



Health Plan Benefits and Qualifications Advisory Committee

Connecticut Health Insurance Exchange
July 11, 2012

Agenda

- Call to Order and Introductions
- Review and Approval of Minutes
- Follow up from Previous Meeting – MH/SA
- Essential Health Benefits (EHB) Discussion and Recommendation
- Next Steps
- Public Comment
- Adjournment

Mental Health Parity

- Since 2000 Connecticut has required all fully insured policies sold in the individual, small group and large group market to cover mental health and substance abuse (MHSA) conditions at parity with medical conditions.
- Terms, conditions, cost sharing and prior authorization protocols for MHSA may not be more restrictive than for other medical conditions.
- Connecticut defines mental & nervous conditions as all mental disorders included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Mental Health Parity

- The federal Patient Protection and Affordable Care Act (ACA) requires all individual, small and large group policies – including both fully insured and self-insured – to cover MHSA conditions at par with medical conditions.

Mental Health Parity

- Cognitive Behavioral Therapy is a type of mental health counseling or psychotherapy focusing on negative or inaccurate thinking.
- If Cognitive Behavioral Therapy is for a diagnosis listed in the DSM, coverage is to be provided at par with medical conditions.

EHB Discussion and Recommendation

- Benchmark Plan
- Rx Option
- Pediatric Dental
- Pediatric Vision

EHB | Benchmark Options

Key Differences Among Plans

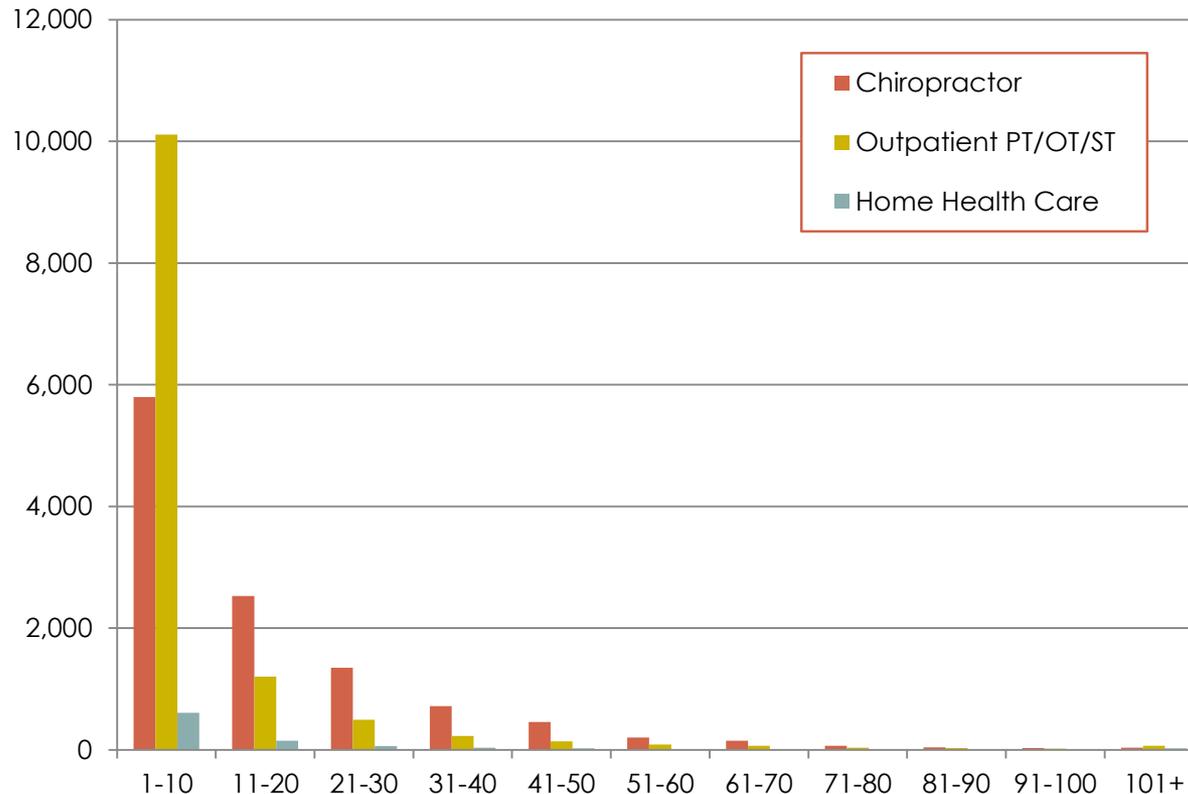
- Limitations
 - Home Health
 - Skilled Nursing
 - Rehabilitation
 - Chiropractic Care

EHB | Benchmark Options, Differences

Services	Small Group Products			State Employee Plans
	Anthem BCBS HMO	Aetna HMO	Largest HMO	
			ConnectiCare HMO	
Rehabilitative and Habilitative Services				
Home Health Care Services	100 visits	80 visits	100 visits	200 visits
Skilled Nursing Services	30 days/condition up to 90 days/year	30 days/year	90 days/year	unlimited
Inpatient Rehabilitation Services (PT/OT/ST)	60 days/condition (lifetime limit)	not specified	90 days/year (combined with SNF)	unlimited
Outpatient Rehabilitation Services (PT/OT/ST)	30 visits/year	20 visits/year	40 visits/year	unlimited (Out-of-Network: 30 visits/year)
Chiropractic Visits	20 visits	20 visits	20 visits	unlimited

EHB | Distribution of Utilization Rates

- Utilization rates among the 125,000+ state employee health plan members
- Approximately 10% of members required at least one rehabilitative service visit
- Fewer than 1% of all members required more than 20 outpatient PT/OT/ST visits



Reference: Milliman Report prepared for Office of the State Comptroller, Healthcare Policy & Benefit Services Division (claims data for period between 1/1/2011 – 12/31/2011)

Vote on Benchmark

- Anthem Blue Cross Blue Shield HMO
- Aetna POS
- ConnectiCare HMO
- State Employee Health Plan

Vote on Supplemental Coverage

- Prescription Drug Coverage:
 1. Oxford PPO Rx
 2. Federal Employee Health Benefit Program (FEHBP) – Prescription
- Pediatric Dental :
 1. CHIP
 2. FEDVIP
- Pediatric Vision:
 1. Fed VIP

Prescription Drug Coverage

- Center for Consumer Information and Insurance Oversight (CCIIO) guidance notes that for purposes of the EHB Benchmark Plan, coverage for prescription drugs cannot be provided through a rider.
- If a Benchmark Plan is lacking prescription drug coverage, the state must supplement the Benchmark Plan with the Rx benefit from another Benchmark Plan.
- The four remaining Benchmark Plan options do not include prescription coverage as part of the base plan.

Prescription Drug Coverage

- Unless CCIO revises the guidance, CT must supplement the benchmark plan option with the drug benefit included in either Oxford PPO Rx option, or one of the plans available through Federal Employee Health Benefit Programs (FEHBP)
- Each of these options provides Rx coverage in all categories and classes of drugs.

Prescription Drug Coverage

- If a benchmark plan offers a drug in a certain category or class, all plans must offer at least one drug in that same category or class, even though the specific drugs on the formulary may vary.
- Connecticut Insurance Department (CID) prohibits carriers from excluding any FDA-approved drug that is deemed medically necessary to treat a covered illness or injury.
- Formularies are permitted, however, CID requires carriers to cover non-formulary drugs if the insured has a medical condition that precludes them from taking a formulary drug.

Vote on Supplemental Coverage

- Prescription Drug Coverage:
 1. Oxford PPO Rx
 2. Federal Employee Health Benefit Program (FEHBP) – Prescription
- Pediatric Dental :
 1. CHIP
 2. FEDVIP
- Pediatric Vision:
 1. Fed VIP

Pediatric Services – Oral and Vision

- Currently coverage is generally provided separate from the medical portion of health plans.
- CCIO guidelines indicate that states may supplement EHB package with dental services from Federal Employees Plan (FEDVIP) or with the Children's Health Insurance Plan (CHIP) and for vision services the FEDVIP plan.

Pediatric Services – Oral

- FEDVIP and CHIP* cover preventive and basic dental services such as:
 1. Cleanings
 2. Fillings
 3. Root Canals
 4. Crowns
 5. Orthodontia (if medically necessary)
- * There are no significant differences between plans

Pediatric Services – Vision

- CCIO suggests states model coverage after the FEDVIP vision plan with the highest enrollment
- Coverage to include:
 1. Routine eye exams with refraction
 2. Corrective Lenses
 3. Contact Lenses

Vote on Supplemental Coverage

- Prescription Drug Coverage:
 1. Oxford PPO Rx
 2. Federal Employee Health Benefit Program (FEHBP) – Prescription
- Pediatric Dental :
 1. CHIP
 2. FEDVIP
- Pediatric Vision:
 1. Fed VIP

Committee | Next Steps

- August : Approval of Recommendation to the Board

**Next Meeting: Wednesday, August 8 @ 1-3pm in
Legislative Office Building Room 1E**