



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

Remote Meeting

Tuesday, January 10, 2023

Meeting Minutes

Members Present: Grant Ritter (Chair); Theodore Doolittle; Tu Nguyen; Mark Schaefer; Matthew Brokman; Paul Lombardo (Subject Matter Expert – SME)

Other Participants: Access Health CT (AHCT) Staff: James Michel; Glenn Jurgen; Daryl Jones; Jeanna Walsh; Charmaine Lawson; Susan Rich-Bye; Kelly Cote; Jaclyn Olgin; Marcin Olechowski

Wakely Consulting: Julie Andrews

A. Call to Order

Chair Grant Ritter called the meeting to order at 1:00 p.m.

Roll call for attendance was taken.

B. Introductions

Committee members as well as Access Health CT participants introduced themselves.

C. Purpose of the Committee

Susan Rich-Bye, Director of Legal and Governmental Affairs, outlined the purpose of the Committee. Ms. Rich-Bye stated that the Health Plan Benefits and Qualifications Advisory Committee makes recommendations to the Board of Directors of Access Health CT (AHCT) for the Qualified Health Plan (QHP) Certification requirements, including the annual standard plan designs.

Ms. Rich-Bye added that two very valued members of the Committee have retired from their professional positions and also stepped down from the Committee. Ms. Rich-Bye pointed out that Neil Kelsey and Jill Zorn resigned their seats on the Committee. Ms. Rich-

Bye, on behalf of AHCT, expressed gratitude and appreciation for their contributions in support of the Exchange and the residents of Connecticut.

D. Public Comment

No public comment was submitted.

Mark Schaefer joined at 1:05 p.m.

E. Vote

Chair Ritter requested a motion to approve the May 5, 2022 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Theodore Doolittle and was seconded by Tu Nguyen. Roll call vote was ordered. **Motion passed unanimously.**

F. Mission, Vision and Values

Susan Rich-Bye, Director of Legal and Governmental Affairs, briefly reviewed AHCT's Mission and Vision Statements. Ms. Rich-Bye reminded the Committee that in 2021, AHCT began a review of its mission, vision and guiding principles, as they have been originally adopted in 2012. Ms. Rich-Bye stated that in 2022, the Board of Directors adopted revised Mission and Vision Statements that had been recommended by the Strategy Committee and added that work is continuing on the Guiding Principles. Ms. Rich-Bye read the new Mission and Vision Statements to the Committee. Ms. Rich-Bye also reviewed the values that are always guiding AHCT in its daily work.

K. 2024 Plan Year Timeline

Kelly Cote, Carrier Product Manager, presented the 2024 Plan Year Timeline. Ms. Cote emphasized that the Connecticut Insurance Department (CID) has changed its 2024 Issuer Rate and Form Filings deadline from July 1 to June 1. Ms. Cote noted that the HPBQ Advisory Committee recommendations to the Board will need to be completed earlier and a special meeting of the Board of Directors will be scheduled in mid-March. Ms. Cote informed the Committee that following the Board's approval, AHCT will expediate the release of AHCT Issuer Solicitation and Application, to support issuers preparation for filings due on June 1, 2023. Ms. Cote provided a 2024 Plan Year Timeline for the development of the certification requirements.

G. Plan Management Certification Life Cycle

Ms. Cote reviewed the Plan Management Certification Life Cycle. Ms. Cote stated that each plan year, the cycle begins with the release of federal regulations and guidance including the Actuarial Value Calculator (AVC) tool used to develop standardized plans and ends before the Open Enrollment (OE) period commences. Ms. Cote provided details of the cycle on a month-to-month basis.

H. Review - 2023 Individual Market QHP and SADP Standard Plan Offerings

Kelly Cote, Product Carrier Manager, reviewed the details of the current landscape of the individual market and described the plans that are offered on and off-Exchange by metal level. Ms. Cote stated that there are ten on-Exchange bronze plans, and the Point of Service (POS) plans seem to be more popular.

Ms. Cote provided the Committee with information on the Stand-Alone Dental Plans (SADPs). Ms. Cote added that one standardized plan is required per issuer and three non-standard plans, which are optional. Ms. Cote indicated that for the Individual market, Anthem is offering four plans altogether while ConnectiCare Insurance Company Inc. is offering two plans. Ms. Cote emphasized that AHCT was successful in integrating the individual dental and health plans into one shopping platform for Plan Year 2023. Ms. Cote noted that dental enrollment has greatly increased, and it could be attributed to the integrated shopping platform.

I. Certification Requirements

Kelly Cote, Carrier Product Manager, provided the list of all of the certification requirements that have been discussed by this committee in past years. Ms. Cote added that the State of Connecticut did not request any changes to the Essential Health Benefit benchmark plan for 2024 to the U.S. Department of Health and Human Services.

Ms. Cote added that AHCT continues not to require standardized plans for the SHOP market, therefore for Plan Year (PY) 2024, the Plan Management Team (PMT) is recommending that the committee review the standard plan designs for the Individual medical and standalone dental plans.

J. Proposed – 2024 Individual Market QHP and SADP Standard Plan Designs; L. HPBQ AC Meeting Schedule; M. Next Steps

Julie Andrews, Senior Actuary from Wakely Consulting, presented the Proposed – 2024 Individual Market QHP and SADP Standard Plan Designs. Ms. Andrews noted that there are four necessary regulatory and issuer elements for the 2024 analysis, and they include: Notice of Benefit and Payment Parameters, Federal Actuarial Value Calculator (AVC), Internal Revenue Service (IRS) HSA rules and Issuer Analysis of AVC and Mental Health Parity (MHP). Ms. Andrews provided information on the timing for finalizing these regulations.

Ms. Andrews provided proposed regulation changes for 2024. Ms. Andrews stated that the proposed annual limitation on cost sharing was increased from \$9100 to \$9450; it does not apply to High Deductible Health Plans (HDHPs). Ms. Andrews highlighted the proposed PY 2024 Cost Sharing Reduction limits for various Federal Poverty Levels (FPLs) and pointed out that the HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2024.

Ms. Andrews also reviewed the State of Connecticut regulations that plans must comply with, such as the Covered Connecticut Program and the new Connecticut health

enhancement program (HEP) requirements for carriers. Ms. Andrews stated that for consumers eligible for the Covered CT Program, the State of Connecticut pays the consumer portion of premium and consumer portion for cost sharing while the individual is enrolled in the Silver Cost-Sharing Reduction (CSR) plan.

Ms. Andrews provided information on the proposed changes to the Federal Actuarial Value Calculator (AVC) for PY 2024. She noted that the Federal AVC has not been finalized and changes to the final model may impact the results. Ms. Andrews reminded the Committee of the current statutory requirements that must be followed.

Ms. Andrews provided a summary of the results for the current standard plan designs and the proposed AVC calculator using Wakely claims data, which vary from approximately 1.5 percent increase to 1 percent increase in AV across all metal tiers. Ms. Andrews informed the Committee of potential changes to the individual plan designs starting with the Gold Plan. Ms. Andrews stated that the Gold Plan would most likely require modifications in order to meet the AV for the plan.

Mark Schaefer commented on the new HEP feature that will be introduced for 2024 and added that the State Employee plan has a HEP built into it, and had favorable cost sharing and reduced premium expense. Mr. Schaefer inquired whether it is possible for the carriers to implement the new HEP requirement in a more significant way so it would have similar benefits that it has for state employees. Ms. Andrews noted that this Committee has looked at the Value-Based Plan Designs (VBID) in the past, however there are challenges with implementing this type of plan design in a plan subject to the ACA AV requirements and also Mental Health Parity requirements, along with ACA requirements for premium rates. Mr. Schaefer indicated that he would be interested in learning more about what it would take to implement a closer approximation of the state employee plan approach and the challenges.

Susan Rich-Bye, Director of Legal and Governmental Affairs, stated that few years ago, this Committee examined possible implementation of VBID extensively, but due to the ACA guardrails, (AV and MHP requirements and premium rating requirements), it is more challenging to implement than for self-funded plans like the State Employee Health Plan, but this information can be compiled for the Committee at the next meeting. Theodore Doolittle encouraged obtaining more information not only on the state plan HEP, but also on others indicating that some information that is available is not optimistic on the healthcare spending. Paul Lombardo commented that in the state employee plan, penalties are included for not complying with the preventative services requirements, however, it cannot be done for Exchange plans as there are guaranteed premium rates based on two factors; age and country. Brief discussion ensued around the state HEP program and the purpose behind it. Mr. Doolittle added that perhaps some valuable information can be obtained from the All-Payer Claims Database (APCD) from the Office of Health Strategy (OHS).

Ms. Andrews continued with providing information on the development of the 2024 Standard Silver Plan Designs and Non-has and HSA Bronze Plans and briefly discussed potential modifications that can be implemented in order for them to be compliant with the required AVs.

Kelly Cote, Carrier Product Manager, provided information on the Centers for Medicare and Medicaid Services (CMS) limitation on cost-sharing for the Stand-Alone Dental Plans (SADP) for children and stated that it does not affect adults. Ms. Cote noted that for the PY 2024, the SADP annual limitation on cost-sharing for one covered child increased to \$400 and to \$800 for two or more covered children for in-network coverage.

Ms. Cote briefly talked about the upcoming Committee meeting cadence. Next steps were discussed by Ms. Rich-Bye.

N. Adjournment

Chair Grant Ritter requested a motion to adjourn. Motion was made by Theodore Doolittle and seconded by Mark Schaefer. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 2:00 p.m.