

Connecticut Health Insurance Exchange
Consumer Experience and Outreach Advisory Committee
MEETING MINUTES

Location: Legislative Office Building
300 Capitol Avenue, Room 1B, Hartford, CT
Date: Wednesday, June 13, 2012
Time: 9:00 a.m.

Members Present

Vicki Veltri (Co-Chair), Office of the State Healthcare Advocate; Tanya Barrett (Co-Chair), United Way of CT; Arlene Murphy; Gerard O'Sullivan, CT Insurance Department (CID); Jennifer Jaff, Advocacy for Patients with Chronic Illness; Cee Cee Woods, Exchange Board member; Cheryl Forbes, Small Business for a Healthy Connecticut; Danielle Warren; John Erlingheuser, AARP; Shawn Lang, CT AIDS Resource Coalition; Sheldon Toubman, New Haven Legal Assistance Association, Inc.; Robert Scalettar, Exchange Board member; Shawn Lang, Connecticut AIDS Resource Coalition; Sara Frankel, National Alliance on Mental Illness - CT (NAMI)

Other Participants

Tia Cintron, CT Health Insurance Exchange (HIX); Bob Carey, RL Carey Consulting; Jason Madrak, HIX; Kathy Morelli, Mintz & Hoke; Chris Knopf, Mintz & Hoke; Andrew Wood, Mintz & Hoke

Meeting Facilitator

Nellie O'Gara, HES Advisors

Members Absent

Claudia Epright, United Action CT; Heather Greene; Helen Raisz

I. Call to Order and Introductions

Chairperson Tanya Barrett opened the meeting at 1:07 p.m. Committee members and staff introduced themselves.

II. Review and Approval of Minutes

Chairperson Barrett made a motion to approve of the minutes of the previous meeting. Referring to the consumer assistance assessment by KPMG, Arlene Murphy asked whether the concerns raised by the committee would be entered into a formal record to ensure they are addressed. Tia Cintron responded that staff would loop back with the chairs on this matter. Cee Cee Woods requested the minutes be amended to reflect her participation. Chairperson Barrett made a motion to approve of the minutes from the previous meeting with amendments. All members present were in favor. **Motion passed unanimously.**

III. Mintz & Hoke Update

Chris Knopf introduced the Mintz & Hoke staff. Kathy Morelli provided an update on the status of stakeholder discussions that the firm has been holding since February. These stakeholder discussions have allowed the firm to speak directly with stakeholders involved with the Exchange, particularly consumer advocates and small employer advocates, as well as healthcare providers, insurance carriers and agents and brokers throughout the state. A series of in-person dialogues, one-on-one phone interviews, in-person interviews, as well as webinars continue to be conducted.

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Ms. Morelli stated that the firm has also undertaken a primary consumer research effort, which has included a series of focus groups that work specifically with people who are currently uninsured. Conversation ensued around consumer research with members requesting to know who exactly has been reached out to.

Andrew Woods spoke to the Preliminary Directions slide of the firm's presentation to the committee, which outlined important groups with distinct communications challenges. Mr. Woods stated that people with dependents are acutely aware that their family needs insurance, stating additionally, single men who do not believe they need insurance and do not want it. Mr. Woods then spoke to the many phrases which generate hostility, for instance, words such as 'financial assistance', 'easy', and 'insurance'. Conversation ensued around the positive and negative connotations associated with the word 'affordability'. Mr. Woods noted that consumers want the State to be involved but to the extent that they are overseeing and providing funding, and not *managing* the program.

Ms. Morelli provided a brief update on the bridging communications program. The target date for launching the website is June 21st. Additionally, postcards and the beginning of the email campaign (email updates) will begin very shortly thereafter.

Kevin Counihan joined the meeting by telephone as a member of the public.

IV. EHB Discussion Road Map

Chairperson Veltri moved the meeting into the EHB discussion. Bob Carey initiated discussion of the underlying base package which will be available to everyone who purchases coverage through the Exchange or outside the Exchange in the individual and small group market. Materials were provided to the members prior to the meeting.

Mr. Carey provided an overview of EHB recommendation process. Mr. Carey stated that the Feds have indicated in a recent meeting with Staff that the EHB package would need to be determined by States by the third quarter of 2012 or the Feds would make that decision for the states. Mr. Carey remarked that hopefully no later than the August meeting, the recommendation by the two committees will be developed and given to the board. The board will then recommend to the Administration.

Mr. Carey moved on to provide clarification around some of the EHB requirements. Mr. Carey discussed the Prescription Drugs, Specialty Drugs, and Habilitative and Rehabilitative services EHB requirements.

The Feds have identified three benefits which will potentially need to be supplemented, including the habilitative benefits, pediatric dental and Pediatric vision benefits. Mr. Carey explained the difference between rehabilitative and habilitative care.

Mr. Carey discussed the State Mandated Benefits slide. Members were provided with a chart that attempts to align the benefits under one or more of the categories of care. Members were also provided with an evaluation completed last Fall by Mercer Health and Benefits that tried to identify which of the state mandated benefits might not fall under an EHB package. Mr. Carey discussed key points regarding the state-mandated benefits. If the EHB package chosen by the state does not include a state-mandated benefit, that state mandate does not go away but is still required for the individual and group market. The issue is that the state would have to pick up the cost of that benefit, or the marginal cost of that benefit for those services that exceed the EHB package.

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All fully-insured small group policies cover the state mandates, as well as all state employee plans. The federal employee benefit plan does not appear to cover all of the state mandates: autism spectrum disorder, Lyme disease, in vitro fertilization (these were not listed in the exclusion section but also not included in the 'covered' section).

Mr. Carey provided information on the Benchmark Approach portion of the presentation. Ten benchmark plan options are outlined as follows:

1. Three small group plans with the largest enrollment: Oxford PPO, Anthem HMO, Aetna POS*
2. Three state employee plans with the largest enrollment: Anthem POE, Anthem POS, Oxford POE
3. Three FEHBA plans with the largest enrollment: BCBS standard/basic, GEHA Standard
4. Non-Medicaid HMO plan with the largest enrollment: Connecticare HMO

Mr. Carey referred back to the Guiding Principles and Decision Criteria.

Decision criteria:

1. Offer comprehensive coverage
2. Align with current CT marketplace (individual and small group market)
3. Minimize fiscal impact to the State

To provide a starting point, Mr. Carey presented a slide that outlines the key difference among the plans. Differences between Plan Limitations and Plan Exclusions were identified. The slide provided examples of exclusions.

Mr. Carey walked members through Exhibit 3. Summary of Comparative Analysis of EHB Benchmark Plans.

Mr. Carey walked members through the Benchmark Options slide of the presentation. Conversation ensued around visitation limits. Regarding the Oxford benefits, Jennifer Jaff asked if the number of visits per year applies to 'per condition' or 'per lifetime'. Chairperson Barrett asked where it gets into who can provide what types of care, noting a particular interest around dental screening.

Ms. O'Gara asked the committee if they were at a point where they could eliminate any plans.

Jennifer Jaff made a motion to recommend that the FEHBA plan be eliminated because due to the fiscal burden that it poses to the State and because it does not align with the guiding principles of the committee. All members present were in favor. **Motion passed unanimously.**

Chairperson Veltri expressed the need to have a future discussion to address the issue of *affordability*.

Ms. Jaff initiated discussion regarding elimination of the Oxford plan due to the lifetime visit limits on particularly physical therapy. Conversation ensued around visit limitations. Gerard O'Sullivan offered to get more information from the CID in order to gain further clarification of the limitations. Mr. Carey provided clarification regarding Oxford plan. If Oxford is eliminated as a benchmark plan, the state would still be able to borrow the plan's prescription drug benefit to supplement a different plan. Chairperson Veltri asked for data regarding utility of one benefit versus another (request for utilization patterns), specifically: how many individuals are using the service or requesting the service versus what the claims costs are. Mr. Carey explained that the committee should first concentrate on understanding which

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benefits are covered by these plans, and then discuss the cost for the individual consumer in the next round of considerations.

The decision was made to not eliminate the Oxford plan until more information and clarification is provided to the members.

V. Next Steps

Ms. Jaff announced a list of take-aways from the meeting. Members are requesting enrollment numbers in the individual plans, the issue of affordability may come up, clarification on the visit limits, utilization data on limited benefits and some information on the wellness programs. Both committees should receive this information. Sheldon Toubman and Ms. Jaff further requested the sequence of the meeting schedule be altered so that the Consumer Experience and Outreach meeting occurs *after* the Health Plan meeting, as well as a joint interim meeting take place.

VI. Public Comment

No public comments were provided.

VII. Adjournment

Chairperson Veltri made a motion to adjourn the meeting. All members were in favor. **Motion passed unanimously.** The meeting adjourned at 11:01 a.m.

Resources:

[Agenda](#)

[Presentation](#)

[Transcripts](#)

The next scheduled meeting will take place on Tuesday, July 10, 2012 at 9:00 a.m.