



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

Remote Meeting

Friday, May 14, 2021

**Meeting Minutes**

**Members Present:** Grant Ritter (Chair); Theodore Doolittle; Heather Aaron; Matthew Brokman; Tu Nguyen; Neil Kelsey; Ellen Skinner; Jill Zorn; Paul Lombardo (Subject Matter Expert – SME)

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

**A. Call to Order and Introductions**

Chair Grant Ritter called the meeting to order at 12:00 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 25, 2021 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Theodore Doolittle and seconded by Ellen Skinner. Roll call vote was taken. ***Motion passed unanimously.***

**D. Status of 2022 Standardized Plans**

Ann Lopes, Product Carrier Manager, stated that the purpose of the meeting is to review the previously recommended and approved 2022 standardized plans. Ms. Lopes added that the Final Notice of Benefits and Payments and Parameters has been released and it included a change in

the Maximum Out of Pocket (MOOP) thresholds. Ms. Lopes pointed out that due to this action, the non-HSA bronze plan that was previously recommended and approved fell out of the compliance and would need to be revised. Ms. Lopes added that following the last meeting of the Committee, the Plan Management Team (PMT) received a request from one of the participating carriers to review the HSA bronze plan again and Wakely Consulting worked closely with participating carriers on this issue.

Ms. Lopes also provided a brief recap of the previous meetings of the Committee. Ms. Lopes stated that the Committee requested review of the standardized plan designs to determine if Laboratory Services could be incorporated so that the benefit would not be subject to the annual deductible. Ms. Lopes added that a major focus for the Committee has been modifications needed for the current standardized plans to incorporate state legislation outlined in Public Act 20-4 that was passed last year pertaining to coverage for certain medication and equipment used in treating diabetes.

Ms. Lopes pointed out that the Committee also explored the potential impact on the standardized HSA Bronze plan based on IRS guidance released in 2019 that allowed for certain services to be considered “preventive” when used to treat specific conditions such that the deductible could be waived for the service under an HSA-compatible plan. Ms. Lopes indicated that a discussion followed on whether specified services outlined in that guidance for use in the treatment of people diagnosed with diabetes should be included under the AHCT standardized Bronze HSA-compatible plan and how that might align with the state legislation on diabetes, including the cost sharing maximums.

Ms. Lopes emphasized that Wakely Consulting worked with the two insurance companies offering plans through AHCT to review the 2021 standardized plans to determine the potential impact to them for these items and added that plan options were tested by both carriers, not only for the federal Actuarial Value (AV) compliance, but also for Mental Health Parity (MHP).

Ms. Lopes outlined the changes to the standardized plans that were previously recommended by the Committee and presented to the AHCT Board of Directors for review and approval on April 15. Ms. Lopes provided an in-depth analysis of the previously recommended changes for PY2022.

Ms. Lopes stated that during the Board meeting, as well as previous meetings of this Committee, it was noted that AHCT was awaiting final Federal guidance for the AV Calculator and the Maximum Out of Pocket (MOOP) limits, and that if the MOOP threshold in the final rule was at a level lower than outlined in the proposed rule, some of the plans for which cost sharing changes were recommended and approved might need to be revised. Ms. Lopes added that based on the final Notice of Benefit and Payment Parameters (NBPP) which was released by the Centers for Medicare and Medicaid Services (CMS) on April 30, AHCT found this plan design will no longer comply with federal regulations for 2022, since the MOOP threshold published in the regulation

was reduced from the proposed amount of \$9100 to \$8700. Ms. Lopes indicated that Wakely Consulting provided revised plan alternatives to the carriers for AV and MHP testing.

Ms. Lopes further explained the proposed changes and added that for the standardized HSA-compliant Bronze plan, the 2022 plan design was initially revised to incorporate the maximum cost sharing outlined in the state legislation on diabetes from the point the plan deductible is met until the MOOP is reached. Ms. Lopes added that not included in the example are two items that were also to be incorporated in this plan in an effort to include components of the IRS guidance from 2019 regarding additional benefits that could be considered preventive for individuals diagnosed with diabetes in a High Deductible Health Plan (HDHP). Those were: A1C testing and retinopathy screening.

Ms. Lopes stated that AHCT was notified by one of the participating carriers subsequent to the last Committee meeting that their legal team questioned whether this plan would be compliant with the state legislation on diabetes. Ms. Lopes added that after discussing this topic with both carriers to ensure that all had the same understanding of the reference “to the extent permitted by federal law” for a HDHP within the state legislation, the Plan Management Team moved forward with creating new plan options for review.

Ms. Lopes stated that the IRS guidance from 2019 was also reviewed again. Ms. Lopes said that in previous meetings it was noted that not all the services required for inclusion with a copay maximum per the state legislation on diabetes aligned with the services listed in the IRS guidance for individuals diagnosed with diabetes. Ms. Lopes stated that insulin and other glucose lowering agents as well as Glucometers were included on the IRS listing, but when attempting to include these in earlier evaluations, they were treated as preventive not subject to a copay or the deductible and plan options did not fall within the federally designated AV range. Ms. Lopes added that due to the IRS notice stating that the additional services and items listed in the guidance were considered preventive care for purposes of the Internal Revenue Code, 26 CFR Section 223(c)(2)(C), but are not treated as preventive care required to be provided without cost sharing for purposes of section 2713 of the PHS Act. Ms. Lopes added that further evaluation by the carriers to include insulin and other glucose lowering agents as well as glucometers not subject to a deductible with the copay maximums outlined in the state legislation was performed and resulted in the plans meeting AV for the standardized HSA Bronze plan.

Ms. Lopes stated that additionally, two of the services listed in the IRS Notice that do not have cost sharing maximums, A1C testing and retinopathy screening, could also be included in the plan without a deductible per the IRS Notice but subject to the plan coinsurance. Wakely Consulting has worked with the carriers on revising this plan and will be reviewing revised alternatives later in this discussion.

Ms. Lopes emphasized that within the past weeks, CMS finalized the AV Calculator tool and the IRS released the High Deductible Health Plan (HDHP) plan design thresholds for calendar year 2022 for the minimum deductible and MOOP.

### **E. 2022 Individual Market Standard Plan Designs**

Julie Andrews from Wakely Consulting described regulatory and statutory changes for 2022 as well as changes to the Federal AVC.

Ms. Andrews provided an overview of the 2022 Plan Design Changes, which included reviewing scenarios reflecting the changes to comply with the final MOOP regulation for Bronze Non-HSA and reviewing various scenarios for cost-sharing changes per diabetes legislation for Bronze HSA and MHP Compliance. Ms. Andrews stated that all plans proposed have been reviewed by the participating carriers for compliance for their own actuarial value calculations and mental health parity compliance. Ms. Andrews noted that the increase in the maximum out of pocket of \$8,800 is no longer compliant with the finalized \$8,700 limit in the federal regulation for the Bronze Non-HSA Plan.

Tu Nguyen inquired about the cap of the cost share is only applied to in-network and whether it does not apply to the out-of-network. Ms. Andrews confirmed that statement. Discussion ensued around the issues how the plan options fall within the compliance limits.

Chair Grant Ritter requested a motion to approve the Individual Standard Bronze Non-HSA Plan Alternative Plan #3 as the Standard Bronze Non-HSA Plan for Plan Year 2022 as recommended. Motion was made by Jill Zorn and seconded by Theodore Doolittle. Roll call vote was taken. **Motion passed unanimously.**

Ms. Andrews presented the proposed Bronze HSA Plan. Ms. Andrews reviewed the plan previously approved by the Board. Ms. Andrews pointed out that based on the stakeholders' feedback, a careful reconsideration was given for the inclusion of certain services in the state legislation. Ms. Andrews noted that the IRS regulation was revisited and the consideration for certain key services for treatments for individuals with diabetes to be covered before the deductible. Ms. Andrews emphasized that four out of six items are permitted to be covered before the deductible per IRS regulation and they include insulin and glucometer (they will be subject to co-insurance). Hemoglobin testing along with retinopathy screening will be subject to co-insurance up to the MOOP. Discussion ensued around providing more protection for individuals with diabetes with this change. Ms. Andrews provided three options to the Committee for consideration and a brief discussion took place exploring these proposals.

Chair Grant Ritter requested a motion to approve the Standard Bronze HSA Plan Option #2 as the Standard Bronze HSA Plan for Plan Year 2022 as recommended. Motion was made by Jill Zorn and seconded by Tu Nguyen. Roll call vote was ordered. Heather Aaron and Ellen Skinner abstained. **Motion passed.**

**F. Next Steps**

Ms. Lopes noted that the Committee's recommendations will be presented to the Access Health CT Board of Directors on May 20 for approval.

**G. Adjournment**

Chair Grant Ritter requested a motion to adjourn. Motion was made by Theodore Doolittle and seconded by Jill Zorn. Roll call vote was taken. **Motion passed unanimously.** Meeting adjourned at 12:51 p.m.