



Conditional Award of the 2022 Seal of Approval (VOTE)

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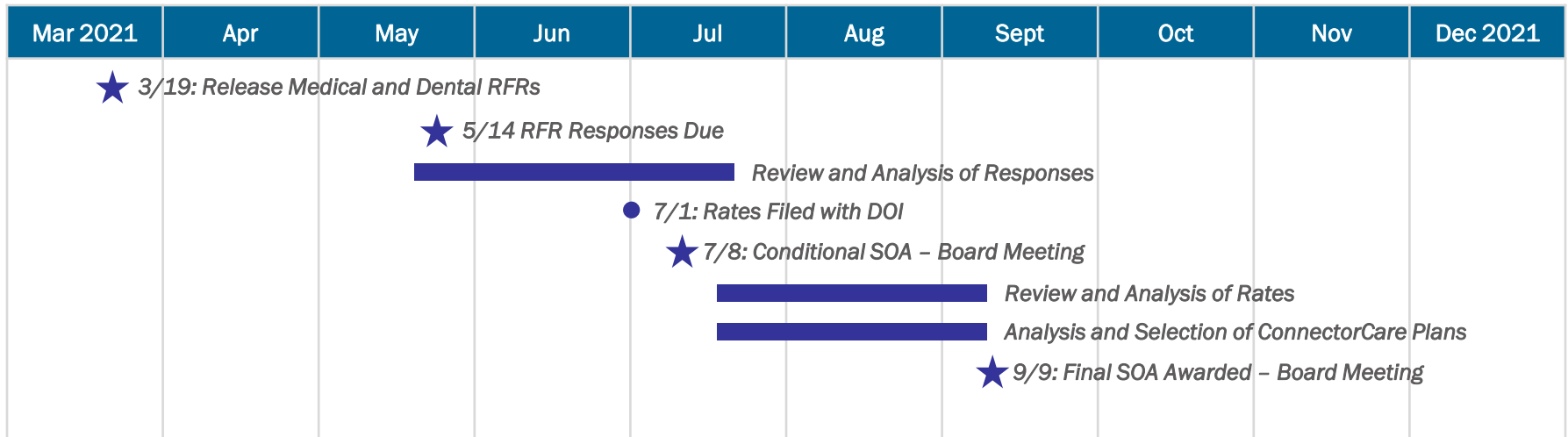
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2022 Conditional Seal of Approval

Staff request the Health Connector Board of Directors to allow further consideration of the proposed plans we received in response to the Seal of Approval (SOA) Request for Responses (RFR) issued in March.

- A vote today authorizing the Conditional SOA allows staff to consider these plans for sale through the Health Connector for the 2022 benefit year; it is not an indication of expected approval, but rather a signal to the market of the types of plans we are considering for sale to Massachusetts residents
- Staff will return to the Board in September seeking a final award of the 2022 SOA, after the Division of Insurance (DOI) completes its form and rate filing review process and Health Connector staff complete review of the value the plans offer to our Marketplace



2022 Product Goals and Strategies

The Health Connector designed its 2022 SOA requirements with a focus on improving the member experience with safeguards in product design and benefit coverage within an overall stable product shelf.

- Plan Year (PY) 2022 priorities, and carriers' SOA submissions, reflect alignment with the goals of the Health Connector's Strategic Plan and its health and racial equity framework

Strategic Plan Area of Focus	2022 SOA Initiative
Improve coverage and experience for unsubsidized and APTC-only members	<ul style="list-style-type: none"> Improve first-dollar affordability in some standard plans allowed by stability in the federal actuarial value (AV) calculator
Strengthen the ConnectorCare program	<ul style="list-style-type: none"> Enhance network monitoring and protections
Improve overall member experience	<ul style="list-style-type: none"> Expand insulin access requirement
Better serve the small group market in Massachusetts	<ul style="list-style-type: none"> Strengthen certain non-standard plan offerings to ensure on-exchange plans are of high value to members
Cover the remaining uninsured	<ul style="list-style-type: none"> The described initiatives seek to make Health Connector coverage an attractive, affordable, and safe option for the uninsured or people buying "gray-market" plans
Equity framework underpinning areas of focus	<ul style="list-style-type: none"> Promote health and racial equity focus in carrier activities Health equity lens is also applied to other priorities throughout, such as formulary improvement efforts and on insulin access



Qualified Health Plan (QHP) Submissions

Qualified Health Plans: Overview

Nine medical carriers responded to the 2022 Seal of Approval, submitting a total of 52 non-group, and 64 small group, Qualified Health Plans (QHPs).

- Carriers continue to be required to offer standard platinum, high gold, high silver, low silver (small group only) and bronze plans; a non-standard low gold plan; and a PPO plan for small groups
 - The Health Connector continues to require that carriers offer a non-standard low gold plan within the existing prescribed AV range
- There are no carrier entrants or departures for 2022
 - Fallon’s change in market and product strategy will be discussed in greater detail in a subsequent slide, but Fallon will continue to offer all required products and continue participation in the ConnectorCare program on the same network and service area as 2021
 - Health Connector plans will not be impacted by the Tufts-Harvard Pilgrim merger until 2023
- As in the four previous plan years, ConnectorCare carriers will continue to “load” their silver tier non-group plans with an additional percentage of premium to offset the loss of federal cost-sharing reductions



Qualified Health Plans: Overview (Non-Group)

The chart below outlines the 52 non-group QHPs proposed for the Health Connector's consideration for 2022, a net decrease of seven plans from 2021.

Non-Group 2022*							
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic*	Total 2022	Total 2021 for Comparison
AllWays Health Partners	1	2	2	1	0	6	6
Blue Cross Blue Shield	1	2	1	1	1	6	6
BMC HealthNet Plan	1	2	1	1	0	5	5
Fallon Health	1	2	1	1	0	5	12
Health New England	1	2	1	2	1	7	7
Harvard Pilgrim Health Care	1	2	1	2	0	6	6
Tufts Health Plan - Direct	1	2	1	2	1	7	7
Tufts Health Plan - Premier	1	2	1	1	0	5	5
United	1	2	1	1	0	5	5
Total 2022	9	18	10	12	3	52	
Total 2021 for Comparison	10	20	12	13	4	59	

*Excludes Catastrophic plans requested for withdrawal – subject to Board approval.

Qualified Health Plans: Overview (Small Group)

The chart below outlines the 64 small group QHPs proposed for the Health Connector's consideration for 2022, a net decrease of eight plans from 2021.

Small Group 2022							
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic	Total 2022	Total 2021 for Comparison
AllWays Health Partners	1	2	4	1	N/A	8	8
Blue Cross Blue Shield	1	2	3	1	N/A	7	7
BMC HealthNet Plan	1	2	3	1	N/A	7	7
Fallon Health	1	2	2	1	N/A	6	14
Health New England	1	3	2	2	N/A	8	8
Harvard Pilgrim Health Care	1	3	2	2	N/A	8	8
Tufts Health Plan - Direct	1	2	2	2	N/A	7	7
Tufts Health Plan - Premier	1	2	3	1	N/A	7	7
United	1	2	2	1	N/A	6	6
Total 2022	9	20	23	12	N/A	64	
<i>Total 2021 for Comparison</i>	<i>10</i>	<i>22</i>	<i>27</i>	<i>13</i>	<i>N/A</i>	<i>72</i>	

Qualified Health Plans: New and Closing Plans

All new plans and plan closures in 2022 reflect Fallon's change in market and product strategy.

- In April 2021, Fallon announced it would shift its focus away from commercial product offerings
- As part of that shift, Fallon is closing all plans on its two broadest commercial market networks, Select Care and Direct Care, and will offer only plans on its narrower network, Community Care, its present network for the ConnectorCare program
- Currently in 2021, Fallon only offers one plan – its lowest-cost silver plan, serving as its ConnectorCare base plan – on the Community Care network
- In 2022, Fallon will offer plans at each metallic tier on the Community Care network on both the non-group and small group shelves. While this change impacts existing unsubsidized and APTC-only membership, it has no impact on the ConnectorCare program

Qualified Health Plans: New and Closing Plans (cont'd)

Approximately 1,600 unsubsidized and APTC-only members will be impacted by Fallon's plan closures in 2022.

- Most of these members will be auto-renewed into the Community Care plan within their current metallic tier
 - While it may be beneficial for those members to remain with Fallon, the Community Care network is smaller than the two broader networks
 - The remaining members will be auto-renewed into the lowest-cost plan available to them within the same metallic tier from a different carrier in their service area
 - The Health Connector is developing a robust communications plan, in coordination with Fallon, to support members impacted by these plan closures to ensure they check coverage of their providers and select a plan that meets their needs
- Health Connector for Business will have one fewer PPO offering as Fallon is closing its PPO plan throughout the merged market*
- Fallon has newly requested to waive its Catastrophic plan offering in 2022
 - Eligible individuals would have one fewer Catastrophic offering available to them compared to 2021, and Fallon's approximately 70 Catastrophic plan members would be auto-renewed into the lowest-cost Catastrophic plan
 - BCBS, HNE, and Tufts Direct will continue offering Catastrophic plans in 2022; the remaining carriers submitted requests to waive their catastrophic plan offering
 - Given Fallon's small Catastrophic plan membership and sufficient overall choice, with at least two Catastrophic plans available to most members, staff recommend granting all carriers' Catastrophic plan waiver requests

**Approximately 200 small group members will be impacted by Fallon's plan closures. Small group members will be transitioned out of the closing plans beginning in the second half of 2021 as groups approach their date of renewal.*

Quality and Value Initiatives: Health Equity and Behavioral Health

The Health Connector sought narrative submissions from carriers on a range of topics to inform future policy development in the SOA.

- **Health Equity:** Carriers described a range of efforts to advance health equity, from targeted community-level initiatives to improve health outcomes to corporate-level strategies and workforce-related initiatives. Many carriers are leveraging their Quality Improvement Strategy programs to address disparities in health outcomes for certain conditions
 - Many carriers cited limited race and ethnicity data, including incomplete data and a lack of data standardization, as a barrier to effectively tracking strategies to improve health outcomes
 - The Health Connector will collaborate with carriers to improve the quality and completeness of race and ethnicity data reported by Health Connector members
- **Behavioral Health:** The Health Connector intends to align its SOA network and coverage requirements with certain EOHHS Roadmap reforms in upcoming plan years, particularly in the ConnectorCare program, and sought baseline information from carriers regarding current activities to improve behavioral health care
 - In their SOA submissions, carriers described efforts to improve behavioral health care access and quality, including network expansion, improved care integration, and establishment of community-based supports
 - The Health Connector will work with EOHHS and carriers on implementation in QHPs in future years
- The Health Connector welcomes Board member feedback and suggestions as it works to move these important efforts forward and in considering how the Health Connector's role vis-à-vis carriers regarding racial and health equity as well as behavioral health access can be most impactful

Quality and Value Initiatives with Equity Focus: High-Value Medications

The 2022 SOA improves upon the Health Connector's existing equity-driven insulin initiative by requiring expanded coverage of insulin delivery methods at low copays.

- In response to clear data displaying cost barriers to care, and recent state-level initiatives aimed at limiting enrollee cost-sharing for insulin, the Health Connector required carriers to include at least one of each major type of insulin at a \$30 copay (or lower) in all standard plans in their PY 2021 SOA proposals
- Building on the 2021 insulin initiative, the 2022 SOA newly requires coverage of insulin pen injectors at Tier 1 cost-sharing from all carriers, in addition to insulin vials, for the 2022 Plan Year
- This new requirement aligns with patient-centered clinical guidelines; facilitates improved drug safety and disease control; and promotes parity in insulin access across carriers
- All carriers' SOA responses indicate this requirement will be met, with Tier 1 vial and pen injector formulations enumerated in carriers' narrative submissions
- Additionally, the Health Connector will continue to require ConnectorCare carriers to provide key treatments for opioid use disorder at zero-dollar cost sharing for ConnectorCare enrollees in PY 2022

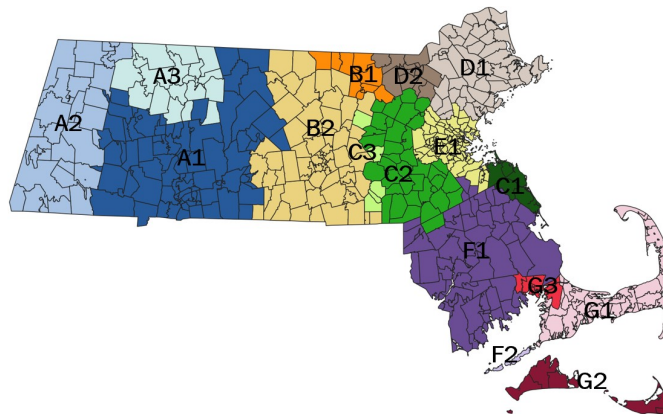


ConnectorCare Participation

2022 ConnectorCare Participation

Carriers' SOA submissions reflect a steady ConnectorCare program landscape, with no expected changes to carrier geographic participation or provider network composition compared to 2021.

- AllWays Health Partners, BMC HealthNet Plan, Fallon Health, Health New England, and Tufts Direct have proposed to offer ConnectorCare coverage in PY 2022
- Fallon's PY 2022 product changes do not impact the ConnectorCare program; Fallon will continue to participate with the same provider network and coverage area as PY 2021
- Staff continue to observe three regions of the state with only one carrier participating in ConnectorCare, causing access and equity concerns, and reinforces staff interest in adding additional carriers with adequate provider network access in those regions to the ConnectorCare program in future plan years
- The full design of the ConnectorCare program will be included in the Final SOA presentation to the Board in September following completion of Health Connector and DOI review, including premium rate review by DOI





Qualified Dental Plan (QDP) Submissions

Qualified Dental Plans: Overview

The proposed 2022 dental shelf is unchanged from 2021.

- Two existing carriers proposed to offer plans to the non-group market: Altus Dental and Delta Dental
- Four existing carriers proposed to offer plans to the small group market: Altus Dental, Blue Cross Blue Shield, Delta Dental and Guardian; however, BCBS and Guardian again requested to waive on-exchange sale
- There are no new carriers exits or entrants

Plan Year 22 (No change from PY 21)							
Carriers	Non-Group	Small Group	Intent to sell on exchange	High	Low	Pedi	Total
<i>Altus Dental</i>	✓	✓	✓	1	1	1	3
<i>Blue Cross Blue Shield of MA</i>		✓		1	1	2	4
<i>Delta Dental of MA</i>	✓	✓	✓	2	3	4	9
<i>Guardian</i>		✓		1	1	1	3
TOTAL				5	6	8	19



Next Steps and Vote

2022 Seal of Approval: Next Steps

The Conditional Seal of Approval is an important step in the process, but more data and analysis, particularly regarding premiums, is required before the 2022 product shelves are finalized.

- We will work closely with the Board throughout the summer to develop recommendations for final award of the Seal of Approval
 - Carriers must demonstrate compliance with all DOI requirements, including completion of premium rate review
 - Our final recommendation will be based on confirmation that all SOA plans offer good value to our consumers, meet ConnectorCare network adequacy standards in all proposed coverage areas, and carrier readiness to enter a contract with the Health Connector

VOTE

The Health Connector recommends allowing the 2022 Conditional Seal of Approval to enable consideration of all recommended standardized and non-standardized QHPs and QDPs proposed by the following carriers:

- AllWays Health Partners Inc
- Altus Dental
- Blue Cross Blue Shield of MA
- Boston Medical Center HealthNet Plan
- Delta Dental of MA
- Fallon Health
- Guardian
- Harvard Pilgrim Health Care
- Health New England
- Tufts Health Plan Direct
- Tufts Health Plan Premier
- UnitedHealthcare



Appendix 1: PY 2022 Standard Plan Designs

2022 Standard Qualified Health Plan Designs

Plan Feature/ Service		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>							
Annual Deductible – Combined		\$0	\$0	\$2,000	\$2,000	\$2,750	\$3,200
		\$0	\$0	\$4,000	\$4,000	\$5,500	\$6,400
Annual Deductible – Medical		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum		\$3,000	\$5,000	\$8,700	\$7,050	\$8,700	\$7,050
		\$6,000	\$10,000	\$17,400	\$14,100	\$17,400	\$14,100
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$25	\$25	Deductible then \$30	Deductible then \$35	Deductible then \$100
Specialist Office Visits		\$40	\$50	\$50	Deductible then \$60	Deductible then \$75	Deductible then \$150
Urgent Care		\$40	\$50	\$50	Deductible then \$60	Deductible then \$75	Deductible then \$150
Emergency Room		\$150	\$300	Deductible then \$300	Deductible then \$300	Deductible then \$750	Deductible then \$1,750
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	Deductible then \$750	Deductible then \$750	Deductible then \$1,200	Deductible then \$2,000
Skilled Nursing Facility		\$500	\$750	Deductible then \$750	Deductible then \$750	Deductible then \$1,200	Deductible then \$2,000
Durable Medical Equipment		20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	\$50	\$50	Deductible then \$60	Deductible then \$75	Deductible then \$150
Laboratory Outpatient and Professional Services		\$0	\$50	Deductible then \$45	Deductible then \$60	Deductible then \$75	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$75	Deductible then \$75	Deductible then \$100	Deductible then \$140
High-Cost Imaging		\$150	\$400	Deductible then \$375	Deductible then \$500	Deductible then \$800	Deductible then \$1,000
Outpatient Surgery: Ambulatory Surgery Center		\$250	\$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$10	\$25	\$25	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$50	\$50	Deductible then \$60	Deductible then \$100	Deductible then \$150
	Retail Tier 3	\$50	\$75	Deductible then \$75	Deductible then \$105	Deductible then \$150	Deductible then \$225
	Mail Tier 1	\$20	\$50	\$50	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$100	\$100	Deductible then \$120	Deductible then \$200	Deductible then \$300
	Mail Tier 3	\$150	\$225	Deductible then \$225	Deductible then \$315	Deductible then \$450	Deductible then \$675
Federal Actuarial Value Calculator		89.25 percent	81.40 percent	71.97 percent	68.85 percent	64.97 percent	64.96 percent

Bold indicates changes from 2021.

2022 Standard Qualified Dental Plan Designs

Plan Feature/ Service	Family High	Family Low	Pediatric-only
Plan Year Deductible	\$50/\$150	\$50/\$150	\$50
Deductible Applies to	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative
Plan Year Max (>=19 only)	\$1,250	\$750	N/A
Plan Year MOOP <19 Only	\$350 (1 child) \$700 (2+ children)	\$350 (1 child) \$700 (2+ children)	\$350 (1 child)
Preventive & Diagnostic Co-Insurance (In/out-of-Network)	0 percent/20 percent	0 percent/20 percent	0 percent/20 percent
Minor Restorative Co-Insurance (In/out-of-Network)	25 percent/45 percent	25 percent/45 percent	25 percent/45 percent
Major Restorative Co-Insurance (In/out-of-Network)	50 percent/70 percent	50 percent/70 percent No Major Restorative >=19	50 percent/70 percent
Medically Necessary Orthodontia, <19 only (In/out-of-Network)	50 percent/70 percent	50 percent/70 percent	50 percent/70 percent
Non-Medically Necessary Orthodontia, <19 only (In/out-of-Network)	N/A	N/A	N/A

Note: Standard QDP designs are unchanged from 2021.



Appendix 2:
PY 2021 ConnectorCare Map

2021 ConnectorCare Enrollee Contributions

Region A1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Tufts Direct	\$0	\$0	\$51	\$101	\$146
3	HNE	\$77	\$78	\$126	\$171	\$217

Region A2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$46	\$89	\$133
2	HNE	\$15	\$52	\$110	\$156	\$201

Region A3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	HNE	\$0	\$0	\$46	\$89	\$133

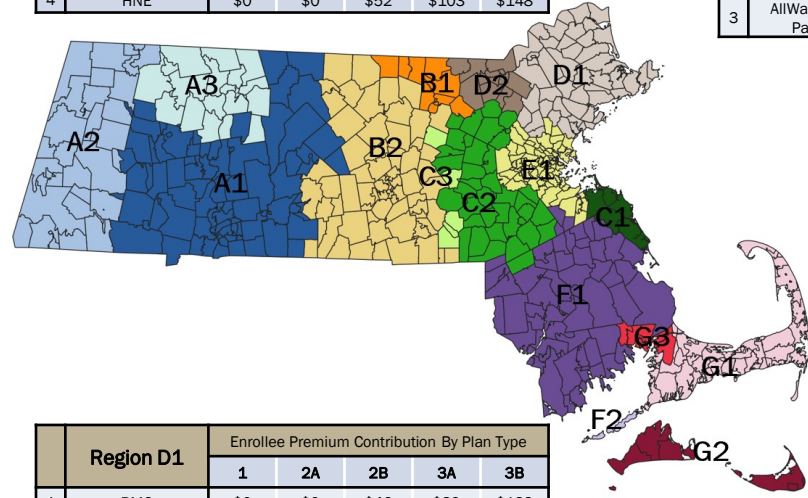
Region B1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Fallon	\$0	\$0	\$46	\$89	\$133
3	Tufts Direct	\$0	\$0	\$51	\$100	\$144
4	AllWays Health Partners	\$138	\$132	\$181	\$225	\$272

Region B2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	HNE	\$0	\$0	\$46	\$89	\$133
2	BMC	\$0	\$0	\$62	\$126	\$173
3	Fallon	\$0	\$0	\$62	\$126	\$174
4	Tufts Direct	\$26	\$57	\$105	\$148	\$194

Region C1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Tufts Direct	\$0	\$0	\$51	\$100	\$144
3	AllWays Health Partners	\$191	\$187	\$237	\$280	\$325

Region C2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Tufts Direct	\$0	\$0	\$51	\$100	\$144
3	Fallon	\$0	\$0	\$52	\$102	\$147
4	AllWays Health Partners	\$191	\$187	\$237	\$280	\$325

Region C3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Tufts Direct	\$0	\$0	\$51	\$100	\$144
3	Fallon	\$0	\$0	\$52	\$102	\$147
4	HNE	\$0	\$0	\$52	\$103	\$148



Region D1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Tufts Direct	\$0	\$0	\$50	\$99	\$144
3	AllWays Health Partners	\$162	\$163	\$213	\$257	\$303

Region D2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Tufts Direct	\$0	\$0	\$50	\$99	\$144
3	AllWays Health Partners	\$162	\$163	\$213	\$257	\$303
4	Fallon	\$210	\$210	\$262	\$305	\$352

Region E1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Tufts Direct	\$0	\$0	\$51	\$100	\$145
3	AllWays Health Partners	\$220	\$221	\$272	\$315	\$359

Region F1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$46	\$89	\$133
2	Tufts Direct	\$0	\$0	\$51	\$100	\$145
3	AllWays Health Partners	\$208	\$206	\$257	\$302	\$350

Region F2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	AllWays Health Partners	\$0	\$0	\$46	\$89	\$133

Region G1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$46	\$89	\$133
2	BMC	\$0	\$0	\$55	\$109	\$155

Region G2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	AllWays Health Partners	\$0	\$0	\$46	\$89	\$133

Region G3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$46	\$89	\$133
2	BMC	\$0	\$0	\$55	\$109	\$155
3	AllWays Health Partners	\$243	\$256	\$314	\$359	\$404