

Health Insurance Exchange
Health Plan Benefits and Qualifications Advisory Committee
DRAFT MEETING MINUTES

Location: Legislative Office Building
300 Capitol Avenue, Room 1E, Hartford, CT
Date: Wednesday, July 11, 2012
Time: 9:00 a.m.

Members in Attendance

Deputy Commissioner Anne Melissa Dowling (Co-Chair), Connecticut Insurance Department (CID); Mark Espinosa (Co-Chair), United Food and Commercial Worker's Union 919; Jennifer Jaff, Advocacy for Patient's with Chronic Illness; Robert McLean, Connecticut State Medical Society; Gloria Powell for Commissioner Jewel Mullen, Department of Public Health (DPH); Kevin Galvin, Small Business for a Healthy CT; Deirdre Hardrick, Aetna; Robert Tessier, CT Coalition of Taft-Hartley Health Funds; Mary Fox; Stephen Frayne, Connecticut Hospital Association; Maria Diaz, Connecticut Association of Optometrists; Joseph Treadwell, CT Podiatric Medical Association; Marcia Petrillo, Qualidigm

Members Absent

Thomas Marchozzi, Mary Ellen Breault, Margherita Giuliano

Other Participants

Kevin Counihan, CT Health Insurance Exchange (HIX); Jason Madrak, HIX; Julie Lyons, HIX

I. Call to Order and Introductions

Chairperson Anne Melissa Dowling opened the meeting at 9:05a.m. Committee and staff members introduced themselves. Chairperson Dowling stated that the meeting agenda would be altered in order to have public comment at the beginning of the meeting. Chairperson Dowling thanked the staff for their hard work.

The following individuals provided a public comment: Nicole Stacy, Jennifer Landry, and Robert Muckle.

II. Review and Approval of Minutes

Chairperson Dowling requested a motion to approve the minutes from the last two meetings (June 8, 2012 and June 19, 2012) requesting that the first sentence of page 2 be removed as the committee did in fact eliminate the federal plan. Bob Tessier made the motion. The motion was seconded. All members were in favor to approve the minutes with the amendment.

III. Mental Health Parity in CT

Julie Lyons provided a high level overview of mental health parity in the state. Since 2000 the State 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. The 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.

IV. EHB Discussion and Recommendation

Ms. Lyons provided an overview of the meeting agenda. 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 reviewed utilization/claims data which had recently become available, which outlines utilization rates among the 125,000+ state employee health plan members for the period between 1/1/11 and 12/31/11. Members discussed the data at length. Committee members discussed comprehensively the various differences in service visits.

Chairperson Dowling reiterated that the Committee is operating under the ACA and one of the Committee's principles is to establish essential health benefits that allow these plans to be affordable; Chairperson Dowling emphasized the importance of striking a balance between affordability and comprehensiveness. Bob Tessier remarked that the Committee should err on the side of caution in making sure that the EHB package is adequate for people's needs, further emphasizing the importance of making a decision that balances costs with services and pointing out that adjustments may need to be made over the years. Chairperson Espinosa echoed Mr. Tessier's sentiments and reiterated the importance of keeping in mind adjustments may need to be made down the road. Members discussed at length the needs and necessities of a richer plan to serve the needs of CT residents, agreeing on the importance of the needs of the patients and the necessity of less visit limitations. Further discussion ensued around contract visit limits, as well as the implications of the appeals process, actuarial impact, and cost sharing.

Chairperson Dowling asked that whoever would like to put forth a motion for a vote, that whatever the Committee votes, they vote with balance with regard to affordability and the comprehensiveness. Chairperson Dowling reminded members that the charge of the committee is to come up with the minimum essential health benefits that any plan has to contain.

Stephen Frayne stated that based on the general consensus that the committee not go with the plan that has the most limited set of benefits and while the committee does not have all of the pricing information or any pricing information which would help them to fully understand what the marginal cost of these extra benefits are that would exist in the ConnectiCare plan, as compared to the Aetna design or the Anthem design, Mr. Frayne made a motion that the committee design the EHB plan based upon the benefit design as outlined in the ConnectiCare plan. Marcia Petrillo seconded the motion. All members were in favor.

Ms. Lyons moved the meeting into a discussion of the prescription drug coverage. The choices would be the Oxford PPO Rx plan or the Federal Employee Health Benefit Program. For pediatric dental, the choices would be CHIP or FEDVIP, and for pediatric vision, FEDVIP. Ms. Lyons stated that since federal guidance dictates that 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 plans options do not include prescription coverage as part of the base plan. Committee members discussed how the CID prohibits carriers from excluding any FDA-approved drug that is deemed medical 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. Dr. Mclean requested additional data on medication formularies. Jennifer Jaff indicated that the committee is looking at the classes of drugs, not at the formulary. Conversation ensued.

Chairperson Dowling requested a motion. Dr. McLean made a motion that the Committee approves either of the two plans as long as they appear similar in their design. Bob Tessier seconded the motion. Conversation ensued. Chairperson Espinosa suggested tabling the vote until the committee receives additional information. Members discussed the implications of tabling the vote. Chairperson Dowling indicated that the vote would be discussed in the 7/26 Board meeting. The plans are identical—the committee is voting on the structure, further stating that if upon further review by staff, they find distinctions, the committee will vote again. Dr. McLean stated that given the discussion which took place about a month ago with regard to limits on federal laws around contraception, he would make a motion that we select the Oxford plan contingent upon additional data provided. Bob Tessier seconded the motion. Jennifer Jaff remarked she is comfortable voting on the Oxford plan contingent upon hearing from staff finding anything different in the federal plan. Ms. Jaff reminded the committee that they are only looking at which classes of drugs are covered and nothing else. All members were in favor.

Ms. Lyons moved the meeting into the vote on pediatric services with regard to oral healthcare. Ms. Lyons stated that the FEDVIP and CHIP plans are identical. Discussion ensued around whether to select the CHIP plan as CT providers are familiar and comfortable with such plan. Mr. Frayne commented that the federal design is a little better than CHIP. Chairperson Dowling requested a motion. Bob Tessier made a motion that the Committee adopt the CHIP plan as the model. Dr. McLean seconded the motion. All members were in favor with Stephen Frayne opposing.

Ms. Lyons moved the committee into the vote on pediatric services with regard to vision. CCIIO suggests states model coverage after the FEDVIP vision plan with the highest enrollment. Chairperson Dowling requested a motion. Maria Diaz made a motion that the Committee adopt the model coverage of the federal vision plan for the benefits of the quality health plan for vision. Marcia Petrillo seconded the motion. All members were in favor.

V. Next Steps

Chairperson Dowling thanked members for their participation.

VI. Public Comment

A public comment was made by Nicole Peck.

VII. Adjournment

Chairperson Dowling made a motion to adjourn the meeting. The motion was seconded by Dr. McLean. **Motion passed unanimously.** The meeting was adjourned at 11:02 a.m.

Resources:

[Agenda](#)

[Minutes of the June 8, 2012 Meeting](#)

[Minutes of the June 19, 2012 Meeting](#)

[Presentation](#)

[Transcript](#)

[Additional Materials](#)