



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

Remote Meeting

Wednesday, February 1, 2023

### **Meeting Minutes**

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

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

No public comment was submitted.

#### **C. Vote: Meeting Minutes**

Chair Grant Ritter requested a motion to accept the January 10, 2023 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Tu Nguyen and was seconded by Theodore Doolittle. Roll call vote was ordered.

**Motion passed unanimously.**

#### **D. Follow-Ups from January 10, 2023 Meeting**

Susan Rich-Bye, Director of Legal and Governmental Affairs briefly reviewed the updated Access Health CT (AHCT) Mission and Vision Statements as well as the Exchange's Values.

Kelly Cote, Product Carrier Manager, presented follow-ups from the prior Committee meeting. The first follow-up is regarding the Value-Based Insurance Designs (VBID). AHCT had presented VBID information to the Health Plan Benefits and Qualifications (HPBQ) Advisory Committee previously in 2019.

A national work group was developed to create the VBID approach for individual exchange business. Ms. Cote added that there was representation from many different stakeholders, however, it is worthy to note that the Massachusetts Health Connector and Covered California were contributors to this workgroup. Ms. Cote pointed out that in June 2019, the final report was released, and it is included in the appendix section of the presentation.

The Massachusetts Health Connector continues to permit optional value-based insurance design offerings, however, over the course of several years, they have either reduced or eliminated the cost share certain benefits. Covered California has taken a very similar plan design approach to Connecticut, focusing on first dollar coverage and having certain benefits accessible pre-deductible.

Ms. Cote stated that the Silver Standard Plan serves the majority of AHCT's enrollment which stands at 49,000, and presently 18 benefits/services are available to the consumer pre-deductible for only a copay amount. Ms. Cote added that the plans must comply with state mandated copay maximums for insulin, non-insulin drugs and medically necessary diabetic supplies.

The Committee also discussed utilization of preventative services and All-Payer Claims Database (APCD) data for Exchange plans. Ms. Cote stated that AHCT met with APCD personnel at the Office of Health Strategy (OHS) to discuss a request for this information. AHCT is gathering the Current Procedural Terminology (CPT) codes for services that the Committee is interested in looking at utilization for and will prepare a request to the APCD.

AHCT was informed that it may take several months for the data to be pulled, therefore it is very likely that the data may not be made available prior to the scheduled March Committee meeting. Wakely Consulting has provided utilization data for preventative services from the Wakely Affordable Care Act (ACA) Database (WACA) from the Northeast Region for Individual Plans.

## **E. Results of Testing for Proposed Plan Changes - QHP**

Julie Andrews, Senior Actuary from Wakely Consulting, presented the 2024 Individual Market Standard Plan Designs. Ms. Andrews presented a table with statistical information on the well child/ preventative visit utilization by age bands. Ms. Andrews also explained the utilization services that are associated with preventative visits, such as screenings for various medical conditions.

Ms. Andrews stated that all necessary regulatory and issuer elements for the 2024 Plan Analysis are in the process of being finalized, which includes the Notice of Benefit and

Payment Parameters (NBPP), Federal Actuarial Value Calculator (AVC), Internal Revenue Service HSA Rules and Issuer Analysis of AVC and Mental Health Parity (MHP).

Ms. Andrews stated that Wakely has reached out to the issuers and received analysis of alternative plan options and assurances that plans as proposed meet MHP. Ms. Andrews briefly outlined the proposed changes to the Federal AVC for 2024, which were described at the previous Committee meeting.

Ms. Andrews continued with the summary of the initial analysis of the proposed plans and the 2024 proposed federal AVC. Ms. Andrews noted that the Gold, Bronze and Bronze HSA plans are currently out of compliance and would need to be adjusted. Ms. Andrews stated that the Silver plan in the individual market is still in compliance. Ms. Andrews went on to inform the Committee that all on the Individual Market Cost Sharing Reduction Plan Variations in the Silver metal tier are out of compliance and also need to be adjusted to fall back into compliance.

Ms. Andrews described the potential solution for the Gold Plan to increase the Maximum Out of Pocket (MOOP) amount from \$6000 to \$7375. Chair Ritter expressed concern that the MOOP would have to be increased by a large amount in order to move the AV by less than 1 percent. Chair Ritter asked for information on how much of a change would be made with the AV by incrementally increasing the MOOP by \$100. Ms. Andrews stated that such a table will be prepared and it does tie into the distribution of services and the application of the cost sharing.

Ms. Andrews went on to provide proposed changes to the 2024 Silver CSR options, and all of them include changing the MOOP; in the Silver 73 percent CSR from \$7250 to \$7475, in the 87 percent CSR, the proposal is to decrease it from \$3000 to \$2925 and the 94 percent CSR, the proposal is to increase it from \$950 to \$1050. Ms. Andrews added that the Bronze Non-HSA plan's option is to increase the MOOP from \$8800 to \$9100 to bring it back into compliance. Ms. Andrews also proposed a \$225 increase in the MOOP for the 2024 Bronze HSA plan, which would amount to \$7225.

#### **F. SADP Standard Plan Design and Potential Vote**

Kelly Cote, Product Carrier Manager, presented the Stand-Alone Dental Plan (SADP) Designs. Ms. Cote remarked that the Centers for Medicare and Medicaid Services (CMS) completes an annual review of dental services and recalculates the MOOP value for the SADP product and pointed out that for plan year 2024, this value may not exceed \$400 for one child and \$800 for two or more children.

Ms. Cote commented that 2016 was the last time this maximum was increased in the AHCT standard plan and stated that this maximum only applies to dependent children up to age 26. Ms. Cote referred to the CMS guidelines and emphasized that this Committee may consider an increase to the Maximum Out-of-Pocket (MOOP) for the Standardized dental plan but not exceed \$400 for one child and \$800 for two of more children. As an alternative, the Committee can choose to leave the plan design as is, making no changes

for plan year 2024. Chair Ritter asked for additional variations, such as seeing what the impact would be on the premium if the MOOP is left at the current level or if the MOOP is increased to \$400 for one child and to \$800 for two or more children. Brief discussion ensued around SADP premium costs variations based on age, type of product and by carrier, with the premiums ranging from \$20 to \$60.

#### **G. 2024 Plan Year Timeline; H. HPBQ Meeting Schedule and I. Next Steps**

Kelly Cote, Carrier Product Manager, presented the 2024 Plan Year Timeline. Ms. Cote stated 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 the AHCT Issuer Solicitation and Application, to support issuers preparation for filings due on June 1, 2023. Ms. Cote briefly described the Committee's meeting schedule with recommended agenda items and outlined next steps.

Tu Nguyen asked for a few options for the Gold Plan with deductible variations. Mr. Doolittle inquired whether it would be possible to obtain data on how many consumers hit the MOOP last year. Ms. Andrews stated that a survey of the issuers will be undertaken in order to obtain this information. Chair Ritter also asked about the number of people reaching the full medical deductible. Mr. Nguyen and Brandon Riff stated that the 2021 data is more complete than last year's data. Mr. Doolittle expressed his words of appreciation to the carriers for researching this data for the next meeting.

#### **J. Adjournment**

Chair Grant Ritter requested a motion to adjourn. Motion was made by Mark Schaefer and was seconded by Theodore Doolittle. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 1:38 p.m.