

Health Care Sharing Ministries Reporting to the Massachusetts Health Connector in 2022 & 2023:

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

Massachusetts Health Connector

2024



Table of Contents

Table of Contents	2
Executive Summary	4
1.0: Background.....	6
1.1: Minimum Creditable Coverage (MCC).....	6
1.2: Non-Comprehensive Coverage.....	7
2.0: Health Care Sharing Ministries Reporting to the Health Connector	8
3.0: Total Massachusetts HCSM Membership Reported.....	10
3.1: Small Business Membership.....	12
4.0: Operations.....	13
4.1: Location of HCSM Operation and Advertising.....	13
4.2: Member Fees or Penalties	14
4.3: Third-Party Vendors.....	17
4.4: Provider Contracts.....	19
5.0: Finances	22
5.1: Administrative Fees.....	24
5.2: Rate Negotiation	27
6.0: Conclusion.....	28
Appendix.....	29
Abbreviations.....	29
Appendix A: Standards for health arrangements provided by an established religious organization seeking minimum creditable coverage status.....	29

Tables and Figures

Tables

Table 1: Summary of Health Care Sharing Ministry (HCSM) Activity in 2021 and 2022

Table 2: Health Care Sharing Ministries (HCSMs) that Submitted MCC Reporting Forms, 2020 to 2023

Table 3: Health Care Sharing Ministries (HCSMs) with Small Business Participation, 2021 & 2022

Table 4: Location of Health Care Sharing Ministry (HCSM) Operation and Advertising, 2021 & 2022

Table 5: Circumstances in which Members are Subject to Additional Fees, Sharing Requirements, or Termination, 2021 & 2022

Table 6: Health Care Sharing Ministry (HCSM) Use of Third-Party Vendors, 2021 & 2022

Table 7: Contracts with Health Care Providers, 2021 & 2022

Table 8. HCSM Administrative Fees, 2021 & 2022

Table 9. HCSM Rate Negotiation, 2021 & 2022

Figures

Figure 1: Massachusetts Health Care Sharing Ministry (HCSM) Membership, 2019-2022

Figure 2: Massachusetts Health Care Sharing Ministry (HCSM) Total Membership, 2019-2022

Figure 3: 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, 2021

Figure 4: 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, 2022

Executive Summary

As part of its 2006 health care reforms, Massachusetts began requiring adults to have health insurance that meets certain standards or 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. Due to increasing reports of confusion among state residents around how these products compare to traditional health insurance, the Health Connector updated its MCC regulations in 2019 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.

It is especially important for consumers to understand the difference between comprehensive coverage and non-comprehensive coverage, such as HCSMs, as millions of individuals and families transition from Medicaid to private coverage as Covid-related Medicaid coverage protections have ended. Unlike ACA-compliant coverage, HCSMs are not subject to the ACA's robust consumer protections. For example, HCSMs do not have to cover essential health benefits, provide access to preventive services without cost-sharing, do not have to meet certain medical loss ratio standards, and can exclude coverage based on preexisting conditions. (Section 1.2 provides more detail on non-comprehensive coverage).

To be considered MCC for a given year, HCSMs must report annually to the Health Connector on information related to membership, operations, and finances. Table 1 summarizes highlights from reporting form responses submitted in 2022 and 2023. HCSMs are asked to report on activities that occurred in the prior Calendar Year (CY). Reporting year 2022 reflects activities that occurred in CY 2021 and reporting year 2023 reflects activities that occurred in CY 2022.

Based on reports to the Health Connector, membership in HCSMs seeking MCC status increased about 30 percent from 2019 to 2022, with more than 3,000 members in 2022. Two new HCSMs made submissions in 2023, and two HCSMs that made submissions in 2022 did not submit for 2023.

Operational information reported by HCSMs has remained consistent over time. Most HCSMs report charging additional fees or terminating enrollees for "violations of lifestyle agreements" or due to having pre-existing conditions. Also consistent with past reporting years, many HCSMs report using third-party vendors, operating nationally, and using some type of provider contracting.

Financial information reported by HCSMs has also remained steady over time: all HCSMs reported that they charge an administrative fee, most reported that they facilitate some level of medical bill negotiation, and in 2022, on average, HCSMs reported paying for about 50 percent of all medical bills submitted by members which is similar to the average reported for 2021 (45%).

Table 1: Summary of Health Care Sharing Ministry (HCSM) Activity in 2021 and 2022

	2021	2022
Total HCSMs reporting	8	9
Total MA members	2,765	3,208
Number of HCSMs involved with small businesses	3	4
Number of HCSMs that charge members extra fees, issue penalties in certain circumstances, including “violations of lifestyle agreements” or pre-existing conditions	6	7
Number of HCSMs that use third party vendors	6	6
Geographic location of operations	All HCSMs operated in either all or nearly all states, except for United Refuah primarily operating in NJ and NY.	All HCSMs operated in either all or nearly all states. One HCSM reported operating primarily digitally and online.
Number of HCSMs that engage in provider contracts	5	3
Average medical bills submitted by HCSM members that were determined to be eligible for sharing	45%	61%
Average percentage of submitted medical bills HCSMs reported paying for	39%	50%
Number of HCSMs that charge an administrative fee	8	9

For 2021 and 2022, 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. Total medical bill amounts submitted by members typically far outpace what HCSMs deem to be qualifying shareable expenses. Even if a HCSM deemed an expense as qualifying for sharing, how the expense is covered and paid for significantly varies across HCSMs. Similarly, the total amounts paid through a HCSM for member- submitted medical bills vary widely by HCSM. Section 5.0 of this report provides a detailed overview of the financial information HCSMs reported to the Health Connector for 2021 and 2022.

This report on information submitted by HCSMs seeking MCC status is designed to inform whether additional adjustments are appropriate to the state’s individual mandate policy framework as it relates to the evolving HCSM landscape.

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 5 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.¹ 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. For most plans, MCC standards include²:

- 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 cost-sharing³
- 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

In addition, MCC regulations also deem certain categories of coverage as meeting MCC. From the time that MCC regulations were first promulgated in 2007 until amendments were made in 2019, MCC regulations have stated that any “health arrangement provided by established religious organizations comprised of individuals with sincerely held beliefs” is deemed to meet MCC.⁴ Health Care Sharing Ministries (HCSMs) are the main type of coverage in the market that have used this pathway in the MCC regulations to be considered MCC compliant.

In 2019, to address the changing landscape of HCSMs in the U.S. and across the Commonwealth, the Health Connector Board voted to amend the criteria that are used to identify a bona fide health arrangement provided by established religious organizations within MCC regulations (See Appendix A).

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

² Please see the most recent administrative bulletin, found at <https://www.mahealthconnector.org/wp-content/uploads/rules-and-regulations/AdminBulletin02-22.pdf> regarding Minimum Creditable Coverage Regulations for all annually indexed limits

³ See July 2023 Health Connector Board meeting materials for recent updates to [MCC regulations](https://www.mahealthconnector.org/about/board-meetings): <https://www.mahealthconnector.org/about/board-meetings>

⁴ See the 2020 & 2021 Massachusetts Health Connector HCSM Report for more details: <https://betterhealthconnector.com/about/policy-center/reports-publications>

The updates which went into effect in 2020 also included a new reporting requirement for health arrangements seeking MCC status 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 the standards necessary to be deemed a health arrangement that provides MCC (See Appendix A).

This report summarizes data provided to the Health Connector by health arrangements seeking MCC status in 2022 and 2023.⁵ This is the second report by the Health Connector on HCSMs seeking MCC status. The previous report can be found [here](#).

1.2: Non-Comprehensive Coverage

As Covid-related Medicaid coverage protections have ended and millions of individuals and families across the U.S. and Commonwealth undergo coverage, it is especially critical that individuals and families understand their coverage options, enroll in, and retain comprehensive and affordable coverage, and avoid the consequences of unknowingly enrolling in non-comprehensive coverage. The information reported to the Health Connector by HCSMs summarized in this report highlights major differences between robust ACA-compliant coverage and alternative coverage arrangements that exclude coverage of important services and expose enrollees to significant financial liability. Importantly, the data submitted to the Health Connector by HCSMs also show the increase in HCSM membership in Massachusetts since 2019.

Information reported to the Health Connector about HCSM practices and the way in which arrangements differ from ACA-compliant coverage is consistent with findings by the Government Accountability Office (GAO) in its report detailing HCSM practices nationally.⁶ HCSMs may deny coverage to applicants based on their health history in some instances (a practice banned under the ACA), leaving those with certain pre-existing conditions unable to access coverage through these plans and memberships.⁷ In addition, alternatives to health insurance, such as HCSMs, are not required to meet medical loss ratio requirements under the ACA or Massachusetts law that ensure health insurance carriers spend a certain percentage (80-85 percent and 88 percent, respectively) of premium dollars towards claims expenses.⁸ Similar to HCSMs reporting to the Health Connector, the HCSMs reviewed by the GAO varied in how they facilitated medical cost sharing among members and had different types of administrative fees.⁹

One HCSM interviewed by the GAO reported that 42 percent of their enrollees had income below 200 percent of the poverty line. While information about HCSM enrollees is limited, the HCSM membership

⁵ The 2020 & 2021 Massachusetts Health Connector HCSM Report can be found here: <https://betterhealthconnector.com/about/policy-center/reports-publications>

⁶ [Government Accountability Office \(GAO\) \(2023\)](#)

⁷ [Government Accountability Office \(GAO\) \(2023\)](#)

⁸ 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.

⁹ [Government Accountability Office \(GAO\) \(2023\)](#)

information reported by the GAO signals that many individuals in non-comprehensive coverage may be eligible for health insurance subsidies and are missing out on the opportunity to gain access to help paying for coverage.¹⁰

Many studies have documented how confusing and deceptive marketing practices can unknowingly lead someone looking for comprehensive coverage into an alternative coverage product that is not required to meet the robust consumer protections established by the Affordable Care Act (ACA).¹¹ Researchers at Georgetown University conducted a “secret shopper” study that suggests former Medicaid enrollees searching for new health plans are facing aggressive and misleading marketing of limited benefit products and alternative coverage options, such as health care sharing ministries, that fail to protect consumers from high health care costs. For example, a researcher in the study spoke to 20 sales representatives using profiles of consumers losing Medicaid who are eligible for a \$0 premium plan with no deductibles through the Exchange. None of the 20 representatives mentioned the availability of a \$0 marketplace plan with no deductible and over half of the representatives tried to sell consumers limited benefit products. Representatives frequently made false or misleading statements that concealed the restrictions of limited benefit products or misrepresented the availability or affordability of marketplace plans and used aggressive marketing tactics.¹²

Non-comprehensive coverage products have a disproportionate impact on consumers with low incomes and members of underserved racial and ethnic groups who are more likely to be uninsured and face barriers in accessing care. Educating the public about non-comprehensive products operating in the market and the full range of coverage options available is essential to reduce health disparities and prevent health and financial consequences.

2.0: Health Care Sharing Ministries Reporting to the Health Connector

An individual in Massachusetts may meet their individual mandate health coverage requirements by participating in a “health arrangement” if the arrangement meets certain standards outlined in Minimum Creditable Coverage (MCC) regulations. Please see Appendix A for a full list of the standards health arrangements must meet in order to be considered MCC—these standards were added to MCC regulations in 2019 and went into effect in 2020. The reporting requirement for health arrangements that are seeking MCC status was included in 2019 MCC regulation amendments in order to clarify the extent to which these types of arrangements are active in the Commonwealth. A complete and timely response to the Health Connector’s reporting form satisfies one of the criteria necessary for a HCSM to be deemed MCC for a given year. 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 standards necessary to be deemed a health arrangement that provides MCC.

¹⁰ [Government Accountability Office \(GAO\) \(2023\)](#)

¹¹ [U.S. Government Accountability Office \(2020\); Georgetown University, Center on Health Insurance Reforms \(2023\)](#)

¹² [Georgetown University, Center for Health Insurance Reforms \(2023\)](#)

The Health Connector received submissions from eight HCSMs in 2022 and nine HCSMs in 2023 (see Table 2). Some arrangements reported using different names for their religious organization and the organization’s HCSM program. This report references each HCSM throughout by the HCSM program name.

Table 2. Health Care Sharing Ministries (HCSMs) that Submitted MCC Reporting Forms, 2020 to 2023

Religious Organization and HCSM Program Name		Year Submitted to the Health Connector for MCC Status			
Established Religious Organization	Health Care Sharing Ministry (HSCM) Program Name	2020	2021	2022	2023
Altrua HealthShare	Altrua Ministries, Inc. dba Altrua HealthShare				X
Christian Care Ministry, Inc. (CCM)	Medi-Share	X		X	X
Christian Healthcare Ministries, Inc., dba Heartfelt Radio (CHM)	Christian Healthcare Ministries, Inc., dba Heartfelt Radio	X	X	X	X
Gospel Light Mennonite Church Medical Aid Plan, Inc. dba Liberty HealthShare	Gospel Light Mennonite Church Medical Aid Plan, Inc. dba Liberty HealthShare	X	X	X	X
Logos Missions, Inc. (CMM)	Christian Mutual Med Aid	X			X
Melita Christian Fellowship Hospital Plan, dba Solidarity HealthShare	Melita Christian Fellowship Hospital Plan, dba Solidarity HealthShare	X	X	X	X
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	X	X	X	
Samaritan Ministries International	Samaritan Classic, Basic & Given	X	X	X	X
Share HealthCare	Share Healthcare				X

United Refuah	Maysville Fellowship Medical Aid Plan Inc. dba United Refuah HealthShare			X	
Zion Health	Zion Health		X	X	X

3.0: Total Massachusetts HCSM Membership Reported

For 2021, eight HCSMs reported having at least 2,765 total Massachusetts members, with Medi-Share (747), Samaritan (637), and Christian Healthcare Ministries (480) reporting the greatest Massachusetts membership. For 2022, nine HCSMs reported a total of 3,208 Massachusetts members, with Medi-Share (739), Samaritan (719), and Altrua HealthShare (683) reporting the greatest Massachusetts membership. The number of HSCM members was approximately 30 percent higher in 2022 compared to 2021.¹³ Some HCSMs reported some years but not others and each year there are varying numbers of HCSMs reporting to the Health Connector for the first time.

¹³ For 2019, some HCSMs (Samaritan and Liberty) reported membership at the household level resulting in underreported total membership. However, Health Connector staff updated the question about membership for the 2020 data to clarify that HCSMs should report membership by individual member level data (not just household level).

Figure 1: Massachusetts Health Care Sharing Ministry (HCSM) Membership, 2019-2022

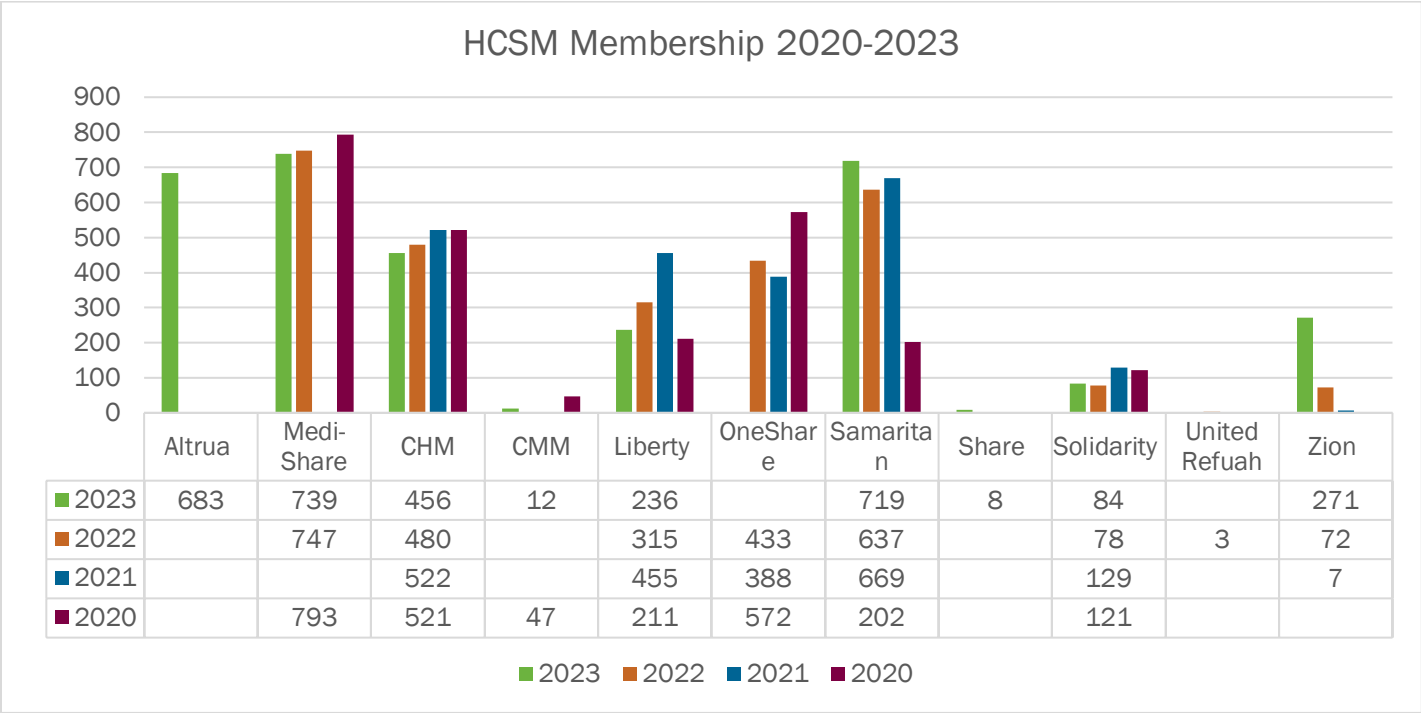
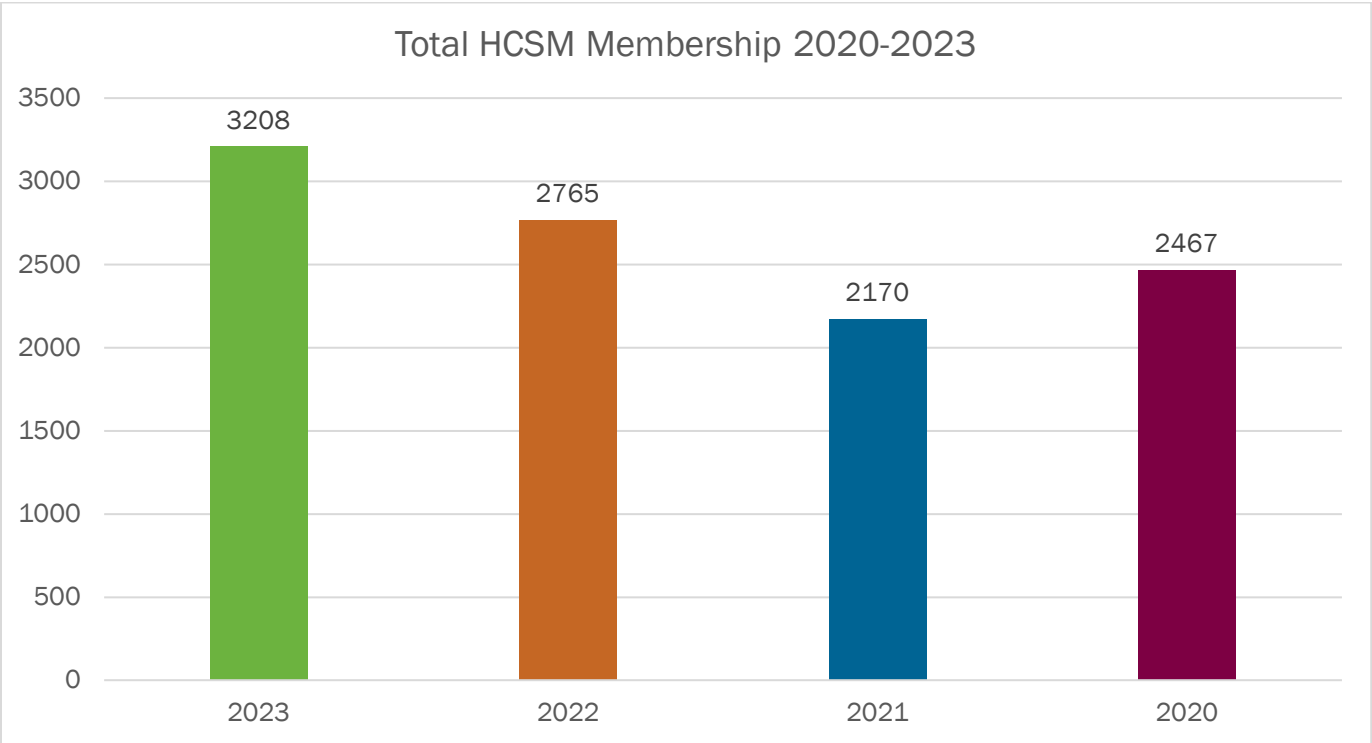


Figure 2: Massachusetts Health Care Sharing Ministry (HCSM) Total Membership, 2019-2022



3.1: Small Business Membership

In some cases, small businesses may offer HCSMs as a health arrangement to their employees or facilitate the arrangement for their employees. Three HCSMs reported that small businesses in Massachusetts used their arrangements in 2021, representing 14 small employers and 36 employees. Four HCSMs reported that small businesses in Massachusetts used their arrangements in 2022, representing 13 small employers and 66 employees.¹⁴

Table 3. Health Care Sharing Ministries (HCSMs) with Small Business Participation, 2021 and 2022

HCSM Program Name	Small Business Participation (Yes/No/N/A)	Number of Small Businesses	Number of Employees
Altrua	N/A (2021), No (2022)	N/A	N/A
Medi-Share	Yes (2021, 2022)	11 (2021), 6 (2022)	32 (2021), 33 (2022)
Samaritan	Yes (2021, 2022)- 1 small employer (1 employee)	1 (2021, 2022)	1 (2021), 2 (2022)
Christian Healthcare Ministries	Yes (2021, 2022)- 2 small employers (3 employees)	2 (2021, 2022)	3 (2021), 4 (2022)
OneShare	No (2021), N/A (2022)	N/A	N/A
Liberty HealthShare	No (2021, 2022)	N/A	N/A
Solidarity	No (2021, 2022)	N/A	N/A

¹⁴ For 2022, Samaritan reported total number of participating households, rather than number of individual employees. The 2 reported households are counted as 2 employees in the total reported 2022 employee count of 66 for all HCSMs.

Zion Health	No (2021), Yes (2022)	4 (2022)	27 (2022)
United Refuah	No (2021), N/A (2022)	N/A	N/A

4.0: Operations

4.1: Location of HCSM Operation and Advertising

In 2021 and 2022, all HCSMs operated in all or nearly all 50 states, except for United Refuah which is primarily concentrated in New York and New Jersey.

- Christian Mutual Med Aid reported operating and advertising in 43 states and specified that they do not operate in Maine, Montana, New Hampshire, North Dakota, Rhode Island, Vermont, and West Virginia. Liberty HealthShare reported operating in all states, but that they did not enroll new members in New Mexico or Washington from June 9, 2022, to December 31, 2022.
- OneShare reported operating and advertising in all states except for Vermont, Maryland, Washington, and New Mexico.

Table 4. Location of Health Care Sharing Ministry (HCSM) Operation and Advertising, 2021 & 2021¹⁵

HCSM Program Name	Location of HCSM operation and advertising
Altrua	All 50 states
Medi-Share	All 50 states
Christian Healthcare Ministries	All 50 states
Christian Mutual Med Aid	All states except ME, MT, NH, ND, RI, VT, and WV

¹⁵ Information in Summary Tables 4, 5, 6, 7, and 10 reflects reported information for the respective HCSM's most recent reporting year. Any notable changes reported by HCSMs over time are indicated in the relevant section, however, most information reported year over year by each HCSM has remained consistent.

Liberty HealthShare	All states, but did not enroll new members in NM or WA from 6/9/22-12/31/22 due to state regulations.
OneShare	All states except VT, MD, WA, and NM
Samaritan	All 50 states
Share HealthCare	All 50 states ¹⁶ (operates primarily digitally and online)
Solidarity	All 50 states
United Refuah	Primary membership is NY and NJ. Minimal membership in 27 other states
Zion Health	All 50 states

4.2: Member Fees or Penalties

HCSMs reported circumstances in which members/participants were subject to fees, additional sharing requirements, or termination (Table 5). For 2021, six out of eight HCSMs reported circumstances in which members were subject to such fees or penalties. For 2022, seven out of nine HCSMs reported that there were circumstances where members were subject to such fees, and four reported penalties or termination for certain behavior or due to pre-existing conditions.

Some examples of these fees, penalties, or terminations related to certain behavior and/or pre-existing conditions include:

- Liberty reported applicants with certain pre-existing conditions responsive to lifestyle changes may be accepted as Provisional Members subject to the Sharing Guidelines and require an additional charge for health coaching sessions (2021).
- Medi-Share reported that second-time violations of their “lifestyle agreement” result in membership termination. Examples of lifestyle agreement violations include submission of

¹⁶ Operates primarily digitally and online

medical bills for tobacco use or injuries due to “use of illegal drugs” or “willful disregard for personal safety” (2021; 2022).

- The Liberty HealthShare Maternity guide includes sharing guidelines surrounding pregnancy and maternal care. Specifically, members must be sharing members for six months prior to conception to be eligible for sharing maternity expenses, with maternity sharing limited to \$125,000 per pregnancy (2021).
- The Altrua Membership Guidelines states cancer diagnosis, pre-cancerous or cancerous testing, or cancer treatment is ineligible for sharing until after the one-year anniversary of a member’s effective date of membership. Additionally, medical needs caused by lifestyle, choices, or activities conflicting with the Statement of Standards are ineligible for sharing, including birth control consultation, STD treatment, maternity resulting from sexual relations outside of marriage, and other examples (2022).
- Medi-Share Member Guidelines state that if a member experiences significant weight gain, they are required to participate as a “Health Partner” and pay an additional monthly fee in addition to their Monthly Share (2021; 2022).

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. For example, Solidarity reported that members are charged membership dues, monthly share amounts, administrative fees, program service fees, and account service fees (2021; 2022).

Table 5. Circumstances in which Members are Subject to Additional Fees, Sharing Requirements, or Termination, 2021 & 2022¹⁷

HCSM Program Name	Circumstance in which members are subject to fees, additional sharing requirements, or termination
Altrua	There are annual fees, late fees, and termination due to nonpayment of contributions. After 60 days without submission of contributions the membership will be withdrawn.
Medi-Share	<p>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”.</p> <p>Late fees for delinquent share payments (go toward “Extra Blessings program”, a fund to assist members with certain ineligible medical bills).</p> <p>Members canceled after 90-120 days of share non-payment in cases where payment installments cannot be agreed upon.</p>

¹⁷ Information in Summary Tables 4, 5, 6, 7, and 10 reflects reported information for the respective HCSM’s most recent reporting year. Any notable changes reported by HCSMs over time are indicated in the relevant section, however, most information reported year over year by each HCSM has remained consistent.

Christian Healthcare Ministries (CHM)	None
Christian Mutual Med Aid (CMM)	Members were terminated according to the CMM guidelines. Examples include: smoking tobacco, alcohol dependency, smoking and alcohol dependency, narcotics, three consecutive failures of submitting monthly gifts. .
Liberty HealthShare	<p>First Annual Membership Dues at the time of applicant's initial enrollment (\$135).</p> <p>Annual membership dues of \$75 due annually upon renewal.</p> <p>Membership Enrollment dues may occasionally be waived as a marketing incentive, when a dependent transitions onto a separate membership, when a divorced member transitions onto a separate membership, or when a Medicare eligible member transitions onto the Liberty Assist program.</p> <p>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.</p>
OneShare	Initial enrollment fees and monthly administrative fees.
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.
Share HealthCare	<p>Membership dues are requested at the time of initial enrollment and on the yearly anniversary of Membership.</p> <p>Administrative fees are used to pay for outside vendors, or for educational, marketing, administrative, or capital expenses.</p> <p>Giving false or inaccurate information at the time of enrollment is a violation of shared trust among Members and may subject the Member to termination of Membership. If a member does not voluntarily contribute their Monthly Share Amount for 60 consecutive days, their status is changed to "Inactive Member."</p>

Solidarity	<p>“Membership is subject to fees pursuant to the Member Sharing Guidelines attached.”</p> <p>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”.</p>
United Refuah	<p>The Sharing Guidelines provide for certain member contributions to be allocated to administrative expenses.</p> <p>If members choose to make their contribution via a credit card, a credit card fee of \$10-20 is charged. Returned payments may be subject to a \$25 handling fee.</p> <p>Wellcheck fee of \$55 for health coaching program is paid by a small number of pre-2020 program members. Does not apply to any MA members, nor does it apply to any newly enrolled members.</p> <p>No other fees.</p> <p>Members have not been subject to any additional sharing requirements.</p> <p>Pursuant to the sharing guidelines a member may be terminated after 60 days of failure to make contributions.</p>
Zion Health	None.

4.3: Third-Party Vendors

In 2021, most (six out of eight) of the HCSMs use third-party vendors or administrative partners that act on behalf of the health arrangement to assist with marketing, sales, and administration. In 2022, six out of nine of the HCSMs reported using third-party vendors or administrative partners that act on behalf of the health arrangement.

- 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 pay-per-click advertising, social media advertising, radio advertising, and payment technology. (2021; 2022)
- OneShare reported using a third-party vendor to assist with sharing requests and storage of member data. (2021)
- Altrua reported using an outside vendor to facilitate sharing of medical needs, call center support, repricing of medical bills, and marketing and sales. (2022)

- Liberty, Samaritan, and Solidarity reported use of third-party vendors to facilitate the sharing or repricing of medical bills. (2021; 2022)
- United Refuah reported using two different vendors to maintain member databases, review prices of medical services submitted for sharing, but noted they do not delegate discretionary decision making to the vendor. (2021)
- 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. (2021; 2022)

Table 6. Health Care Sharing Ministry (HCSM) Use of Third-Party Vendors, 2021 & 2022¹⁸

HCSM	Third-Party Vendors
Altrua	Crown Administrators, Inc. assists with the facilitation of the sharing of medical needs among Members in accordance with the membership guidelines. Crown administrates call center support, repricing of medical bills, and some marketing and sales.
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; and Parable Group-Marketing and Ad Testing.
Christian Healthcare Ministries (CHM)	None.
Christian Mutual Med Aid (CMM)	None.
Liberty HealthShare	LHS facilitates the sharing of medical bills and operates, in part, with the assistance from third party vendors for some third-party vendors for some limited services, in order to economically and efficiently facilitate such sharing.

¹⁸ Information in Summary Tables 4, 5, 6, 7, and 10 reflects reported information for the respective HCSM's most recent reporting year. Any notable changes reported by HCSMs over time are indicated in the relevant section, however, most information reported year over year by each HCSM has remained consistent.

OneShare	The Loomis Company administers member sharing requests and Salesforce provides storage of member data.
Samaritan	Advanced Medical Pricing Solutions (AMPs) assist some members in negotiating reductions in billings. Samaritan also has a new program that uses Sharable to assist some members to digitally manage their shares. ¹⁹
Share HealthCare	Farmers State Bank dba LimeBank (each Share HealthCare® member receives their own individual FDIC-approved bank account); Prysym, GmbH: Credit Card Processing; Cost Sharing Solutions, LLC: Marketing; The Medical Cost Saving Solution, Ltd: Medical bill management; Stark Advocacy, Ltd.: Medical bill Repricing; ShareTech+: IT and internet security.
Solidarity	Anasazi Medical Payment Solutions, Inc. dba Advanced Medical Pricing Solutions ("AMPS") assists Solidarity in repricing of Member medical bills.
United Refuah	MCO Advantage provides information technology including maintenance of a database of members, reviewing prices of medical services submitted for sharing and maintaining a database of medical bills submitted for sharing and the amount shared. Siyata Company provides ongoing infrastructure and marketing training and support. Compensation is not based on number of members who join Refuah. ²⁰
Zion Health	None.

4.4: Provider Contracts

Not all HCSMs directly contract with health care providers for services received by the member. In 2021, five out of eight HCSMs used some form of provider contracts ranging from single case agreements to contracts with provider networks. In 2022, three out of nine HCSMs used some form

¹⁹ Samaritan states that they “understand this question to relate to direct support of bill sharing on behalf of our members as opposed to underlying support of overall ministry”.

²⁰ Note: United Refuah makes the decision as to how much to share and whether or not medical expense are eligible for sharing. United Refuah has delegated no discretionary decision making to MCO Advantage regarding the actual sharing of medical expenses, those decisions are made solely by employees of Refuah.

of provider contract. While some HCSMs reported not having provider contracts in Massachusetts, they may have provider contracts outside of Massachusetts (see Table 7).

- 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. (2021)
- United Refuah reported one pricing agreement with one hospital located in New York, where United Refuah employees may negotiate specific case agreements after the member has selected a provider and after diagnosis and treatment plan have been identified. (2021)
- Medi-Share reported that they had no direct contracts with health providers in Massachusetts (2021; 2022), but they have 45 direct provider contracts nationwide (2021).
- Share reported that they do not directly contract with any providers, but the third-party vendor responsible for medical bill repricing has contracts with various providers that Share is not involved in. (2022)
- Christian Healthcare Ministries (CHM), Liberty, and Solidarity reported some type of contracting with health care providers or networks. (2021; 2022)
- CHM makes 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. (2021; 2022)
- Liberty reported that they do directly contract with health care providers to accept a fair and reasonable pricing model for provider services. (2021; 2022)
- Solidarity reported that they directly enter agreements with providers on behalf of members for services received. (2021; 2022)

Table 7. Contracts with Health Care Providers, 2021 & 2022²¹

Health Care Sharing Ministry	Provider Contracts	Additional Detail
Altrua	No	No direct contracts with health providers in MA
Medi-Share	No	No direct contracts with health providers in MA
Christian Healthcare Ministries (CHM)	Yes	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.

²¹ Information in Summary Tables 4, 5, 6, 7, and 10 reflects reported information for the respective HCSM's most recent reporting year. Any notable changes reported by HCSMs over time are indicated in the relevant section, however, most information reported year over year by each HCSM has remained consistent.

Christian Mutual Med Aid (CMM)	No	None
Liberty HealthShare	Yes	Yes, contracts involve the providers accepting a fair and reasonable pricing model for provider services.
OneShare	No	Does not directly contract with providers in Massachusetts, but contracts with a provider network to obtain network access for members.
Samaritan	No	None in Massachusetts
Share HealthCare	No	No, members are self-pay patients. The third-party vendor that does the Medical Bill Repricing for Share HealthCare and other entities has contracts with various health care providers, but Share HealthCare is not involved with those contracts and does not have any actual knowledge about those contractual relationships.
Solidarity	Yes	Solidarity directly enters into agreements on behalf of the members with providers for services received by members.
United Refuah	No	<p>United Refuah has entered into one pricing agreement with one hospital located in New York State, if a member chooses to use that hospital.</p> <p>United Refuah employees may negotiate specific case agreements for high dollar or repetitive case such as surgery or maternity. The negotiation occurs after the member has selected the health care provider and the diagnosis and treatment plan has been identified.</p>
Zion Health	No	None

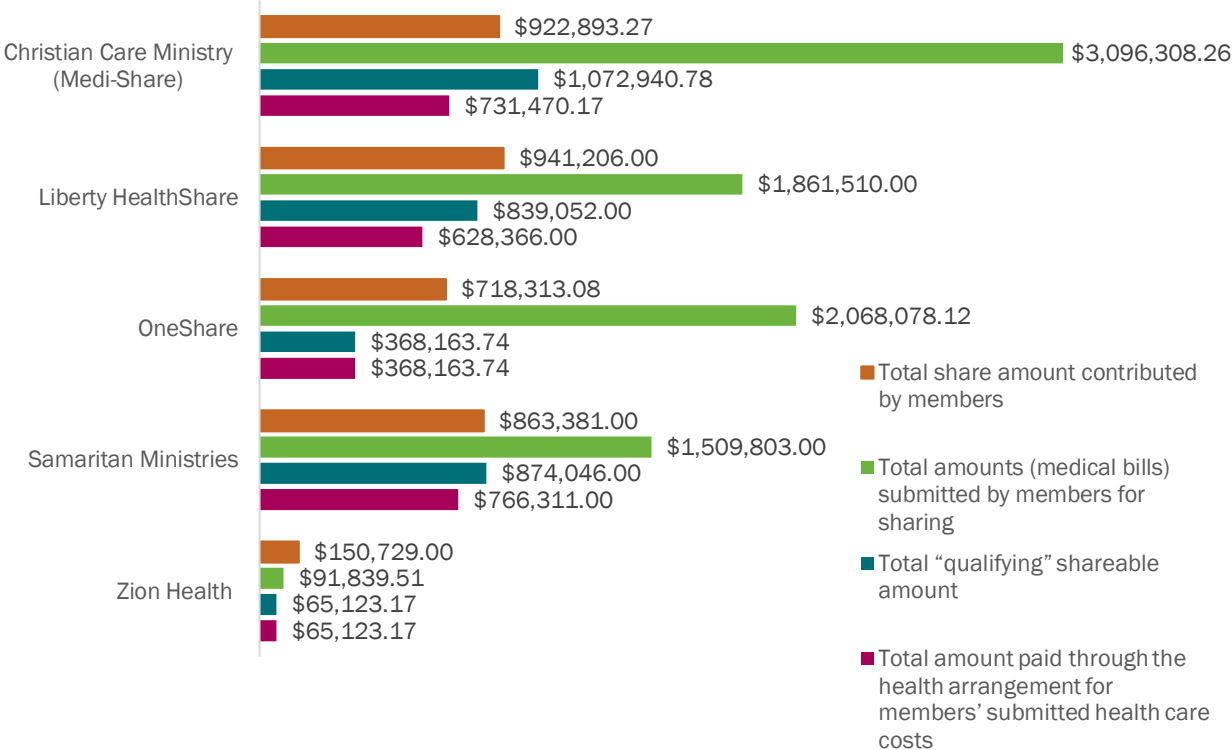
5.0: Finances

Health arrangements reporting to the Health Connector are required to answer a range of questions about the organization's finances over the past calendar year. The financial portion of the reporting form collects 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 by 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, in 2021, HCSMs reported that about 39% of medical bills submitted by HCSM members were determined to be eligible for sharing by the HCSM.

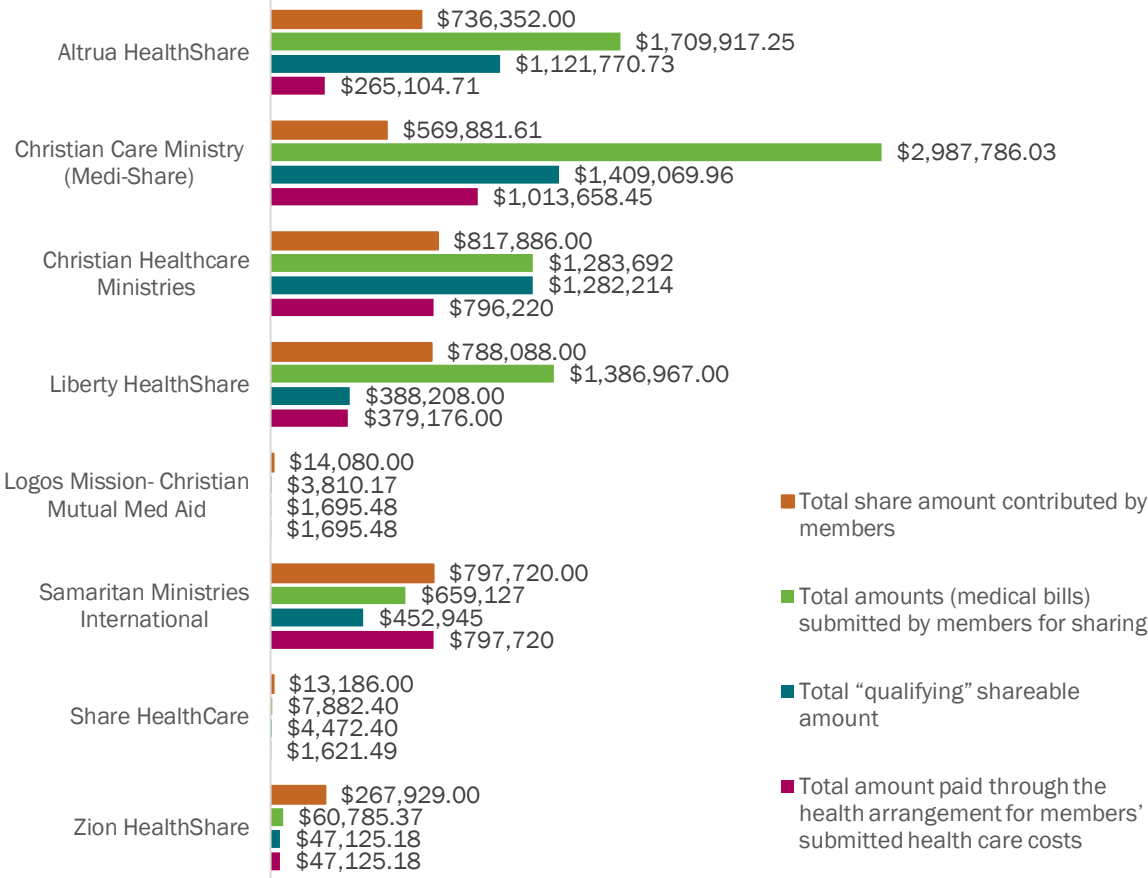
Figure 3: Total Contributions Paid by Members to HCSM, Total Medical Bills Submitted by Members for Sharing, Total Qualifying Medical Bills, and Total Amount Paid Through the HCSM for Care, 2021²²



On average, in 2022, HCSMs reported that about 50% of medical bills submitted by members were determined to be eligible for sharing by the HCSM.

²² Some HCSMs were left out of this chart. Solidarity does not track state level data and does not collect data on total share amounts submitted for sharing. United Refuah was omitted due to small membership and \$0 reported for most financial categories. CHM reported in 2023 that 2022 financials were inaccurate and therefore were excluded.

Figure 4: 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, 2022²³



5.1: Administrative Fees

The health arrangement reporting form asks HCSMs about member administrative fees. In 2021 and 2022, 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 for 2021 and 2022.

Table 8. HCSM Administrative Fees, 2021 and 2022

Health Care Sharing Ministry	Member Administrative Fee (2021)	Member Administrative Fee (2022)

²³ Solidarity does not track state level data and does not collect data on total share amounts submitted for sharing.

Altrua	N/A- Did not submit	9% administrative fees per member
Medi-Share	15.5% administrative fees per member	17.75% administrative fees per member
Christian Healthcare Ministries (CHM)	No formal fee structure. Retained approximately 5.5% of gifts for administrative expenses. All MA members signed an acknowledgement that a small portion of their gift may be applied to the ministry's administrative expenses, and amounts deducted are reported to the membership every year.	No formal fee structure. Retained approximately 6.1% of gifts for administrative expenses. All MA members signed an acknowledgement that a small portion of their gift may be applied to the ministry's administrative expenses, and amounts deducted are reported to the membership every year.
Christian Mutual Med Aid (CMM)	N/A- Did not submit	9.5% (\$78.19) administrative fee per member, does not change based on membership type or length of membership.
Liberty HealthShare	<p>\$141,637 per state.</p> <p>The initial two months of a member's contribution is used for administrative costs to be used at the discretion of the ministry.</p> <p>Beginning with the third month of membership and following, an administrative fee not exceeding 12% is added to each monthly share.</p> <p>Annual membership dues of \$75 are also utilized to defray administrative costs. Administrative costs are deposited into an operating bank account and not combined with member sharing funds.</p>	<p>\$116,637 per state.</p> <p>The initial two months of a member's contribution is used for administrative costs to be used at the discretion of the ministry.</p> <p>Beginning with the third month of membership and following, an administrative fee not exceeding 12% is added to each monthly share.</p> <p>Annual membership dues of \$75 are also utilized to defray administrative costs. Administrative costs are deposited into an operating bank account and not combined with member sharing funds.</p>
OneShare	Some external enrollment partners charge and receive a monthly administration fee from members ranging from \$15-\$30 per month. OneShare does not receive a specific administration fee.	N/A- Did not submit

Samaritan	Members in Samaritan Classic and Basic send their first three month's share, and one month each year thereafter, to the office for administrative costs. Members in Samaritan Given have 90% of their first three months shares used for administrative expenses, and 20% of each month's share thereafter.	Members in Samaritan Classic and Basic send their first three month's share, and one month each year thereafter, to the office for administrative costs. Members in Samaritan Given have 90% of their first three months shares used for administrative expenses, and 20% of each month's share thereafter.
Share HealthCare	N/A- Did not submit	<p>Administrative fees per member, by program type.</p> <p>Caring Program Fees: Single (\$114.83), Couple (\$131.83), Family (\$176.03)</p> <p>Kindness Program Fees: Single (\$95.13), Couple (\$114.93), Family (\$152.23)</p> <p>Compassion Program Fees: Single (\$60.33), Couple (\$92.33), Family (\$117.33)</p>
Solidarity	Administrative fees are based on household size and the weighted average is 13% per household.	Administrative fees are based on household size and the weighted average is 13% per household.
United Refuah	Initial enrollment fee of \$125 including first year membership. 100% of first two months contributions for administrative fees. 20% of subsequent months contributions amount is allocated to administration, 80% to member share fund. Annual membership renewal fee of \$75.	N/A- Did not submit
Zion Health	Each month, 10% of monthly contributions received are retained by Zion Health in reserve to cover actual administrative costs.	Each month, 10% of monthly contributions received are retained by Zion Health in reserve to cover actual administrative costs.

5.2: Rate Negotiation

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 a combination of these negotiation activities.

Table 9. HCSM Rate Negotiation, 2021 and 2022²⁴

Health Care Sharing Ministry	2021 & 2022
Altrua	Crown Administrator's Negotiations team and repricing through their relationship with Zelis.
Medi-Share	Allows members to negotiate and offers an internal negotiations team as well as an option to use a vendor partner.
Christian Healthcare Ministries (CHM)	Individual members may negotiate rates with individual providers for specific services. The ministry assists individual members with this from time to time. Some negotiation for members is done by American Medical Pricing Solutions, with notice to the member.
Christian Mutual Med Aid (CMM)	CMM and members negotiate rates.
Liberty HealthShare	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	Does not directly negotiate provider rates, but contracts with a provider network to obtain access for members to rates negotiated by the network.
Samaritan	Members, the arrangement, and other entities all negotiate billed amounts.

²⁴ Information in Summary Tables 4, 5, 6, 7, and 10 reflects reported information for the respective HCSM's most recent reporting year. Any notable changes reported by HCSMs over time are indicated in the relevant section, however, most information reported year over year by each HCSM has remained consistent.

Share HealthCare	The Medical Cost Saving Solution, Ltd and Stark Advocacy, Ltd. negotiate the members' medical bills with the providers.
Solidarity	Anasazi Medical Payment Solutions, Inc. dba Advanced Medical Pricing Solutions assists with negotiations with providers and access to provider discounts, and provides repricing services for Member medical bills.
United Refuah	Members are permitted, but not required, to negotiate rates with providers. Refuah may negotiate case agreements after the member has selected the provider, and a diagnosis and treatment have been identified. Case Agreements are generally used for surgeries and maternity. No internal or external party receives compensation based on any amount or percentage of savings that have resulted through a negotiated rate.
Zion Health	Members are primarily responsible for requesting self-pay discounts.

6.0: Conclusion

The Health Connector received in-depth information about health arrangements' membership, operations, and finances for 2021 and 2022, in the third and fourth years of the reporting requirements for health arrangements seeking MCC status. This information clarified the prevalence and scope of these health arrangements in the Commonwealth and shed light on the activities and operations of such arrangements. Previously there has been minimal, if any, state collection and reporting of information on practices of health arrangements. Overall, the total number of HCSM enrollees reported to the Health Connector has increased since 2019 and new HCSMs continue to report to the Health Connector. In addition, operational and financial practices of HCSMs have remained consistent over time and continue to highlight the stark differences between ACA-compliant, comprehensive health insurance and HCSMs.

Health Connector staff will continue to refine the reporting form to improve data collection in future reporting years. These data will assist the Commonwealth in ensuring that future policy approaches to the individual mandate and health coverage generally are based on a clear, detailed understanding of current trends, 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

Appendix A: Standards for health arrangements provided by an established religious organization seeking minimum creditable coverage status

The MCC regulation amendments approved by the Health Connector Board in 2019 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
- 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 6.²⁵

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 the new standards necessary to be deemed a health arrangement that provides MCC.

²⁵ To date, the Health Connector has not used this provision to identify any additional criteria that HCSMs must meet.

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>.