

Consumer Experience and Outreach Advisory Committee Meeting

Connecticut Health Insurance Exchange
Legislative Office Building
June 13, 2012, 1:00pm – 3:00pm

Agenda

- Call to Order and Introductions (1:00 – 1:05)
- Review and Approval of Minutes (1:05 – 1:10)
- Mintz & Hoke Update (1:10 – 1:25)
- EHB Discussion Road Map (1:25 – 2:30)
- Next Steps (2:30 – 2:40)
- Public Comment (2:40 – 2:55)
- Adjournment (3:00)

Consumer Outreach & Education Program Development Update

Connecticut Health Insurance Exchange

June 13, 2012

WORK STREAMS

- Stakeholder Discussions
- Consumer Research
- Bridging Communications

STAKEHOLDER DISCUSSIONS

- Understand current perceptions, focus areas and desired message delivery methods.
- Series of in-person dialogue sessions, in-depth personal interviews, discussion webinars.
- Spoke with total of 114 stakeholders across the series.

Professional Category	Total Engaged
Consumer Advocates	53
Small Employer Advocates	18
Providers	28
Agent/Brokers	9
Insurers	6
Total	114

CONSUMER RESEARCH

- Series of focus groups and interviews with uninsured, 139-400% FPL, 25-64 years old.
- **So far:** Total of 77 consumers from Fairfield, New Haven, New London, and Hartford counties.
- **Upcoming:** Focus on remaining counties, consumers living with illness and consumers representing diverse cultural groups.
- Consumer research to be complete on July 11, having spoken to at least 120 consumers.

CONSUMER RESEARCH

Date	County	City	Format	Minimum Participants	Recruitment	Notes
5/3	Hartford County	Enfield	Interviews	8	Mall Intercept	Enfield Square
Week of 5/21	Hartford County	Hartford	Interviews	2	Direct Referrals from Advocates	Bristol Hospital (Hispanic & African-American focus)
Week of 5/21	Hartford County	Hartford	Interviews	2	Direct Referrals from Advocates	Capital Community College (invincible focus)
Week of 5/21	Hartford County	Hartford	Interviews	2	Direct Referrals from Advocates	Hartford Public Library (Hispanic & African-American focus)
Week of 5/21	Hartford County	Hartford	Interviews	2	Direct Referrals from Advocates	St. Francis Care (Hispanic & African-American focus)
5/24	New London County	Norwich	Focus Group	6	FQHC Consumer Board	United Community & Family Services
5/30	New Haven County	Milford	Interviews	8	Mall Intercept	Connecticut Post Mall
6/6	New Haven County	North Haven	Focus Groups	18	Research Facility (2 week period)	2 sessions with 7-8 participants each
6/7	Fairfield County	Bridgeport	Interviews	4	Intercepts	The Salvation Army (multi-cultural focus)
6/7	Fairfield County	Stamford	Focus Groups	17	Research Facility (2 week period)	2 sessions with 7-8 participants each
6/8	New Haven County	New Haven	Interviews	4	Intercepts	Newhallville Community Resource Center (African-American focus)
6/12	New Haven County	Ansonia	Interviews	4	Intercepts	Howard Tinney Community Center (multi-cultural focus)
6/12	Hartford County	Farmington	Focus Groups	18	Research Facility (2 week period)	2 sessions with 7-8 participants each
6/13	New Haven County	New Haven	Interviews	4	Intercepts	Walk of Faith Food Bank (multi-cultural focus)
6/14	Fairfield County	Danbury	Interviews	4	Intercepts	Centro Hispano (Hispanic focus)
6/19	New Haven County	Waterbury	Interviews	4	Intercepts	NOW, Inc. (multi-cultural focus)
6/27	New Haven County	New Haven	Interviews	4	Public Gathering Intercepts	Cornell Scott Hill Health Center Health Fest 2012 Event

PRELIMINARY DIRECTIONS

- Important groups with distinct communications challenges:
 - People with dependents are acutely aware their family needs insurance. But, they don't believe it's affordable. We'll need to overcome skepticism and bitterness.
 - Single men who don't believe they need it, and don't want insurance.

PRELIMINARY DIRECTIONS

- There are many phrases that generate hostility (e.g., financial assistance, easy, insurance).
- Category noise has created many misconceptions – need to distance program from “too good to be true” commercials.
- Everything starts with **affordability**. It suggests opportunity, access and choice. But, it must be quickly made tangible and meaningful to all audiences.

PRELIMINARY DIRECTIONS

- People want the State of Connecticut involved. But, the role is to oversee and provide funding, not manage the program.
- People want the coverage private plans provide. We must avoid perception that private plans are compromised if provided through the State.
- Outreach will need to quickly educate and drive to a resource to find out more. The role of informed, well equipped community leaders will be vital to credibility and enrollment.

BRIDGING COMMUNICATIONS

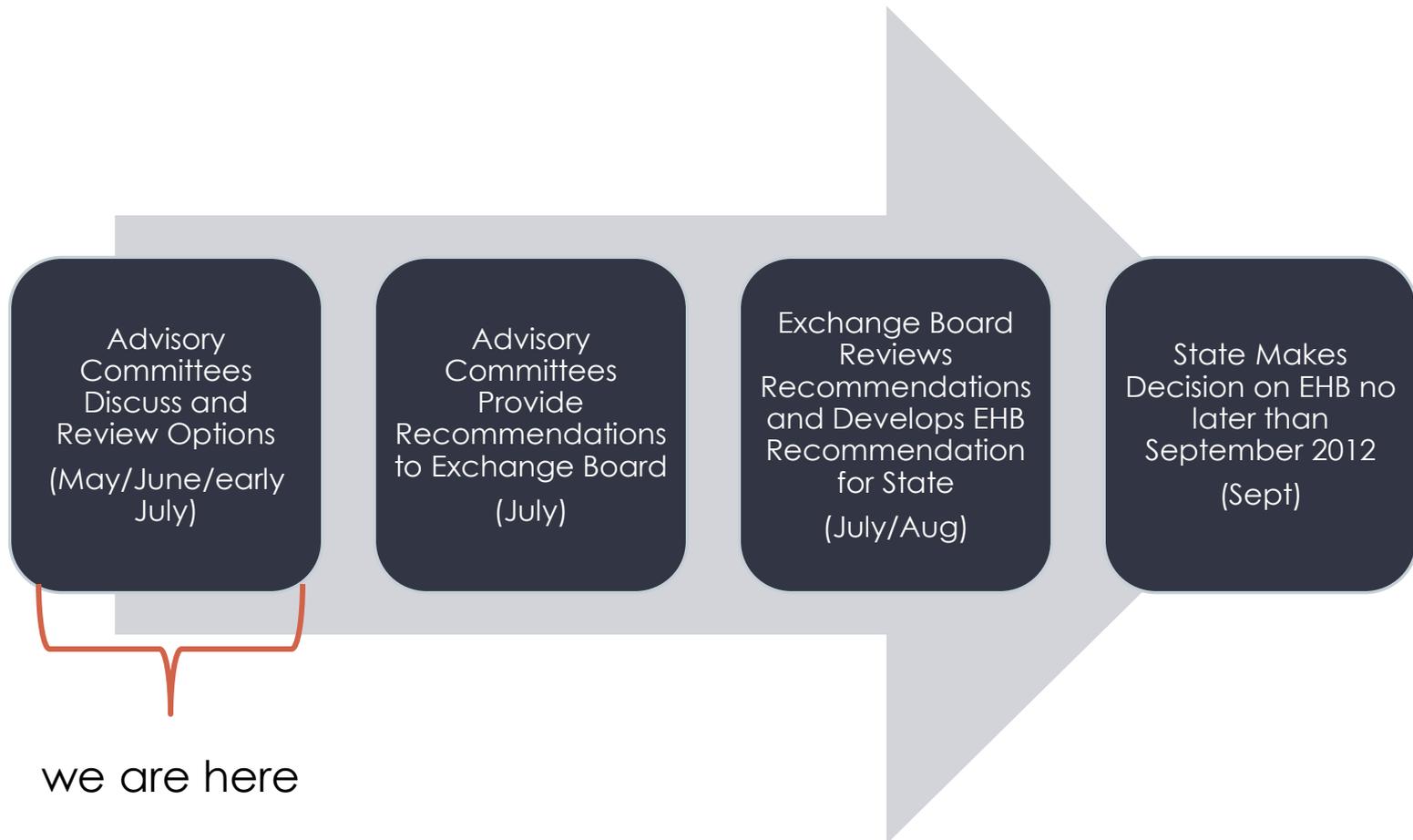
- Launch web sitelet June 21.
- Deliver postcards to recipients June 25.
- Blast first eNewsletter update June 27.



EHB | Discussion Road Map

1. Overview of Process for Making Recommendations to the Board
2. Clarification of EHB Requirements
3. State Mandated Benefits and the EHB
4. Guiding Principles & Decision Criteria
5. Benchmark Options
6. Next Steps

EHB | Process



EHB | Clarification of EHB Requirements

Prescription Drugs

- Most CT health plans provide drug coverage through a rider, which is sold separately
- CCIO's current position does not allow states to include the drug rider as part of the selected EHB benchmark plan
- If a benchmark plan is lacking a statutory category, it must be supplemented from another benchmark option
- Unless CCIO changes its position, CT will need to select the Oxford PPO or a federal plan as its EHB benchmark OR supplement the benchmark plan with the drug benefit included in Oxford PPO or a federal plan

EHB | Clarification of EHB Requirements

Specialty Drugs

- Specialty drugs are routinely covered as part of a prescription drug benefit
- FEHBP defines these drugs as high cost and having one or more of the following characteristics
 - Injectable, infused, inhaled or oral therapeutic
 - Complex drug therapy for a chronic or complex condition
 - High potential for drug adverse effects
 - Specialized patient training on administration; coordination of care required prior to or during therapy
 - Unique patient compliance and safety requirements
 - Unique requirements for handling, shipping and storage

EHB | Clarification of EHB Requirements

Supplementing the benchmark plan

- Process for supplementing benchmark plan if none of the plans cover the following
 - Habilitative care
 - Pediatric dental
 - Pediatric vision

EHB | Clarification of EHB Requirements

Rehabilitative and Habilitative Care

- Bulletin acknowledges there is no generally accepted definition of habilitative services among health plans
- Suggested definitions include:
 - Focusing on learning new skills/functions
 - Includes the concept of “keeping” or “maintaining” functions for “maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level” – Medicaid definition
- Two options:
 - Plans may offer habilitative services at parity with rehabilitative
 - Plans decide which habilitative services to cover and report coverage to HHS

EHB | Clarification of EHB Requirements

Pediatric Dental

- Intended options
 - Largest federal dental plan
 - Dental benefits in state's CHIP program

Pediatric Vision

- Largest federal vision plan

EHB | State Mandated Benefits

- Exhibit 1 summarizes each of the state mandates and classifies them among the ten categories of care
- Even if every state mandate is not ultimately defined as an EHB, every individual and small group plan sold in Connecticut would still be required to provide coverage for any and all benefits mandated by the state
- Connecticut would have to pay for the marginal costs associated with any mandated benefit that exceeds the EHB package

Exhibit 1: Classification of State Mandated Benefits Under the ACA's Ten Categories of Care

Chapter Title	Mandate	Autism	Behavioral	Emergency	Maternity	Neonatal	Preventive	Reproductive	Transplant	Other											
Chapter Title	Mandate	Autism	Behavioral	Emergency	Maternity	Neonatal	Preventive	Reproductive	Transplant	Other											
1	38a-476	Pre-existing condition benefit																			
2	38a-477a	Cost sharing exemptions																			
3	38a-533a	Controlled substance dispensing																			
4	38a-533b	Emergency medical services																			
5	38a-533c	Emergency medical services																			
6	38a-533d	Emergency medical services																			
7	38a-533e	Emergency medical services																			
8	38a-533f	Emergency medical services																			
9	38a-533g	Emergency medical services																			
10	38a-533h	Emergency medical services																			
11	38a-533i	Emergency medical services																			
12	38a-533j	Emergency medical services																			
13	38a-533k	Emergency medical services																			
14	38a-533l	Emergency medical services																			
15	38a-533m	Emergency medical services																			
16	38a-533n	Emergency medical services																			
17	38a-533o	Emergency medical services																			
18	38a-533p	Emergency medical services																			
19	38a-533q	Emergency medical services																			
20	38a-533r	Emergency medical services																			
21	38a-533s	Emergency medical services																			
22	38a-533t	Emergency medical services																			
23	38a-533u	Emergency medical services																			
24	38a-533v	Emergency medical services																			
25	38a-533w	Emergency medical services																			
26	38a-533x	Emergency medical services																			
27	38a-533y	Emergency medical services																			
28	38a-533z	Emergency medical services																			

EHB | State Mandated Benefits

- All fully insured small group policies cover the state mandates
- All state employee plans cover the state mandates
- Federal employee benefit plan does not appear to cover all of the state mandates
 - Autism spectrum disorder
 - Lyme disease
 - In vitro fertilization

EHB | Benchmark Approach

- Ten benchmark plan options:
 - Three small group plans with the largest enrollment
 - Oxford PPO
 - Anthem HMO
 - **Aetna POS**
 - Three state employee plans with the largest enrollment
 - Anthem POE
 - Anthem POS
 - Oxford POE
 - Three Federal Employee Health Benefit Plans (FEHBP) with the largest enrollment
 - BCBS Standard/Basic
 - GEHA Standard
 - Non-Medicaid HMO plan with the largest enrollment
 - Connecticare HMO*

EHB | Guiding Principles & Decision Criteria

Guiding Principles

- Serve as central point of access
- Provide a first-class, consumer-oriented marketplace
- Provide consumers with understandable, accessible information
- Implement a proactive outreach, enrollment, consumer assistance and retention strategy
- Utilize the expertise of a broad range of stakeholders
- Integrate and coordinate with outreach efforts of other public programs
- Provide affordability for CT residents
- Be financially sustainable

EHB | Guiding Principles & Decision Criteria

Decision Criteria

- 1) Offer comprehensive coverage
- 2) Align with current Connecticut marketplace (i.e. individual and small group market)
- 3) Minimize fiscal impact to the state

EHB | Benchmark Options

Key Differences Among Plans

- Limitations
 - Home Health
 - Skilled Nursing
 - Rehabilitation
 - Chiropractic Care
- Exclusions
 - All carriers consistently exclude coverage for:
 - Non-medically necessary services
 - Any service not specifically mentioned in the Covered Services/Benefits section of the Certificate
 - Home births
 - Further examples of exclusions on following slides

EHB | Benchmark Options

Examples of Exclusions

Anthem Bluecare (fully insured plan)

- Services covered by a public or private grant
- Penalties imposed on a member by the primary payer
- Inpatient Services which can be properly administered as Outpatient services

Oxford PPO (fully insured plan)

- An adopted newly born infant's hospital stay if the natural parent has coverage available
- No coverage is available if a member is traveling outside the USA to obtain medical treatment, drugs or supplies (except to Canada, Mexico & U.S. possessions)

Aetna (fully insured plan)

- Care furnished to provide a safe surrounding
- Home uterine activity monitoring
- Hair analysis
- Thermograms/thermography

Connecticare (fully insured plan)

- Attorney fees
- Transportation lodging food or other travel expenses
- Home Births

State of CT – Oxford Freedom Network (self-funded plan)

- Well woman exams are limited 2 per Calendar Year
- TENS Units (included only if certain medical criteria is met & w/ prior authorization)

Anthem BCBS (self-funded FEHBP)

- Services, drugs, or supplies received from a provider/facility barred or suspended from the FEHB program
- Topical Hyperbaric Oxygen Therapy (THBO)

EHB | Benchmark Options

Services	Small Group Products				State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Aetna HMO	Largest HMO Connecti Care HMO		BCBS Standard and Basic Options	GEHA Standard Option
Ambulatory Patient Services							
Primary Care Visit to Treat an Injury or Illness	yes	yes	yes	yes	yes	yes	yes
Specialist Visit	yes	yes	yes	yes	yes	yes	yes
Other Practitioner Office Visit (Nurse, Physician Assistant)	yes	yes	yes	yes	yes	yes	yes
Outpatient Surgery Physician/Surgical Services	yes	yes	yes	yes	yes	yes	yes
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	yes	yes	yes	yes	yes	yes	yes
Home Health Care Services	80 visits/year	100 visits/year	80 visits/year	100 visits/year	200 visits/year	25 visits/year	50 visits/year
Skilled Nursing Facility	30 days/year	30 days/admission up to 90 days/year	30 days/year	90 days/year	unlimited	yes	yes

Reference Exhibit 3. Summary of Comparative Analysis of EHB Benchmark Plans

EHB | Benchmark Options

Services	Small Group Products				State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Aetna HMO	Largest HMO Connecti Care HMO		BCBS Standard and Basic Options	GEHA Standard Option
Emergency Services							
Emergency Room Services	yes	yes	yes	yes	yes	yes	yes
Emergency Transportation/Ambulance	yes	yes	yes	yes	yes	yes	yes
Urgent Care Centers or Facilities	yes	yes	yes	yes	yes	yes	yes
Hospitalization							
Inpatient Hospital Services (e.g., Hospital Stay)	yes	yes	yes	yes	yes	yes	yes
Inpatient Physician and Surgical Services	yes	yes	yes	yes	yes	yes	yes
Maternity and Newborn Care							
Prenatal and Postnatal Care	yes	yes	yes	yes	yes	yes	yes
Delivery and All Inpatient Services for Maternity Care	yes	yes	yes	yes	yes	yes	yes

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EHB | Benchmark Options

Services	Small Group Products				State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Aetna HMO	Largest HMO Connecti Care HMO		BCBS Standard and Basic Options	GEHA Standard Option
Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment							
Mental/Behavioral Health Inpatient Services	yes	yes	yes	yes	yes	yes	yes
Mental/Behavioral Health Outpatient Services*	yes	yes	yes	yes	yes	yes	yes
Substance Abuse Disorder Inpatient Services	yes	yes	yes	yes	yes	yes	yes
Substance Abuse Disorder Outpatient Services	yes	yes	yes	yes	yes	yes	yes
Prescription Drugs							
Three Tier Drug Formulary	yes	rider	rider	rider	rider	yes	yes
Specialty Drug Tier	yes	rider	rider	rider	rider	yes	yes

EHB | Benchmark Options

Services	Small Group Products				State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Aetna HMO	Largest HMO Connecti Care HMO		BCBS Standard and Basic Options	GEHA Standard Option
Rehabilitative and Habilitative Services and Devices							
Inpatient Rehabilitation Facilities	60 consec. days/condition/lifetime	60 consec. days/condition	unknown *probably SNF limit	90 days/year *combined with SNF	unlimited	yes	yes
Outpatient Rehabilitation Services (PT/OT/ST) *visit limits for all services combined	60 visits/condition/lifetime	30 visits/year	20 visits/year	40 visits/year	IN: unlimited OON: 30 visits/year	yes	yes
Chiropractic Visits	30 visits/year	20 visits/year	20 visits/year	20 visits/year	IN: unlimited OON: 30 visits	yes	yes
Habilitation Services	autism coverage	autism coverage	autism coverage	autism coverage	autism coverage	unknown	unknown
Durable Medical Equipment	yes	yes	yes	yes	yes	yes	yes

Reference Exhibit 3. Summary of Comparative Analysis of EHB Benchmark Plans

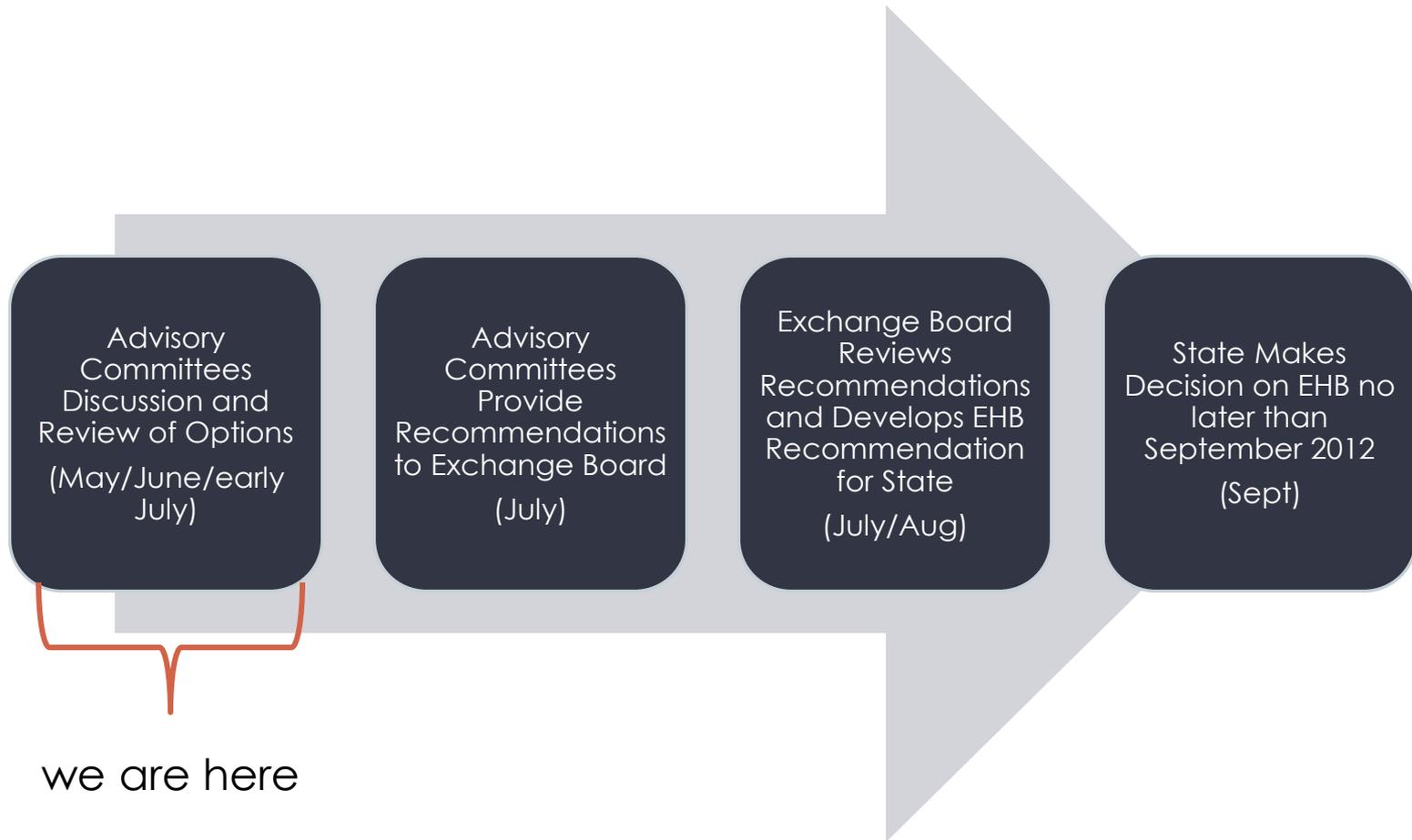
EHB | Benchmark Options

Services	Small Group Products				State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Aetna HMO	Largest HMO Connecti Care HMO		BCBS Standard and Basic Options	GEHA Standard Option
Laboratory Services							
Diagnostic Test (X-Ray and Laboratory Tests)	yes	yes	yes	yes	yes	yes	yes
Imaging (CT and PET Scans, MRIs)	yes	yes	yes	yes	yes	yes	yes
Preventive and Wellness Services and Chronic Disease Management							
Preventive Care/Screening/Immunization	yes	yes	yes	yes	yes	yes	yes
Pediatric Services, Including Oral and Vision Care							
Dental Check-Up for Children	yes	yes	no	yes	yes	yes	yes
Vision Screening for Children	1 exam/2 years	1 exam/2 years	yes	1 exam/1 year	1 exam/1 year	yes	yes
Eye Glasses for Children	no	no	no	no	no	no	no

EHB | General Discussion

- Are we at the point where any plans can be eliminated?
- What other information is needed to begin to winnow down the options?
- Can we narrow the discussion to two or three plans so deadlines can be met?

EHB | Timing



Committee | Next Meetings

- Tuesday, July 10 @ 9-11am
- Tuesday, August 7 @ 9-11am

Committee | Public Comment