

Health Plan Benefits & Qualifications
Exchange Advisory Committee Individual Meeting
DRAFT MEETING MINUTES

Location: Legislative Office Building
300 Capitol Avenue, Room 1E, Hartford, CT
Date: Monday, May 14, 2012
Time: 9:00 a.m.

Members in Attendance

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; Margherita Guiliano, CT Pharmacists Association; Gloria Powell for Commissioner Jewel Mullen, Department of Public Health; Kevin Gavin, Small Business for a Healthy CT; Deirdre Hardrick, Aetna; Robert Tessier, CT Coalition of Taft-Hartley Health Funds; Joseph Treadwell, Connecticut Podiatric Medical Association; Thomas Marchozzi, Hartford Healthcare; Marcia Petrillo, Qualidigm; Mary Ellen Breault, CID; Mary Fox; Stephen Frayne, Hartford HealthCare

Members in Attendance by Phone

Maria Diaz, Connecticut Association of Optometrists (listened in but did not vote)

Other Participants

Tia Cintron, CT Health Insurance Exchange (HIX); Bob Carey, RLCarey Consulting; Grant Porter, HIX; Julie Lyons, HIX; Roger Albritton, KPMG

Meeting Facilitator: Nellie O'Gara, HES Advisors

I. Call to Order and Introductions

Co-Chair, Anne Melissa Dowling opened the meeting at 9:00 a.m. by introducing herself along with fellow co-chair, Mark Espinosa. Ms. Dowling asked members to funnel any of their questions or concerns through the co-chairs. Ms. Dowling stated that if the committee needs to meet more frequently, they will. Mr. Espinosa thanked Ms. Dowling and reiterated the need for interim meetings. Mr. Espinosa voiced concerns with regard to how infrequent the group is meeting given the timeline of decisions to be made. Mr. Espinosa stated that comments received from Washington DC suggest the need for more meetings.

Tia Cintron initiated introductions by Exchange Staff and committee members.

II. Committee Guiding Principles

Nellie O'Gara conducted a roll call vote on the Guiding Principles discussed in the previous meeting. The committee principles were approved by all members present, with the exception of Maria Diaz, who had conferenced in.

III. Briefing EHBs and Benchmark Plans

Nellie O'Gara moved the meeting into the Briefing EHBs and Benchmark Plans agenda item. Members were provided with materials for review prior to the meeting. Bob Carey announced that the majority of this discussion would be to review the ACA requirements, the role of the Exchange, as well as the role of the Advisory Committees to the Exchange with regard to the EHB requirements, the treatment of State

Connecticut Health Insurance Exchange

Mandated Benefits with regard to the EHBs, and HHS's Benchmark Plan approach to EHBs. Mr. Carey stated that the committee would not be taking a vote on the EHBs today. The meeting is meant to provide an overview of the issue and allow an opportunity to discuss the options that are available to the State. Jennifer Jaff requested clarification of when the committee would make decisions around the EHB package. Ms. Dowling reminded members of the request for possible additional meetings.

Mr. Carey announced that the Exchange provides an advisory role, and provides an opportunity for stakeholders to convene, and to discuss and recommend what is the EHB package for the State of Connecticut, but the decision, with regard to what is EHBs, may not be the Exchange's decision to make in isolation.

Conversation ensued around who will be the responsible party for determining the EHB package. Mr. Carey stated that per HHS it is up to each state to decide how they set their EHB package. Ultimately, the Administration needs to decide who will make that decision on behalf of the State of Connecticut. Ms. Dowling announced that this group is an Advisory Committee to the Exchange Board; a committee to which the Administration is looking very heavily for these decisions.

Mr. Carey stated that a final decision with regard to the EHB package needs to be made by September of 2012, or the federal government will decide the EHB package for the State. This Committee will make a recommendation to the Exchange Board in the summer of 2012 and the Exchange Board will then make a recommendation to the Administration.

The ACA requires all health plans sold in the individual and small group market inside and outside of the Exchange to meet minimum requirements in order to be deemed a Qualified Health Plan. QHPs must cover the EHBs, which includes an array of services within 10 broad categories. The law lays out these 10 categories. Mr. Carey walked the committee through each category.

Mr. Carey noted the expectation for a joint meeting between this committee and the Consumer Experience and Outreach Committee.

Mr. Carey stated that the recommendations on EHBs are anticipated to go before the Exchange Board in July. In order for federal requirements to be satisfied, the decisions need to be made in December. The Exchange also needs to get products on its shelf by October 1, 2013.

See presentation and transcripts of this discussion below.

IV. Summary of Carrier Concerns

Bob Carey stated that in the previous meeting, it was discussed that the Exchange is a voluntary marketplace for carriers, as well as consumers. Also discussed was the notion that the Exchange needs to consider carriers as customers. Mr. Carey announced that Exchange Staff has had discussions with the Connecticut Association of Health Plans. Staff requested from them a compilation of top line areas of concern or interest from the carriers. Mr. Carey discussed some of these high level key points with the committee.

Conversation ensued around the expansion of the small group market from 50 to 100. It is on the committee's agenda to review the advantages and disadvantages and the issues associated with expanding the market definition to groups of 100 or fewer. The current definition of 50 is a statutory definition which would require legislation to change it. This decision would need to be made early in 2013 to allow for the market to adjust and for those larger groups of 51 to 100 to now be included in the small group market.

See presentation and transcripts of this discussion below.

V. Federally Qualified Tribes Issues

Nellie O’Gara moved the meeting into the Federally Qualified Tribe Issues agenda item. Grant Porter informed the committee that the ACA outlines a few requirements with respect to dealings with the Exchange and federally-qualified Tribes in the State. The State has two tribes; the Pequots and the Mohegans, roughly about 2,500 total individuals between the two. A number of provisions of the ACA directly affect the Native Americans in CT including, that they are exempt from the individual mandate, and that they have a monthly enrollment period as opposed to annual, which will need to be factored into the technical design of the Exchange.

See presentation and transcripts of this discussion below.

VI. Next Steps

Nellie O’Gara moved the meeting into the Next Steps agenda item. Tia Cintron announced that the committee needs to do a deeper dive into the EHB and benchmark discussion; a determination of how the committee will frame recommendations to the Board will need to be made. Ms. Dowling suggested an interim meeting exclusively for a conversation of the EHBs and perhaps an additional meeting prior to the June Exchange Board meeting to discuss how the committee will have a unified voice prior presenting to the Board.

Public Comment:

The following individuals participated in the public comment period: Vicki Veltri, State Healthcare Advocate, Office of the State Healthcare Advocate; and Jill Zorn, Universal Health Care Foundation of Connecticut, Inc. provided a public comment.

Adjournment:

Mark Espinosa made a motion to adjourn the meeting. Bob Tessier seconded the motion. All members were in favor of adjourning. The meeting was adjourned at 11:03 a.m.

Resources:

[\(Presentation\)](#)

[\(Transcripts\)](#)