

Connecticut Progress Report

STATE ACTIONS PROTECTING PATIENTS IN THE EXCHANGE

OVERVIEW

States vary in terms of the patient-centeredness of their health insurance markets. While federal rules set minimum requirements for consumer protections, some states have taken extra steps to make their markets more patient-focused. This Progress Report measures a state across five principles to assess how well its insurance market is designed to meet the needs of people with chronic diseases and disabilities.

FIVE PATIENT-FOCUSED PRINCIPLES

NON-DISCRIMINATION

To ensure cost sharing and other plan designs do not discriminate or impede access to care.

- No state action to limit discrimination.
- One unique platinum plan in the 2015 exchange.
- Connecticut requires exchange plans to have a provider network that is sufficient in numbers to ensure timely access to care.
- The premium for the 2nd lowest cost silver plan is 5% lower in 2015 than it was in 2014.²

For non-discrimination metrics, relative to other states, Connecticut is an

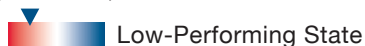


TRANSPARENCY

To promote better consumer access to information about covered services and costs in exchange plans.

- The website allows consumers to filter plan offerings and has links to provider directories and formularies. The website lacks formulary and provider search tools and calculators to help estimate tax credit or out-of-pocket expense amounts.
- No state action regarding contracting requirements for plan information transparency.

For transparency metrics, relative to other states, Connecticut is a



CONNECTICUT HIGHLIGHTS

Connecticut established a state-based exchange, called [Access Health CT](#).

In the 2014 plan year, 74,300 Connecticut residents selected an exchange plan through [Access Health CT](#). About 33% of Connecticut residents who are eligible for exchange coverage enrolled in an exchange plan in 2014.¹

Connecticut expanded Medicaid, effective January 1, 2014.

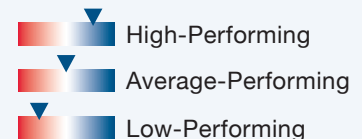
PROGRESS LEGEND

This report measures states using two methods of evaluation:

First, the report measures a state's performance on a series of metrics related to the five principles.

- Beneficial for Patients
- Neutral for Patients
- Negative for Patients

Second, the report compares a state's aggregate performance on all metrics within each principle to other states' performance on these same metrics.



STATE OVERSIGHT

To ensure all health insurance exchange plans meet applicable requirements.

- Active purchasing—the state actively negotiates with plans to participate in the exchange.
- Connecticut requires multi-year contracts, limits the number of bids submitted by issuers, requires plans to offer products in specific metals levels, and requires plans by a single issuer to have distinct differences.
- Its effective rate review program allows the state to manage premium increases.³
- Six carriers in the 2015 exchange.

For state-oversight metrics, relative to other states, Connecticut is a



UNIFORMITY

To create standards to make it easier for patients to understand and compare exchange plans.

- Connecticut standardized benefit designs.
- Connecticut rates exchange plans using a four-star quality rating system based on measures from the National Committee for Quality Assurance.
- No state action on standardized display of plan information.

For uniformity metrics, relative to other states, Connecticut is an



CONTINUITY OF CARE

To broaden sources of coverage and protect patients transitioning between plans.

- No state action on continuity-of-care requirements.⁴
- Connecticut expanded Medicaid.

For continuity-of-care metrics, relative to other states, Michigan is an



A MORE PATIENT-FOCUSED CONNECTICUT MARKETPLACE

Connecticut has achieved some success in fostering a patient-focused market, as they have taken several state actions, beyond the federal requirements, that better protect patients.

However, Connecticut has not exercised its full authority to regulate the exchange to promote patient protections. Through legislative or other state action, Connecticut could standardize plan benefit materials and enhance transparency of plan documents. Patients would also benefit from the development of an out-of-pocket calculator to estimate health expenses and better inform plan selection.

The state has very few platinum plans, which limits options for the people who would benefit most—those with chronic conditions and disabilities. Additional contracting requirements could encourage, or potentially require, carriers to offer a platinum plan.

Finally, Connecticut could take actions to establish continuity-of-care requirements to help patients maintain access to care.

METHODOLOGY

Data by Avalere Health as of January 1, 2015. Avalere maintains a proprietary database of state policy developments for all 50 states and DC. Avalere also used key resources from publicly available websites, cited where applicable. Avalere conducted a focused review of state exchange insurance markets; this assessment is not intended to be a comprehensive review of state insurance markets. Avalere only included finalized actions established in the state, and did not include proposed measures or actions.

For definitions of key terms, see the [National Health Council's Putting Patients First® glossary](#).

- 1 Kaiser Family Foundation, "Estimated Number of Individuals Eligible for Financial Assistance through the Marketplaces," November, 2014, accessed via: <http://kff.org/other/state-indicator/estimated-number-of-individuals-eligible-for-premium-tax-credits-through-the-marketplaces/>
- 2 Kaiser Family Foundation, "Analysis of 2015 Premium Changes in the Affordable Care Act's Health Insurance Marketplaces," January 06, 2015, accessed via: <http://kff.org/health-reform/issue-brief/analysis-of-2015-premium-changes-in-the-affordable-care-acts-health-insurance-marketplaces/>
- 3 The Center for Consumer Information & Insurance Oversight, "State Effective Rate Review Programs," April 16, 2014, accessed via: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/rate_review_fact_sheet.html
- 4 Families USA, "Standards for Health Insurance Provider Networks: Examples from the States," November 2014, accessed via: http://familiesusa.org/sites/default/files/product_documents/ACT_Network%20Adequacy%20Brief_final_web.pdf