID) to offer plans in the Individual market by four different licensed insurance companies: Anthem Health Plans, Inc.; ConnectiCare Benefits Inc.; ConnectiCare Inc. and ConnectiCare Insurance Company, Inc. Ms. Lawson added that twenty of the plans filed are available through the Exchange and there are an additional twenty plans filed that could be available only "off-Exchange". Ms. Lawson then provided a summary on the findings of premium rate comparisons of all plans approved in the Individual Market, both on and off-Exchange for the 2021 plan year. Ms. Lawson stated that at the Bronze metal level, 4 plans available through AHCT are the lowest premium plans of all Bronze plans approved by CID in every county.

Ms. Lawson summarized that at the Silver metal level, the one Silver plan that carriers can offer through the Exchange has close to a 71% AV, which is at the higher end of the permissible AV range of 66% to 72%. This signals that, from an enrollee cost sharing perspective, that the plan is on the richer side of the scale. Ms. Lawson added that seven of the eleven Silver plans filed in the Individual market have an AV of 70% or below. The AV is not the sole element of a plan that drives the price. Additional drivers include product type, network arrangements, additional benefits above EHB, and others.

Ms. Lawson indicated that consumers would have Silver plan options available 'off-Exchange' that are lower in premium than the Silver 'on-Exchange' plans. An 'off-Exchange' Silver plan may not be the right choice for a person eligible for subsidies, so that should be a consideration for potential enrollees.

The lowest premium Gold plans filed with CID are available through AHCT. In four counties, AHCT has the four lowest premium Gold plans and in four counties, AHCT has the two lowest premium Gold plans. Ms. Lawson finished her summary by adding that, there is one Gold plan available through AHCT that is lower in premium than all but one Silver plan offered either 'on' or 'off-Exchange'. Ms. Lopes referred to additional information contained in the appendix of the presentation that illustrates the age 21 rates for all plans in the Individual market for each county. Discussion ensued around silver-loading and issues associated with the premium costs. Neil Kelsey stated that CBI offered lower premium cost silver plan alternatives plans two years ago, but because of a change in AHCT guidance, took those off the Exchange. Mr. Kelsey added that what is left in Silver is the higher AV and it is a very rich plan. ConnectiCare Inc. (CCI) and ConnectiCare Insurance Company, Inc. CICI are able to put lower cost silver plans in the market outside of the Exchange since more flexibility in plan designs exists there.

G. Certification Requirements

Ms. Lopes provided the list of certification requirement topics that have been discussed by the Committee in past years. Ms. Lopes pointed out that state did not request changes to the Essential Health Benefits Benchmark plan for 2022 – those would have had to be submitted to the Department of Health and Human Services last year. Ms. Lopes added that changes to the plan mix were last revised for plan year 2020 and indicated that for the 2021 plan year, the Committee's review of certification requirements was focused on the standardized plan designs for the Individual market.

H. 2022 Individual Market Plan Designs

Julie Andrews and Brad Heywood from Wakely Consulting provided information on the 2022 Individual Market Plan Designs. Mr. Heywood pointed out that the proposed limitation on cost sharing is \$9100 for 2021. Mr. Heywood outlined the proposed annual limitation on cost sharing for Silver Cost Sharing Reduction (CSR) Variations. Changes may be included with the Final 2022 Notice of Benefit and Payment Parameters. Federal High Deductible Health Plan (HDHP) minimum deductible and MOOP limits have not yet been released for 2022. Mr. Heywood touched upon other regulation changes which include the 2021 Appropriations and COVID-19 Stimulus Package as well as the Hospital Transparency Bill. The proposed changes to the Federal Actuarial Value (AV) Calculator for 2022 were also discussed. Ms. Andrews described statutory changes for 2022 Plans pertaining to cost sharing maximums for diabetes medications and supplies, outlining estimated cost sharing and premium impacts for AHCT standard plans. Mr. Kelsey stated that these cost sharing caps could result in the need to increase other plan cost sharing to take into account the impact of the diabetes legislation. Ms. Andrews noted that changes to standard plans could also be considered to offset anticipated premium rate increases. Mr. Heywood reviewed the Actuarial Value of each 2021 standardized plan by metal tier and noted that the standardized Bronze HSA plan would need to comply with the state legislation pertaining to diabetes to the maximum extent permitted by federal law. Ms. Andrews reviewed IRS guidance related to additional services classified as preventive that could be included in that plan not subject to the deductible. Ms. Zorn requested that the standard plans be reviewed to determine if the deductible for lab services could be waived, and for the HSA Bronze

plan, whether items in the IRS guidance for people to stay healthy could be included. Ms. Andrews stated that the change for lab services could put pressure on the plan deductible but can revisit. It could be challenging to include in the Bronze plans, as they are close to the top of the AV range.

Discussion ensued around factors impacting the Actuarial Value Calculator, including historical changes in trend. Ms. Andrews stated that CMS did not apply a trend adjustment to the draft AVC for 2021 to 2022 because of COVID 19 and the resulting disruption in services for 2020. Mr. Ritter stated that there is a proposed change in the MOOP, however. Ms. Andrews stated that the MOOP is based on a consumer health cost index, and that it is an option to increase it for the standardized plans. She noted that non-standard Catastrophic plans would need to be adjusted for the MOOP change. Mr. Ritter questioned whether the MOOP for the HSA Bronze plan could go up to \$9100. Ms. Andrews stated that there may be a need to touch the deductible for that plan for the requested revisions, but that IRS guidance on this value for High Deductible Health Plans (HDHPs) is not released until the spring. It is not anticipated that it will increase to \$9100.

Ms. Zorn asked what would change if increases in subsidy levels under consideration pass in the Congress. Ms. Rich-Bye stated that based on what Congress is talking about now that the AV would not be impacted.

I. and J. 2022 Plan Year Timeline: Certification Requirements and HPBQ AC Meeting Schedule

Ellen Kelleher, Carrier Product Manager, provided the 2022 Plan Year Timeline: Certification Requirements. Ms. Kelleher noted that all actions have to align with the CID deadline. Ms. Kelleher provided an in-depth analysis of the specific deadlines that have to be abided by in order to be compliant. Ms. Kelleher noted that Qualified Health Plans and Stand-Alone Dental Plans applications are due back to AHCT from carriers interested in offering plans through the Exchange in 2022 in early July. Proposed meeting agendas and the timeline of the next Committee meetings were briefly described.

K. Next Steps

Ms. Lopes provided the next steps that are planned in terms of the work of the Plan Management Team and the Committee.

L. Adjournment

Chair Grant Ritter requested a motion to adjourn. Motion was made by Jill Zorn and seconded by Mark Schaefer. Roll call vote was ordered. Motion passed unanimously. Meeting adjourned at 3:24 p.m.