



Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting
March 12, 2021

Agenda

- Call to Order and Introductions
- Public Comment
- Vote: Meeting Minutes (February 25, 2021)
- Follow-ups from Prior Meeting
- Legislative Activity
- Certification Requirements
- 2022 Individual Market Standard Plan Designs
- Small Group Market Update
- 2022 Plan Year (PY) Timeline: Certification Requirements
- HPBQ AC Meeting Schedule
- Next Steps

Public Comment

Vote:

**Review and Approval of Minutes:
February 25, 2021 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.



Follow-Ups from Prior Meeting

Action Item	Status
Number of non-subsidized Silver enrollees were auto-renewed into Silver.	Approximately 2,900 QHP enrollees in Silver plans without financial assistance were auto-renewed
Maximum Out-of-Pocket (MOOP) Data	Wakely Consulting has included a table outlining the distribution of out-of-pocket annual costs for individual market members in this presentation
Plan Design Alternatives: increase lab service copay to \$20 to determine if MOOP/deductible would be positively impacted	Wakely Consulting will review during the presentation today
Average Cost of Lab Services	Wakely Consulting will review during the presentation today
Hospital Cost Transparency: Hospital Tools	Consumer experience overview

Legislative Activity

Legislative Activity – Possible Impact to 2022 Plans

- Federal: American Rescue Plan
- State
 - SB-00842 - An Act Concerning Health Insurance and Health Care In Connecticut
 - Governor's Bill No. 6447 - An Act Creating The Covered Connecticut Program To Expand Access To Affordable Health Care

Certification Requirements

Certification Requirements

Certification Requirements	Modified for 2021	2022 Suggested Topics
Essential Health Benefits (EHB) Benchmark Plan	x	CMS EHB benchmark plan selection submission deadline: 5/8/20 for 2022 (State of CT)
Prescription Drug Formulary Review Responsibility	x	x
Tobacco Use Premium Surcharge in the Individual Market	x	x
Broker Compensation	x	x
Network Adequacy Standards	x	x
Essential Community Provider (ECP) Contracting Standards	x	x
Pediatric Dental Coverage in Medical Plans	x	x
Lowest Cost Silver Plan in the Individual Market	x	x
“Plan Mix”: Individual Market Medical	x	x
“Plan Mix”: Individual Market Stand-Alone Dental Plans (SADP)	x	x
“Plan Mix”: SHOP Medical	x	x
“Plan Mix”: SHOP Stand-Alone Dental Plans (SADP)	x	x
Standardized Plan Development – Individual Market Medical	✓	✓
Standardized Plan Development – SADP	x	x
OTHER: <ul style="list-style-type: none"> Topics impacted by new federal / state regulations and guidance [e.g., impact to changes in funding for CSR plans, reinsurance, etc.] Items suggested by AHCT Board of Directors, HPBQ AC or other constituents including customer preferences/input 	x	✓ (plan designs to incorporate State legislation regarding diabetes coverage)

Public Act No. 20-4: An Act Concerning Diabetes And High Deductible Health Plans

- Items to resolve prior to finalizing cost sharing changes for standardized plans for 2022
 - Determine if maximum for diabetes devices is per equipment/supply type or combined for all types for a 30-day supply
 - Determine if cost sharing maximums apply to equipment, supplies and/or medications for in-network services only, separately for in- and out-of-network or combined for in- and out-of-network
 - Verify that the statement referencing cost sharing maximums may apply to High Deductible Health Plans (HDHPs) to the extent permitted by federal law means that the maximums should be in place from the point the deductible is met until the maximum out-of-pocket is reached
 - Federal law does not permit a deductible be waived for a HDHP for other than certain preventive care services
 - Determine if cost sharing maximums apply to equipment, supplies and/or medications for in-network services only, separately for in- and out-of-network or combined for in- and out-of-network

AHCT Stand-Alone Dental Plans (SADPs) for 2021

Plan Mix: Number of Plans Permitted per Issuer		
	Standardized	Non-Standard
Plan Count	1	3
TOTAL	1 Required / 3 Optional	
Maximum	4	

Carrier Plan Submissions: 2021 Plan Year	
Individual Market	Small Group Market
1 Standardized & 3 Non-Standard*	1 Standardized & 1 Non-Standard
4*	2

**1 new non-standard plan added
for 2021 plan year in
Individual Market*

AHCT Standardized Stand-alone Dental Plan

Plan Overview	In-Network (INET) Member Pays
Deductible (<i>Does not apply to Preventive & Diagnostic Services</i>)	\$60 per member, up to 3 family members
Out-of-Pocket Maximum (<i>for children under age 19 only</i>) For one child Two or more children	\$350 \$700
Diagnostic Services	
Oral Exams (<i>twice per year</i>)	\$0
X-Rays: Periapicals (<i>four per year</i>) Bitewing Radiographs (<i>once every year</i>) Panoramic or Complete Series (<i>once every 3 yrs</i>)	
Preventive Services	
Cleanings (<i>twice per year</i>)	\$0
Periodontal Scaling and Root Planing	
Periodontal Maintenance <i>once every 3 months following periodontic surgery</i>	
Fluoride (<i>twice per year, under age 19</i>)	
Sealants (<i>for children under 19</i>)	
Basic Services	
Filings	20% after deductible is met
Simple Extractions	

Plan Overview	In-Network (INET) Member Pays
Major Services	
Surgical Extractions	40% after deductible is met
Endodontic Therapy (i.e. Root Canal Treatment)	
Periodontal Therapy	
Crowns and Cast Restorations	
Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)	
Other Services (<i>for children under age 19</i>)	
Medically-Necessary Orthodontic Services	50% after deductible is met
Waiting Periods and Plan Maximums (<i>for adults aged 19 and older only</i>)	
Applicable Waiting Period for Benefit	
Diagnostic and Preventive Services	no waiting period
Basic Services	6 months*
Major Services	12 months*
*Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan	
Plan Maximum	\$2,000 per adult member age 19 and over

Inclusion of / cost sharing for Out-of-Network is not prescribed by AHCT

SADP: Maximum Out-of-Pocket (Pediatric)

- Application to stand-alone dental plans inside the Exchange (45 CFR §156.150)
 - Annual limitation on cost-sharing (a.k.a. maximum out-of-pocket, or MOOP) for a stand-alone dental plan covering the pediatric dental EHB may not exceed \$350 for one covered child and \$700 for two or more covered children for in-network coverage
 - Increases to this value are based on a sub-component of the U.S. Department of Labor's Bureau of Labor Statistics Consumer Price Index (CPI) specific to dental services
 - Any increase in this value that does not result in a multiple of \$25 will be rounded down, to the next lowest multiple of \$25
- For plan year 2022, the SADP annual limitation on cost sharing for one covered child is proposed as \$375 for one covered child and & \$750 for two or more covered children for in-network coverage
 - This is based on a 9.303 percentage point increase of the CPI for dental services for 2020 of 500.970 over the CPI of 458.330 for dental services for 2016
 - Value would result in an increase of \$32.56 if not for the regulation outlined above, which requires incremental increases to be rounded down to the next lowest multiple of \$25

SADP: AHCT Enrollment* in Individual Market Plans

Plan	Member Count	Percent of SADP Enrollment
Anthem Family Enhanced	564	14.06%
Anthem Family	1,536	38.28%
Anthem Family Value	1,516	37.79%
Anthem Dental Family Preventive	396	9.87%
TOTAL	4,012	

**Enrollment as of March 2021*