

Health Plan Benefits and Qualifications Advisory Committee Meeting

Connecticut Health Insurance Exchange
Room 1B of the Legislative Office Building
June 8, 2012 at 10:30am – 12:30pm

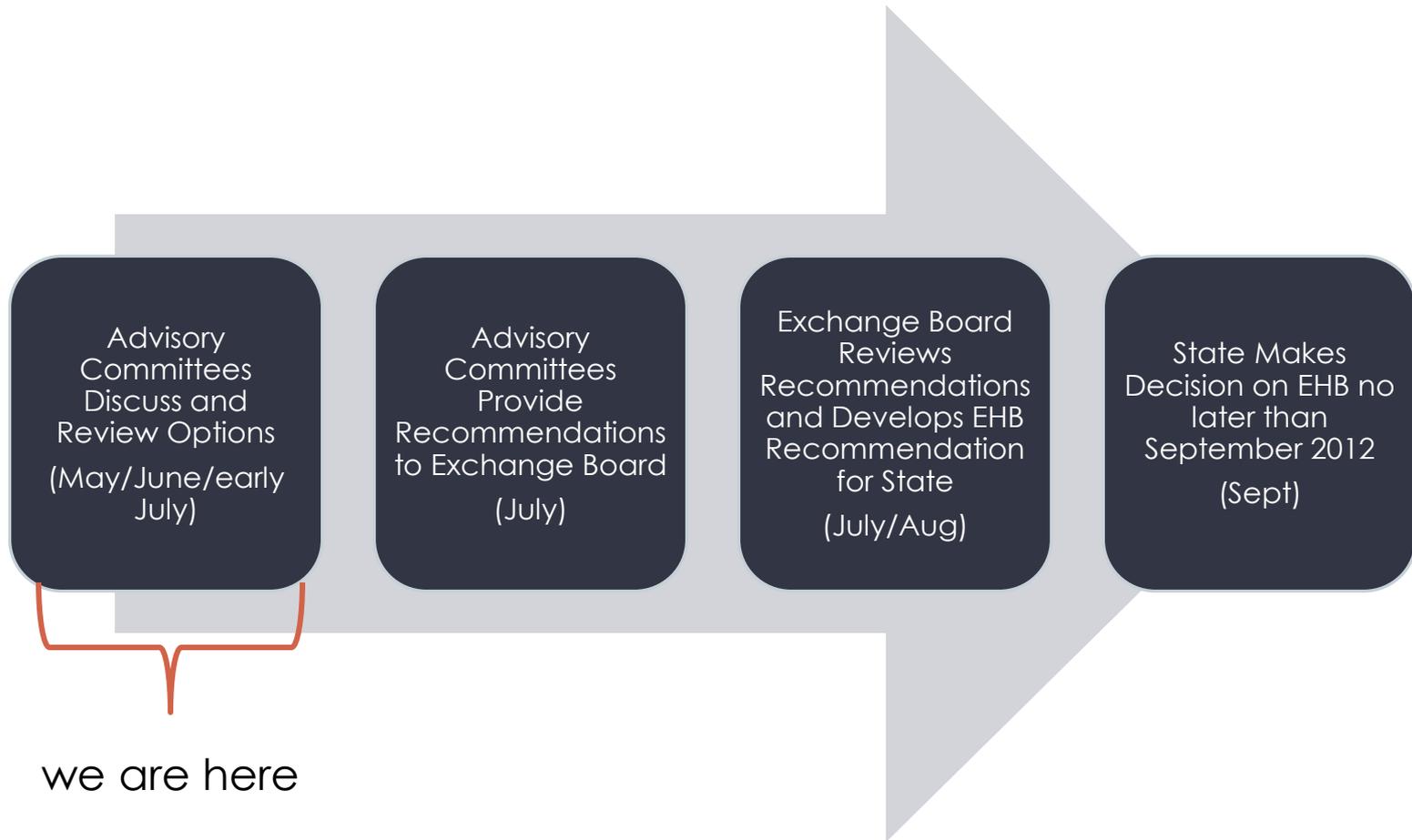
Agenda

- Call to Order and Introductions (10:30-10:35)
- Review and Approval of Minutes (10:35-10:40)
- EHB Discussion Road Map (10:40-12:00)
- Next Steps (12:00-12:10)
- Public Comment (12:10-12:25)
- Adjournment (12:30)

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	Emergency Services	Maternity & Newborn Care	Preventive Health & Wellness	Reproductive Services & Contraception	Substance Abuse Treatment	Laboratory Services	Prevention and Wellness Services	Behavioral Health Services
1	38a-476: Pre-existing condition benefit									
2	38a-477a: Post-claim underwriting prohibited unless explicit waiver									
3	38a-533a: Contract must contain definition of a "policy year"									
4	38a-533b: Requiring certain benefits under a plan									
5	38a-533c: Requiring certain benefits under a plan									
6	38a-533d: Requiring certain benefits under a plan									
7	38a-533e: Coverage for certain Spectrum Services									
8	38a-533f: Certification for history or physical re-evaluation criteria									
9	38a-534: Network effect									
10	38a-534a: 30-day & 90-day transition periods									
11	38a-534b: Waiting rules for certain all-ages coverage									
12	38a-534c: Coverage for certain Over-the-Counter Drugs									
13	38a-534d: Coverage for certain diagnostic testing for certain diagnoses or tests									
14	38a-534e: Coverage for certain laboratory or other tests services in certain scenarios									
15	38a-534f: Customer selection of a customer drug									
16	38a-534g: Coverage for reproductive services & supplies									
17	38a-534h: Coverage for reproductive services & supplies									
18	38a-534i: Coverage for reproductive services & supplies									

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

- Provide affordability
- Offer meaningful choice
- Make available meaningful information
- Encourage and support competition
- Ready access to networks and providers
- Encourage development of innovative products

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	100 visits	80 visits	100 visits	200 visits	yes	yes
Skilled Nursing Facility	30 days	90 days	30 days	90 days	unlimited	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
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

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
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	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							
Rehabilitation Facilities	60 days	30 days	20 days	90 days	yes	yes	yes
Outpatient Rehabilitation Services (PT/OT/ST)	60 visits	30 visits	20 visits	40 visits	IN: unlimited OON: 30 visits	yes	yes
Chiropratic Visits	30 visits	20 visits	20 visits	20 visits	unlimited	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
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

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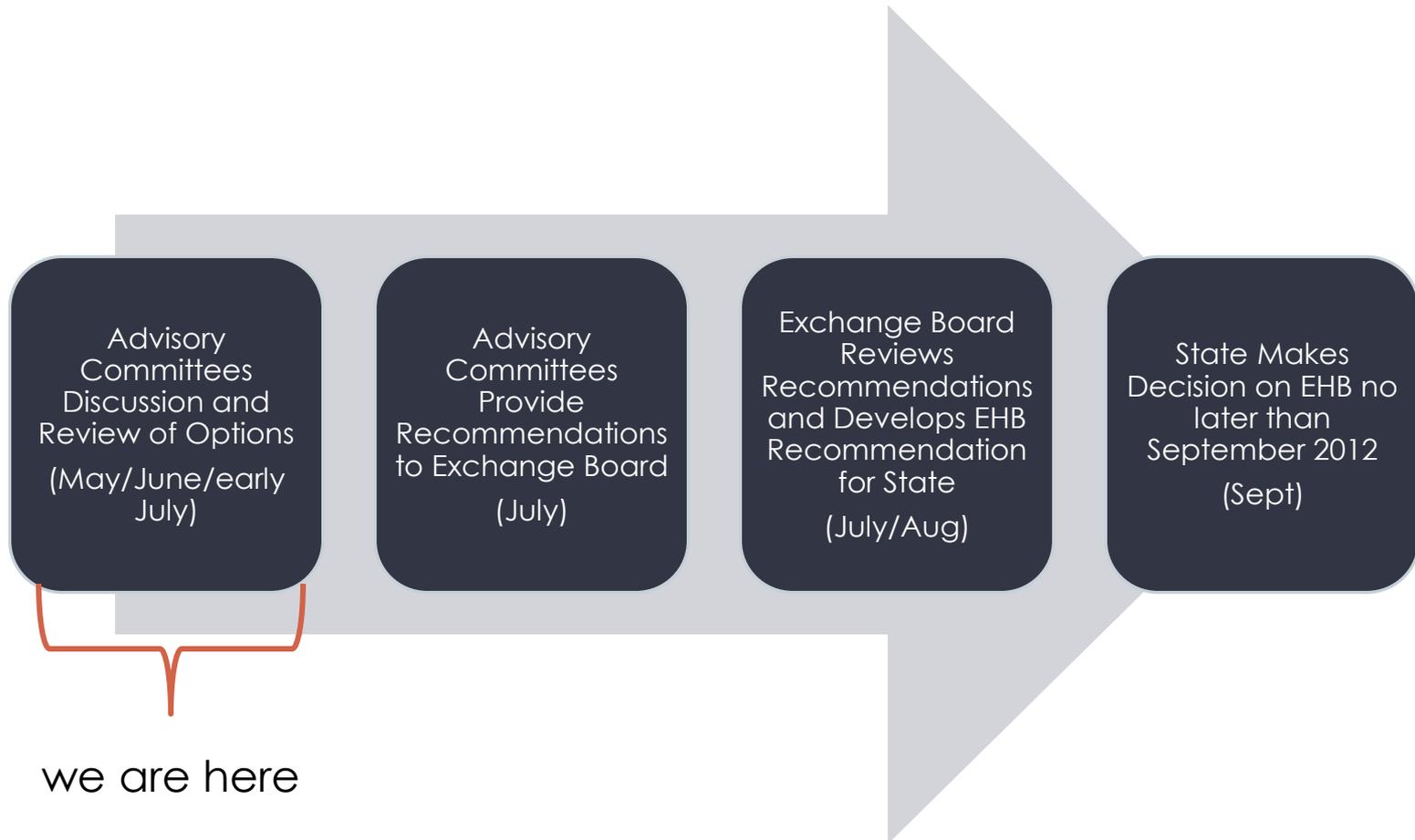
EHB | Benchmark Options

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
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	up to \$50	\$45 copay	yes	yes	yes	yes	yes
Eye Glasses for Children	not specified	not specified	not specified	not specified	not specified	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

- Wednesday, July 11 @ 9-11am
- Wednesday, August 8 @ 9-11am

Committee | Public Comment