

Health Care Sharing Ministries Reporting to the Massachusetts Health Connector in 2020 & 2021:

A summary of information reported to the Health Connector by health arrangements provided by an established religious organization seeking minimum creditable coverage status for 2020 and 2021

Massachusetts Health Connector

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Executive Summary

As part of its 2006 health care reforms, Massachusetts began requiring adults to have health insurance that meets certain standards or else face a tax penalty. The Massachusetts Health Connector's Board of Directors is responsible for setting the standards for the types of coverage that may satisfy this requirement and issued regulations in 2007 outlining what constitutes Minimum Creditable Coverage (MCC). In addition to enrolling in health insurance products, these regulations allowed an individual to satisfy their coverage requirements by participating in a health arrangement provided by an established religious organization. In 2019, the Health Connector updated its MCC regulations to set certain standards for which kinds of such health arrangements, commonly known as health care sharing ministries, or HCSMs, can be used to satisfy the MCC requirement, based on increasing reports of confusion among state residents around how these products compare to traditional health insurance.

The updated MCC regulations went into effect in January 2020. Under the amended regulations, a HCSM is deemed to provide minimum creditable coverage under 956 CMR 5.00 provided that the organization meets certain standards and attests to the Health Connector for each MCC Reporting Year that the arrangement meets those standards, specifically that it:

- is not a for-profit organization;
- does not make any direct or indirect representation that the organization has sufficient financing to meet members' anticipated financial or medical needs or that it has had a successful history of meeting members' financial or medical needs, provided that this requirement shall not apply to any financial statement that the organization is otherwise required to disclose by law;
- does not use compensated sales agents, sales tactics, or deceptive marketing practices to solicit or enroll members, including that it does not use common insurance terms, such as "health plan," "coverage," "copay," "copayment," "deductible," "premium," and "open enrollment," or refer to itself as "licensed" in advertisements, marketing material, brochures, or other materials related to the arrangement;
- does not use funds paid by members for medical needs to cover administrative costs;
- provides disclosure that the organization is not an insurance company and does not guarantee that medical bills will be paid by the organization or any other individuals; such disclosure must be made at initial contact with a prospective member, at the time of any material modification to the terms of the sharing arrangement, and in all advertising, brochures, and marketing materials;
- reports annually to the Health Connector any information about membership, operations, and finances as the Health Connector may require; and
- meets such other criteria that the Connector may deem appropriate to ensure that individuals participating in such arrangements participate only in those operating in a manner consistent with the requirements described in 956 CMR 5.03(3)(d) 1. through 6.¹

¹ To date, the Health Connector has not used this provision to identify any additional criteria that HCSMs must meet.

A complete and timely response to the Health Connector’s reporting form satisfies one of the standards necessary to be a health care sharing ministry deemed to provide MCC. The purpose of the reporting requirement is for the Health Connector, interested stakeholders, and the public to learn about the HCSMs operating in Massachusetts that would like to be deemed to provide MCC.

For the first year of required reporting, which was 2020, the Health Connector posted the reporting form on its website in May and accepted submissions through July 31 to allow for flexibility in the first year of the new requirement. For reporting year 2021 and beyond, HCSMs must submit their reporting form to the Health Connector by March 31 of that year. The Health Connector received seven MCC reporting form submissions from HCSMs in 2020 and six submissions in 2021. In 2021, two HCSMs from 2020 did not re-submit reporting forms and one new HCSM made a submission.

Table 1 summarizes key highlights from reporting form responses in 2020 and 2021, including information learned about the reporting HCSMs’ membership, operations, and finances. Each MCC reporting year is based on data from the previous calendar year (CY). For example, 2020 reporting forms reflect information from CY 2019 (January 2019-December 2019) and 2021 reporting forms reflect information from CY 2020 (January 2020-December 2020).

Table 1: Summary of Reporting Form Responses (2020 & 2021)

	2020	2021
Membership	<ul style="list-style-type: none"> • 7 HCSMs with at least 2,467 total MA members reported to the Health Connector.² • Medi-Share (793), OneShare (572), and Christian Healthcare Ministries (521) had the greatest number of MA members. • 3 HCSMs reported involvement with MA small businesses and their employees. 	<ul style="list-style-type: none"> • 6 HCSMs with 2,170 total MA members reported to the Health Connector. • Samaritan (669), Christian Healthcare Ministries (522), and Liberty (455) had the greatest number of MA members.³ • 2 HCSMs reported involvement with MA small businesses and their employees.

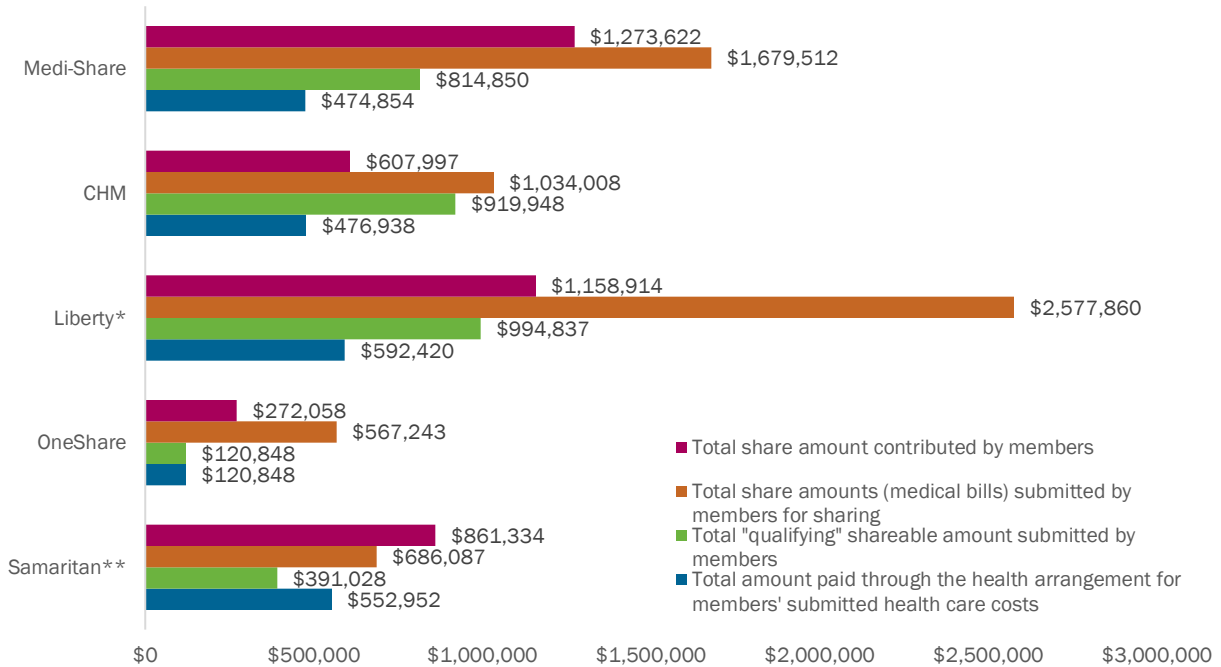
² In 2020, some HCSMs reported membership at the household level resulting in underreported membership for 2020. In 2021, Health Connector staff changed the question about membership on the reporting form to clarify that HCSMs should report membership by individual member level data (not just household level).

³ The change in the top 3 HCSMs with the greatest MA membership from 2020 to 2021 is due to the inconsistencies in how HCSMs reported member data in 2020 (some reported by household instead of actual members).

Operations	<ul style="list-style-type: none"> • 6 out of the 7 HCSMs reported charging members extra fees or said they issued penalties in certain circumstances, most of which were tied to “violations of lifestyle agreements” or pre-existing conditions. • 5 out of 7 HCSMs used third party vendors. • All HCSMs operated in either all or nearly all states. • 5 out of 7 HCSMs reported engaging in some type of provider contracting. 	<ul style="list-style-type: none"> • 4 out of the 6 HCSMs reported charging members extra fees or said they issued penalties in certain circumstances, most of which were tied to “violations of lifestyle agreements” or pre-existing conditions. • 4 out of 6 HCSMs used third party vendors. • All HCSMs operated in either all or nearly all states. • 4 out of 6 HCSMs reported engaging in some type of provider contracting.
Finances	<ul style="list-style-type: none"> • On average, members paid their HCSM about 1.8 times the amount that the HCSM paid out for members’ health care bills. • Health care costs paid for through the HCSM as a percentage of member contributions ranged from 16% to 79%. • On average, about 50% of medical bills submitted by HCSM members were determined to be eligible for sharing. • All HCSMs charged their members an administrative fee; however, the fee structures and amounts varied. • Most HCSMs reported that individuals and/or the arrangement negotiate members’ medical bills and some used a third-party for negotiations. 	<ul style="list-style-type: none"> • On average, members paid their HCSM about 1.4 times the amount that the HCSM paid out for members’ health care bills. • Health care costs paid for through the HCSM as a percentage of member contributions ranged from 28% to 100%. • On average, about 50% of medical bills submitted by HCSM members were determined to be eligible for sharing. • All HCSMs charged their members an administrative fee; however, the fee structures and amounts varied. • Most HCSMs reported that individuals and/or the arrangement negotiate members’ medical bills and some used a third-party for negotiations.

The following two charts further summarize the financial data submitted by HCSMs in 2020 and 2021. HCSMs reported information about total contributions paid by members to the HCSM, total medical bills submitted by members for sharing, total amount of medical bills that qualified for sharing, and the total amount paid through the HCSM for members’ health care costs.

Figure 1. Total Contributions Paid by Members to HCSM, Total Medical Bills Submitted by Members for Sharing, Total Qualifying Medical Bills, and Total Amount Paid Through the HCSM for Care (Reporting Year 2020)⁴

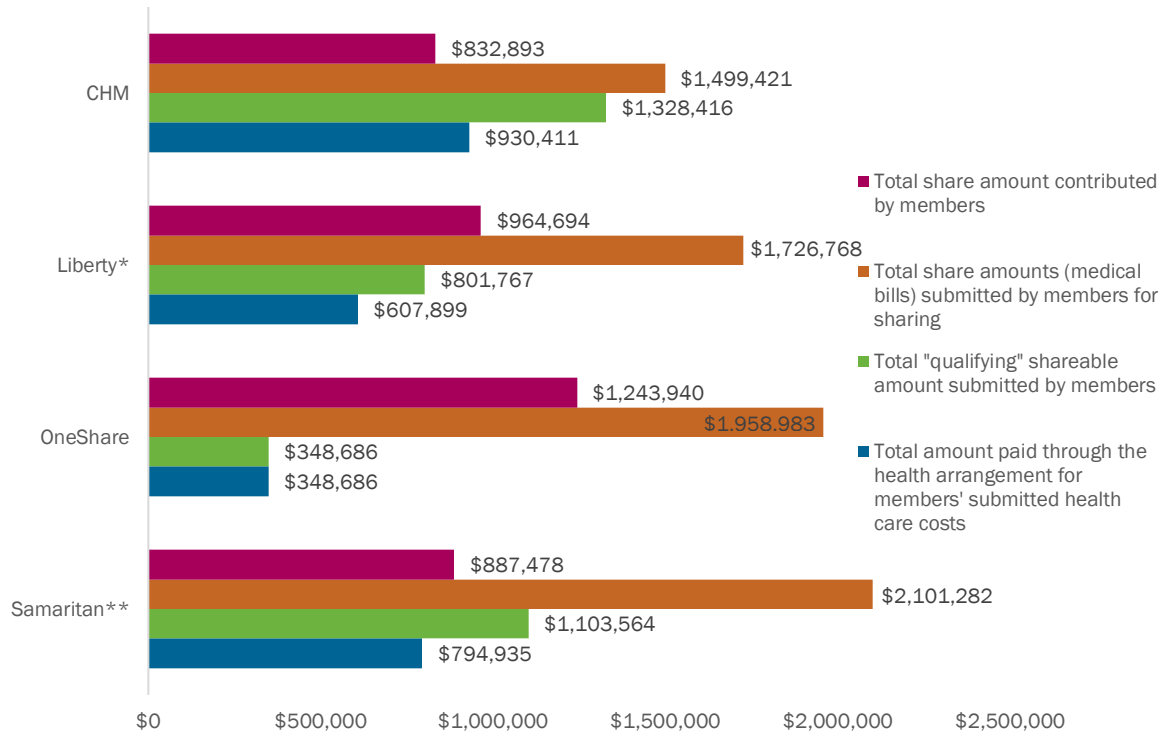


*In 2020 and 2021, Liberty noted that the total amount submitted to the health arrangement for sharing includes "total charges submitted" which may include items such as duplicate bills and does not take into account certain factors such as deductions for discounts.

**In 2020, Samaritan noted that shares received in one year would be for bills submitted in both the previous and current year; the "qualifying" shareable amount listed above includes provider reductions.

⁴ Some HCSMs were left out of Figure 1 for various reasons: Solidarity does not track state level data and does not collect data on total share amounts submitted for sharing. CMM reported <50 members making it difficult to make a comparison to other arrangements.

Figure 2. Total Contributions Paid by Members to HCSM, Total Medical Bills Submitted by Members for Sharing, Total Qualifying Medical Bills, and Total Amount Paid Through the HCSM for Care (Reporting Year 2021)⁵



*In 2020 and 2021, Liberty noted that the total amount submitted to the health arrangement for sharing includes "total charges submitted" which may include items such as duplicate bills and does not take into account certain factors such as deductions for discounts.

**In 2020, Samaritan noted that shares received in one year would be for bills submitted in both the previous and current year; the "qualifying" shareable amount listed above includes provider reductions.

This report on 2019 and 2020 information collected by HCSMs seeking MCC status is designed to help inform consideration of whether additional adjustments are appropriate as it relates to the evolving health care sharing ministries landscape and the state's ongoing individual mandate policy framework.

⁵ Some HCSMs were left out of Figure 2 for various reasons: Solidarity does not track state level data and does not collect data on total share amounts submitted for sharing. Zion Health reported \$0 for all fields aside from total shares contributed by the member and only has 7 total members.

1.0: Background

1.1: Minimum Creditable Coverage (MCC)

As part of Chapter 58 reforms, Massachusetts law requires adult residents to have health insurance that meets the state's Minimum Creditable Coverage (MCC) standards or potentially face an individual mandate penalty. MCC has a wide reach, with over 4 million Massachusetts residents subject to MCC standards. While state law defines MCC at a high level, it authorizes the Health Connector's Board of Directors to promulgate regulations further detailing creditable coverage.⁶ The Health Connector first promulgated regulations on MCC in 2007 to define the minimum standards a health plan must meet for Massachusetts residents to comply with the requirement to obtain and maintain coverage under the Commonwealth's individual mandate law.

Minimum creditable coverage refers to the minimum level of benefits that adult tax filers need to carry in order to be considered insured and avoid tax penalties in Massachusetts. For most plans, MCC standards include⁷:

- Coverage for a comprehensive set of services (e.g. doctors' visits, hospital admissions, day surgery, emergency services, mental health and substance abuse, and prescription drug coverage)
- Doctor visits for preventive care, without a deductible
- A cap on annual deductibles
- For plans with up-front deductibles or co-insurance on core services, an annual maximum on out-of-pocket spending
- No caps on total benefits for a particular illness or for a single year
- No policy that covers only a fixed dollar amount per day or stay in the hospital, with the patient responsible for all other charges

Most plans sold in Massachusetts meet the MCC standards. Massachusetts-licensed health insurance companies must put an MCC-compliance notice on their plans sold in Massachusetts to indicate whether the plan meets MCC. Every year in January, insurers send Form MA 1099-HC to their enrollees to indicate whether a given insurance policy from the prior year met MCC requirements and the months in which an enrollee was covered by that policy. Taxpayers then use Form 1099-HC when filing their state income taxes. However, there are different pathways to MCC compliance. Employers, unions, plan sponsors, and insurers can apply for MCC Certification if they have a comprehensive plan that does not meet all specific MCC requirements but have a robust plan design overall. However, there are restrictions on certain deviations from MCC standards and applicants must explain the ways in which they do not meet all MCC requirements.⁸ In addition, MCC regulations automatically deem some categories of coverage to provide MCC such as a plan through the U.S. Veterans Administration Health

⁶ M.G.L. ch. 111M § 1; M.G.L. ch. 176Q § 3.

⁷ Please see the most recent administrative bulletin, found at <https://betterhealthconnector.com/about/policy-center/rules-regulations>, regarding Minimum Creditable Coverage Regulations for all annually indexed limits

⁸ MCC Certification application can be found here: <https://betterhealthconnector.com/about/policy-center/rules-regulations/massachusetts-individual-mandate>

System, TRICARE, a tribal or Indian Health Service plan, and many others.⁹

This “automatic” or “categorical” compliance pathway outlined in MCC regulations is how health arrangements provided by established religious organizations, such as HCSMs, are deemed to provide MCC. From the time that MCC regulations were first promulgated in 2007 until amendments were made in 2019, MCC regulations stated that any “health arrangement provided by established religious organizations comprised of individuals with sincerely held beliefs” is deemed to meet MCC. The regulations did not clearly define the standards that such “health arrangements” must meet prior to amendments in 2019.

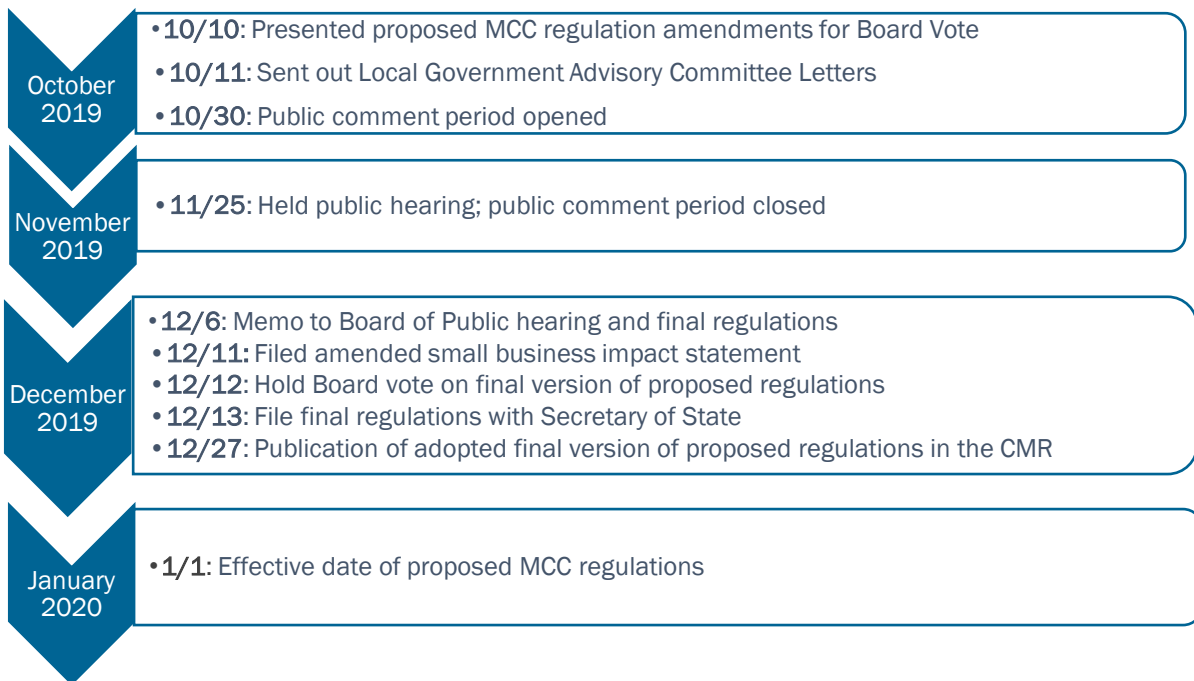
1.2: MCC Regulation Amendments in 2019

The MCC regulations have been amended several times since their initial enactment, including updates in 2013 to reflect changes in the health insurance landscape brought by implementation of the federal Affordable Care Act (ACA). At that time, Massachusetts chose to maintain its state level individual mandate in large part to maintain the MCC standards, which in addition to providing a minimum “coverage floor” for individual mandate compliance also promote basic consumer protections for Massachusetts residents. Today, MCC standards are especially important in offering a framework for acceptable coverage in Massachusetts because, as of 2019, the federal individual mandate penalty was reduced to \$0, rendering the ACA standards for creditable coverage ineffectual.

After implementation of the ACA, Health Connector staff identified several areas of the regulations that would benefit from amendment to better align with market dynamics and current Health Connector practice. Specifically, in October 2019, staff recommended opening a public comment period to receive feedback on three proposed modifications to the regulations: reinstatement of indexing to deductibles, clarification of standards used to define health arrangements provided by established religious organizations, and technical and organizational updates. After receiving, reviewing, and considering written and oral comments from stakeholders about the proposed MCC regulation amendments, Health Connector staff revised the proposed MCC regulation amendments and brought the final amendments to the Health Connector Board in December 2019. The Health Connector Board voted to approve the final version of the proposed MCC regulations on December 12, 2019 and the adopted final version of the regulations went into effect on January 1, 2020. Final MCC regulations can be viewed at: <https://betterhealthconnector.com/wp-content/uploads/rules-and-regulations/956CMR5.00.pdf>.

⁹ See full list of coverage deemed to provide MCC and more information about MCC at: <https://betterhealthconnector.com/about/policy-center/rules-regulations/massachusetts-individual-mandate>

Figure 3: MCC Regulation Amendment Timeline



While the 2019 proposed and finalized MCC regulation amendments addressed many important issues, this report is only focused on MCC amendments impacting health arrangements provided by established religious organizations.

“Health arrangements provided by established religious organizations” that satisfy MCC have typically been “health care sharing ministries” (HCSMs), though other arrangements might also satisfy that definition. Since ACA implementation began, there has been a nationwide increase in the number of HCSMs and the number of people who join them. Estimates indicate HCSM participation has grown since passage of the ACA from fewer than 200,000 enrollees before 2010 to about 1 million today.¹⁰

This increased prevalence has led state regulators to be more vigilant in their review of such organizations.¹¹ In addition, the National Association of Insurance Commissioners and at least 15 states, including Massachusetts, issued alerts about the risks posed to consumers by HCSMs.¹² In

¹⁰ Volk, J., Curran, E., Giovannelli, J. (2018). Health Care Sharing Ministries: What Are the Risks to Consumers and Insurance Markets? The Commonwealth Fund. Retrieved from: <https://www.commonwealthfund.org/publications/fund-reports/2018/aug/health-care-sharing-ministries#14>

¹¹ For example, Colorado, Connecticut, New Hampshire, Texas, and Washington have taken legal action against one health care sharing ministry, Alera, for allegedly engaging in fraudulent activity and deceptive marketing practices; Volk, J., Giovannelli, J., Goe, C. (2020). States Take Action on Health Care Sharing Ministries, But More Could Be Done to Protect Consumers. The Commonwealth Fund. Retrieved from: <https://www.commonwealthfund.org/blog/2020/states-take-action-health-care-sharing-ministries-more-could-be-done-protect-consumers>

¹² Volk, J., Giovannelli, J., Goe, C. (2020). States Take Action on Health Care Sharing Ministries, But More Could Be Done to Protect Consumers. The Commonwealth Fund. Retrieved from: <https://www.commonwealthfund.org/blog/2020/states-take-action-health-care-sharing-ministries-more-could-be-done-protect-consumers>

June 2019, Massachusetts's Division of Insurance (DOI) advised consumers that Alera, an organization marketing itself as a HCSM, was potentially operating illegally in the state. In August 2019, the Health Connector opened a Special Enrollment Period (SEP) available for Massachusetts residents who are or were at any point in 2019 members of an Alera arrangement. In addition, a health care sharing ministry called Sharity Ministries Inc. (formerly known as Trinity Health Share Inc., an arrangement affiliated with Alera) filed for Chapter 11 Bankruptcy and ceased operations in July 2021.¹³

In order to address the changing landscape of HCSMs in the U.S. and across the Commonwealth, Health Connector staff proposed to maintain language in the MCC regulations that permits certain health arrangements to meet MCC, while specifying the criteria that are used to identify a bona fide health arrangement provided by established religious organizations. Health Connector staff took this approach in order to preserve the intent of the MCC language while accounting for current market conditions.

The MCC regulation amendments approved by the Health Connector Board clarify that an individual may meet their health coverage requirements by participating in one of these "health arrangements" if the arrangement:

- 1) Is not-for-profit;
- 2) does not make any direct or indirect representation that the organization has sufficient financing to meet members' anticipated financial or medical needs or that it has had a successful history of meeting members' financial or medical needs, provided that this requirement shall not apply to any financial statement that the organization is otherwise required to disclose by law;
- 3) does not use compensated sales agents, sales tactics, or deceptive marketing practices to solicit or enroll members, including that it does not use common insurance terms, such as "health plan," "coverage," "copay," "copayment," "deductible," "premium," and "open enrollment," or refer to itself as "licensed" in advertisements, marketing material, brochures, or other materials related to the arrangement;
- 4) does not use funds paid by members for medical needs to cover administrative costs;
- 5) provides disclosure that the organization is not an insurance company and does not guarantee that medical bills will be paid by the organization or any other individuals; such disclosure must be made at initial contact with a prospective member, at the time of any material modification to the terms of the sharing arrangement, and in all advertising, brochures, and marketing materials;
- 6) reports annually to the Health Connector any information about membership, operations, and finances as the Health Connector may require; and

¹³ Sharity (formerly Trinity Healthshare Inc.) is affiliated with Alera. However, Alera is not part of the bankruptcy; Mot. To Authorize the Subchapter V Trustee to Investigate the Debtor's Financial Affairs, at 2 Par. 2, In re Sharity Ministries, Inc., No. 21-11001 (JTD) (Bankr. D. Del.)

- 7) meets such other criteria that the Connector may deem appropriate to ensure that individuals participating in such arrangements participate only in those operating in a manner consistent with the requirements described in 956 CMR 5.03(3)(d) 1. through 6.¹⁴

The new reporting requirement for health arrangements that are seeking MCC status was included in the final regulations in order to clarify the extent to which these types of arrangements are active in the Commonwealth. The annual reporting form for health arrangements seeking MCC status includes questions about membership, operations, finances, as well as an attestation section for arrangements to attest that they meet all of the new standards necessary to be deemed a health arrangement that provides MCC. In addition, the reporting form requires that arrangements submit the following documents along with a completed form:

- Written disclosures that the organization make available in conformance with 956 CMR 5.03(3)(d)5
- All marketing materials or brochures
- Guidelines or other member-participant or public-facing materials that explain sharing terms & conditions
- The organization's audited financial statements (if the organization has no audited financial statements, it should provide any available unaudited financial statements)

The annual reporting form for health arrangements provided by established religious organizations seeking MCC compliance can be found on the Health Connector's website:

<https://www.mahealthconnector.org/minimum-creditable-coverage/health-arrangements-reporting>.

This report summarizes data provided to the Health Connector by health arrangements seeking MCC status in the first two years (2020 and 2021) of the new reporting requirement.

2.0: Health Care Sharing Ministries Reporting to the Health Connector

A complete and timely response to the Health Connector's reporting form satisfies one of the criteria necessary to be a HCSM deemed to provide MCC.

The Health Connector posted its first health arrangement reporting form on its website in May 2020 and accepted submissions through July 31. For reporting year 2021, HCSMs were required to submit their forms by March 31, which is the annual deadline for all future reporting years.

The Health Connector received reporting form submissions from seven HCSMs in 2020 and six HCSMs in 2021. In 2020, the Health Connector received forms from Medi-Share, Christian Healthcare Ministries (CHM), Liberty, Christian Mutual Med Aid (CMM), Solidarity, OneShare, and Samaritan. In 2021, the Health Connector received submissions from Christian Healthcare Ministries (CHM), Liberty, Solidarity, OneShare, and Samaritan, as well as a submission from a new HCSM, Zion Health.

¹⁴ To date, the Health Connector has not used this provision to identify any additional criteria that HCSMs must meet.

Forms submitted in 2020 reflect information from calendar year 2019 and forms submitted in 2021 reflect information from calendar year 2020. As noted in Table 2, some arrangements reported using different names for their religious organization and the organization’s health care sharing ministry program. This report references each HCSM throughout by the health care sharing ministry program name.

Table 2. Health Care Sharing Ministries (HCSMs) that Submitted MCC Reporting Forms in 2020 and 2021

Established Religious Organization	Religious Organization’s Health Care Sharing Ministry Program	Years of MCC Reporting Form Submission
Christian Care Ministry, Inc. (CCM)	Medi-Share	2020
Christian Healthcare Ministries, Inc., dba Heartfelt Radio (CHM)	Christian Healthcare Ministries, Inc., dba Heartfelt Radio	2020, 2021
Gospel Light Mennonite Church Medical Aid Plan, Inc. dba Liberty HealthShare	Gospel Light Mennonite Church Medical Aid Plan, Inc. dba Liberty HealthShare	2020, 2021
Logos Missions, Inc.	Christian Mutual Med Aid	2020
Melita Christian Fellowship Hospital Plan, dba Solidarity HealthShare	Melita Christian Fellowship Hospital Plan, dba Solidarity HealthShare	2020, 2021
OneShare Health, LLC changed from Kingdom Healthshare Ministries, LLC on March 22, 2019	OneShare Health, LLC changed from Kingdom Healthshare Ministries, LLC on March 22, 2019	2020, 2021
Samaritan Ministries International	Samaritan Classic, Basic & Given	2020, 2021
Zion Health	Zion Health	2021

3.0: Total Massachusetts HCSM Membership Reported

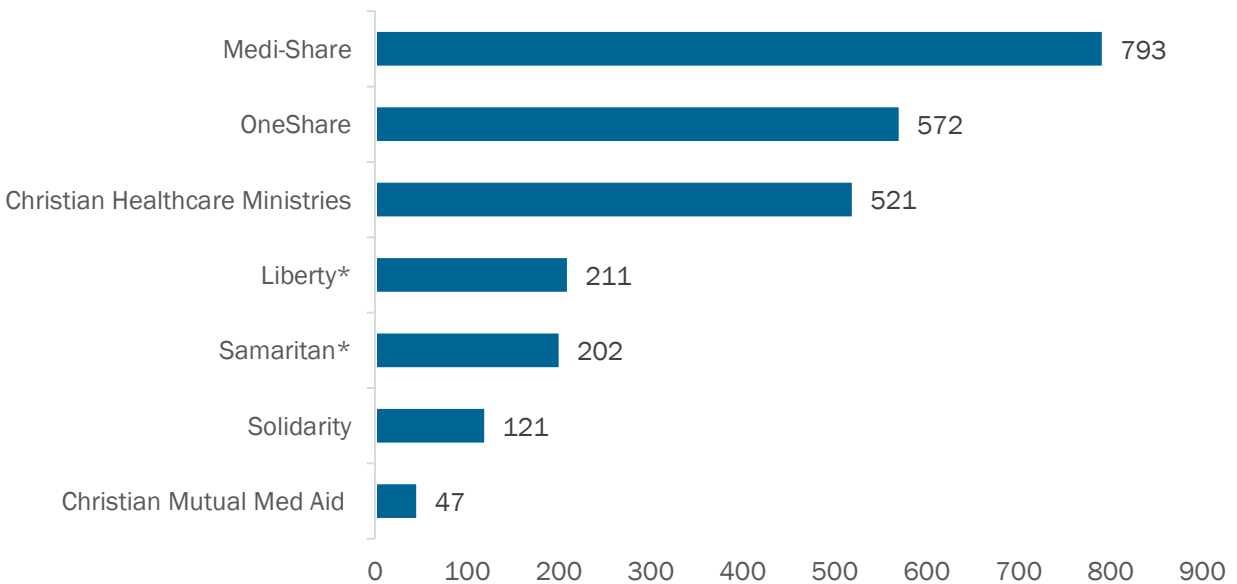
In reporting year 2020, some HCSMs (Samaritan and Liberty) reported membership at the household level resulting in underreported total 2019 membership. However, Health Connector staff updated

the question about membership on the 2021 reporting form to clarify that HCSMs should report membership by individual member level data (not just household level).

In reporting year 2020, the seven HCSMs that submitted forms to the Health Connector reported having at least 2,467 total Massachusetts members in CY 2019. Medi-Share (793), OneShare (572), and Christian Healthcare Ministries (521) reported the greatest 2019 Massachusetts membership. In reporting year 2021, the six HCSMs that submitted forms to the Health Connector reporting a total of 2,170 Massachusetts members in CY 2020. Christian Healthcare Ministries (CHM) (522), Samaritan (669), and Liberty (455) reported the greatest 2021 Massachusetts membership. Samaritan and Liberty's reported increase in Massachusetts membership from reporting year 2020 to 2021 is likely due to the more accurate membership data reported after the form was updated and not from actual enrollment growth.

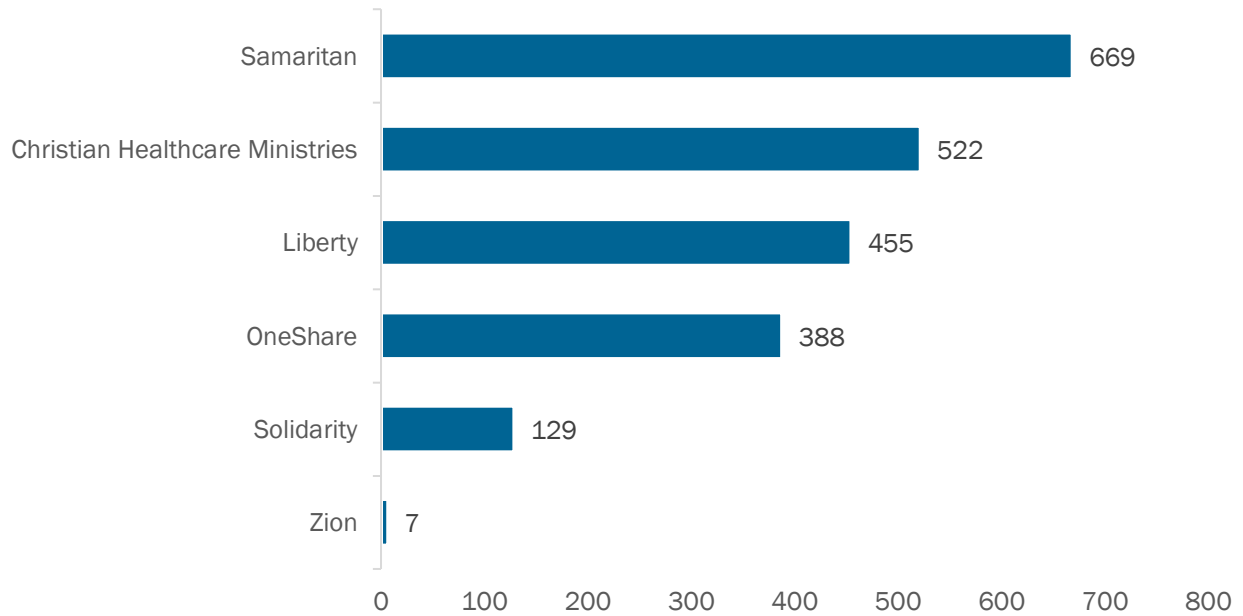
Notably, in 2020, Medi-Share reported having the most Massachusetts members in 2020 (793) but did not submit a MCC reporting form to the Health Connector in 2021. Christian Mutual Med Aid (CMM) also did not submit a form in 2021. However, they reported the fewest Massachusetts members (47) in 2020. One new HCSM, Zion Health, reported to the Health Connector in 2021 and currently has the fewest total Massachusetts members (7).

Figure 4: Massachusetts Health Care Sharing Ministry (HCSM) 2019 Membership Based on MCC Reporting Forms Submitted in 2020



*Liberty & Samaritan reported household member data in 2020 instead of individual member level data.

Figure 5: Massachusetts Health Care Sharing Ministry (HCSM) 2020 Membership Based on MCC Reporting Forms Submitted in 2021



3.1: Small Business Membership

The health arrangement reporting form asks HCSMs if any small businesses offered their health arrangement to their employees or facilitate the arrangement for their employees. In total, three HCSMs reported that small businesses in Massachusetts used their arrangements. In 2020, Medi-Share reported that while employers do not specifically offer their health arrangement, nine employers in Massachusetts with 73 total employees “facilitate” the monthly share payments for their employees. Medi-share did not submit a form in 2021. Christian Healthcare Ministries (CHM) reported that two businesses in Massachusetts with a total of four employees participated in their arrangements in 2019 and two businesses in Massachusetts with three total employees participated in their arrangements in 2020. Samaritan reported that two businesses in Massachusetts with two households participated in their health arrangement in 2019 and one business in Massachusetts with two households participated in their health arrangement in 2020. In reporting year 2020, Samaritan further noted that the households participate directly with the ministry and not through an employer offering.

All other HCSMs reported that no small businesses participated in their health arrangements and Solidarity further clarified their response by adding that “health care sharing ministries are based on individual memberships so consequently, Solidarity does not offer small business health arrangements.”

Table 3. Health Care Sharing Ministries (HCSMs) with Small Business Participation

HCSM	Small Business Involvement?	Reporting Year 2020	Reporting Year 2021
Medi-Share	Yes	Employers do not offer it, however, 9 employers in MA with a total of 73 employees facilitate the monthly share payments of their employees	N/A
Christian Healthcare Ministries (CHM)	Yes	2 businesses (4 employees)	2 businesses (3 employees)
Christian Mutual Med Aid (CMM)	No	Not in MA	N/A
Liberty	No	Liberty does not offer memberships from employers to employees	Liberty does not offer memberships from employers to employees
OneShare	No	No additional comments	No additional comments
Samaritan	Yes	2 businesses (2 households participating)	1 business (2 households participating)
Solidarity	No	“Healthcare sharing ministries are based on individual memberships so consequently, Solidarity does not offer small business health arrangements.”	“Healthcare sharing ministries are based on individual memberships so consequently, Solidarity does not offer small business health arrangements.”
Zion Health	No	N/A	No additional comments

4.0: Operations

4.1: Location of HCSM Operation and Advertising

All HCSMs reporting to the Health Connector in 2020 and 2021 operated in all or nearly all 50 states. Medi-Share, Christian Healthcare Ministries, Liberty, Samaritan, Solidarity, and Zion Health reported operating and advertising in all 50 states. Christian Mutual Med Aid reported operating and advertising in 46 states in CY 2019 but did not specify which states they did not operate and advertise in. OneShare reported operating and advertising in all states except for Vermont, Maryland, and Pennsylvania in CY 2019 and noted that they ceased enrolling new members in Washington as of March 31, 2020.

Table 4. Location of Health Care Sharing Ministry (HCSM) Operation and Advertising

HCSM	Location of HCSM operation and advertising	Reporting Years
Medi-Share	All 50 states	2020
Christian Healthcare Ministries (CHM)	All 50 states	2020, 2021
Christian Mutual Med Aid (CMM)	46 states but did not identify which states they do not operate/advertise in.	2020
Liberty	All 50 states	2020, 2021
OneShare	All states aside from VT, MD, PA, & WA. (OneShare ceased enrolling new members in Washington state as of March 31, 2020).	2020, 2021
Samaritan	All 50 states	2020, 2021
Solidarity	All 50 states	2020, 2021
Zion Health	All 50 states	2021

4.2: Member Fees or Penalties

The health arrangement reporting form asks HCSMs whether there were circumstances in which members/participants were subject to fees, additional sharing requirements, or termination. Most (six out of eight) HCSMs reporting to the Health Connector in 2020 and 2021 stated that there were circumstances in which members were subject to such penalties. Table 5 reviews HCSM responses to this question and the reasons why members may be subject to extra fees or termination. Out of the six HCSMs reporting fees, additional sharing requirements, or termination under certain circumstances, four HCSMs specifically reported penalties or termination for certain behavior or due to pre-existing conditions.

In 2020, Medi-share reported that second-time violations of their “lifestyle agreement” result in membership termination. Examples of lifestyle agreement violations provided by Medi-share include submission of medical bills for tobacco use or injuries due to “use of illegal drugs” or “willful disregard for personal safety.” In 2020, Christian Mutual Med Aid (CMM) reported that members who submit bills that totaled over \$10,000 are subject to additional fees and members have had their memberships terminated due to smoking.

In 2020 and 2021, Liberty reported that a member may no longer participate if they failed to fully disclose pre-existing condition information at the time of the application. Liberty also reported that an applicant with certain pre-existing conditions “responsive to lifestyle changes” may be accepted as a Provisional Member subject to Liberty’s Sharing Guidelines and that an additional fee is charged for “health coaching” sessions. In 2020 and 2021, Solidarity reported that membership is subject to fees pursuant to their Member Sharing Guidelines which include termination for not disclosing pre-existing conditions. Specifically, a member’s medical expenses may be subject to a pre-existing condition review, including, but not limited to, request for medical notes and records, hospital charts, surgical records, or other relevant medical history information. Solidarity’s guidelines state that failure to fully disclose pre-existing condition information at the time of application is grounds for termination of membership.

Outside of fees or terminations related to pre-existing conditions or “lifestyle agreement” violations, HCSMs also reported application fees, enrollment fees, annual fees, late fees, and termination due to non-payment or late payment of monthly shares or other fees.

Table 5. Circumstances in which Members are Subject to Additional Fees, Sharing Requirements, or Termination

HCSM	Circumstance in which members are subject to fees, additional sharing requirements, or termination	Reporting Years
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Medi-Share	<ul style="list-style-type: none"> Approximately 3-4 memberships are canceled per month due to second time violations of the Medi-Share “lifestyle agreement” which may include medical bills submitted for use of tobacco use, injuries due to “willful disregard for personal safety” and “use of illegal drugs”. Late fees for delinquent share payments (go toward “Extra Blessings program”, a fund to assist members with certain ineligible medical bills). Members canceled after 90-120 days of share non-payment in cases where payment installments cannot be agreed upon. 	2020
Christian Healthcare Ministries (CHM)	None.	2020, 2021
Christian Mutual Med Aid (CMM)	Members who had medical bills total over \$10,000 were subject to additional membership fees. There were members who had their membership terminated for smoking or delinquent payments for 3 months.	2020
Liberty	<ul style="list-style-type: none"> First Annual Membership Dues at the time of applicant’s initial enrollment that differ based on the arrangement (\$125-\$135 depending on Liberty Select, Share, Plus, or Complete) Annual membership dues of \$75 due annually upon renewal. An applicant with certain pre-existing conditions “responsive to lifestyle changes may be accepted as a Provisional Member” subject to the Sharing Guidelines. An additional fee is charged for “health coaching” sessions. The member may no longer participate if they failed to fully disclose pre-existing condition information at the time of the application, or if annual membership dues or monthly share amounts are not made on time. 	2020, 2021
OneShare	Initial enrollment fees.	2020, 2021

Samaritan	\$200 application fee for new members; Members of Save to Share pay a \$15 annual fee; members who don't send monthly share are inactivated.	2020, 2021
Solidarity	<ul style="list-style-type: none"> • “Membership is subject to fees pursuant to the Member Sharing Guidelines attached.” • Guidelines include a range of provisions including termination for not disclosing pre-existing conditions: “Medical expenses incurred may be subject to a Pre-Existing Condition review, including, but not limited to, request for medical notes and records, hospital charts, surgical records, or other relevant medical history information. Failure to fully disclose Pre-Existing Condition information at the time of application is a violation of the shared trust among Members and is grounds for termination of membership”. 	2020, 2021
Zion Health	None.	2021

4.3: Third-Party Vendors

The health arrangement reporting form asks the organization to list and describe the role of any third-party vendors or administrative partners that acted on behalf of the health arrangement to assist with the marketing, sales, and administration of the health arrangement. Most (five out of eight) of the HCSMs reporting to the Health Connector in 2020 and 2021 use third-party vendors or administrative partners that act on behalf of the health arrangement.

In reporting year 2020, Medi-Share reported using vendors to facilitate direct interactions with health arrangement members and prospective members. The third-party vendors performed a range of activities including advertising, social media, communications, and payment technology.

In reporting years 2020 and 2021, Liberty, OneShare, Samaritan, and Solidarity reported use of third-party vendors. Liberty reported that they facilitate the sharing of medical bills with assistance from third-party vendors, including vendors that provide marketing services, administration of discounts on medical bills, coordination with healthcare providers, administration of pharmacy discounts and services, administration of personalized health and wellness coaching for pre-existing conditions, and case management. OneShare reported using third-party vendors for storage of member data and administration, administration of sharing requests, discount programs, and telemedicine. OneShare also reported that the use of external sales partners was discontinued in Massachusetts on February 1, 2020.

Samaritan reported using third-party vendors to assist members in negotiating reductions in billing and help members digitally manage shares. Samaritan also stated in their submission that they understand this question to relate to the direct support of bill sharing on behalf of their members as opposed to underlying support of the overall ministry.

In 2020, Solidarity reported using third-party vendors to reprice medical bills submitted by members and for marketing and initial call center support; however, both vendors were terminated in 2019. In 2021, Solidarity reported using a new third-party vendor for repricing member medical bills.

Table 6. Health Care Sharing Ministry (HCSM) Use of Third-Party Vendors

HCSM	Third-Party Vendors	Reporting Years
Medi-Share	These vendors facilitated direct interaction with members or prospective members: Path Interactive: Pay Per Click Advertising (Google, Bing), Digital Moses: Social Media Advertising On A Mission, Communications: Radio Advertising Liquid Payments- Information Technology Services.	2020
Christian Healthcare Ministries (CHM)	None	2020, 2021
Christian Mutual Med Aid (CMM)	None	2020
Liberty	LHS facilitates the sharing of medical bills and operates, in part, with the assistance from third-party vendors for some limited services to facilitate sharing. Vendors include: Cost Sharing Solutions LLC (marketing services), The Medical Cost Savings Solution Ltd. (MedCost) (provides administration of discounts on medical bills and coordination with healthcare providers), SavNet International LLC (administration of pharmacy discounts and a customer service desk), GemCare (administration of personalized health and wellness coaching for pre-existing lifestyle-based health conditions), HealthSmart Care Management Solutions, L.P (provides large case individual member medical care management as needed), HealthShare Rx was reported as a new third-party vendor in 2020 and provides pharmacy vendor services.	2020, 2021

OneShare	Enrollment123/Administration123 is OneShare’s system for storage of all member data/administration. Loomis administrates OneShare’s Member Sharing Requests. OneShare has many external partners who market programs to individuals. However, the use of external sales partners was discontinued in Massachusetts on February 1, 2020. NBI provides a suite of discount programs to OneShare members in MA. OneShare partners with Teladoc to provide telemedicine services to OneShare members in MA.	2020, 2021
Samaritan	Karis and AMPs assist some members in negotiating reductions in billings. Samaritan states that they “understand this question to relate to direct support of bill sharing on behalf of our members as opposed to underlaying support of overall ministry”. Samaritan also has a new program that uses Sharable to assist some members to digitally manage their shares.	2020, 2021
Solidarity	2020: Medical Cost Saving Solution, Inc. assisted Solidarity in repricing of member submitted medical bills (relationship terminated July 2019). Cost Sharing Solutions. Inc. assisted Solidarity in marketing and initial call center support (relationship terminated May 2019). 2021: Anasazi Medical Payment Solutions, Inc. dba Advanced Medical Pricing Solutions assists Solidarity in repricing of Member medical bills.	2020, 2021
Zion Health	None	2021

4.4: Provider Contracts

The health arrangement reporting form asks if the HCSM directly contracted with health care providers for services received by the member. Most (five out of eight) of the HCSMs reporting to the Health Connector in 2020 and 2021 reported that they use some form of provider contracts ranging from single case agreements to contracts with provider networks.

In 2020, Medi-Share reported that they had two single case agreements in 2019 but had no direct contracts with health providers in Massachusetts. In 2020 and 2021, Christian Healthcare Ministries (CHM), Liberty, OneShare, and Solidarity reported some type of contracting with health care providers or networks.

CHM reported that they make arrangements on a case-by-case basis except for one lab that operates in multiple states and that they do not pre-approve or make contracts for specific procedures or other types of health care services. Liberty reported that they do directly contract with health care providers. OneShare reported that they do not directly contract with providers in Massachusetts; however, they do contract with a provider network to obtain network access for

members. Solidarity reported that they directly enter agreements with providers on behalf of members for services received.

Table 7. Contracts with Health Care Providers

HCSM	Provider contracts	Reporting Years
Medi-Share	No direct contracts with health providers in MA except for 2 single case agreements in 2019.	2020
Christian Healthcare Ministries (CHM)	Arrangements are made on a case-by-case basis except for one lab that operates in multiple states. No pre-approvals or contracts for specific procedures or other health care.	2020, 2021
Christian Mutual Med Aid (CMM)	None	2020
Liberty	Yes	2020, 2021
OneShare	Does not directly contract with providers in Massachusetts, but contracts with a provider network to obtain network access for members.	2020, 2021
Samaritan	None in Massachusetts	2020, 2021
Solidarity	Solidarity directly enters into agreements on behalf of the members with providers for services received by members.	2020, 2021
Zion Health	No	2021

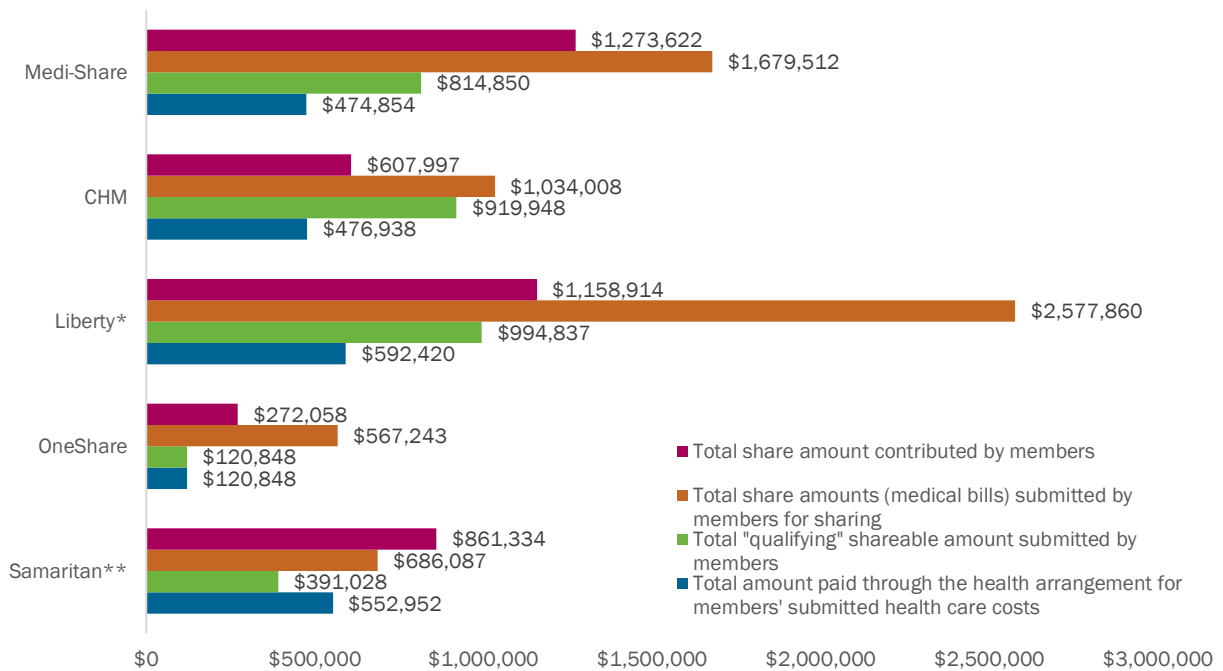
5.0: Finances

Reporting health arrangements are required to answer a range of questions about the organization's finances over the past calendar year. Questions in the financial portion of the reporting form aim to collect information about the total amount that members pay into the HCSM, the amount of medical bills members submit for sharing regardless of whether the services are considered eligible for sharing, the amount for services or bills that qualify for sharing, and the total amount that was paid out of the HCSM for members' health care costs. The form also asks about administrative fees and whether the organization, its members, or outside entities negotiate payment rates. Specifically, HCSMs are asked to answer the following questions about their finances:

- What were the total share amounts contributed by members/participants?
- What was the total amount submitted to the health arrangement by members/participants for sharing? (This should include all submissions by members/participants, not just qualifying submissions).
- What was the total qualifying sharable amount submitted by members/participants?
- What was the total amount paid through the health arrangement for members'/participants' submitted health care costs?
- What were the arrangement's administrative fees per member? (if the administrative fee amount per member/participant changes, e.g., based on type of membership or length of membership, please detail all fees and circumstances under which they occurred).
- Does the health arrangement negotiate rates? And if so, who does the negotiating (your members, your organization, or other entities)?

On average, HCSMs reported in 2020 that members paid their HCSM about 1.8 times the amount that the HCSM paid out for members' health care bills and, on average, about 50% of medical bills submitted by HCSM members were determined to be eligible for sharing by the HCSM. Costs paid for through the HCSMs as a percentage of member contributions ranged from 16% to 79% in 2020.

Figure 6: Total Contributions Paid by Members to HCSM, Total Medical Bills Submitted by Members for Sharing, Total Qualifying Medical Bills, and Total Amount Paid Through the HCSM for Care (Reporting Year 2020)¹⁵



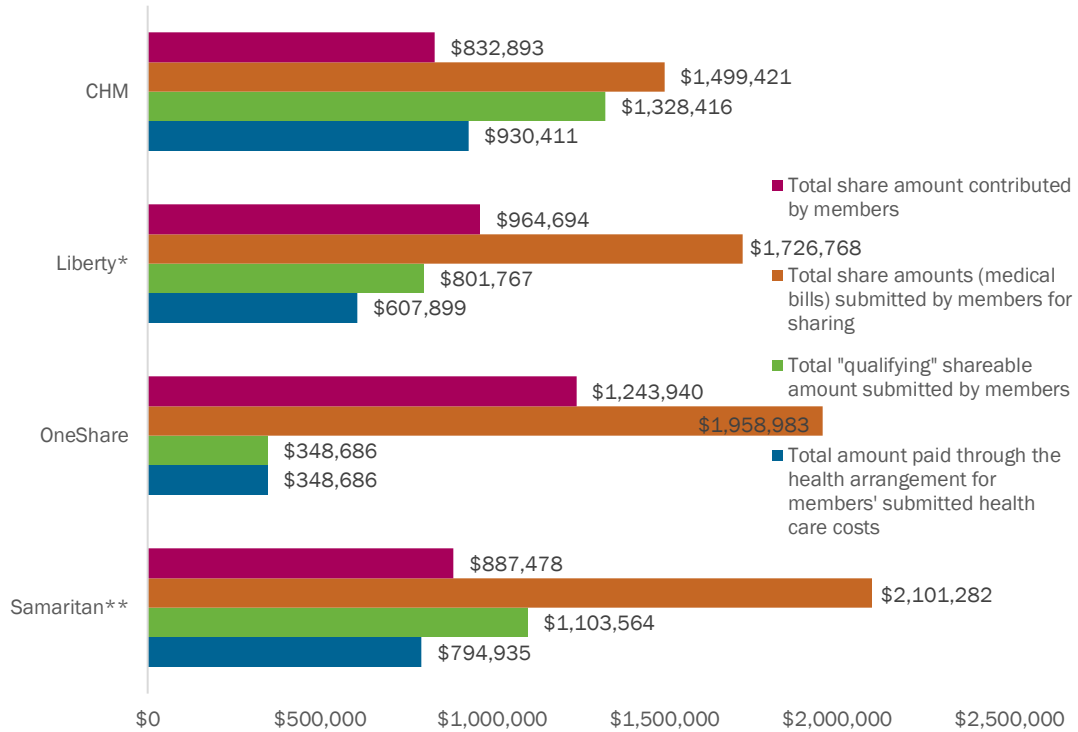
*In 2020 and 2021, Liberty noted that the total amount submitted to the health arrangement for sharing includes "total charges submitted" which may include items such as duplicate bills and does not take into account certain factors such as deductions for discounts.

**In 2020, Samaritan noted that shares received in one year would be for bills submitted in both the previous and current year; the "qualifying" shareable amount listed above includes provider reductions.

On average, HCSMs reported in 2021 that members paid their HCSM about 1.4 times the amount that the HCSM paid out for members' health care bills and that, on average, about 50% of medical bills submitted by members were determined to be eligible for sharing by the HCSM. Costs paid for through the HCSMs as a percentage of member contributions ranged from 28% to over 100% in 2021.

¹⁵ Some HCSMs were left out of Figure 6 for various reasons: Solidarity does not track state level data and does not collect data on total share amounts submitted for sharing. CMM reported <50 members making it difficult to make a comparison to other arrangements.

Figure 7: Total Contributions Paid by Members to HCSM, Total Medical Bills Submitted by Members for Sharing, Total Qualifying Medical Bills, and Total Amount Paid Through the HCSM for Care (Reporting Year 2021)¹⁶



*In 2020 and 2021, Liberty noted that the total amount submitted to the health arrangement for sharing includes “total charges submitted” which may include items such as duplicate bills and does not take into account certain factors such as deductions for discounts.

**In 2020, Samaritan noted that shares received in one year would be for bills submitted in both the previous and current year; the “qualifying” shareable amount listed above includes provider reductions.

¹⁶ Some HCSMs were left out of Figure 7 for various reasons: Solidarity does not track state level data and does not collect data on total share amounts submitted for sharing. Zion Health reported \$0 for all fields aside from total shares contributed by the member and only has 7 total members.

Table 8. Amount Paid out by HCSM for Members Health Care Costs as a Percentage of Member Contributions (Reporting Years 2020 & 2021)¹⁷

Health Care Sharing Ministry	2020 Submissions	2021 Submissions
Samaritan	64%	89%
OneShare	44%	28%
Liberty	51%	63%
Christian Healthcare Ministries (CHM)	78%	111%
Medi-Share	37%	N/A
Christian Mutual Med Aid (CMM)	16%	N/A
Solidarity	79%	71%
Zion	N/A	Zion reported \$0 paid out

As additional context for these figures, it may be helpful to note that in the Massachusetts merged market, health insurance carriers are required to spend 88% of every premium dollar toward claims expenses (Medical Loss Ratio or MLR), this is a higher MLR standard than the level required of health insurers under the Affordable Care Act (ACA) (80% required for individual and small group, 85% required for large group). If a health insurer spends less than the required percentage of premiums on claims expenses, it is required to pay members back in the form of MLR rebates. While HCSMs are not health insurance, and the percentage of HCSM member contributions spent on member health care costs is not the same as the percentage of premiums spent on claims expenses, state and federal standards may provide helpful context for understanding the HCSM data reported.

¹⁷ Solidarity's percentages are based off their national data because they do not collect state level financial data.

5.1: Administrative Fees

The health arrangement reporting form asks HCSMs about member administrative fees. In 2020 and 2021, all HCSMs reported that they charged administrative fees; however, the fee structure and fee amounts greatly varied across organizations. For example, some arrangements reported retaining a certain percentage of monthly contributions for administrative costs while some reported charging an annual fee along with a monthly fee. In addition, some arrangements had different administrative fees based on program type and member demographics, such as age. Table 9 summarizes each HCSM’s administrative fee structure and amount reported in 2020 and 2021.

Table 9. HCSM Administrative Fees (Reporting Years 2020 & 2021)

Health Care Sharing Ministry	Member Administrative Fee (Reporting Year 2020)	Member Administrative Fee (Reporting Year 2021)
Samaritan	Members send their first month’s share, and 1 month each year thereafter, to the office for administrative costs.	Members of Samaritan Classic and Basic send their first 3 months’ shares and 1 month each year thereafter to the office for administrative costs. Samaritan Given members have 90% of their first 3 months’ shares used for administrative expenses and 20% of each month’s share thereafter used for administrative expenses.
OneShare	Some external sales partners ¹⁸ charge and receive a monthly administration fee from members ranging from \$15 to \$30 per month. OneShare does not receive a specific administrative fee, but per the member guidelines, may set aside up to 40% of the monthly contribution for administrative and overhead costs and charitable contributions.	Same as 2020 with the exception of changing “external sales partners” to “external enrollment partners”

¹⁸ OneShare discontinued the use of external sales partners in Massachusetts on February 1, 2020.

Liberty	The initial two months of a member's contribution are used for administrative costs to be used at the discretion of the ministry. Beginning with the third month of the membership and following, an admin fee not to exceed 12% is assigned to admin costs from each monthly share. Annual membership dues of \$75 are also utilized to defray admin costs. All admin costs are deposited into an operating bank account and not combined with member sharing funds.	Same as reporting year 2020
Christian Healthcare Ministries (CHM)	CHM has no formal fee structure. In 2019, the percentage of gifts retained by the ministry for administrative expenses was approximately 5.9%. All members sign a form acknowledging and agreeing that a small portion of their gifts may be applied to the ministry's administrative expenses. The amounts deducted are reported to the membership every year.	Same explanation as reporting year 2020, except CHM reported percentage of gifts retained by the ministry for administrative expenses was approximately 5.7%.
Medi-Share	Approximately 15.4%	N/A
Christian Mutual Med Aid (CMM)	\$307.70/member	N/A
Solidarity	One-time membership fee of \$135 and monthly admin and program service fees of \$24.	One-time membership fee of \$135 and monthly admin fee based on program, age, and single/couple/family. Monthly admin fee ranges from \$20/mo for a single person under 30 in "Solidarity Primary Program" to \$72/mo for a family over 30 in "Solidarity Premier Program".
Zion Health	N/A	Each month, 10% of monthly contributions received are retained by Zion Health in reserve to cover actual administrative costs.

5.2: Rate Negotiation

In 2020 and 2021, most HCSMs reported that medical bills are negotiated in some way, whether the HCSM negotiates on behalf of members, the members negotiate their own medical bills, or a third-party vendor assists with negotiating medical bills. In some cases, HCSMs reported that a combination of these negotiation activities occur.

Table 10. HCSM Rate Negotiation (Reporting Years 2020 & 2021)

HCSM	2020 & 2021 Submissions
Medi-Share	Medi-Share allows members to negotiate and offers an internal negotiations team as well as an option to use a vendor partner. In FY19, Medi-Share negotiated 2 cases in MA.
Christian Healthcare Ministries (CHM)	CHM reported that individual members may negotiate rates with individual providers for specific services. The ministry assists individual members with this from time to time.
Christian Mutual Med Aid (CMM)	CMM and members negotiate rates.
Liberty	Liberty's members engage in negotiation of their medical bills with providers. Liberty may also negotiate medical bills with providers during the pre-notification stage and with MedCost after provision of services.
OneShare	OneShare Health does not directly negotiate provider rates, but contracts with a provider network to obtain access for members to rates negotiated by the network.
Samaritan	Samaritan reported that members, the arrangement, and other entities all negotiate billed amounts.
Solidarity	Solidarity, members of Solidarity, Medical Cost Saving Solution, Inc. (on behalf of Solidarity through July 2019), and Anasazi Medical Payment Solutions, Inc. dba Advanced Medical Pricing Solutions (for 2020) assist in repricing of Member medical bills.

Zion Health	Zion Health members are primarily responsible to negotiate rates for services received. However, Zion Health may, in certain circumstances, negotiate costs and rates with medical providers on behalf of its members.
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6.0: Conclusion

In the first two years (2020 and 2021) of the new reporting requirement for health arrangements that wish to provide MCC to Massachusetts residents, the Health Connector received in-depth information about health arrangements' membership, operations, and finances, which helped to clarify the extent to which these types of arrangements are active in the Commonwealth and shed light on the activities and operations of such arrangements, whereas previously there has been minimal, if any, state collection and reporting of information on these entities' practices.

Health Connector staff made minor changes to the 2021 reporting form to improve clarity and quality of data. Health Connector staff will continue to review the reporting form to assess whether clarifications or modifications to the form would yield better data in future reporting years. This data provides new information on uptake and use of HCSMs by Massachusetts residents and will assist the Commonwealth in continuing to ensure that future policy approaches to the individual mandate and health coverage generally are based on a clear, detailed understanding of current dynamics and practices.

Appendix

Abbreviations

ACA	Patient Protection and Affordable Care Act
CY	Calendar Year
FY	Fiscal Year
HCSM.....	Health Care Sharing Ministry
Health Connector	Commonwealth Health Insurance Connector Authority
MCC	Minimum Creditable Coverage
TY	Tax Year

2021 Reporting Form

The annual reporting form for health arrangements provided by established religious organizations seeking MCC status can be found on the Health Connector’s website:

<https://www.mahealthconnector.org/minimum-creditable-coverage/health-arrangements-reporting>.