

VERBATIM PROCEEDINGS

CONNECTICUT HEALTH INSURANCE EXCHANGE
HEALTH PLAN BENEFITS AND QUALIFICATIONS
ADVISORY COMMITTEE MEETING

JUNE 19, 2012

450 CAPITOL AVENUE
HARTFORD, CONNECTICUT

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
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1 . . . Verbatim Proceedings of a meeting
2 before the Connecticut Health Insurance Exchange, Health
3 Plan Benefits and Qualifications Advisory Committee held
4 on June 19, 2012 at 9:02 a.m. at 450 Capitol Avenue,
5 Hartford, Connecticut. . .

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9 MS. NELLIE O'GARA: Anne Melissa, we're
10 going to have you open the meeting. This is Nellie
11 speaking, and then I can take the role call.

12 CHAIRPERSON ANNE MELISSA DOWLING:

13 Perfect, okay, thank you. And I'll just reiterate what I
14 sent around in email last night, I think, I'm pretty sure
15 you all saw it. Thank you, first of all, to the team at
16 the Exchange and consultants and all for getting us all
17 this data. It's very helpful and it will help push us
18 towards narrowing down our choices. I know that there is
19 still a little bit more information being requested, and
20 I don't know whether we'll be able to get it or not, but
21 we can talk about that as we get into the conversation.

22 So only two -- so let us hope that by the
23 end of our time today we may be able to winnow down or
24 winnow down subject to, you know, a couple more answers.

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1 And I just want to say if we could refrain from
2 mentioning, you know, specific provider/carrier because
3 while you may have had a history with them in the past
4 it's not relevant to our choices going forward. And the
5 last thing I want to say before we do roll call and then
6 turn this over to staff to present to us, I just ask you
7 we're in the awkward position of not being able to see
8 one another and call on one another. So just be mindful
9 not to kind of talk over each other because I'm sure
10 there is a lot of energy about this topic. So, with that
11 I'll turn it back over to you guys.

12 MS. O'GARA: Okay. This is Nellie O'Gara.
13 And what I'd like to ask if everyone could put their
14 phones on mute except for those who are speaking that
15 would be very helpful in terms of feedback. And then
16 secondly, I'm going to take a roll call attendance so
17 you'll need to indicate you're present. And then finally
18 when we go into the discussion we're going to take the
19 first ten minutes or so for the Connecticut Exchange
20 staff to go over these documents that were handed out. We
21 will then open it up for questions and comments. When you
22 want to make a comment we ask that you state your name
23 and then ask your question or make your comment. This is
24 the same protocol that we've used in prior meetings. We

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1 are recording this, just so you know.

2 As far as the public members who may be
3 sitting in or listening in, we ask that you'd refrain
4 from making any comments or asking any questions during
5 the meeting. We have allocated the last five minutes of
6 this time for your comments. So, we'd appreciate that.

7 So, with that let me take the attendance
8 call, and if you'd just say present.

9 (Whereupon, roll call was taken.)

10 MS. O'GARA: Okay, with that I'm going to
11 ask staff if they want to take the next ten minutes or so
12 to talk about these documents that were handed out.
13 Thank you.

14 MR. BOB CAREY: So, we sent a memo out to
15 you on the 15th, which lays out sort of three main issues
16 that me, that the Committee asked us to provide you more
17 information on. The first provides more detail around the
18 benefits that are limited. And you can see in Table 1 on
19 page two of the memo we spelled out the eight or so types
20 of benefits and the limits that apply for each of the
21 plan options that are available. We also provided you
22 information on the number of enrollees in each plan
23 option and the premium costs or the premiums, the base
24 rate, we'll call it base rate, for the plan options.

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1 Let me start sort of with the premiums
2 first and then move up into the benefit limits. We
3 provided you with the premiums because you asked for
4 them, but I can't say in my estimation they're relevant
5 to the discussion in terms of any consideration around
6 affordability because really the premiums are a
7 reflection of primarily the cost sharing that's
8 associated with each of these different plans. And
9 because cost sharing isn't part of the discussion around
10 the essential health benefits it's sort of an apples and
11 oranges situation.

12 So, for example, the Aetna qualified point
13 of service plan, I believe, has a \$2500 up front
14 deductible, and so that will change the premium,
15 obviously, when you have such a deductible needing to be
16 met. Whereas the state employee's plan, you know, the
17 Anthem Blue Care POS doesn't have a deductible. So, you
18 can see just in sort of a reflection of those cost
19 sharing elements, which we didn't include because we felt
20 it would just further cloud the issue. But I just wanted
21 to point out that while premiums, you know, are obviously
22 important they really are a reflection of not only the
23 benefits covered, but most importantly the cost sharing
24 that might be applied at the point of service.

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1 The second point with regard to enrollment
2 is -- if you think about it, if you turn to page three of
3 the memo the first three plans are all part of the small
4 group market. So, the small group market is about 300,000
5 people in Connecticut. And you can see that really no
6 plan has even close to a majority of those members. But
7 we did think it important that we show what the
8 enrollment numbers look like. You can see that Anthem,
9 according to these numbers, has the most enrollees, and
10 then Aetna and the Oxford PPO.

11 The Connecticare HMO plan is enrollment
12 for both the small group, the individual market, and the
13 large group market. So you can see that, you know, in
14 total Connecticare's HMO product has about 160,000
15 people. That's, you know, roughly half the size of the
16 entire small group market, but again these numbers
17 reflect small group, individual, and large group
18 membership. And then we provided for you, just for the
19 enrollment information, for the state employee's plan.

20 So, those, for the two elements while, you
21 know, informative, I would say enrollment may be a little
22 bit more so than the premiums. I do think that it's
23 important to recognize that the cost sharing is really
24 probably largely driving these enrollment numbers as

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1 opposed to the benefits package, which as we've
2 discussed, are quite comparable. So, maybe if we could
3 turn our attention to -- maybe if I could stop there and
4 see if there were any questions about that, and then if
5 not, we could move into the service limits that are on
6 the second page of the memo.

7 So, again, we have gone back and provided
8 additional detail about the service limits. There were
9 questions with regard to whether the limits were annual
10 or lifetime, whether they were specific to a condition,
11 and so on. In this table we tried to pull out for you any
12 additional details with regard to each of those main
13 categories of care for which there are explicit limits.
14 And, again, I'll just caveat this by saying, you know,
15 all benefits are subject to medical necessity, but these
16 benefits, in particular, have -- some of them have
17 explicit limits.

18 So, if you think about it from sort of
19 most limited to least limited or unlimited the table
20 actually lays out sort of, if you work your way from the
21 right hand side under the state employee plans, which
22 have virtually unlimited benefits for most of these
23 services, across working your way from right to left, it
24 almost follows the Connecticare, you know, plan perhaps

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1 with fewer limits. And then the Aetna POS might have, you
2 know, sort of we just developed, just to the left of that
3 would have a few more limits. And then as you work your
4 way across you can see that it almost lays out pretty
5 much in terms of the spectrum, you work your way from
6 unlimited to more limited, you work your way from right
7 to left. So, the plan in the far left, the Oxford PPO,
8 there are lifetime limits applied to inpatient rehab and
9 to the outpatient rehab whereas the other plans sort of
10 in the middle are generally per year or per condition.

11 So, maybe I could stop there and entertain
12 any questions that we'll have about this table and the
13 information captured here.

14 MS. JENNIFER JAFF: Bob, this is Jennifer
15 Jaff. I just want to clarify and make sure I'm 100
16 percent certain on this. So that Oxford PPO, the
17 lifetime limit applies to the one condition?

18 MR. CAREY: Correct.

19 MS. JAFF: Is that right? So if someone
20 suffers with fibromyalgia and needs, you know, 30 PT
21 visits this year and 30 PT visits next year after that
22 they're done.

23 MR. CAREY: Correct.

24 MS. JAFF: Okay.

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1 MR. CAREY: That's my understanding, yes.

2 MS. JAFF: Okay, thanks.

3 MR. ROBERT TESSIER: Bob?

4 MR. CAREY: Yes.

5 MR. TESSIER: Excuse me, Bob Tessier.

6 This is helpful. I have a question and actually I may
7 have two questions, but they may not be specifically
8 targeted at this. I guess the first question I have is --
9 and it goes back to the presentation that you made at the
10 last meeting on the broader comparisons of the plans. And
11 I guess I just want to clarify something or ask you to
12 clarify something for me if you can. We're focusing on
13 the eight categories of benefits that have explicit or
14 specific limits in the plans and attempting to
15 differentiate between the packages of benefits based on
16 that. Does that mean that with the exception of these
17 eight benefits the rest of the plans of benefits are
18 largely, or basically, or -- the same? Is that the
19 implication or --

20 MR. CAREY: -- yes. So the issue is, the
21 issue on the table is do the plans have service limits
22 associated with any benefits, for example, you know, an
23 office visit or inpatient hospitalization. And so what we
24 tried to do is -- or what we did is we went through all

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1 of the evidences of coverage for these plans, identified
2 any benefit or service, major benefit or service for
3 which there is an explicit limit in terms of coverage.
4 And these were the ones that were identified as having
5 explicit limits. The others, you know, it was covered --
6 but you didn't get 60 days in the hospital and that's it,
7 for example.

8 MR. TESSIER: Right. So the rest of the
9 benefit packages are largely the same and we're down to
10 trying to distinguish among the plans of benefits based
11 on the eight items, the eight benefits that have limits.
12 So, my second question then is -- and I appreciated
13 hearing what you said earlier about the premium rates
14 because I thought that that, that there was an issue with
15 cost sharing in particular with the state employee plan
16 compared to others. But, so I guess my second question
17 then is do we have any, and we may have covered this at
18 the last meeting as well and I apologize if we did, but
19 do we have any way of distinguishing, of quantifying even
20 in a ballpark way what the cost differentials are?
21 Because I do think, as Commissioner Dowling said at the
22 last meeting, that affordability and cost are two sides
23 of a very important issue for the Exchange, for
24 individuals, for everybody. I'm just wondering if we

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1 know anything about how much difference there is for the
2 plans to have these different limits.

3 MR. CAREY: I think in general the answer
4 is no. I mean just sort of looking at these there is not
5 -- there is not really that much difference other than
6 the lifetime limit, which I will say there is, that is a
7 key difference that there is a lifetime limit on a
8 particular benefit. I would say that is a, you know,
9 certainly something to consider. But if you look at the
10 middle three plans in terms of how many days of or how
11 many visits are provided, they're roughly comparable --
12 and I will say that these are -- it's a competitive
13 marketplace. One plan can't be sort of out of whack with
14 another plan or else they'll just be selected against.
15 And, so in general I think that you'll find that while
16 there may be differences in there, there are differences,
17 which we've called out, and I think that the plans are
18 comparable in terms of the actuarial value of these types
19 of benefits.

20 Now, an unlimited benefit, obviously, has
21 the potential for being -- but I don't have an answer to
22 your question in terms of is there a dollar value that we
23 can apply to that.

24 MR. TESSIER: Right, thank you.

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1 MS. MARY ELLEN BREault: This is Mary
2 Ellen Breault. I had our actuary take a look at the rate
3 filings that are, you know, we have in house and we
4 really did not have that level of detail to be able to
5 quantify that, so just to add to what Bob said.

6 MR. TESSIER: Thank you, Mary Ellen. Thank
7 you both.

8 MR. CAREY: So I'm not sure where we --
9 where you want to go from here in terms of the
10 information. We are trying to get that additional
11 information the Committee requested with regard to
12 utilization data.

13 CHAIRPERSON DOWLING: This is Anne Melissa
14 Dowling. Thank you very much for getting all of this for
15 us. We can probably open it up a little more to the
16 group, but I think we are at a place where we're going to
17 have to make some, I guess what you would call vote or
18 executive decisions. Because if we aren't able to get the
19 data that drills down to utilization and says, on these
20 six or eight options here what's the utilization per --
21 are they bumping up against the limits. I mean we have
22 informally chatted with some of the carriers who are not
23 -- and we also have checked out that -- and we are not
24 seeing a trend in any way of people bucking up against

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1 these limits and needing appeals. Now, of course there
2 is always going to be an example or an outlier. But we
3 haven't yet seen a trend in that way for any of these
4 carriers.

5 So what I'm trying to pose to you is that
6 may not get the data or we may not get it in a timely
7 way. So we're going to have to decide as a Committee here
8 how to make these calls if this is the data that we have.
9 So, I just want to put that out for conversation because
10 while we can ask for, you know, appropriate scrutiny we
11 may not be able to get it. And so I'd like to just throw
12 that out to all of you for a conversation.

13 And before I do that, may I ask, for those
14 of you who have joined us since we took roll call, if you
15 could just identify yourselves for the team to make note
16 of that. So, let's just ask who has joined us. I think I
17 heard four or five.

18 MS. MARY FOX: Mary Fox.

19 MS. MARCIA PETRILLO: Marcia Petrillo.

20 CHAIRPERSON DOWLING: And a couple of
21 anonymous. Okay, thank you. So, let me open it up to all
22 of you with that because there is that possibility we're
23 going to have to make a call with the information we
24 have. So, let me throw out a straw man. This isn't a

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1 recommendation, it's a straw man. We eliminated the
2 federal plan for -- because for -- on a basis of it
3 wasn't appropriate fiscally that we wanted to make sure
4 the state was not carrying the net of any mandates. One
5 way we can continue to winnow would be to suggest that we
6 also eliminate the state plan because it has unlimited
7 almost across the board on these, on this chart. And
8 we've had to guess that that's going to cost more. I
9 don't want to go back to the other exhibit that shows
10 that it in fact those premiums are higher because as
11 we've already discovered them as appropriate measures.
12 But, it is a little bit telling.

13 So, let me just throw that out as a thesis
14 for debate rather than a proposal to vote on.

15 MS. DEIRDRE HARDRICK: This is Deirdre
16 Hardrick. And one comment I wanted to make just in terms
17 of utilization, I think the utilization data may not be
18 helpful anyway because it's based on existing, the
19 existing enrollees and population, whereas the new
20 enrollees we're expecting to come to the market are going
21 to be quite a bit different, I think. So I think it may
22 not be a good indicator in terms of like future
23 utilization of these plans. I just wanted to make that
24 one comment.

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1 MS. JAFF: Hi, this is Jennifer Jaff. I
2 actually, Commissioner, if you would allow me I would
3 like to move to eliminate the Oxford PPO because of the
4 lifetime limit. I represent people with chronic
5 illnesses. Chances are the reason they're going to be
6 going for PT, OT, or SP is going to be the same reason
7 year after year. And I think this would be a real
8 problem for people with chronic illnesses. You have them
9 switching -- well, there wouldn't be any plan to switch
10 to. So you'd have them basically loosing any PT or
11 inpatient rehab visits after two or three years. And in
12 light of the number of people who have chronic illnesses
13 I think that would affect an awful lot of people. So, I
14 would move to eliminate the Oxford PPO.

15 MS. GLORIA POWELL: This is Gloria Powell.
16 And I would agree with Jennifer about the limitations for
17 chronically ill people with the Oxford. And I think that
18 conversely the state employee plans, although there is a
19 higher premium associated with the unlimited benefits, I
20 think in the long run it may be the better choice
21 particularly for people with chronic diseases. And Ms.
22 Hardrick's comments about the future make up of the pool
23 of enrollees is taken in that comment as well.

24 CHAIRPERSON DOWLING: Thank you both for

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1 your commentary. Before we sort of all respond, any
2 other suggestions? Okay, if not, let's talk about,
3 Jennifer, yours first on the Oxford. I certainly have no
4 objection to that. That was the one that had, as part of
5 its structure a prescription plan, but we can certainly
6 just, you know, piece another prescription plan together
7 with it.

8 So, is there anybody on the phone, and we
9 can formally vote eventually, who would strongly object
10 to eliminating Oxford? Well, let me say this
11 differently, the plan formally known as Oxford, but just
12 has Oxford as a heading. So, let me just say that
13 structure.

14 Okay, so we'll hold that as one of our
15 votes.

16 Gloria, thank you. I'm sort of back on my
17 old point that while unlimited makes sense on one side of
18 the equation I'm very worried that we create something
19 that nobody can afford. And, you know, antidotal
20 evidence about the middle plans that are geared to small
21 businesses, if I'm correct. Is that right, Mary?

22 MS. FOX: Um, hmm.

23 CHAIRPERSON DOWLING: Show that there
24 hasn't been any trouble. Now, you're right the initial

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1 transition years may be that the utilization may be
2 higher because there is a lot of pent up demand that's
3 there. We still have some choices within these three
4 middle plans that could suggest, you know, selecting
5 higher limits. But I really am concerned about, at the
6 end of the day, we pick something that then nobody can
7 participate in or that companies are not going to be
8 willing to provide cost sharing such that it will be
9 affordable. So let me just throw that out to continue
10 the conversation and have everybody debate it.

11 MS. HARDRICK: Well, this Deirdre again,
12 and I just wanted to comment again. I do think with the
13 income and population we are probably going to have a
14 little bit more utilization -- you know, to these
15 services. So, if we allow an unlimited benefit plan I
16 think the costs are definitely going to escalate because
17 -- I can go unlimited and access any of these services.
18 Understanding though there are people who have the
19 chronic illnesses who do need the services. You're going
20 to have those who -- but may opt to utilize them because
21 they're there and available as unlimited.

22 MS. BREault: This is Mary Ellen Breault
23 and just one other comment. One of the principles in
24 selecting the essential health benefits package is that

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1 it's supposed to be something that represents what's
2 currently available in the small employer market. And
3 truly the state employee plan is more representative of
4 the large employer market and I do agree with Anne
5 Melissa that, you know, affordability and Deirdre that
6 affordability will be an issue.

7 MR. TESSIER: Bob Tessier. Mary Ellen if
8 that's -- I mean that's an issue, I think, I've
9 personally struggled with kind of what's the plan of
10 benefits that are most typical of what people in
11 Connecticut currently, who are covered by insurance,
12 currently have. If -- I guess what I'm wondering is it -
13 - if what you just said is true why is the state employee
14 plan even -- why did HSS make that an option? Right? I
15 mean that's what we're kind of debating and struggling
16 with because they said these are the option benchmark
17 plans.

18 MS. BREault: I understand that, but I do
19 think, you know, that is somewhat in conflict with one of
20 the general ideas that you are supposed to be trending,
21 mimic what is currently available. It may be that that
22 was the fall back if they have a federal employee plan,
23 but in general terms, you know, government plans do tend
24 to be somewhat richer. But, again, you know the

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1 affordability is really going to be a key issue here.

2 MS. JAFF: In light of the fact that all
3 of these benefits would be subject to prior authorization
4 for a determination of medical necessity, there is really
5 nothing that's unlimited. It's -- unlimited is only in
6 theory. But in practice every insurance company is going
7 to scrutinize a request for prior authorization of these
8 benefits. So, I think that also affects affordability.
9 I'm not actually 100 percent sure where I fall on this,
10 but I just wanted to make sure everybody remembers that.

11 MS. BREULT: Although that's true,
12 Jennifer, that all contracts really are subject to
13 medical necessity reviews for paying claims, I think when
14 you do have unlimited benefits, especially in higher cost
15 areas like skilled nursing for example, you know, to the
16 extent that you do have some part of your expected
17 population that would exceed the limits, you know, there
18 will be added costs. I don't think you can just discount
19 that medical necessity will mean that people will not go
20 beyond the stated limits. There will be some element of
21 the population that would be expected to go above that
22 and that would be in the pricing.

23 MS. FOX: I may not be reading this
24 appropriately, but I'm trying to understand if we're

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1 worried about the cost being driven -- and I realize
2 we're just really talking about one element of the plan
3 right now, the unlimited benefit. But if you look at the
4 base premiums on that one exhibit we're talking about,
5 you know, four plans, three of which look like they're
6 below the base premium of the state plan. So, in terms
7 of the costs am I not understanding that part?

8 MR. CAREY: I think you joined the call
9 after we talked a little bit about premiums. Premiums, in
10 this instance, are largely reflective of the cost sharing
11 and at least two of the small group plans have upfront
12 2500 dollarish annual deductibles where the state
13 employee plan doesn't have an annual deductible. And
14 beyond the annual deductible is the fact that the cost
15 sharing at point of service for the state employee's plan
16 vis a vie the small group plans, are materially different
17 as such that they affect the premium. So that's --

18 MS. FOX: -- okay. So we do have an
19 exhibit that actually does that work to figure out for a
20 consumer's complaint what the cost is?

21 MR. CAREY: No, we don't have any --

22 MS. FOX: -- or do we have to put together
23 from the other table with the --

24 MR. CAREY: -- yes, that would be factored

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1 in when we get into the bronze, silver, gold, platinum
2 plans where those premiums will be reflected. This is
3 sort of just -- they'll all have the essential health
4 benefits package it's the question of what's the member
5 cost sharing for each of those plans and that will be
6 largely reflected in the premium.

7 MS. FOX: And the subsidy doesn't really
8 get at the deductible issue. We can't work that through
9 to find out consumer costs expected?

10 MR. CAREY: Well, the member premium is a
11 factor of his or her annual income and then a percentage
12 of their income. And then for lower income people they'll
13 be lower, there will be less cost sharing. In addition to
14 a lower premium there will also be a cost sharing
15 reduction that will be available to them even below 250
16 percent of that -- so all of that will be factored into
17 what the member's actual out of pocket expense would be.

18 MS. BREault: Just to add what Bob said
19 about the premiums that are list on that form, the other
20 pieces that really have to be taken into account are
21 these are reflecting the individual companies, you know,
22 negotiated rates with providers. And so -- and in
23 addition to that the populations that each of them are
24 covering in these plans and that will have some affect.

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1 So you really do not have an apples to apples comparison
2 on the straight benefits. And there really is no easy
3 way, at this point, to get at that.

4 MS. FOX: Okay, thank you. I think that's
5 going to be one of our biggest challenges is trying to
6 figure out from an individual perspective, you know, here
7 we are, we're supposed to actually present to tools to
8 individuals to figure it out and I, on this Committee,
9 cannot figure it out. So, I think it's just -- it's going
10 to be a challenge, but thank you for your answers.

11 CHAIRPERSON DOWLING: I think -- and Mary
12 I understand your frustration, maybe it helps, and I know
13 it feels a little precarious for us to remember we're
14 focusing on the benefits, but also to make sure that
15 they're affordable, and I think that common sense tells
16 us that the more you add to something with an increased
17 population with pent up demand the more it's going to
18 cost. And then if you put on the top of that that it's
19 unlimited even if the utilization might prove to us that
20 30 versus unlimited is plenty, if you're a carrier you're
21 going to price it for unlimited knowing you're going to
22 have a population joining you that you have not seen
23 before. So I really have to suggest to us that we just
24 use -- I hate to use the term because it sounds -- but

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1 some common sense to know that the more you add the more
2 it's going to cost because carriers are going to
3 underwrite assuming a very different demand population at
4 least for the next several years.

5 And then we're going to be looking at this
6 in 2016 again because that's the charge and that's the
7 way the law is written. And I want to be very careful
8 that this Committee isn't looked back on to say it was
9 not responsible in terms of managing the state's money as
10 well as providing something affordable. Because the worst
11 thing we could do is have a Cadillac plan that nobody can
12 buy. And despite the various -- of cost sharing because
13 we already know that the lowest level of cost sharing is
14 above most people's today.

15 So, you know, I just can't make this point
16 enough that I think there is enough information for us to
17 winnow. And I think that, you know, if we select or
18 include something that's unlimited I just don't
19 necessarily feel we've discharged ourselves with as much
20 prudence and responsibility as we should. So I know those
21 are strong words, but I -- that's just my view.

22 MR. TESSIER: Anne Melissa, you know, you
23 may be completely right. You may be absolutely right.
24 I'm uncomfortable, I guess, at this point we have a

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1 number of committee members who aren't in attendance
2 today. I'd be uncomfortable voting to eliminate, which I
3 think is obviously where you're asking us to move. I'd be
4 uncomfortable today voting to eliminate the state
5 employee plans.

6 I will say when I look at the Table 1 that
7 Bob went through, you know, if I were forced to -- if, in
8 fact, the Committee eliminated the state employee plan
9 and I looked at the other three -- I'm sorry, and if we
10 eliminate the Oxford plan, which I think Jennifer's
11 proposal makes a lot of sense, you know if I look at the
12 other three plans there is really not much difference
13 between the Anthem HMO and the Connecticare HMO. I don't
14 really see almost any difference when you consider that
15 one is 30 and 60 on the first two areas, and the other is
16 90, but it's 90 of those two combined. So that's the
17 same. So, when you really look at what the plans of
18 those two planned benefits are it doesn't seem to me like
19 the limitations there is much of any difference between
20 those two.

21 But I guess I have one suggestion or a
22 request and I don't know whether -- I very much
23 appreciate all of the work that the Committee -- I'm
24 sorry, that the staff have done to prepare for the last

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1 meeting and for this meeting. So, I make this -- I'll
2 throw this out with some trepidation because I don't want
3 to appear to not appreciate what's gone into this. And
4 also, Mary Ellen, from the insurance department you are,
5 your assistance as well. But I -- when I think that the
6 Anthem HMO is one option and the state employee plans,
7 that Anthem is the biggest of them, I'm wondering if just
8 a conversation with, if someone from the staff or the
9 insurance department could have a conversation with
10 someone from Anthem and say to them you compare your
11 small business HMO plan to the state employee plan on the
12 issue of costs. Where are the differences? They, I would
13 hope that they'd know. Is that -- and -- does that make
14 any sense to be able to provide some additional
15 information and maybe intelligence to the Committee that
16 might help us with the decision making?

17 CHAIRPERSON DOWLING: I'll let Mary Ellen
18 augment as well. My concern, when I started the meeting,
19 was that if we had till the end of the year we might get
20 this data. The problem is, you know, I understand we have
21 a deadline to make a proposal by the July 11th Board
22 meeting, with the July 4th holiday in the middle, so
23 that's why I had said, sort of like a lot decisions we
24 make in our careers if we're limited to the information

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1 we have in front of us, you know, sort of what's the
2 sense as a Committee. We can ask, I don't know -- and
3 Mary Ellen was just confirming in a timely basis that
4 we'll get, but go ahead.

5 MS. BREault: We did ask one carrier how
6 easy it would be to get some of this data. And they're
7 not even sure if they have people -- and they don't offer
8 an unlimited option. You know, some of them may not get
9 the claims, especially on the plans that have the limits,
10 and beyond that. So they may not have full information
11 that really would be creditable for us to take a look at.
12 So, I think there are some issues with when we get that
13 data as to the accuracy of that data even.

14 MR. TESSIER: Mary Ellen, again, this is
15 Bob Tessier, I appreciate that and I know the requests
16 have been made for data. I'm not asking for that. I'm
17 suggesting that when you look at the two we're talking
18 about, the state employee plans versus two of the three
19 small employer plans, and the largest HMO in the state,
20 those are the ones we're, I think, we're considering most
21 of all. And when you consider that the largest, by
22 enrollment, small business plan and the largest state
23 employee plan are both Anthem Blue Cross plans, it seems
24 to me that there ought to be some way to get from Anthem

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1 some sense of how different the costs of those plans are
2 if they are based on just these state benefits. Does
3 that not make any sense? I mean I can appreciate that it
4 might be hard to get to the person who knows that at a
5 place as large as Anthem. I wouldn't know where -- who
6 there has the answer, but someone should.

7 CHAIRPERSON DOWLING: You know, those two
8 plans, you know, are not exactly comparable. The state
9 employee's plan is self-funded and that's -- the premium
10 is not truly a premium, it's, you know, a premium
11 equivalent. And because it doesn't have all of the
12 expenses of the commercial market plan would have in it,
13 you know, premium tax extra, there are some differences.
14 And you're talking about slightly different pricing in a
15 small group market versus a large group market. So, it's
16 all priced separately based on those populations. So, you
17 do have different populations.

18 MR. TESSIER: Got you.

19 CHAIRPERSON DOWLING: And expected
20 experience in a large group versus even an entire block
21 of small group business. So, again, you know, even if
22 they could provide some, you know, I would just caution
23 that we would have to be very mindful that it may not be
24 really giving you what you think.

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1 MR. TESSIER: Thank you. I hear you.

2 MS. JAFF: Bob, the other thing that I
3 would add is that I think the pricing of an HMO is going
4 to be different than the pricing of a point of -- or
5 point of service plan, which allows out-of-network
6 benefits. But I -- that figure into the difference of the
7 premiums, you know, fairly substantially and that's not
8 something that we're even looking at at this point.

9 MR. TESSIER: Anne Melissa, may I ask
10 Jennifer a question?

11 CHAIRPERSON DOWLING: You may, thank you.

12 MR. TESSIER: Thank you. So, I mean is
13 that something we should be talking about at this point,
14 Jennifer? Would that -- I mean maybe if affordability
15 and cost are -- and I say those as two different things,
16 if that's a serious issue and consideration, and I think
17 we all agree it is, then maybe we -- what's the argument
18 for not, for not simply saying, just on that basis, we
19 should be looking at the lower cost option and be
20 narrowing our focus to the HMO rather than the other? Is
21 that a fair question?

22 MS. JAFF: I'm not sure I understand the
23 question. I -- my understanding is, at this point, and,
24 Bob, please direct me if I'm wrong, but my understanding

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1 is that choosing the essential health benefits package is
2 not going to affect whether a particular carrier offers
3 out-of-network benefits. Is that right?

4 MS. BREault: That's correct. I really
5 think -- you know, we're looking at what the covered
6 benefits are and not the cost sharing or the network
7 aspect. I think the caution with those is that that does
8 have an impact on the utilization and the premiums.

9 MS. JAFF: Right.

10 MS. BREault: Which is why we've been
11 trying to steer you, to some degree, away from relying on
12 the exact numbers because they're not comparable. So I
13 really think the focus is on the benefits and
14 unfortunately, as I said earlier, it is difficult to get
15 that apples to apples comparison.

16 MS. JAFF: So, Bob, I don't know if this
17 really an answer to your question, but you can let me
18 know, you know, it seems to me that at some point we're
19 going to throw a dart at a dartboard. I mean we're going
20 to -- we're going to winnow this down, as the
21 Commissioner, suggested to two or three plans, and then
22 we're going to have to pick without really having the
23 information that in an ideal world we would have. And
24 that's certainly not, in any way, reflective of the lack

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1 of effort by the staff who have done everything we've
2 asked them to do. I don't know how -- I mean if you're
3 comparing the Anthem HMO and the Connecticare HMO, you
4 know, I don't know how you pick. I guess I'd vote for
5 the Connecticare HMO because the visit limits are a
6 little higher. But other than that, I mean, based on the
7 information we have I just don't know how we can get this
8 down to one choice without being somewhat arbitrary which
9 is unfortunate, but I don't know what the alternative is.

10 CHAIRPERSON DOWLING: Thank you everybody
11 for the debate. And the other thing Mary Ellen was just
12 making this point so I will --

13 MS. BREault: -- just the other thing to
14 keep in mind, we're looking at plans at a point in time
15 these were what was available first quarter of 2012. I
16 think come to 2014 we're going to have a very different
17 landscape. I think we're going to see narrower networks
18 than what we're seeing in the state. Right now we cover -
19 - virtually all of the plans cover every hospital in the
20 state and 90 something percent of the doctors. I think
21 that will change and serve to help lower some of the
22 premiums. And I think, you know, we could have totally
23 new players.

24 So, that's what we have to keep in mind.

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1 You know, we're looking at something at a point in time
2 based on the rules about the guidance that HHS -- and
3 even the guidance is not perfect guidance in making these
4 selections. So, you know, I think, Jennifer, you're right
5 to some degree we are going into this, you know, without
6 full information, but I think that's inevitable.

7 MS. JAFF: And isn't it true also, Mary
8 Ellen and Bob, that even as to the limits, according to
9 the HSS guidance, the carriers are going to have some
10 flexibility. We just don't know yet how much or how, you
11 know, who -- the approvals they're going to have to get
12 and all that.

13 MS. BREAULT: Well, I mean there is that
14 guidance in the -- in the regulations or in the guidance,
15 but I think to some degree the Exchange would have the
16 ability to say this is the benefit plan that we want, you
17 know, or these -- we don't want this type of variation.
18 And I think, you know, those are rules that at the next
19 step those are things that you can take into
20 consideration. But, yes, you know, there is language to
21 that effect that would make that allowable.

22 MS. FOX: Mary Ellen, this is Mary Fox,
23 again. Thank you very much for those comments. I think
24 they're highly relevant to getting to where we need to

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1 go. Just to remind ourselves that, you know, focus on
2 the benefits at this point is the appropriate step to
3 take. But I think I lean for an open dialogue with the
4 carriers to make sure that they understand what the
5 Exchange and the population is looking for. And then work
6 collaboratively to make sure that we get a product design
7 that offers those benefits at an affordable price. So I
8 really appreciate your last set of comments. Thank you.

9 CHAIRPERSON DOWLING: You know, and it's
10 so tempting to try to resolve all of these things with
11 this choice, but I think we'll have that opportunity, you
12 know, in stage two in terms of the innovations you've
13 been looking for and the financial models will -- we may
14 or may not put incentives around.

15 So, I'm willing on past 10:00, but just --
16 let me get the -- I'd like to take two votes. I have a
17 feeling one may win and one may lose, but I'd like to
18 just put -- sort of help us, you know, sort of get a
19 sense of the Committee. But let me ask you from a process
20 point of view do we need to open up first before we take
21 our votes to public comments or should we take our votes.
22 I'm just not sure what the appropriate process would be.

23 MS. O'GARA: In the past, we have taken
24 the -- completed the agenda for the Committee and then

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1 we've opened it up for public comments.

2 CHAIRPERSON DOWLING: So, therefore, I
3 would take that to mean we could take a vote. And, so, I
4 would like to hear if someone would make a motion to
5 eliminate the design as currently carried by Oxford for
6 the reasons that Jennifer stated in terms of its
7 limitations.

8 MS. JAFF: I'll make that motion.

9 MR. TESSIER: This is Bob, I'll second
10 that.

11 CHAIRPERSON DOWLING: Thank you. Any
12 further discussion before we take a vote? And this will
13 be a little bit complicated. We may have to do a roll
14 call on this one. Can I ask you to just take a roll call
15 vote because otherwise I don't know of any other way to
16 do it.

17 MS. O'GARA: Okay. I have the list of
18 folks in front of me, so this will be a yea or nay vote
19 on the motion to eliminate the Oxford PPO plan benefit
20 structure from consideration. Anne Melissa Dowling?

21 CHAIRPERSON DOWLING: Yes.

22 MS. O'GARA: Deirdre Hardrick?

23 MS. HARDRICK: Yes.

24 MS. O'GARA: Gloria Powell?

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1 MS. POWELL: Yes.
2 MS. O'GARA: Jennifer Jaff?
3 MS. JAFF: Yes.
4 MS. O'GARA: Joseph Treadwell, I don't
5 believe he's here. Kevin Galvin?
6 MR. GALVIN: Yes.
7 MS. O'GARA: Marcia Petrillo?
8 MS. PETRILLO: Yes.
9 MS. O'GARA: Margherita Giuliano? Maria
10 Diaz?
11 MS. MARIA DIAZ: Yes.
12 MS. O'GARA: Mary Ellen Breault?
13 MS. BREAULT: Yes.
14 MS. O'GARA: Mary Fox?
15 MS. FOX: Yes.
16 MS. O'GARA: Robert Tessier?
17 MR. TESSIER: Yes.
18 MS. O'GARA: Thomas Marchozzi?
19 MR. MARCHOZZI: Yes.
20 MS. O'GARA: Marjorie Cole? And we were
21 missing Robert McLean and Steven Frayne.
22 CHAIRPERSON DOWLING: Thank you very much.
23 Now, just -- I don't know the way this one is going to
24 come out, but I'm going to do the same thing with the

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1 state employee plan to eliminate it at this point --

2 CHAIRPERSON ESPINOSA: -- Anne, Mark
3 Espinosa. I'm here and I wasn't called. Am I supposed to
4 take that personally? Am I supposed to take that --

5 CHAIRPERSON DOWLING: -- I really hope you
6 do not. We didn't have you as present. So, on the prior
7 vote for eliminating Oxford --

8 CHAIRPERSON ESPINOSA: -- yes, I did
9 indicate that I was present. I've been listening the
10 whole time. So I don't know what --

11 CHAIRPERSON DOWLING: -- oh, my apologies.

12 MS. O'GARA: We'll make that correction,
13 thank you. And your vote on the proposed --

14 CHAIRPERSON ESPINOSA: -- is -- I --

15 CHAIRPERSON DOWLING: -- Mark, I was going
16 to call this other vote, but I'd like to just -- since we
17 have you on the speaker is there anything you'd like to
18 add from your perspective before we set up the second
19 vote?

20 CHAIRPERSON ESPINOSA: No, it's going
21 along smoothly. I'm pleased to hear how it's going
22 along, so let's continue.

23 CHAIRPERSON DOWLING: Okay. So I'm going
24 to see if there are any -- we may not get one, but is

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1 there anybody who would like to propose elimination of
2 the state employee plan and we winnow down, given the
3 information we have and probably won't get. I know I'm
4 kind of loading the way I'm setting this up, but just for
5 -- or we can do it as a straw vote either way, but I'd
6 like to see if we have sentiment to narrow down further
7 just given the time constraints we have to prepare a
8 proposal for the July 11th -- I think it's July 11th
9 Board meeting. So is there anybody willing to make that
10 motion? Okay.

11 Well, then if I make it myself --

12 MS. HARDRICK: -- this is Deirdre
13 Hardrick. I'll make the motion.

14 CHAIRPERSON DOWLING: Thank you.

15 MS. HARDRICK: To eliminate the state
16 employee's plan.

17 MS. PETRILLO: This is Marcia Petrillo.
18 I'll second.

19 CHAIRPERSON DOWLING: Thank you both. Can
20 we do the same roll call just to get a sense of where we
21 are?

22 MS. O'GARA: Certainly. And I will read
23 all the names. Anne Melissa Dowling?

24 CHAIRPERSON DOWLING: Yes.

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1 MS. O'GARA: Deirdre Hardrick?
2 MS. HARDRICK: Yes.
3 MS. O'GARA: Gloria Powell?
4 MS. POWELL: No, I'm still not convinced.
5 MS. O'GARA: Jennifer Jaff?
6 MS. JAFF: No.
7 MS. O'GARA: Joseph Treadwell? Kevin
8 Galvin? Kevin Galvin?
9 MR. GALVIN: No.
10 MS. O'GARA: Marcia Petrillo?
11 MS. PETRILLO: Yes.
12 MS. O'GARA: Margherita Giuliano? Maria
13 Diaz?
14 MS. DIAZ: No.
15 MS. O'GARA: Mark Espinosa?
16 CHAIRPERSON ESPINOSA: No.
17 MS. O'GARA: Mary Ellen Breault?
18 MS. BREAULT: Yes.
19 MS. O'GARA: Mary Fox?
20 MS. FOX: Yes.
21 MS. O'GARA: Robert McLean? Robert
22 Tessier?
23 MR. TESSIER: Not at this time, no.
24 MS. O'GARA: Steven Frayne? Thomas

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1 Marchozzi?

2 MR. MARCHOZZI: Yes.

3 MS. O'GARA: Marjorie Cole? And I'm
4 assuming staff, Julie, that you kept track of the vote?

5 MS. JULIE LYONS: Yes, I did.

6 MS. O'GARA: Do you want to give us a
7 tally?

8 MS. LYONS: Six yeses, six no's.

9 CHAIRPERSON DOWLING: Thank you all for
10 entertaining the vote. And so I guess I'm going to ask
11 next how we proceed under the -- that we don't get any
12 further data. We will pursue it, but we may not get it
13 because we have a very compressed time and we may have to
14 do another one of these telephonic meetings. And we may
15 be back here with the same situation with no further
16 data. So I guess I'm turning it to all of you and not in
17 any frustrated way, just saying how would you like to
18 proceed if we're back here next week with no further
19 information.

20 MS. JAFF: Commissioner, this is Jennifer.
21 I would actually move to eliminate the plan that we're
22 calling the Aetna plan. I don't see that it adds
23 anything to the mix and to the extent that we're trying
24 to winnow things down I think it just -- you know, I

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1 don't see -- I don't see that it has any strong plus
2 sides as compared to the Anthem and Connecticare, and
3 certainly the state employee's plan. So, perhaps that's
4 the plan that we could eliminate?

5 CHAIRPERSON DOWLING: Thank you. Any other
6 -- thank you, Jennifer, for that. Any other
7 conversations, thoughts on that?

8 MS. DIAZ: This is Maria Diaz. The reason
9 why I voted -- well, let me add to your -- respond first
10 to your first question on how do we proceed forward. I
11 guess I would -- I just want to know if we have specific
12 questions in regards to the premiums, again, knowing that
13 they're very loose and they're certainly not comparing
14 apples to apples, what we still, obviously -- one of our
15 guidelines is to balance quality with affordability. And
16 so if I have to file a question who should I direct the
17 questions to? To Bob, to you, the Commissioner, so that
18 at our next meeting we can -- I can kind of be a little
19 bit more prepared, I guess, as far as answering that
20 question.

21 I don't want to take two steps, two giant
22 steps backwards, but in regards to Mary Fox's question
23 way back in regards to premiums, again, I'll be very
24 loose and really -- Aetna being the lowest premium here

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1 and certainly Anthem being one of the highest, I guess my
2 very basic question is in regards to the cost sharing and
3 Aetna's \$2500 deductible is that not figured into the 371
4 so that for the Aetna -- yes? Does that make sense? Am
5 I being clear?

6 CHAIRPERSON DOWLING: You are. First of
7 all, I would think your questions would go through Julie
8 Lyons and she'll direct it to the right staff.

9 MS. DIAZ: Okay.

10 CHAIRPERSON DOWLING: If you want to copy
11 the Committee I think it's fair for us to know what
12 you're asking for.

13 MS. DIAZ: Oh, of course.

14 CHAIRPERSON DOWLING: But Julie would
15 pursue it, I believe, on everyone's behalf.

16 MS. LYONS: Yes, thank you, Melissa.

17 CHAIRPERSON DOWLING: I would say, and I'm
18 getting ahead of myself here, but a specific part of the
19 question -- included in the pricing may be, but then
20 there is all the other factors that have been mentioned
21 as well. So it is a little bit treacherous, I think, you
22 know, to try to deduce our way back into the right answer
23 to premium analysis because it may be based on
24 therapists. But then you have -- because they're totally

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1 different markets, you know, small business versus, you
2 know, the state -- so, you can ask a very targeted
3 question and sort of get the answer you want, but then
4 you may be forgetting four other variables. So that's
5 what worries me about that. But we can ask them. I'm
6 just worried that we'll be hopeful that it will direct us
7 and it won't. So, we can pursue, but I think they'll
8 probably get caveat --

9 MS. DIAZ: -- okay, thank you.

10 MS. O'GARA: I'm just doing a time check.
11 We are at 10:00.

12 CHAIRPERSON DOWLING: Thank you. Is there
13 anybody who has to jump off in the next minute or do we
14 have, you know, five, ten left because we do want to open
15 for public comment also. Okay. So, thank you. Hopefully
16 we just have a couple more minutes, but thank you,
17 Nellie.

18 So, we have Jennifer's proposal on the
19 table as well. I'm a little nervous on that one not
20 because that's the -- I had that feeling on one of these
21 plans over another, but, you know, I haven't heard
22 anybody else comment. Is there anybody else who would
23 like to -- because I appreciate very much, Jennifer,
24 you're helping us to winnow. That's terrific. Is there

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1 anybody who is ready or wants more information, you know,
2 on that?

3 MR. TESSIER: Anne Melissa, it's Bob
4 Tessier. I would have no problem with moving in that
5 direction just simply because it still leaves us with two
6 aside from the whole issue of the state employee plan and
7 the large market, etcetera, of the issues we've talked
8 about it still leaves us with two, I think, solid and
9 pretty comparable plans if we're -- if we ultimately
10 eliminate the state employee plan. It seems to me that
11 three different options would be plenty.

12 CHAIRPERSON DOWLING: Let me ask you a
13 question and Mary Ellen is going to explain something
14 that we've recently been made aware of. If we cut down
15 to it being the design of the Anthem, the two Anthems,
16 you know, the state and the Anthem one, that may be where
17 we're down to because there is a slight question that's
18 recently been raised about the Connecticare plan. So let
19 me turn that over to Mary Ellen.

20 MS. BREault: And this Mary Ellen. Julie,
21 did you ever get any response from CCIIO?

22 MS. LYONS: On the largest enrollment?

23 MS. BREault: Yes.

24 MS. LYONS: No, no, we did not.

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1 MS. BREault: Okay. So the only concern is
2 that the guidance on the largest HMO, Connecticare is the
3 largest HMO in the state. The only concern is we are not
4 100 percent sure that our interpretation that this is
5 quite the correct plan design so there could be some
6 slight variation. And we're trying to get some
7 confirmation from CCIIO on that as to date. And I've done
8 some checking through the National Association of
9 Insurance Commissioners and no one has really come back
10 with complete information.

11 So, that's the only caution that the
12 Connecticare plan, some of those limits might be slightly
13 different if this plan that we chose is not the correct
14 one. Because the guidance just says the largest HMO in
15 the state and it doesn't really provide guidance as to
16 which plan. And I think to some degree it may be a throw
17 back to years ago when we had, you know, like Hizer was
18 an HMO. But Connecticare is offering multiple plans just
19 like these other carriers are. We just want to make sure
20 that we're 100 percent correct in our determination here.
21 So just to throw that out, that's why it may be premature
22 to throw out the Aetna plan.

23 MS. FOX: I have one more comment too
24 about the Aetna plan compared to others. We haven't, as

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1 a Committee, talked about the behavioral health benefits,
2 but as I read these charts and understand them it seems
3 that the behavioral health benefits are stronger in the
4 way the Aetna plan is outlined here. And we have gotten
5 public comment both at meetings and online that that
6 seems to be lacking in the population. So, I don't know
7 if we just put that on the agenda for some discussion as
8 a group or if at least we can focus on the idea that that
9 needs to be considered.

10 MS. BREault: We have mental health -- in
11 the state so we those services are covered because it's
12 not only -- but we have a mandate for those -- for mental
13 and nervous -- so those would be mandated.

14 MS. FOX: But I'm talking about going
15 beyond the requirements which most of us, I think,
16 consider pretty minimal. I mean they're -- but there is
17 opportunity there. And I may be the only one that feels
18 that way so if that's the case we'll work on that later,
19 but I do think --

20 MS. JAFF: That's a very large concern for
21 me so I'm just wondering what document are you looking
22 at?

23 MS. BREault: I don't have the table up
24 right now, but I got -- in the ones that got the

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1 comparative analysis of the HB benchmark plans, cognitive
2 therapy, which is covered. I think we're the --

3 MR. CAREY: -- well, the limitations
4 table, Table 1 that Bob talked about earlier, Mary, says
5 that the Aetna POS plan on cognitive therapy is included
6 with PT, OT, and SP, and HB --

7 MS. FOX: -- right.

8 MR. CAREY: But, you're right, that was
9 the only plan that covered it except with autism spectrum
10 disorder.

11 MS. FOX: Right. So, I think that's --
12 oh, yes. Thank you, Bob.

13 MS. JAFF: So then I guess that brings us
14 to the question that the Commissioner asked which is how
15 are we going to winnow this down?

16 MR. GALVIN: This is Kevin Galvin. -- as
17 long as down the road that we can go back and revisit it
18 if we had to just as a matter of winnowing it down at
19 this point.

20 CHAIRPERSON DOWLING: Of course we could
21 do that. We can always go back.

22 MS. BREault: Or just make a note that we
23 want to make sure we're in agreement around mental health
24 plans no matter what plan it is. It's one of those things

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1 like pharmacy, right, that we just -- we could add a
2 piece from another plan if it's not in the one we chose,
3 is that true?

4 CHAIRPERSON DOWLING: No. I think it's
5 only if it's explicitly out.

6 MS. BREault: Oh. It's only if it's a
7 rider.

8 CHAIRPERSON DOWLING: Yes.

9 MS. BREault: Well, then are we boxing
10 ourselves in, limiting ourselves on the mental health?

11 CHAIRPERSON DOWLING: Well, if I
12 understand the rules we have to pick from something that
13 exists.

14 MS. BREault: Then we would be boxing
15 ourselves in.

16 CHAIRPERSON DOWLING: Yes. I mean we're
17 not sort of out there designing -- I don't think we can,
18 you know, then go and say, well, we want you to change it
19 because --

20 MS. BREault: -- right.

21 CHAIRPERSON DOWLING: Pick from what
22 you've got.

23 MS. BREault: So, from these other plans
24 that we -- that should be -- is there something in one of

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1 those two plans that out pays that or are they
2 comparable? I guess, Jennifer, maybe I'm asking you that
3 question.

4 MS. JAFF: Yes, this is Jennifer. I would
5 argue that the increased number of PT, OT, SP visits if I
6 have to -- I mean, and again, without -- it would be nice
7 to have utilization data so that we could see if this is
8 right, but my gut tells me that those services are more
9 than cognitive therapy, but I could be totally wrong
10 about that.

11 CHAIRPERSON DOWLING: The specific
12 question, if you look at I think it's page eight or --
13 I'm starting to think we're getting into places I'm not
14 really qualified to, you know, address this level of
15 detail. But, if you look at the Anthem HMO and you look
16 at the Connecticare HMO pretty much, pretty much they're
17 equivalent. There seems to be a couple more asterisks
18 under Connecticare, but we just don't know.

19 MS. BREault: And I think the issue is
20 that the contracts that we're reviewing for this
21 information do not get to that specificity or that level
22 of detail. So, it's not that they're not covered, it's
23 just there is no explicit language in the contract.

24 CHAIRPERSON DOWLING: So that's -- okay.

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1 So, just to bring it back efficiently, you know, I think
2 we have a question on the table as to whether or not to
3 eliminate Aetna, at this point, and that puts us down to
4 two plans and the state employee plan with, of course,
5 the ability to resurrect the Aetna design. I'm happy to
6 entertain that if someone would like to propose that
7 vote.

8 MS. JAFF: This Jennifer. I make that
9 motion.

10 MR. GALVIN: This is Kevin. I'll second
11 it.

12 CHAIRPERSON DOWLING: Okay. We'll do the
13 roll call.

14 MS. O'GARA: Okay. Roll call would be Anne
15 Melissa Dowling?

16 CHAIRPERSON DOWLING: Not yet.

17 MS. O'GARA: Deirdre Hardrick?

18 MS. HARDRICK: No, not yet.

19 MS. O'GARA: Gloria Powell? Jennifer
20 Jaff?

21 MS. JAFF: Yes.

22 MS. O'GARA: Joseph Treadwell. Kevin
23 Galvin?

24 MR. GALVIN: Yes.

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1 MS. O'GARA: Marcia Petrillo? Margherita
2 Giuliano? Maria Diaz?
3 MS. DIAZ: No, not yet.
4 MS. O'GARA: Mark Espinosa?
5 CHAIRPERSON ESPINOSA: No.
6 MS. O'GARA: Mary Ellen Breault?
7 MS. BREAULT: No.
8 MS. O'GARA: Mary Fox?
9 MS. FOX: No.
10 MS. O'GARA: Robert McLean. Robert
11 Tessier?
12 MR. TESSIER: Yes, but I don't think it
13 matters.
14 MS. O'GARA: Stephen Frayne. Thomas
15 Marchozzi? Marjorie Cole. Julie, the tally?
16 MS. LYONS: Six no's, three yeses.
17 CHAIRPERSON DOWLING: Okay. So, I think in
18 respect -- out of respect for everybody's time I don't
19 think -- we need to do a final wrap up and then open up
20 for public comments. And I want to ask we need to set
21 another meeting immediately so we'll be setting it up
22 this afternoon because we're running out of time. And I
23 guess I would ask you to submit any further questions you
24 have. So just be prepared that we're back here next week

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1 sometime without additional solid data. And I'd ask you
2 between now and then to think really hard about how you'd
3 make this decision with the data we have.

4 Anybody else want to comment? If not,
5 we'll turn it over to the team to open it up for public
6 comments.

7 MR. TESSIER: Anne Melissa, I'm sorry, Bob
8 Tessier, I need to leave. So thank you.

9 CHAIRPERSON DOWLING: Thank you.

10 MR. TESSIER: Bye, bye.

11 MS. O'GARA: The Advisory Committee has
12 been complete. We're going to open it up for any public
13 comments. We request that the individual wanting to make
14 a comment state their name and limit their comment to one
15 minute so we can hear all the comments. I will open it
16 up.

17 CHAIRPERSON DOWLING: We have one here,
18 Vicki Veltre.

19 MS. VICKY VELTRE: Good morning everybody.
20 This is Vicky. I just have a very quick comment or a very
21 short discussion. One is I want to say thank you for all
22 the work that everybody has been doing on this. I know
23 how hard these decisions are. And I appreciate that the
24 Committee has not chosen to eliminate the Aetna option

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1 yet. I think it's premature. I agree with that.

2 The second thing is on mental health,
3 mental health is, obviously, a critical service. We are
4 discussing it and I think the majority of my concern
5 about mental health is not so much the coverage but is in
6 the delivery of the benefit. And my office is really
7 committed to addressing that issue going forward.

8 But the third, and I think which is maybe
9 the most important, is that we -- when we're looking at
10 the essential health benefits we're very deliberate in
11 thinking about what might happen in a week with the
12 Supreme Court. And I say that because things could change
13 radically is the mandate is eliminated and the target
14 populations or who may actually end up enrolling in the
15 exchange could be very different from who we're thinking
16 about maybe enrolling when we're making this decision
17 right now. So, I guess I would just ask for the
18 Committee to just keep that in mind. I'm not saying the
19 decision would change, but just have that in mind going
20 forward that there may be -- we may be operating under
21 different assumptions in another week and a half.

22 So, thank you.

23 MS. O'GARA: Are there any other comments
24 from the public?

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1 MR. GREG WILLIAMS: Yes, this is Greg
2 Williams, Danbury, Connecticut, Connecticut Youth and
3 Families. And just in light of the discussion on mental
4 health and substance use disorder benefits I'd like to
5 propose that the Committee whatever plan that they select
6 have it be reviewed by the Coalition for Whole Health or
7 the Office of the Health Care Advocate in terms of
8 federal parity compliance as well as the Connecticut
9 Mental Health parity because it's a subjective sort of
10 law, and there is lots of different details in the
11 essence of coverage. And, as a result, it would be
12 prudent to make sure the way that the benefit reads is in
13 compliance with the federal parity law to prevent future
14 challenges to parity compliance.

15 MS. O'GARA: Thank you. Any other comments
16 from the public?

17 CHAIRPERSON DOWLING: Thank you everybody
18 who has spoken up and we'll be back to you -- thank you
19 for your consideration. And we'll be back to you with a
20 time. We'll make sure it's after Monday because we hope
21 to have the decision from the Supreme Court by Monday, so
22 we'll be reconvening, you know, very soon after that. And
23 you'll hear from the team to get a date set. The phones
24 seemed to work fine. So if that's more convenient for

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1 people and if it means we get you versus we don't get you
2 because you can't travel to a meeting, please let us know
3 that.

4 Thank you everybody for your contribution,
5 and I believe we're adjourned.

6 (Whereupon, the meeting was adjourned at
7 10:19 a.m.)