



## Connecticut Health Insurance Exchange Board of Directors Special Meeting

Remote Meeting

Monday, March 13, 2023  
**Meeting Minutes**

### **Members Present:**

Charles H. Klippel (Chair); Cecelia Woods; Grant Ritter; Thomas McNeill; Matthew Brokman; Commissioner Andrea Barton Reeves, Department of Social Services (DSS); Theodore Doolittle, Office of the Healthcare Advocate (OHA); Steven Hernandez; Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID)

### **Other Participants:**

***Access Health CT (AHCT) Staff:*** James Michel; Jeanna Walsh; Susan Rich-Bye; Rebekah McLearn; Kelly Cote; John Carbone; Glenn Jurgen; Jynelle Maloney; Tammy Hendricks; Marcin Olechowski

***Wakely Consulting:*** Julie Andrews

### **A. Call to Order and Introductions**

**The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 11:00 a.m.**

Chair Charles Klippel called the meeting to order at 11:00 a.m. Chair Klippel expressed his words of appreciation to the Health Plan Benefits and Qualifications (HPBQ) Advisory Committee for their work on developing plan designs.

Attendance roll call was taken.

### **B. Public Comment**

No public comment was submitted.

### **C. Certification Requirements – Plan Year 2024**

Susan Rich-Bye, Director of Legal and Governmental Affairs, provided information on the 2024 regulatory variables. Ms. Rich-Bye noted that the enhanced subsidies were extended under the Inflation Reduction Act (IRA) through 2025. Ms. Rich-Bye added that the Unwind of the Medicaid Continuous Eligibility begins on March 31, 2023. Ms. Rich-Bye stated that as a result of the Medicaid Unwind, it is expected that Access Health CT (AHCT) will enroll additional individuals in Qualified Health Plans (QHP).

Ms. Rich-Bye added that no new state legislation has been introduced at this point that would have an impact on plan designs for Plan Year 2024. The Medicaid unwind will take place over a 12-month period and it is anticipated that close to 95,000 enrollees may be eligible for a QHP, including Covered Connecticut. About 75 percent of the current Medicaid extension population will remain eligible for Medicaid coverage.

Kelly Cote, Product Carrier Manager, provided the Board with a brief overview of the plan certification requirements and the development with the work of the HPBQ Advisory Committee. Ms. Cote emphasized that the carriers, the Plan Management Team, Wakely Consulting and the HPBQ Advisory Committee worked extensively on developing plan designs that are compliant with the Actuarial Value Calculator (AVC) and federal mental health parity requirements.

Ms. Cote added that existing and potential insurance carriers are advised of AHCT certification requirements through the Qualified Health Plans (QHP) and the Stand-Alone Dental Plans (SADP) solicitations. Ms. Cote added that solicitations are issued every year and then the carriers determine whether they want to offer plans through the Exchange based on the requirements.

The rate and form filings are due to be submitted to the Connecticut Insurance Department (CID) by June 1st for the 2024 Plan Year. Ms. Cote stated that in order for the issuers to have sufficient time to develop their plans and rates, AHCT targets the release of both solicitations shortly after the Board of Directors' approval of the HPBQ Advisory Committee plan recommendations.

Ms. Cote stated that federal guidance pertaining to the Maximum Out of Pocket (MOOP) cost-sharing, the Actuarial Value Calculator and Internal Revenue Service (IRS) regulations have not been finalized but Board approval is necessary at this time to allow enough time for the carriers' process. If any of the final regulations necessitate any changes, it could result in the need to bring the standardized plans back for review again with the Board in the near future.

Ms. Cote provided information on the plan mix for the individual, and small group, medical, and dental plans offered through the Exchange and the number of plans carriers are required to submit as well as the number of optional plans they may submit.

For the individual market, AHCT requires that each carrier submit 4 standardized plans and allows submission of 9 non-standardized plans, for a maximum total of 13 plans. For the Small Business Plans (SHOP), AHCT does not require standardized plans, but the carriers must submit a minimum of 5 plans that includes certain perimeters such as the inclusion of both, in and out of network coverage and pediatric and vision dental Essential Health Benefits (EHB) coverage. Ms. Cote added that for the SHOP plans, Silver and Bronze Plans should include both, HSA-compatible and non-HSA compatible plans. Carriers are allowed to offer an additional 15 optional plans through the SHOP, allowing the carrier to offer a maximum of 20 plans.

Ms. Cote provided a brief review of the Stand-Alone Dental Plans (SADP) 2024 Mix for both the Individual and SHOP markets. AHCT requires each carrier to submit one standardized plan with the option to include or exclude the out of network coverage. Ms. Cote added that a carrier may offer 3 additional optional plans, totaling to 4 plans offered in each market.

The HPBQ Advisory Committee is not recommending any changes to the medical or dental plan mix for PY2024.

Ms. Cote provided information on the review process for the development of the standardized plans. Wakely Consulting uses regional utilization data and the draft AVC to calculate the estimated actuarial values and identify which standardized plans may be out of compliance for the upcoming plan year. Ms. Cote indicated that the carriers' assessment of the AV actuarial value or the mental health parity compliance can differ among them. Ms. Cote expressed her words of appreciation to the participating carriers as well as Wakely for all their work in developing these quality medical and dental plans for the state of Connecticut residents that seek coverage through the Exchange.

Ms. Cote presented the summary of the recommended plan design changes. Ms. Cote emphasized that this year the committee was able to recommend leaving all the plan deductibles as is and implementing only changes to MOOPs. Ms. Cote added that the recommendation is no plan changes to the Silver 70 percent Cost Sharing Reduction (CSR) plan and a decrease in the MOOP for the 87 percent Silver CSR plan. The HPBQ Advisory Committee recommended no changes for the SADP for PY 2024.

Julie Andrews of Wakely Consulting, presented the proposed 2024 Individual Market Standard Plan Designs. Ms. Andrews reiterated that there are four key elements that are needed to use as a guidepost when the development of the standard plan designs takes place. Ms. Andrews stated that the first is the Notice of Benefit and Payment Parameters, which is a federal regulation. Ms. Andrews added that one of the key elements is the Maximum Out of Pocket for all plans as well as the Cost Sharing Reduction variations. Ms. Andrews stated that the federal AVC also plays a critical role in it as well as the federal IRS regulation defining the minimum deductible and maximum out of pocket for health healthcare savings accounts. Ms. Andrews emphasized that another element is the Mental Health Parity (MHP) compliance requirement.

The proposed annual limitation on cost sharing was increased from \$9100 to \$9450 along with additional increases to the maximum out of pocket as noted for the different cost sharing reduction variations. Ms. Andrews stated that the Health Savings Account (HSA) IRS guidance does not come out until May, therefore information for the PY 2023 was used instead. Ms. Andrews explained the proposed changes to the Federal AVC for 2024 which includes various details that comprise the AVC, including the medical trends and algorithm updates to calculate spending more accurately during deductible phase for plans with a separate deductible and combined MOOP among others.

Ms. Andrews provided a summary of 2024 proposed AV changes for all metal tiers. Ms. Andrews stated that all plans, excluding the Silver 70 CSR variation need to be adjusted in order to bring them into compliance for 2024. Ms. Andrews provided information about the allowable AV ranges for all plans and how much the 2023 plans have fallen out of compliance for the 2024 proposed regulations. Ms. Andrews provided a list of in-network as well as out-of-network services that are not included in the AVC but are specified in cost sharing for each standardized plan.

Ms. Andrews provided a summary of the 2024 Gold Plan AV Options with three options that were under consideration by the HPBQ Advisory Committee. As a comparison, the 2023 Individual Market Gold Plan was also presented. Ms. Andrews briefly described the three options presented noting that the HPBQ Advisory Committee ultimately chose Option 1, which increases the MOOP from the current \$6000 to \$7375 for its recommendation. Ms. Andrews pointed out that other options would have increased both the MOOP as well as the medical deductible.

Ms. Andrews reviewed the current Silver Plan Actuarial Values which also include the CSR variations. Ms. Andrews reiterated that using the 2024 Draft AVC, all Silver CSR variants will fall out of compliance for the 2024 proposed regulation. Ms. Andrews noted that the Standard Silver Plan was compliant with the draft AVC, and no changes were needed on that option.

Ms. Andrews provided information on the proposed plan recommendations for the Board's adoption by the HPBQ Advisory Committee. Ms. Andrews stated that in order to bring the CSR variants back into compliance, increases to the MOOP in the 73 percent CSR and 94 percent CSR will have to be made. Ms. Andrews emphasized that in the case of the 87 percent CSR variant, the Committee was able to recommend a \$75 reduction to the MOOP.

The HPBQ Advisory Committee did not recommend any changes to the medical deductible in all of the CSR variants. Ms. Andrews pointed out that for the 73 percent CSR variant, the Committee recommended that the MOOP be increased from the current \$7250 to \$7475, the 87 percent CSR was reduced from \$3000 to \$2925, and the 94 percent CSR was increased by \$100 to \$1050.

Ms. Andrews reviewed the recommended option for the 2024 Bronze Non-HSA Plan and added that the only recommendation is to slightly increase the MOOP from the current

\$8800 to \$9100 to bring it into compliance. Ms. Andrews provided a brief summary of the 2024 Bronze HSA Plan Option which includes increasing the MOOP to \$7225.

Chair Charles Klippel expressed his satisfaction that the medical deductibles in all of the plans presented were not increased and no major changes are recommended in order to bring the plans into compliance.

### **Stand-Alone Dental Plan (SADP)**

Kelly Cote, Product Carrier Manager, presented information on the Stand-Alone Dental Plans. Ms. Cote stated that the HPBQ Advisory Committee did not recommend any changes to the SADPs for the 2024 Standardized Plan Design. Ms. Cote noted that each year, the Centers for Medicare and Medicaid Services (CMS) updates the MOOP for dental plans, but the limitation applies only to pediatric services. Ms. Cote indicated that the HPBQ Advisory Committee examined the potential impact to the rates if the MOOP were to be increased in \$25 increments. The impact to the rates would have been minimal, therefore the Committee decided to keep the current Standardized Plan Design in place for the PY2024.

Susan Rich-Bye, Director of Legal and Governmental Services, added that the pediatric dental benefit is a very rich dental benefit that can be utilized by dependent children until end of a plan year once the dependent turns 26 years old based on Connecticut law. Ms. Rich-Bye added that the Affordable Care Act (ACA) age limit for pediatric dental is 19 and Connecticut law allows for those dependents to receive the pediatric dental benefits until they turn 26.

Chair Charles Klippel requested a motion to approve Option 1 presented by Wakely Consulting on behalf of Exchange Staff as the Standard Gold Plan for Plan Year 2024. Motion was made by Grant Ritter and seconded by Cecelia Woods. Roll call vote was taken. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the Silver 73% Option 1, Silver 87% Option 1, and Silver 94% Option 1 as presented by Wakely Consulting on behalf of Exchange Staff as the Standard Silver Plan variants for the 73%, 87% and 94% CSR Plans for Plan Year 2024. Motion was made by Grant Ritter and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve Option 1 presented by Wakely Consulting on behalf of Exchange Staff as the Standard Bronze Non-HSA Plan for Plan Year 2024. Motion was made by Grant Ritter and seconded by Thomas McNeill. Theodore Doolittle discussed how the AV for a plan works and the deductible. He stated that the vast majority of the enrollees may never meet their deductible amount. Mr. Doolittle stated that except for the preventative care, enrollees end up paying for most of their own care in some plans. Chair Klippel pointed out that it is a valid point. Ms. Rich-Bye noted that many standard plans -Standard Silver, Bronze Non-HSA and Gold Plans offer a lot of services that are not subject to the deductible such as the Primary Care

Physician (PCP) or Specialist visits, mental health and substance abuse office visits, laboratory services and generic drugs. Ms. Rich-Bye added that the Standard Silver Plans have a separate low deductible for prescription drugs. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the Standard HSA Bronze Plan presented by Wakely Consulting on behalf of Exchange Staff as the Standard HSA Bronze Plan for Plan Year 2024. Motion was made by Grant Ritter and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the current 2023 Standard Silver Plan presented by Wakely Consulting on behalf of Exchange staff as the Standard Silver Plan for 2024; and the current 2023 Standard Stand-Alone Dental Plan presented by Exchange Staff as the Standard Stand-Alone Dental Plan for 2024. Motion was made by Grant Ritter and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel expressed his words of appreciation for the work on developing standard plan designs for 2024.

#### **D. Adjournment**

Chair Charles Klippel requested a motion to adjourn. Motion was made by Cecelia Woods and seconded by Andrea Barton Reeves. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 11:47 a.m.