



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

Remote Meeting

Monday, February 27, 2023

Meeting Minutes

Members Present: Grant Ritter (Chair); Theodore Doolittle; Tu Nguyen; Mark Schaefer; Ellen Skinner; Brandon Riff

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

Wakely Consulting: Brad Heywood

A. Call to Order

Chair Grant Ritter called the meeting to order at 11:00 a.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 February 1, 2023 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Theodore Doolittle and was seconded by Brandon Riff. Roll call vote was ordered. Ellen Skinner abstained. **Motion passed.**

D. 2023 Enrollment Updates

Rebekah McLearn, Director of Technical Operations and Analytics provided the 2023 Enrollment Update. Ms. McLearn stated that at the end of Open Enrollment (OE) 10,108,132 individuals enrolled in a Qualified Health Plan (QHP). Ms. McLearn noted that the

number of enrolled QHP individuals is slightly lower from the final OE 9 number, however it fully meets Access Health CT (AHCT) projections.

Ms. McLear stated that 85.8 percent of all QHP enrollees qualified for Premium Tax Credits (PTC). She stated that 88,483 enrollees renewed their 2022 policies during OE 10 for 2023 coverage and close to 20,000 new QHP enrollees were added. Of those, over 6800 are first time customers.

Close to 26,000 individuals gained Medicaid coverage during OE by completing an application through the Integrated Eligibility System (IES). She also presented data on changes in enrollment numbers by Financial Assistance (FA) status and Carrier. Ms. McLear provided statistics on the proportion of total enrollment by carrier for medical coverage.

Ms. McLear noted that ConnectiCare Benefits Inc. continues to have the largest percentage of market share and stated that since the last OE, Anthem's percentage of market share increased by 8 percent, and ConnectiCare Insurance Company, Inc. (CICI) now has 8.7 percent of total market share.

The proportion of total enrollment for dental coverage by carrier was shared. Ms. McLear announced that 83 percent of dental enrollees selected an Anthem plan. The overall dental enrollment, when compared to the prior OE, increased by 66 percent, which is most likely due to AHCT incorporating dental plan enrollment for Individuals into the same system as for medical plans, as well as adding CICI as a second dental plan carrier.

Ms. McLear reviewed the 2022-2023 customer plan selections. She provided detailed statistics for product preferences by metal tier for all of the OEs beginning in 2014. The most popular metal tier is Silver, with 49.4 percent of all enrollees in OE10 choosing a Silver plan.

Ms. McLear summarized the proportion of total enrollment by eligibility for Financial Assistance (FA). She noted that 50.7 percent of enrollees qualified for an Advanced Premium Tax Credit (APTC), 35.3 percent qualified for both, an APTC and Cost-Sharing Reductions (CSR) and 14.1 percent did not receive FA. Over 40 percent of enrollees with an APTC and CSR assistance, are also in the Covered CT Program. AHCT reaches out to individuals who choose to bypass the FA option to encourage them to see if they may be eligible.

Ms. McLear provided statistics on the number of enrollees eligible for CSR benefits who are enrolled in the Bronze and Gold Tier Plans where they cannot receive this benefit. Most of these enrollees, almost 3,500 of them, qualify for the 73 percent CSR, over 1,250 qualify for the 87 percent CSR benefit; and, close to 300 qualify for the 94 percent CSR benefit. Since the last OE period, enrollment in non-Silver plans by new enrollees eligible for 87 and 94 percent CSR benefits decreased by 7 percent.

Information was provided on the AHCT consumer and buying patterns. Information was provided for the top five most popular plans segmented by those receiving FA vs. those

not receiving it. Data on age and gender for both the medical and dental enrollee populations along with household income and monthly average premiums after FA was reviewed.

E. Follow-Ups and F. 2024 Proposed Plan Changes to Standard Plan Designs

Brad Heywood, Actuary from Wakely Consulting, presented the Follow-Ups from the prior meeting and the 2024 Proposed Plan Changes to the Standard Plan Designs. He presented examples of the AV results that would have been the consequence of changing the deductibles and Maximum Out of Pocket (MOOP) by \$100 across all of the metal tiers in the individual market.

Mr. Heywood also responded to a request from a prior meeting for information on the deductible and MOOP utilization. Mr. Heywood stated that for the Standard Gold plan deductible of \$1300 between 2019 and 2021, up to 30 percent of consumers exceeded the deductible amount, whereas for the \$5000-\$5250 MOOP, only between 2 and 10 percent of consumers reached or exceeded the MOOP.

Ellen Skinner inquired about the number of individuals 65 and older who enroll through the Exchange. Susan Rich-Bye, Director of Legal and Governmental Affairs, stated that in general due to the anti-duplication clause, people eligible for Medicare cannot enroll in coverage through AHCT. She noted, however, that some people who are 65 years of age and older who cannot enroll in free Medicare Part A, such as immigrants to the U.S. who may be retired are eligible to enroll in a QHP with FA if they are eligible instead of paying for the Part A premium. Accordingly, only a very small number of enrollees with coverage through AHCT are age 65 or older.

Mr. Heywood stated that there are no regulatory changes in place since the last meeting of the Committee. The Gold, Bronze non-HSA and Bronze HSA plans fall outside of the allowable Actuarial Value Calculator (AVC) range for the Plan Year (PY) 2024. He noted that all Silver CSR variants are also currently out of compliance. He reviewed the Gold Plan AV options for PY 2024 and presented three options with varying degrees of changes in the medical deductible as well as the MOOP. Only option 1 would changing one element by increasing the MOOP from \$6000 to \$7350 and leaving the medical deductible in place in the amount of \$1300. Option 2 and Option 3 would make adjustments to both the deductible and the MOOP.

Tu Nguyen stated that Anthem performed additional testing on Option 2 and 3, with Option 2 theoretically lowering the MOOP to \$6150 and in Option 3 to \$6500 and Anthem would still be within the acceptable AV range. There was discussion about selecting the option that would least affect the consumers in a negative way, as well as different AVC testing results performed by the participating carriers.

Chair Grant Ritter requested a motion to recommend that the Board 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 Mark Schaefer and seconded by Matthew Brokman. Roll call vote was ordered. **Motion passed unanimously.**

Mr. Heywood presented information on the current offerings in the Silver metal tier, including the CSR variations. Mr. Heywood noted that the current Silver plan itself still complies with the AVC, while the CSR variants would need to be adjusted in order to be compliant. He stated that the CSR variations adjustments are rather small and noted that slight changes would need to be made to the MOOP, but the medical deductibles would remain at the PY 2023 levels.

For the Silver 73 percent CSR plan, the MOOP would increase from the current \$7250 to \$7475. The 87 percent Silver CSR plan MOOP would actually decrease from the current \$3000 to \$2975. The 94 percent CSR variant would see a \$100 increase in the MOOP to \$1050.

Chair Grant Ritter requested a motion to recommend that the Board approve the Silver 73% plan Option 1, Silver 87% plan Option 1, and Silver 94% plan 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 Matthew Brokman and seconded by Theodore Doolittle. Roll call vote was ordered. **Motion passed unanimously.**

Mr. Heywood presented a summary of the 2024 Bronze Non-HSA Plan AV options. He noted that the only change required to keep the plan in compliant is to change the MOOP from the current \$8800 to \$9100. The medical deductible would remain at the same level as in PY 2023.

Chair Grant Ritter requested a motion to recommend to the Board to approve Option 1 as presented by Wakely Consulting on behalf of Exchange Staff as the Standard Bronze Non-HSA Plan for Plan Year 2024. Motion was made by Ellen Skinner and seconded by Mark Schaefer. Roll call vote was ordered. **Motion passed unanimously.**

Mr. Heywood reviewed the Bronze HSA Plan Option. In order to keep the plan compliant, the MOOP would have to be increased to \$7225 from the current \$7000. The medical deductible would remain at the PY 2023 level.

Chair Grant Ritter requested a motion to recommend that the Board approve the Standard Bronze HSA Plan presented by Wakely Consulting on behalf of Exchange Staff as the Standard Bronze Plan HSA for Plan Year 2024. Motion was made by Ellen Skinner and seconded by Mark Schaefer. Roll call vote was ordered. **Motion passed unanimously.**

Kelly Cote, Product Carrier Manager, provided a brief update on the Stand-Alone Dental Plans. She provided a response to a question from the prior meeting about increasing the MOOP by \$25 and what would be the overall impact of such an increase to the overall rates. Ms. Cote stated that Wakely's analysis indicates that increasing the MOOP by \$25 will produce an offsetting pricing adjustment of -1 to -2% and added that

actual premium adjustments will be wholly dependent upon a range of factors. Mr. Heywood added that since premiums are largely based on the actual carrier experience, it is an overall experience as an aggregate study.

Ms. Cote went provided information on the Stand-Alone Dental Plans (SADPs). Ms. Cote noted that currently the MOOP for one child stands at \$350 and is \$700 for two or more children. The Federal Government has allowed both MOOPs to be raised to \$400 and \$800 respectively. Chair Ritter noted that if the MOOPs were to be increased, the premiums would be reduced by 1 to 2 percent. The Committee decided to keep the 2023 SADP Plan design in place and a vote was not required as no changes were being made.

G. 2024 Plan Year Timeline and H. HPBQ AC Meeting Schedule

Ms. Cote briefly outlined the 2024 PY Timeline. She expressed her appreciation to the Committee members and the participating carriers for their involvement in the process. Ms. Cote stated that it is the last meeting of this Committee for the PY2024 and the recommendations from this meeting will be considered at the Special Meeting of the AHCT Board of Directors on March 13, 2023. She noted, however, that the Notice of Benefit and Payment Parameters and the Federal AVC are currently in a draft format and the Internal Revenue Service (IRS) information pertaining to the High Deductible Plan will not be available until spring. Should the standardized plan designs approved fall out of compliance with the final regulations, the committee may need to meet to discuss and recommend changes to the plans.

I. Adjournment

Chair Grant Ritter requested a motion to adjourn. Motion was made by Theodore Doolittle and seconded by Ellen Skinner. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 12:06 p.m.