



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

Remote Meeting

Thursday, January 25, 2024
Meeting Minutes

Members Present: Grant Ritter (Chair); Sean King; Tu Nguyen; Matthew Brokman; Ellen Skinner; Paul Lombardo (Subject Matter Expert – SME)

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

Wakely Consulting: Julie Andrews

A. Call to Order and B. Introductions

Chair Grant Ritter called the meeting to order at 10:00 a.m.

Roll call for attendance was taken.

C. Purpose of the Committee

Susan Rich-Bye, Director of Legal and Governmental Affairs, outlined the purpose of the Committee. 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.

D. Public Comment

No public comment was submitted.

E. Vote

Chair Ritter requested a motion to approve the February 27, 2023 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Matthew Brokman and was seconded by Tu Nguyen. Roll call vote was ordered. **Motion passed unanimously.**

F. Mission, Vision, and Values

Kelly Cote, Carrier Product Manager, briefly reviewed AHCT's Mission and Vision Statements. Ms. Cote reminded the Committee that the AHCT's Mission is to decrease the number of uninsured residents, improve the quality of healthcare, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best values. Ms. Cote also read the Vision of the Exchange which is to provide Connecticut residents with access to the most equitable, simple, and affordable health insurance products to foster healthier communities.

G. Plan Management

Ms. Cote reviewed the Plan Management Certification Life Cycle. 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 regarding the four major milestones, and how impactful this committee's role is in meeting those milestones. She thanked AHCT's partners at Anthem, ConnectiCare Benefits Inc. and ConnectiCare Insurance Company Inc. for their partnership during this process and throughout the year. Key certification milestones and dates were discussed with the committee and One of AHCT's health equity strategies is to focus on improving consumer health insurance literacy.

Ellen Skinner joined at 10:15 a.m.

Ms. Cote provided information on the number of QHP plans that are allowed for each metal tier in both the Individual and Small Group Markets and reviewed the comparisons for the 2024 on and off-Exchange landscape for those markets.

Ms. Cote provided information on the Stand-Alone Dental Plans (SADPs). She added that one standardized plan is required per issuer and three optional non-standard plans may also be offered. For the Individual market, Anthem is currently offering four plans altogether while ConnectiCare Insurance Company Inc. is offering two plans.

For the second year in the row, dental plan enrollments through AHCT have increased; it is estimated that over 5,000 new enrollments have been received.

Ms. Cote provided information on the Centers for Medicare and Medicaid Services (CMS) annual limitation to cost sharing for the SADPs and that for the Plan Year (PY) 2025 Maximum Out of Pocket (MOOP) amounts may increase up to \$425 for one covered child and \$850 for two or more covered children for in-network coverage. She noted that if the committee decided to increase the current MOOP from \$350/\$700 to \$425/\$850, monthly premium rates would only decrease by at most \$0.75 Per Member Per Month (PMPM). Ms. Cote provided information on the proposed 2025 Standardized Plan Design for SADP with no changes from the prior PY. Susan Rich-Bye, Director of Legal and Governmental

Affairs noted that there is no requirement to increase the MOOP, so we are just reviewing it and the potential premium impact.

H. Wakely Consulting – Proposed – 2025 Individual Market Qualified Health Plan

Julie Andrews, Senior Actuary from Wakely Consulting 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 summarized the proposed regulation changes for 2025 which include proposed annual limitation on cost sharing for the MOOP was decreased from \$9,450 for PY 2024 to \$9,200 in PY 2025, updates to the Cost Sharing Reduction (CSR) annual limitations and noted that the federal High Deductible Health Plan minimum deductible and MOOP limits are not yet released for 2025 and the Notice of Benefit and Payment Parameters are in draft status.

Ms. Andrews also reviewed the State of Connecticut regulations that plans must comply with, such as the Covered Connecticut Program and the Connecticut Health Enhancement Program (HEP) requirements for carriers. She 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 2025. She noted that the Federal AVC 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 indicated that there are no changes to the AV ranges for PY 2025 and provided a summary of the Issuers AVs for PY 2024 and PY 2025 for all metal tiers and CSR variations.

Ms. Andrews noted that all CSR Plans variations in the Silver metal tier fall outside of the allowable ranges and changes are necessary for those plans to be compliant with the AVC.

Ms. Andrews noted that no changes are needed for the 2025 Gold Plan with the caveat that if the AVC is changed, the changes may be needed. Since the AV results for the plans using the 2025 Draft AVC are lower than the maximum allowable AV, a brief discussion followed about possibly lowering the deductible or making some cost-shares less expensive and/or before the deductible. Chair Ritter asked about the deductible for the 2023 Gold Plan design, and the possible impact to AV's if changes were made to laboratory services and the plan deductible for the next meeting.

Ms. Andrews indicated the proposed 2025 Silver Plan AV does fall inside the allowable range; however, Wakely Consulting provided an option to slightly increase the copay for laboratory services to \$25, which is due to what is occurring for the 73 percent Silver CSR plan.

Ms. Andrews briefly described the proposed option for the 73 percent Silver CSR for PY 2025. Because a decrease was required for the MOOP going from \$7,475 to \$7,350 an increase of \$250 to the medical deductible and a slight increase in the copay for laboratory services to \$25 have been made to keep the plan within the AV range.

Ms. Andrews provided information on the 87 percent Silver CSR plan changes which would include a decrease in medical deductible from \$675 to \$475, a decrease in MOOP from \$2,925 to \$2,725 while the 94 percent Silver CSR's MOOP would increase to \$1,150 from a current \$1,050.

Ms. Andrews provided a summary of the 2025 Bronze Non-HSA Plan AV options with no proposed changes at this point, however, since the 2025 draft AVC approximate change falls below the 2024 AVC threshold, decreasing cost-sharing for certain services can be considered. Brief discussion took place about the reduction of cost-sharing for some services. It was suggested to review the impact of lowering the generic copay, eliminating generics subject to deductible, or lowering the PCP copay.

Ms. Andrews stated that the 2025 Bronze HSA Plan is compliant with the AVC, and conversation followed about potentially adjusting some of the co-payment structures. Susan Rich-Bye reminded the group that High Deductible Health Plans are required to have services subject to the deductible, and the only permissible services not subject to the deductible are preventive services.

The Committee agreed that the proposed changes to the Silver CSR Plans were acceptable at this time.

Kelly Cote, Product Carrier Manager stated that the next scheduled meeting of the Committee is on February 5, 2024 and encouraged members to examine the Appendix to the presentation.

I. Adjournment

Chair Grant Ritter requested a motion to adjourn. Motion was made by Matthew Brokman and was seconded by Ellen Skinner. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:55 a.m.