



Connecticut's Official Health Insurance Marketplace

June 8, 2015

To: The Health Plan Benefits & Qualifications and Consumer Experience and Outreach Advisory Committees

From: Julie E. Lyons

Subject: 2017 Essential Health Benefits (EHB) – Benchmark Selection Process

The purpose of this memorandum is to provide information with regard to the review undertaken by the Access Health CT (AHCT) Plan Management team on the Essential Health Benefit (s) (EHB) plan evaluation process.

The outcome of the evaluation will serve as the basis and framework of health coverage for all non-grandfathered individual and small group health plans sold via the AHCT platform and those sold in the market outside of AHCT for 2017.

Background:

On April 8, 2015, the Center of Consumer Information and Insurance Oversight (CCIIO) released guidance on the EHB benchmark selection process for 2017. The guidance outlined two approaches for states to choose from, in selecting the EHB benchmark process and those are as follows:

1. a State could follow specific guidance in order to select a benchmark plan that would function as the basis for the EHB or;
2. if a State opted not to make a selection using the benchmark process, the default plan would be the largest plan by enrollment in the largest product by enrollment in the State's small group market.

In mid-2012 through early 2013 the AHCT team and Connecticut stakeholders underwent a rigorous review process to choose the current State of Connecticut EHB benchmark health plan for plan years 2014 through 2016.

The plans examined at that time were selected from a range of existing health plans determined to be popular in the market by the number of enrollees. After a thorough review of this data, the largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in Connecticut was chosen.

This plan was supplemented by Children's Health Insurance Program (CHIP) pediatric oral benefits, as well as Federal Employee Dental and Vision Insurance (FEDVIP) pediatric vision benefits to arrive at the required ten (10) categories of EHBs as follows:

- (1) ambulatory patient services;
- (2) emergency services;
- (3) hospitalization;
- (4) maternity and newborn care;
- (5) mental health and substance use disorder services including behavioral health treatment;
- (6) prescription drugs;
- (7) rehabilitative and habilitative services and devices;
- (8) laboratory services;
- (9) preventive and wellness services and chronic disease management; and,
- (10) pediatric services, including oral and vision care.

#### 2017 EHB Benchmark Plan Process and Selection Criteria:

To determine the 2017 EHB benchmark plan, AHCT chose to make a selection by using the benchmark process and by following CCIIO specific guidance. This review included the compilation and analysis of specific plan options while keeping in mind the principal goal of ensuring a balance between health coverage and affordability.

The benchmark plan options and benefits under review included:

- The largest plan by enrollment in any of the three largest small group insurance products in the State's small group market; (Carrier A, B & C\*)
- Any of the largest three State employee health benefit plans by enrollment; (Carrier E & F\*)
- Any of the largest three national FEHBP plan options by enrollment; (Carrier G, H & I\*) or;
- The largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in the State (Carrier D\*).

*\*Refer to Exhibit #1 Summary of Comparative Analysis of EHB Benchmark Plan for 2017.*

Important facts taken into consideration during this research are as follows:

- Connecticut has not adopted any new health benefit mandates since December 31, 2011,
- There have not been any new EHBs added to the benefit category list of ten,
- The EHBs do not take into account cost sharing (e.g., copayments, deductibles, or coinsurance),
- The EHBs do not consider exclusions or utilization review/prior authorization requirements.
- All benefits within a selected plan option must be adopted (e.g., not permitted to pick and choose different benefits from different benchmark plan options).

The EHB benefits listed above, including those for pediatric vision and oral care will be part of the 2017 benchmark plan.

2017 EHB Benchmark Plan Findings:

AHCT comparative analysis of the plan options and benefits listed within Exhibit #1 *Summary of Comparative Analysis of EHB Benchmark Plan for 2017* has resulted in the following findings:

<b>Carrier</b>	<b>Summary of Comparison to 2014 CT Benchmark (BM) Plan</b>
Carrier A & Carrier B	<ul style="list-style-type: none"><li>• Identical to the 2014 CT BM Plan</li></ul>
Carrier C	<ul style="list-style-type: none"><li>• 10 additional visits for Chiropractic Care</li></ul>
Carrier D	<ul style="list-style-type: none"><li>• 60 additional days for Inpatient Rehabilitation (carriers A, B &amp; C combine these visits for a total of 90)</li><li>• 10 fewer visits for Outpatient Rehabilitation (Physical / Occupational / Speech Therapy – PT/OT/ST)</li></ul>
Carrier E & Carrier F	<ul style="list-style-type: none"><li>• Unlimited benefits for Skilled Nursing Facility and Outpatient Rehabilitation (PT/OT/ST)</li></ul>
Carriers G, H & I	<ul style="list-style-type: none"><li>• 50 fewer visits for Home Health Care</li><li>• Skilled Nursing Facility differences (2 plans with no coverage / 1 plan with 76 fewer days)</li><li>• Outpatient Rehabilitation (Physical/Occupational/Speech Therapy – PT/OT/ST) differences (1 plan with 35 more visits / 1 plan with 10 more visits / 1 plan with 20 more visits)</li></ul>

In conclusion, AHCT suggests no change to the current EHB benchmark plan (Carriers A & B) as the State of Connecticut 2017 EHB benchmark plan. This will ensure that a balance between health coverage and affordability will continue.

In addition, this option will minimize consumer disruption and confusion as well as mitigate unintended consequences of potential premium rate increases.

The ultimate goal of this exercise is to present this EHB evaluation to the Advisory Committees for their recommendation of a 2017 benchmark plan to be presented and voted on by the AHCT Board of Directors later this month.