

A young boy and an older woman are smiling and cooking together in a kitchen. The boy, on the left, is wearing a blue and grey striped shirt and a grey apron, holding a whisk over a blue pot. The woman, on the right, is wearing a red shirt, a beige knitted vest, a black apron, and glasses, also holding a whisk over a green pot. The background shows a modern kitchen with white cabinets and a stainless steel backsplash.

Access Health CT – Board of Directors

May 20, 2021

Board Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Vote: Review and Approval of Minutes
- D. CEO Report
- E. COVID-19/Special Enrollment
Final Report
- F. American Rescue Plan Implementation
Update
- G. 2022 Individual Market Plan Designs
- H. Human Resources Committee Update
- I. Strategy Committee Update
- J. Summary of State Auditors' FY16 and FY17
Audit
- K. ACA Legal/Policy Update
- L. Future Agenda Items
- M. Adjournment

Public Comment

Vote

- April 15, 2021 Regular Meeting Minutes

CEO Report James Michel

COVID-19/Special Enrollment Final Report

COVID-19 Special Enrollment Final Report

Recap: Access Health CT opened a Special Enrollment Period for consumers who were not currently enrolled in coverage through AHCT. This effort aligned with the Special Enrollment Period in the Federally Facilitated Marketplace (FFM) and most importantly helped consumers during the COVID-19 Pandemic and Public Health Emergency. The Special Enrollment Period (SEP) took place February 15 through April 15, 2021.

Enrollment Period: 2/15 - 4/15

Plan Year	SEP Enrollment
2019	1,817
2020*	4,250
2021**	5,890

Reminder: An expanded special enrollment period for CT residents who are uninsured, underinsured, or would like access to new financial help is in effect from May 1 – August 15, 2021.

* Special Enrollment Period included a qualifying life event for uninsured residents from 3/19 – 4/17/2020.

** Special Enrollment Period included a qualifying life event for uninsured and underinsured residents from 2/15 – 4/15/2021.

American Rescue Plan Implementation Update

American Rescue Plan (ARP) – May Update

Recap: On April 30th AHCT implemented and released the updated ARP contribution rates. Since then, any customer updating or renewing an application is eligible to benefit from additional financial help to make plans more affordable.

Impact Since April 30th:

Existing Enrollees:

- 3,438 - Enrollees with updated applications
- 190 – Enrolled in new plan with the same carrier
- 35 – Enrolled in plan with a different carrier
- \$485k - Aggregate monthly premium savings
- Pre ARP: \$491 / Post ARP: \$281 – Average household net premium
- 24% - Proportion of updating enrollees above 400% FPL
- 391 – Enrollees updated financial help request*

New Enrollees:

- 2,181 - Enrollees newly enrolled in a QHP
- 88% - New enrollees eligible for APTC
- 39% - New enrollees using help from a broker
- \$204 - Average household net premium
- 93% - New enrollees requesting FH*

**Enhanced customer alert and improved literacy for financial help question to be released on June 4*

American Rescue Plan (ARP) – May Update

Current Development Efforts: Development of an automatic Advance Premium Tax Credit (APTC) update for existing customers and implementation of unemployment income provision scheduled for June 25th release.

Automatic APTC Update:

- Auto-update exclusions will omit enrollees with open verifications, \$0/minimal savings, not requesting financial help, post ARP application manual update, and manual APTC adjustments
- Eligible enrollees will receive communications at least 30 days prior to update date with opt-out instructions
- 45k enrollees projected to be eligible for auto-update

Unemployment Income Update:

- Enrollees will be able to attest to receiving unemployment income in CY 2021
- Analysis to be conducted to determine which enrollees have evidence of unemployment income
- Targeted communications to be planned for at least ~1.3k QHP enrollees with indications of UI benefits
- Unemployment income attestation/benefit set to expire for PY2022

Marketing Update

American Rescue Plan Marketing Strategy

Marketing Strategy

Focus:

1. Existing AHCT customers receiving financial help
2. Existing AHCT customers NOT receiving financial help
3. Uninsured residents
4. Off-exchange customers
5. Small business employees who could benefit from buying on the individual market
6. Starting October 2021, residents getting/choosing COBRA coverage

Marketing Strategy: Communication plan focused on:

- Intro to Access Health CT & The American Rescue Plan Act
- Marketplace subsidy expansions
- Removal of the Subsidy Cliff
- Expanded subsidy for people receiving unemployment insurance
- 100% premium payment for those with COBRA coverage

Community Outreach

Partner Outreach:

- 4 webinars for CACs, Brokers and Navigators (205 attendees)
- Launched American Rescue Plan call-a-thon (1600 calls) to partners statewide during in May.
- Virtual Healthy Chats: Tue. (EN) & Wed. (SP) 6:00pm.
- Continue partnership with Department of Labor and the American Job Centers

In-Person Events:

- Events with Navigators distribute promo items & materials
- Conferences & Webinars:
 - National Organizations of Rare Disease (800 attendees)
 - Barbour St. Earth Day Celebration
 - South End Wellness & Senior Center
 - Vaccination sites statewide

Carrier Comms Plan: reach “off-exchange” customers

In-Person Help: Navigator Locations (New Haven & Hartford)

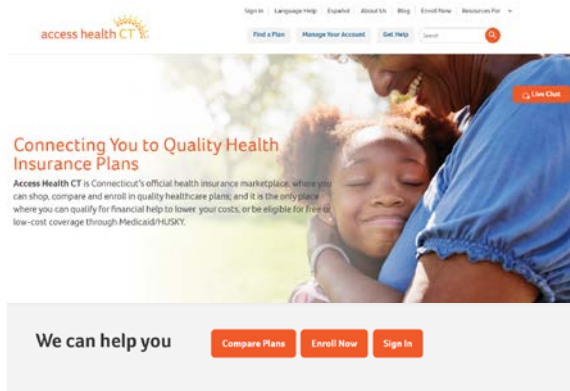


New AccessHealthCT.com

Current



New



- New look & feel
- Improved Navigation, Content & Customer Exp.
- Search Engine Optimization
- Tracking

I want to...



Find a Plan >

WE CAN HELP YOU GET STARTED
New to AHCT? Looking for coverage options for yourself or your family?

The American Rescue Plan Act has made more financial help available to many residents, and we can help you understand how it works.



Manage my Account >

WE CAN HELP YOU STAY UP TO DATE

From May 1 – August 15, 2021 customers can update their application and confirm their current plan with updated financial help. Keep your account details updated, including your household's estimated income, and understand your next



Find Plans for my Small Business >

WE CAN HELP YOUR SMALL BUSINESS

Provide your employees with quality and affordable healthcare coverage. We can help you understand your options.

You can also find a Broker or get a

Tv Ads: American Rescue Plan



2022 Standardized Plans

AHCT Standardized Plans at a Glance

- **AHCT Standardized Plans:**
 - Cost sharing (i.e., deductibles, out-of-pocket maximums, copays and coinsurance) values within a sub-set of benefits for a select number and type of plans are prescribed by AHCT
 - Uniform cost sharing across these plans allows consumers to focus on other unique aspects of each standardized plan, such as, premium, provider network, drug formulary, wellness programs, overall plan quality and customer service satisfaction, as well as carrier brand
 - Premium rates for the standardized plan will differ among the submitting Issuers...there are some benefits that may not have the exact same cost sharing because AHCT has not prescribed what to include (examples: mail order drug coverage, adult vision coverage)
 - All Issuers that participate with AHCT in the Individual Market must submit the required number and type of standardized plans each year in order to be certified
 - Standardized plans required for 2021 are as follows: 1 Gold, 2 Silver, 2 Bronze

2022 Plan Design Development

- Previous meeting included discussion of plan design modifications related to:
 - Deductible for laboratory services
 - State legislation on diabetes effective January 2022
 - Internal Revenue Service guidance: “Additional Preventive Care Benefits Permitted to be Provided by a High Deductible Health Plan Under § 223”

AHCT Standardized Plans in Individual Market: Summary of Previously Approved Changes for Plan Year 2022

Metal Level	State Legislation for Diabetes Treatment	In-Network Laboratory Services	Maximum Out-of-Pocket and / or Deductible Adjustment
Gold	✓	No change from 2021	No change from 2021
Silver (70%)	✓	\$10 after deductible → \$20 copay	Individual MOOP: \$8150 → \$8600
Silver 73% CSR	✓	\$10 after deductible → \$20 copay	Individual MOOP: \$6500 → \$6800
Silver 87% CSR	✓	\$10 after deductible → \$10 copay	Individual MOOP: \$2500 → \$2725
Silver 94% CSR	✓	No change from 2021	No change from 2021
Bronze (non-HSA)	✓	\$10 after deductible → \$20 copay	Individual MOOP: \$8550 → \$8800
Bronze (HSA compatible)*	✓	No change from 2021	Individual MOOP: \$6900 → \$7000

**HSA Bronze plan changes previously approved included state legislation for diabetes treatment (incorporated after deductible is met) and inclusion of retinopathy screening and A1C Testing as preventive*

AV = Actuarial Value / MHP = Mental Health Parity / MOOP = Maximum Out-of-Pocket / CSR = Cost Sharing Reduction
HSA = Health Savings Account / HDHP = High Deductible Health Plan

Access Health CT

2022 Individual Market Standard Plan Designs

May 20, 2021

PRESENTED BY

Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Brad Heywood, ASA, MAAA – Associate Actuary

2022 Plan Design Change Overview

Changes from April 15th Board Meeting

- 1 Bronze non-HSA: Review scenarios reflecting MOOP per final regulation
- 2 Bronze HSA – Review various scenarios for cost-sharing changes per diabetes legislation

The plans have been reviewed for AV with the State Diabetes Bill.
Mental Health Parity compliance has been reviewed by all Carriers

2022 Plan Designs Overview

The plans have been reviewed for AV with the State Diabetes Bill. Mental Health Parity compliance has been reviewed by all Carriers

Summary of 2022 Bronze Non-HSA Plan AV

Benefit Category	2021 Ind. Standard Bronze Non-HSA Plan	2022 Ind. Standard Bronze Non-HSA Plan (Alt 2)
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)	\$6,550 (INN)/\$13,100 (OON)
Coinsurance	40%	40%
Out-of-pocket Maximum	\$8,550 (INN)/\$17,100 (OON)	**\$8,800 (INN)/\$17,600 (OON)
Primary Care	\$50	\$50
Specialist Care	\$70 (after ded.)	\$70 (after ded.)
Urgent Care	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$30 (after ded.)	\$30 (after ded.)
Combined 40 visit calendar year maximum, separate for each type		
Chiropractic Care	\$50 (after ded.)	\$50 (after ded.)
20 visit calendar maximum		
All Other Medical	40% (after ded.)	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2022 AVC Results	*64.33% - 64.47%	*64.38% - 64.47%



Previously Approved Plan Design:

MOOP Exceeds final regulatory limit of \$8700

2022 Benefit changes:

- \$25 for each 30-day supply of a covered, prescribed, medically necessary insulin or non-insulin drug, and
- \$100 for a 30-day supply of all covered, medically necessary Diabetic devices or diabetic ketoacidosis devices.

New Options: 2022 Bronze Non-HSA Plan AV

Benefit Category	2021 Ind. Standard Bronze Non-HSA Plan	2022 Ind. Standard Bronze Non-HSA Plan (Alt 3)	2022 Ind. Standard Bronze Non-HSA Plan (Alt 4)
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)	\$6,550 (INN)/\$13,100 (OON)	\$6,650 (INN)/\$13,300 (OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$8,550 (INN)/\$17,100 (OON)	**\$8,700 (INN)/\$17,400 (OON)	**\$8,700 (INN)/\$17,400 (OON)
Primary Care	\$50	\$50	\$50
Specialist Care	\$70 (after ded.)	\$70 (after ded.)	\$70 (after ded.)
Urgent Care	\$75	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$20	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
Combined 40 visit calendar year maximum, separate for each type			
Chiropractic Care	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
20 visit calendar maximum			
All Other Medical	40% (after ded.)	40% (after ded.)	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2022 AVC Results	*64.33% - 64.47%	*64.52% - 64.70%	*64.47% - 64.65%

2022 Benefit changes:

- \$25 for each 30-day supply of a covered, prescribed, medically necessary insulin or non-insulin drug, and
- \$100 for a 30-day supply of all covered, medically necessary Diabetic devices or diabetic ketoacidosis devices.

Vote

Summary of 2022 Bronze HSA Plan AV

Previously Approved Plan Design:

Benefit Category	2021 Bronze HSA Plan	2022 Bronze HSA Plan
Combined Medical & Rx Deductible	\$6,350 (INN)/\$12,700 (OON)	\$6,350 (INN)/\$12,700 (OON)
Coinsurance	20%	20%
Out-of-pocket Maximum	\$6,900 (INN)/\$13,800 (OON)	\$7,000 (INN)/\$14,000 (OON)
Primary Care, Specialist Care, Urgent Care, Emergency Room Inpatient Hospital, Outpatient Hospital Advanced Radiology (CT/PET Scan, MRI) Non-Advanced Radiology (X-ray, Diagnostic) Laboratory Services, Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational), Chiropractic Care	20% (after ded.)	20% (after ded.)
Diabetic Supplies	20% (after ded.)	**20% (after ded.)
All Other Medical	20% (after ded.)	20% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)
2022 AVC Results	64.98%	64.98%

*\$25 maximum for each thirty-day supply of a medically necessary covered insulin drug; \$25 maximum for each 30-day supply of a medically necessary covered non-insulin drug.

**20% coinsurance after in-network deductible is met to a \$100 maximum per month for all covered medically necessary equipment and supplies.

Maximums apply after in-network deductible is met.

New Options: 2022 Bronze HSA Plan AV

- Not subject to deductible: 4 of the 6 items permitted per IRS Notice 2019-45 for individuals diagnosed with diabetes listed below (subject to plan coinsurance)
 - Insulin and other glucose lowering agents*
 - Glucometer*
 - Hemoglobin A1c testing
 - Retinopathy screening

*State legislation maximum cost sharing applies (\$25 for each 30-day supply of a medically necessary covered insulin drug; \$25 for each 30-day supply of a medically necessary covered noninsulin drug; \$100 for a 30-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices)
- After deductible: maximums noted above to apply per state legislation on diabetes for any applicable service required by legislation but not included in IRS guidance noted above, such as blood glucose test strip, continuous glucometer, lancet, lancing device or insulin syringe

HSA Bronze Plan Revision	Deductible	MOOP
Current	\$6,350 (Current) / \$12,700 OON	\$6,900 / \$13,800 OON
New Option 1	\$6,350 (Current) / \$12,700 OON	\$7,000 / \$14,000 OON
New Option 2	\$6,500 / \$13,000 OON	\$7,000 / \$14,000 OON
New Option 3	\$6,700 / \$13,400 OON	\$7,000 / \$14,000 OON

New Options: 2022 Bronze HSA Plan AV

Benefit Category	2021 Bronze HSA Plan	2022 Bronze HSA Plan Option 1	2022 Bronze HSA Plan Option 2	2022 Bronze HSA Plan Option 3
Combined Medical & Rx Deductible	\$6,350 (INN) / \$12,700 (OON)	\$6,350 (INN) / \$12,700 (OON)	\$6,500 (INN) / \$13,000 (OON)	\$6,700 (INN) / \$13,400 (OON)
Coinsurance	20%	20%	20%	20%
Out-of-pocket Maximum	\$6,900 (INN) / \$13,800 (OON)	\$7,000 (INN) / \$14,000 (OON)	\$7,000 (INN) / \$14,000 (OON)	\$7,000 (INN) / \$14,000 (OON)
Primary Care, Specialist Care, Urgent Care, Emergency Room, Inpatient Hospital, Outpatient Hospital, Advanced Radiology (CT/PET Scan, MRI), Non-Advanced Radiology (X-ray, Diagnostic), Laboratory Services, Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational), Chiropractic Care	20% (after ded.)	20% (after ded.)	20% (after ded.)	20% (after ded.)
Diabetic Supplies	20% (after ded.)	*20% (after ded.)	*20% (after ded.)	*20% (after ded.)
All Other Medical	20% (after ded.)	20% (after ded.)	20% (after ded.)	20% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)
2022 AVC Results	64.98%	64.81% - 64.94%	64.73% - 64.86%	64.66% - 64.79%

- Not subject to deductible: 4 of the 6 items permitted per IRS Notice 2019-45 for individuals diagnosed with diabetes listed below (subject to plan coinsurance)
 - Insulin and other glucose lowering agents*
 - Glucometer*
 - Hemoglobin A1c testing
 - Retinopathy screening

*State legislation maximum cost sharing applies (\$25 for each 30-day supply of a medically necessary covered insulin drug; \$25 for each 30-day supply of a medically necessary covered noninsulin drug; \$100 for a 30-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices)
- After deductible: maximums noted above to apply per state legislation on diabetes for any applicable service required by legislation but not included in IRS guidance noted above, such as blood glucose test strip, continuous glucometer, lancet, lancing device or insulin syringe

Vote

Appendix

Benefit Notes and Caveats

- Other services not included in the AVC, but will be specified cost sharing for each standardized plan

In-Network Services
Other Services
Mammography Ultrasound
Chiropractic Services (up to 20 visits per calendar year)
Diabetic Supplies & Equipment
Durable Medical Equipment
Home Health Care Services (up to 100 visits per calendar year)
Ambulance Services
Urgent Care Center or Facility
Pediatric Dental Care (for children under age 19)
Diagnostic & Preventive
Basic Services
Major Services
Orthodontia Services (medically necessary)
Pediatric Vision Care (for children under age 19)
Out-of-Network Services
All services, deductible and maximum out-of-pocket

Benefit Notes and Caveats

- The cost sharing shown on the following slides represents costs for in-network services only.
- The deductible and MOOP limits shown are for individuals. The family limits are 2x the individual limit for all plans except where noted.
- Preventive care is covered at no cost to the member for all plans.
- Mental Health outpatient visit cost sharing is the same as Primary Care visit for all plans.
- Silver loading for defunded cost-sharing reduction plans will persist in 2022.
- All plans include 'embedded' deductible approach (not aggregate)

Statutory Changes for 2022 Plans

Connecticut Public Act 20-4

An Act Concerning Diabetes and High Deductible Health Plans

Under the act, covered individuals generally do not pay more out-of-pocket than:

- \$25 for each 30-day supply of a covered, prescribed, medically necessary insulin or non-insulin glucagon drug, and
- \$100 for a 30-day supply of all covered, medically necessary Diabetic device or diabetic ketoacidosis device.
 - Connecticut Insurance Department issued guidance in Bulletin HC-129*: \$100 cap is to be applied as a thirty-day supply cumulative cap for all such devices
- These out-of-pocket limits only apply to HDHPs to the extent that is permitted by federal law and they do not disqualify insureds with these plans from certain federal tax benefits.

Human Resources Committee Update

Human Resources

- **Staffing Update**
- **Post Pandemic Back to Work Strategy**
 - Six Pillars
 - Employee Survey
 - Committee/Working Group
 - Plan Implementation

Strategy Committee Update

AHCT STRATEGIC INITIATIVES FOR FUTURE DEVELOPMENT

1

Health Disparities

2

Grants

3

AHCT Subsidiary

4

IT System Changes

5

Department of Labor

6

Review of AHCT Mission
and Vision

Some of the Strategic Initiatives will support potential initiatives from the State Legislature

Summary of State Auditors' FY16 and FY17 Audit

State Auditors Report FY 16 and FY17

- State auditors evaluate internal controls, compliance with internal policies and procedures as well as compliance with regulations, and economy and efficiency of management practices
- Five findings and recommendations
 - Procurement policy is extremely broad and lacks details for considering sole source contracts
 - AHCT did not submit certain required reports for FY 17
 - AHCT did not maintain personnel records in accordance with written policies
 - AHCT did not have a records retention schedule and not on file with State Library
 - Weakness over Information Security

ACA Legal / Policy Update

ACA Policy/Legal UPDATE

- Proposed American Families Plan
- Final Notice of Benefit and Payment Parameters for PY 2022
- ACA Litigation

Proposed American Families Plan

- Proposes to make 2 changes for Premium Tax Credits (PTC) from American Rescue Plan Act permanent
 - Extending PTCs to middle-income people (over 400% of FPL)
 - Increasing PTC amounts for low and moderate-income people (below 400% of FPL)

Final Rule Notice of Benefit and Payment Parameters PY 2022

- Changed method for calculating Premium Adjustment Percentage resulting in reduced Maximum Out of Pocket Amount to \$8,700
- SEP Verification requirements and new SEP Rules
- Direct Enrollment Entity plan display requirements
- No enforcement action for not verifying Employer Sponsored Coverage
- Annual reporting of State-required Benefits delayed

ACA Litigation and Policy Changes

- *City of Columbus v. Cochran*- “Take Care” case filed against Trump Administration for 2019 Payment Notice provisions
 - 4 parts of rule vacated: Network Adequacy requirements, Standardized Plan Display on FFM, Income Verification and Medical Loss Ratio calculations
 - Reverts back to pre 2019 Payment Notice status. HHS may issue additional rulemaking on them
- Section 1557 Non-Discrimination Provisions
 - Office of Civil Rights within HHS announced in May it will interpret Section 1557 and Title IX to include discrimination on the basis of sexual orientation and gender identity as part of prohibition of discrimination on the basis of “sex”

Future Agenda Items

Adjournment