



*The Commonwealth of Massachusetts*  
*Commonwealth Health Insurance Connector Authority*  
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*Boston, MA 02108*

MAURA T. HEALEY  
Governor

KATHLEEN E. WALSH  
Board Chair

KIMBERLY DRISCOLL  
Lieutenant Governor

AUDREY MORSE GASTEIER  
Executive Director

**Board of the Commonwealth Health Insurance Connector Authority**  
**Minutes**

Thursday, November 9, 2023  
9:00 AM to 10:30 AM

Live Stream

<https://www.youtube.com/user/TheMAHealthConnector>

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**Attendees:** Audrey Gasteier, Secretary Kate Walsh, Nancy Turnbull, Eric Gulko, Matthew Veno, Bela Gorman, Kevin Beagan (who was sitting by designation on behalf of the Commissioner of the Division of Insurance, Gary Anderson), Martha Kwasnik (who was sitting by designation on behalf of Secretary of Administration and Finance Matthew Gorzkowicz), Michael Chernew, Filaine Deronnette

The meeting was called to order at 9:01AM. Before beginning the official agenda of the meeting, Secretary Walsh welcomed Bela Gorman to the Health Connector Board of Directors. Ms. Gorman thanked the Secretary and shared her excitement to join the Board of Directors.

- I. **Minutes:** The minutes of the meeting on September 14<sup>th</sup> were approved by roll call vote.
- II. **Executive Director's Report:** Ms. Gasteier welcomed everyone to the first Board meeting during this year's Open Enrollment (OE) period. She also introduced and extended her welcome to Ms. Gorman—the newest Board member and actuary representative appointed by Governor Healey. Ms. Gasteier gave an overview of the meeting agenda which included a final vote on regulations for the two-year pilot expansion of the ConnectorCare program. She noted that the ConnectorCare program expansion was the focus of the OE period that began on November 1<sup>st</sup> and shared gratitude for Governor Healey's remarks at the Health Policy Commission Cost Trends Hearing.

Ms. Gasteier stated that another major policy change for OE was the inclusion of all eight on-Marketplace carriers in the ConnectorCare program for the first time ever and simultaneous the pilot expansion of income eligibility for ConnectorCare, allowing more members more ways to lower their health care costs and to have more plan options. Additionally, she described the OE period as the most important one in a decade as the MassHealth redetermination process continues and thousands of people are transitioning from MassHealth to Health Connector coverage. She described the start to OE as successful as some staff worked on preparing the website and system for shoppers and others participated in an OE kickoff event in East Boston. Ms. Gasteier noted that they have seen increased enrollment activity of members, and that staff would continue to provide updates throughout the OE period. Ms. Gasteier then mentioned that there would be presentations

given by representatives from partner agencies—MassHealth and the Division of Insurance (DOI). She shared that a joint press conference with MassHealth, and Health Care For All had recently taken place at the State House with the participation and attendance of legislators, community-based organizations and canvassers that have been committed to raising awareness on the redetermination process. She highlighted those canvassers had knocked on 424,000 doors across the Commonwealth and had had live conversations with over 116,000 individuals. Over 50,000 people have transitioned into Health Connector plans after losing MassHealth and Ms. Gasteier stated she expects things to get busier through the OE period.

Ms. Gasteier briefly gave background information on Kevin Beagan, Deputy Commissioner of the Division of Insurance, and his presentation about the DOI's rate review process. Lastly, she thanked DOI and MassHealth representatives for joining the meeting, the Board for their continued support and engagement, and the Health Connector staff for their dedication.

At this time, using the ZOOM chat function, Mr. Veno apologized for joining the meeting a few minutes late.

- III. ConnectorCare Expansion Regulations (VOTE):** The presentation “Finalization of Emergency Amendments to Connector Program Regulations (VOTE)” was presented by Andrew Egan. Mr. Egan began by giving a recap of the August meeting where Board members voted on emergency amendments to the Connector program regulations to expand eligibility from 300 percent to 500 percent of the federal poverty level for the ConnectorCare pilot program. Mr. Egan walked through the emergency regulation amendment process followed by the Health Connector to finalize program regulations. One of the steps included holding a public hearing in which there were no written comments submitted nor were there members of the public in attendance. Due to the absence of comments, Mr. Egan recommended no additional changes to be made to the regulations at 956 CMR 12.00 and requested a vote from the Board.

Without further questions or comments, the Board voted unanimously and finalized the emergency amendment of the regulations at 956 CMR 12.00 without additional changes.

- IV. Addition of Nancy Turnbull and Bela Gorman to the Health Connector Board ANF Subcommittee and Appointment of Nancy Turnbull as Chair of the Subcommittee (VOTE):** Secretary Walsh introduced the next agenda item which included a vote to add Nancy Turnbull and Bela Gorman to the Health Connector's ANF Subcommittee and appoint Ms. Turnbull as the chair of the subcommittee. Secretary Walsh explained that the ANF subcommittee is responsible for the fiscal and administrative management of the Health Connector and thanked Ms. Turnbull and Ms. Gorman for their leadership.

Without further questions or comments, the Board voted unanimously to add Ms. Turnbull and Ms. Gorman to the Health Connector Board ANF Subcommittee and appoint Ms. Turnbull as the chair of the subcommittee.

- V. Update on MassHealth Redeterminations and Enrollment Transitions:** The presentation “Update on MassHealth Redeterminations and Enrollment Transitions to the Health Connector” was presented by Patricia Grant, Jason Lefferts, Marissa Woltman, and Elizabeth Denniston—MassHealth Chief of Staff. Ms. Woltmann began the presentation by sharing that the Health Connector continues to see steady growth in membership consistent with enrollment forecasts. She stated that staff are focused on about 60,000 individuals who are eligible for 2024 coverage once their MassHealth coverage ends.

Ms. Denniston then introduced an update from MassHealth which was about 6 months into the redetermination process. Since April, Ms. Denniston shared that their caseload, which began at about 2.4 million members, had decreased by about 76,000 members. Specifically in September, Ms. Denniston stated that nearly 48,000 members left MassHealth and that prior to the COVID-19 public health emergency, about 52,000 members left MassHealth coverage on a monthly basis. Ms. Denniston reiterated MassHealth's goals of keeping eligible individuals covered and preventing loss of coverage due to administrative reasons.

Ms. Denniston then explained autorenewals, with the use of national databases, as one of the ways MassHealth is making sure eligible members remain enrolled in coverage. She stated that MassHealth had pursued flexibility from the federal government to make additional enhancements to its systems and automatically renew more members. Ms. Denniston shared that MassHealth had achieved an autorenewal rate of about 75 percent for individuals under the age of 65 who were not protected under the public health emergency. For individuals under the age of 65 and whose coverage was protected, the autorenewal rate was below 10 percent.

In terms of outreach efforts, Ms. Denniston shared that through the partnership with the Health Connector and Health Care For All, canvassers had reached nearly 400,000 doors since April 2023 and held 1,100 events in the 15 communities with the most members at risk of losing coverage. She mentioned that MassHealth was also leveraging health plans and was close to completing an outreach media campaign with Archipelago Strategies Group (ASG) to reach communities of diverse backgrounds. In conclusion, Ms. Denniston reminded everyone of the key blue and white envelopes being mailed out from MassHealth and encouraged the audience to continue to raise awareness of the redetermination process.

Secretary Walsh noted the enormous effort and partnership of MassHealth, the Health Connector, and Health Care For All. In response to Secretary Walsh's request for information about the MassHealth call center, Ms. Denniston stated that the call volume continues to grow but the wait times remain very low and below the national benchmark. She added that the process is going as well as it can.

Ms. Turnbull thanked Ms. Denniston for the briefing and in response to her question about the forecast of people who may be uninsured, Ms. Denniston stated that MassHealth will work with partner agencies to track the uninsured rate. She noted that they have seen an increase in members who are transitioning from MassHealth to the Health Connector and are also tracking the number of people returning to MassHealth. Mr. Beagan stated that the DOI has been tracking membership since pre-pandemic and while they have not seen trends of coverage decreasing, he stated that the DOI will need to continue to track data. He also mentioned that as public coverage decreases, commercial coverage increases and that the DOI had received very little complaint about the redetermination process.

In response to a question from Ms. Turnbull regarding contracts with its Accountable Care Organizations (ACOs) program, Ms. Denniston stated that it was a smooth transition and ACOs have been engaged in their redetermination outreach efforts. Secretary Walsh shared that she believed that the programs' interest, patients' interest, and the plans' interests were very aligned.

Mr. Gulko shared that there have been many individuals coming off MassHealth coverage and enrolling in employer-sponsored insurance. In response to a question from Ms. Deronnette regarding language media public relations, Ms. Denniston stated that there had been good engagement from the non-English speaking communities and data could be found on the public facing dashboard. Mr. Veno shared that the Group Insurance Commission (GIC) may have insight into the number of state employees transitioning from MassHealth to the GIC.

Ms. Denniston circled back to Mr. Beagan's comment regarding transitions to commercial coverage, which Secretary Walsh expressed her concerns about. Ms. Gasteier shared that the Health Connector is considering value-based designs for Health Connector for Business.

Ms. Woltmann then presented the Health Connector enrollment trends stating that over 50,000 individuals had moved from MassHealth to Health Connector coverage since the start of the redetermination process, contributing to an enrollment growth of nearly 25 percent. She then presented some of the observations of enrollment data among sub-populations; staff found that subsidies matter, enrollment assisters are effectively helping with transitions, and that outreach is effective. She added that the Health Connector was also looking at other state-based Marketplaces and had found that Massachusetts is performing well with the caveat that there are differences in eligibility processes and data approaches.

In response to a question from Ms. Turnbull regarding consumers who are not eligible for Qualified Health Plans (QHPs), Ms. Woltmann explained that those who turned 65 during the pandemic and qualified for Medicare did not qualify to enroll in a QHP. Ms. Denniston added that they over indexed towards the turning 65 population. Mr. Gulko asked if the data would stabilize towards the end of the year to which Ms. Woltmann responded that the expectation is that there will be a lot of movement within QHP eligibility across states and that data may stabilize soon. In response to a question from Ms. Turnbull about forecasted data, Ms. Woltmann shared that staff predicted the number of individuals that would transition from MassHealth to the Health Connector.

Mr. Lefferts then presented updates on communications and outreach sharing that the Health Connector continues to meet the volumes of communications necessary to reach newly eligible people. He stated that direct outreach to people had occurred through various channels such as text, email, mail, and calls which have all had high contact rates. Mr. Lefferts then shared the statewide activities in communities focused on redetermination and overlapping with information on Open Enrollment. He added that there was an advanced sellout (490 registrants) of an Open Enrollment webinar recently held.

In response to a question from Dr. Chernew regarding outreach to providers, Mr. Lefferts stated that materials had been made available to providers, specifically community health centers. Ms. Denniston added that MassHealth had also leveraged community health centers as well as pharmacies. Dr. Chernew iterated a particular interest from providers to ensure patients do not have a lapse in coverage. Mr. Lefferts shared that the Health Connector, along with Health Care For All and community organizations, held its ninth press conference at the State House. Lastly, he noted that the Health Connector will continue to discuss paid media as well as earned media.

Regarding the Health Connector's contact center, Ms. Grant stated that incoming calls had increased and service levels had slightly decreased since the prior month, however the abandonment rate was under 2 percent. Despite the decrease in service levels, Ms. Grant noted that service levels were trending upward, and that staffing continued to be a top priority.

Ms. Grant then shared an overview of the outbound call campaigns performed by Maximus—the second contact center vendor. Maximus spoke to or left a voicemail for over 200,000 individuals equivalent to about 70 percent of the contacts provided to them. Lastly, Ms. Grant shared that Maximus assisted with back-office document processing during busy contact center intervals. Ms. Turnbull thanked Ms. Grant and colleagues for the work being done.

In conclusion, Ms. Woltmann shared that staff would return to the Board with more information on Open Enrollment and enrollment trends in the broader market. Secretary Walsh thanked the team and introduced the following agenda item.

Using the ZOOM chat function, Ms. Denniston thanked everyone for having her at the Board meeting.

**VI. Division of Insurance Rate Filing Process Overview:** The presentation “Merged Market Process to Review Health Rate Filings” was presented by Kevin Beagan. Mr. Beagan began by introducing himself and the mission of the Division of Insurance (DOI). Mr. Beagan stated that it is necessary for the DOI to make sure they understand the companies in the market and the financial and administrative resources needed to operate as well as protect the interests of consumers.

Mr. Beagan explained what a merged market is and shared that merged market health filings have been reviewed since 2010. He noted that a small advisory group convened to discuss how rate filings could be approached differently and made changes so that beginning in calendar year 2024, carrier rate filings are reviewed annually rather than quarterly. Additionally, he shared that to improve the transparency of the process, carriers are now required to submit a standardized rate filing summary that is made available to the public. Mr. Beagan explained the remainder of the carrier rate filings review timeline.

Mr. Beagan then walked through the multiple steps of the process of merged market health rate increases and the role of the DOI. Specifically, he explained that if the final rates proposed by a company do not meet DOI standards, the filing will be disapproved, and carriers can request a hearing. He reiterated that the DOI has the authority to disapprove rates, but not to modify a rate filing. He explained the standards for the DOI to presumptively disapprove rates and the steps to follow if a disapproval does occur, which can lead to disruption in individuals’ and small groups’ understanding of the rates and products that will be available in the market. Mr. Beagan shared that in April 2010, the DOI disapproved all rates increasing by more than 7.7 percent and in January 2021, they disapproved AllWays Health Partners’ rate increase that was over 12 percent.

In response to a question from Dr. Chernew regarding comparisons of assumptions, Mr. Beagan confirmed that DOI does look at all the carriers’ assumptions and meets with independent actuaries weekly to compare what they’re seeing in the filings. Dr. Chernew asked a clarifying question regarding the public display of assumptions, and Mr. Beagan stated that the new DOI website includes a public information section with projected drivers of rate changes for each company.

Mr. Beagan walked through the process of carrier filings for calendar year 2024, which included an average of 3.6 rate increase. The final rates increased by an average of 3.24 percent upon the completion of DOI’s review.

Ms. Turnbull thanked Mr. Beagan for the presentation and expressed interest in hearing about other tools or authorities that would be beneficial to DOI. Mr. Beagan explained that the authority to modify rates would give the DOI more power and that the overarching concern is always affordability in addition to the adequacy of rates.

At this time, using the ZOOM chat function, Dr. Chernew noted that he would need to leave the meeting promptly at 10:30 AM.

Mr. Veno thanked Mr. Beagan, noted the increased transparency of the process, and asked him to discuss more in depth the details of the public information sessions. Mr. Beagan stated that the DOI is working on improving the level of information available on its website but despite the publications, the public information sessions were not well attended.

In response to a question from Secretary Walsh regarding plan designs and filing of legislation, Mr. Beagan stated that the DOI reviews every product that is filed to make sure they meet every mandated benefit. He added that the DOI reviews deductibles and cost sharing and consults with Health Connector staff to ensure that there is consistency with standard guidelines. Mr. Beagan iterated that the more awareness of products and their availability to the consumers, the more carriers may be willing to consider more affordable products.

At this time, using the ZOOM chat function, Dr. Chernew stated that the core affordability issue stems from provider behavior (prices/use) which is outside of DOI authority.

Ms. Gasteier clarified that the Health Connector does not invent cost sharing levels that come from the Affordable Care Act and metal tiers and iterated that the Health Connector has worked hard to keep deductible limits down.

Mr. Gulko appreciated the DOI's willingness to consider affordability as part of the overall process, but also recognized that they have somewhat limited ability to protect affordability. Mr. Beagan agreed with Mr. Gulko and mentioned that the DOI pushes back on the rate negotiations, but also recognized that there is more that can be done by the Health Policy Commission and the DOI. In response to a question from Mr. Gulko about the expected rates in 2024, Mr. Beagan confirmed that those are the expected rates for the following calendar year unless something dire happens.

Ms. Turnbull shared her experience and mentioned that there are a number of ways in which the oversight authority the DOI has could be strengthened. Secretary Walsh asked for clarification to which Ms. Turnbull stated that there should be more thought about the additional tools needed to address affordability and accessibility. She also expressed excitement at having Ms. Gorman on the Board offering a national perspective. In response to Ms. Turnbull's comment, Mr. Beagan noted that not all companies are in the same financial situation, and this is something to consider.

Secretary Walsh thanked Mr. Beagan for the in-depth review of the DOI rate filling process.

With no further agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:37 AM.

Secretary Walsh welcomed Ms. Gorman and Ms. Gasteier thanked everyone for the discussion and continued support.

Respectfully submitted,

Nuryelis Herrera