

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

Location: Legislative Office Building
300 Capitol Avenue, Room 1B, Hartford, CT
Date: Tuesday, July 10, 2012
Time: 9:00 a.m.

Members Present

Vicki Veltri (co-Chair), Office of the State Healthcare Advocate and Exchange Board Member, Tanya Barrett (co-Chair), United Way of CT; Arlene Murphy; Cee Cee Woods, Exchange Board Member; Cheryl Forbes, Small Business for a Healthy Connecticut; Claudia Epright, United Action CT; Gerard O'Sullivan, Connecticut Insurance Department; Jennifer Jaff, Advocacy for Patient's with Chronic Illness; John Erlingheuser, AARP; Bob Scalettar, Exchange Board Member; Sheldon Toubman, New Haven Legal Assistance Association, Inc.; Sara Frankel, National Alliance on Mental Illness

Members Absent

Danielle Warren; Heather Greene; Helen Raisz; Shawn Lang

Other Participants

Julie Lyons, Health Insurance Exchange (HIX); Jason Madrak, HIX; Kevin Counihan, HIX; Bob Carey, RL Carey Consulting

Meeting Facilitator

Nellie O'Gara, HES Advisors

I. Call to Order and Introductions

Chairperson Vicki Veltri opened the meeting at 9:00 a.m. Members and staff introduced themselves.

II. Review and Approval of Minutes

A motion was made to approve the minutes from the June 13, 2012 meeting. Cee Cee Woods requested that the minutes be amended to reflect the correct adjournment time. All members were in favor to approve the minutes with the amendment. **Motion passed.**

III. EHB Discussion

Jason Madrak introduced the meeting agenda, followed by a brief overview of the timeline for State Certification. Jennifer Jaff asked when the State will have to make the decision to add a Basic Health Program (BHP). Bob Carey stated that the deadline is not affected by a decision whether to offer a BHP. Mr. Carey indicated that the funding of the Exchange and the financing mechanisms of the Exchange could be affected by whether the state establishes a BHP, and made the recommendation that the state have a financial plan *if* they decided to move forward with a BHP. Sheldon Toubman suggested that two financial plans be recommended to the Board. Chairperson Veltri indicated that the two (QHP and Consumer) committees should discuss the subject in a combined meeting in August.

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Julie Lyons provided an overview of the meeting's EHB Discussion. The committee will review benefit categories which comprise the EHB: mental health and substance abuse disorder services, prescription drug coverage, services for preventive and wellness, and chronic disease management, oral and vision pediatric services, as well as the two options that are available for selection in terms of habilitative care. The committee will also discuss utilization data as it pertains to the benefits.

Ms. Lyons indicated that the benefits for mental health and substance must be treated at parity with medical/surgical conditions. The State currently defines mental and nervous conditions as all diagnoses referenced in the Diagnostic and Statistical Manual of Mental Disorders—if there is a diagnosis which is reflected in the manual, it must be covered at parity with medical conditions. The state has had mental health parity since 2000, which requires insurance carriers to provide coverage for mental health conditions at parity with medical conditions on individual policies and fully insured (FI) small and large group policies. Ms. Lyons provided the definition of Cognitive Behavioral Therapy (CBT). Conversation ensued with regard to the importance of increasing access to mental health treatment.

Nellie O'Gara moved the meeting into a discussion of the prescription drug coverage. Ms. Lyons stated that the Federal guidance on prescription drugs states that coverage cannot be provided through a drug rider. If a benchmark/EHB category is missing, states must look to the next benchmark plan to fulfill that category. The benefits must be supplemented from the benchmark plan to the plan that does not have the benefit. In addition, the guidance states that 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. The specific drugs on the formulary can vary. Jennifer Jaff requested clarification with regard to whether the committee is assessing open versus a closed formulary. Ms. Lyons indicated that the focus on the benchmark is the categories and classes. The committee agreed to provide a list of concerns to Staff. Committee members discussed the process for policy forms to get filed and approved within CID. Gerard O'Sullivan indicated that he would provide to the group the forms approval process from the agency. Ms. Lyons noted that unless the guidance is revised, the State needs to select from the two pharmacy options, which are the federal employee health benefit programs BCBS standard basic option, or the Oxford PPO Rx option.

Ms. Lyons provided an overview of the ACA requirements with regard to preventive and wellness services and chronic disease management. The qualified health plans offered through the Exchange must provide coverage for evidence-based services or items that have a rating of A or B in the current recommendations of the US Preventative Services Task Force. Ms. Jaff raised the issue that the EHB *has* to include a chronic disease management program. Tanya Barrett raised the question of whether individuals are made aware of upcoming services. Conversation ensued around this form of utilization data, and what will need to be considered once the EHB package is selected.

Ms. Lyons provided an overview of the ACA requirement with regard to oral and vision pediatric services. The guidelines from the Federal government indicate that states may supplement the 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. Discussion took place around access to CHIP. Claudia Epright asked if there is any information regarding providers who accept the FEDVIP versus the CHIP program. Chairperson Veltri stated that access under Medicaid and CHIP has greatly improved. Chairperson Veltri asked if the State can offer a rider for adults in the Exchange to buy dental in order for them to at least have access to it. Ms. Lyons noted that Staff will check on this and report back to the committee.

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Ms. Lyons provided an overview of the ACA requirements with regard to habilitative services. The CCIIO has determined there are two approaches for providing coverage for habilitative services: 1. Habilitative services offered at parity with other rehabilitative services (e.g. PT, OT, ST in terms of duration and scope); 2. QHP's would decide which habilitative services to cover and report them to HHS.

Ms. Lyons explained the key differences among plans regarding limitations with regard to home health, skilled nursing, rehabilitation, chiropractic care. Ms. Lyons provided an overview of the utilization rates data conducted among the 125,000+ state employee health plan members.

Discussion ensued around the issue of affordability with regard to the FEHBA plans. It was noted that actuarial data would be helpful in determining the EHB package. Sheldon Toubman stated that he is concerned for individuals above 400% FPL and below 200% FPL. Discussion ensued around those groups above 400 and below 200.

IV. Review of Thompson Reuters Data

Mr. Madrak provided an overview of the results of the data analysis recently conducted by Thomson Reuters. Mr. Madrak stated that the information used came from several sources: US Census, American Survey, and Insurance Coverage Estimates (ICE) tool. Part of the analysis included estimates of the number of CT residents in 7 major categories of insurance coverage. For each category, a comprehensive breakdown of the estimates was provided by county, zip code, age, and gender. Mr. Madrak stated that current-year estimates place the number of total uninsured at 344,582 statewide. A first set of analysis revealed that the uninsured population across the state (and within counties) is heavily concentrated in a small number of zip codes. The second data set that was developed by Thomson profiles the demographic characteristics of currently uninsured populations who will be eligible for either Medicaid enrollment or enrollment via the Exchange, as the result of new eligibility requirements.

1. Children in the state who will be Medicaid or SCHIP eligible
2. Adults in the state who will be Medicaid eligible
3. Children in the state who will be eligible for subsidized purchase via the Exchange
4. Adults in the state who will be eligible for subsidized purchase via the Exchange

John Erlingheuser requested to know what number of people would be currently eligible for Medicaid but had not received access to a program. Mr. Madrak stated that staff would take a look at this. Discussion ensued regarding the adult population.

Jennifer Jaff made a motion that the committee recommend to select the Connecticare plan as the EHB benchmark plan with a strong recommendation for consideration for a BHP between 133 and 200 percent of the FPL which would have a more robust benefit package that is more along the lines of the Medicaid benefit package. Arlene Murphy seconded the motion. Conversation ensued. Ms. O'Gara conducted a roll call vote with the results being the following:

Arlene Murphy: Yes

Cee Cee Woods: Abstained

Cheryl Forbes: Yes

Claudia Epright: Yes

Gerard O'Sullivan: Abstained

John Erlingheuser: Yes

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Bob Scalettar: Yes
Sheldon Toubman: Yes
Chairperson Barrett: Yes
Chairperson Veltri: Passed
Sara Frankel: Yes

Chairperson Veltri requested clarification around the motion, whether the motion was a recommendation of consideration of the BHP or a recommendation that the State establish a BHP.

Sheldon Toubman proposed an amendment to the motion, revising the language around the recommendation to strong 'consideration' of a BHP. Members reevaluated the language of the vote.

Ms. O'Gara reintroduced the motion. The committee wishes to select the Connecticare benefit plan as the EHB benchmark option with strong consideration for a BHP for those 133 to 200 percent of federal poverty level including a more robust plan along the lines of the current Medicaid. Ms. O'Gara suggested to the committee the notion of formulating two recommendations; one to recommend selection of the Connecticare benefit plan as the EHB for those over 200% FPL, and a second recommendation for strong consideration for a BHP for those under 200% of FPL along the lines of the current Medicaid program.

Ms. Jaff made a motion that the Connecticare plan as the benchmark be chosen as the essential health benefits package. Arlene Murphy seconded the motion. Ms. O'Gara conducted a roll call vote which generated the following results:

Arlene Murphy: Yes
Cee Cee Woods: Yes (cast as a preliminary vote as she still has more information to review)
Claudia Epright: Yes
Cheryl Forbes: Yes
Gerard O'Sullivan: Abstained
John Erlingheuser: Yes
Sheldon Toubman: Yes
Jennifer Jaff: Yes
Chairperson Barrett: Yes
Chairperson Veltri: Yes
Sara Frankel: Yes

Discussion ensued around the current work being conducted around the BHP by a BHP work group separate from this committee. Chairperson Veltri announced that the committee will have the ability to make a recommendation once the BHP work group has the chance to meet with the committee.

Sheldon Toubman made a motion that this group strongly recommends consideration of a more robust benefits package for those under 200% of the FPL. Arlene Murphy seconded the motion. Ms. O'Gara conducted a roll call vote which resulted in the following:

Arlene Murphy: Yes
Cee Cee Woods: Passed
Cheryl Forbes: Yes
Claudia Epright: Yes

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Gerard O'Sullivan: Abstained
John Erlingheuser: Yes
Jennifer Jaff: Yes
Bob Scalettar: Yes
Sheldon Toubman: Yes
Chairperson Barrett: Yes
Chairperson Veltri: Yes
Sara Frankel: Yes

Ms. Jaff moved that the committee choose the Oxford prescription drug plan. The motion was seconded. **Upon determination that the committee does not feel comfortable voting on the option, the motion was withdrawn.** Chairperson Veltri noted that since this committee is advisory-only, the committee can pass on this and perhaps revisit the discussion after the QHP meeting.

Ms. Jaff made a motion that the committee choose the CHIP dental and the FEDVIP vision plan. Bob Scalettar seconded the motion. Ms. O'Gara conducted a roll call vote. All members voted yes with the exception of Gerard O'Sullivan who abstained.

The committee moved on to discuss the differences between the two drug options with members requesting clarification particularly around whether the plans have an open versus closed formulary. Mr. Toubman made a motion that the committee select the federal employee drug benefit as the prescription benefit option. The motion was seconded. Ms. O'Gara conducted a roll call vote which generated the following results:

Arlene Murphy: Passed
Cee Cee Woods: Abstained
Cheryl Forbes: Abstained
Claudia Epright: Yes
Gerard O'Sullivan: Abstained
Jennifer Jaff: Abstained – needs additional information
John Erlingheuser: Abstained
Bob Scalettar: Abstained – needs additional information

Mr. Toubman withdrew the motion. Ms. O'Gara indicated that the motion would be tabled for the next meeting.

Ms. Jaff suggested that a side by side comparison of the drug classes would be helpful in order for the committee to form its recommendation.

V. Public Comment

No public comments were provided.

Mr. Madrak briefly informed the committee of a KPMG follow-up document which provides comprehensive data for review with regard to the scope of the engagement and issues around additional clarity for some of the metrics profiled. Mr. Madrak indicated that staff would reserve time on the agenda for members to provide additional questions upon review of the documentation.

VI. Adjournment

Chairperson Veltri adjourned the meeting at 11:16 a.m.

Resources

[Agenda](#)

[Minutes from previous meeting](#)

[Memo: Thomson Reuters Data](#)

[Presentation](#)

[Transcript](#)