



To: Health Plan Benefits and Qualifications Advisory Committee
Consumer Experience and Outreach Advisory Committee

From: Connecticut Health Insurance Exchange

Re: Summary of “Issues for Review” Identified in Draft of “Initial Solicitation to Health Plan Issuers for Participation in the Individual and Small Business Health Options Program (SHOP) Exchanges”

Date: November 12, 2012

1.0 Introduction:

Section 1311 of the Affordable Care Act outlines a set of participation standards for carriers contracting with, and doing business on, the Exchange. While these new requirements include many significant consumer protections, the Exchange has the statutory authority to add requirements above the ACA standards if it finds such additional measures prudent and in the interest of the State’s broader health reform efforts.

As such, Exchange staff has identified several potential QHP requirements that could positively impact the quality of the products available on the Exchange and on which we request the advisory committees to opine. Staff has called out 10 significant “Issues for Review” in the accompanying “Solicitation” to help set the agenda for the combined Advisory Committee meeting on November 20.

Before the coming meetings of a Board sub-committee, Advisory Committees, and the Board, Exchange staff will provide our stakeholders with additional information on the “pros and cons” of potential responses to the open QHP certification requirements outlined below. We appreciate the consideration of our key stakeholders to the staff’s analysis and recommendations. These considerations will help inform the policy decisions made by the Board.

We anticipate a high volume of stakeholder feedback on the Draft Solicitation and the “Issues for Review” summarized in this document. Staff looks forward to a constructive engagement with the members of our valued ACs and Board.

Any feedback and comments from the broader public on any of the issues under review (as well as any potential QHP certification requirement not explicitly called in the document) should be directed to ctnix.inquires@ct.gov.

2.0 Summary of “Issues for Review”:

Market Participation

1. Should failure by a QHP to participate in Exchange in 2014 inhibit participation by the Issuer until (at least) 2016? An exception to such a “lock-out” period would be considered for newly licensed Issuers.

2. If an Issuer ceases participation in the Exchange, should the Issuer be prevented from rejoining for two (or three) years?

Plan Benefits, Cost-Sharing and Rates

1. Should Issuers be required to offer a standardized or more-or-less comparable benefit design for a Bronze, Silver, and/or Gold plan? If so, should the Exchange allow Issuers to submit one or more non-standard benefit design plan(s) by Metal tier?
2. For stand-alone dental plans, should Issuers be required to offer standard plan benefit designs across metal tiers?
3. For stand-alone dental plans, should the Exchange consider selling two benefit tiers of stand-alone dental plans: (1) preventive only; and (2) full benefits?

Rating Factors

1. Should the Exchange make tobacco-use a required rating factor in the Individual Exchange?
2. Should the Exchange require Issuers to agree to standardized rating factors (for geography, age, household size, and, if applicable to the non-group market, tobacco use) across all QHPs sold through the Exchange?

Number and Mix of QHPs

Recommendation:

For each Issuer's application the number of QHPs must include (and cannot exceed) the following:

- One (1) Gold Plan;
 - Two (2) Silver Plans (plus the three AV variations for at least one (1) Silver);
 - Two (2) Bronze Plans;
 - One (1) Catastrophic Coverage Plan;
 - One (1) child-only QHP for each metal tier for which an Issuer submits a plan (applies to Individual Exchange only)
1. Should Issuers be required, prevented, or given the option of offering Platinum QHPs?
 2. For stand-alone dental plans, should Issuers be required to issue stand-alone dental plans across all, any, or specific metal tiers?

Network Adequacy and Provider Data

1. What should the Exchange's network adequacy standard be as it relates to Essential Community Providers? Short of meeting such standards, should an issuer be allowed to evidence a good faith effort to contract with ECPs by, for example, providing contract terms accepted by some providers, and offered to, but rejected by, ECPs?