



*The Commonwealth of Massachusetts  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza, 6<sup>th</sup> floor  
Boston, MA 02108*

DEVAL PATRICK  
Governor

GLEN SHOR  
Board Chair

JEAN YANG  
Executive Director

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

**Minutes**

Thursday, October 10, 2013  
9:00 AM to 12:00 PM  
One Ashburton Place  
Boston, MA 02108  
21<sup>st</sup> Floor Conference Room

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**Attendees:** Jean Yang, Nancy Turnbull, Louis Malzone, Ian Duncan, Dolores Mitchell, Kristin Thorn, George Gonser, Celia Wcislo and Jonathan Gruber and Joseph Murphy. Scott Jordan attended in place of Glen Shor. Andres Lopez was absent.

The meeting was called to order at 9:06 AM.

- I. Minutes:** The minutes of the September 12, 2013 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Jean Yang began by reporting on membership. She stated that Commonwealth Care membership had a relatively small increase that Commonwealth Choice had a slight attrition to 43,526 and that overall enrollment in the Health Connector (CCA) was at 253,745 members. Ms. Yang continued by noting that this was the first Board meeting since the beginning of open enrollment and that during the federal open enrollment period every Board meeting will have a check-in agenda item. Ms. Yang thanked everyone for contributing to the success of October 1 as the first day of open enrollment and stated that the journey is far from complete.
- III. Open Enrollment Check-in:** The PowerPoint presentation "Open Enrollment Check-in" was presented by Ashley Hague and Roni Mansur. Mr. Mansur began the presentation by explaining that the week leading up to October 1 had many federal milestones including an Operational Readiness Review, Implementation Review and Authority to Connect with the Federal Data Services Hub. He reported that on October 1, 2013 at 8:27 AM a new website was released for non-group enrollment. Mr. Mansur

then presented the number of website hits, page views and unique visitors. Ms. Turnbull asked what website hits meant. Mr. Mansur answered that a website hit is a measure of overall system activity. Mr. Mansur continued by stating that the website is not nearing the capacity for functioning. In addition, he explained that, as with any large IT implementation, the website is currently in a stabilization phase which can last for several weeks. Mr. Mansur explained the system in place for issue resolution and how that involves external stakeholders. Mr. Mansur then discussed account creation and enrollment statistics. He stated that at the end of day on Tuesday, October 8, there were over 10,000 accounts created, 7,000 applications started, 1,000 applications submitted and nine applications for dental coverage. Mr. Gruber asked whether Commonwealth Care members needed to apply at this time. Ms. Hague stated that these members should begin applying now and that members had been notified that open enrollment began on October 1. She further explained that Commonwealth Care ends on December 31, 2013 and that members will have until December 23, 2013 to enroll in new coverage. Ms. Wcislo asked when Medicaid notices will be sent for those moving programs. Ms. Thorn replied that this will occur in early November. Mr. Duncan asked how many applicants were current Commonwealth Care members. Ms. Hague responded that CCA does not have that level of data yet, but that there was anecdotal reporting from the call center that some of these individuals are current Commonwealth Care members. Mr. Mansur then provided an overview of the customer service center activity. He discussed call volume during open enrollment and stated that both walk-in centers were open for business. Ms. Mitchell asked for statistics on how many individuals show up in person to the walk-in centers. Mr. Mansur stated that he would look into getting that data.

Ms. Hague then provided an overview of outreach and communications to date. She explained that CCA has expanded the scope of the outbound calling campaign to target those individuals who have not applied or who have applied but not selected a plan or paid. She also stated that open enrollment packets will be going out in mid-October with additional notices and mailings going out in November and December. Ms. Hague then reviewed work being done by Certified Application Counselors (CACs) and Navigators. She explained that there are weekly meetings and check-ins with these groups. She then thanked Health Care for All for their collaboration on developing materials for CCA's outreach efforts. Mr. Gruber asked what ConnectorCare individuals see when they log on to shop. Ms. Hague explained that those individuals will only see ConnectorCare results and could unfilter to see other plans but will receive a warning message when doing so. Mr. Duncan asked Ms. Hague to remind him how the lawfully present population is being treated. Ms. Hague explained that these individuals will be eligible for advanced premium tax credits (APTC) and cost sharing reductions (CSR) but will not be eligible for Medicaid. She further stated that these individuals will have to file taxes to take advantage of the tax credit subsidy. Ms. Hague ended the presentation by providing an overview of the media campaign being done and also presented one of the most recent CCA commercials.

**IV. Draft ConnectorCare Regulations (VOTE):** The PowerPoint presentation “IV. Draft ConnectorCare Regulations (VOTE)” was presented by Ashley Hague and Merritt McGowan. Ms. Hague began the presentation by stating that CCA is issuing draft regulations for ConnectorCare which will be followed by a comment and notice period and public hearing on November 21. Ms. McGowan provided background on the Commonwealth Care program and how that model was used to create the ConnectorCare program. Ms. Turnbull asked whether there were any other states who were applying additional state dollars for a similar program. Ms. Hague answered that Vermont, New York and Washington State had expressed an interest in this. Ms. McGowan discussed the success of the Seal of Approval process which yielded lower premiums, making this program more affordable for members. She explained that eligibility will be for those from 0-300 percent of the Federal Poverty Level (FPL), that enrollees will be able to choose among plans and that Plan Type 1 members will still have a zero dollar plan available to them. Further, she explained that all individuals within the same Plan Type will have the same premiums and cost sharing options. Ms. McGowan explained that the new features of the ConnectorCare regulations will be alignment with federal laws, the removal of provisions that are no longer relevant and the inclusion of certain state policy decisions. In addition, income for ConnectorCare will be determined based on Modified Adjusted Gross Income (MAGI) tax household income, which is different than how Commonwealth Care eligibility is calculated. Mr. Duncan asked how MAGI is verified. Ms. Hague explained that it is calculated based upon who is in the tax household and whether projected income matches prior income reported to the IRS in previous tax filings. Ms. Hague then explained that even more individuals will be able to access subsidized coverage through CCA that were previously crowded out. Ms. Turnbull asked how many individuals will be newly eligible for subsidized coverage through CCA. Ms. Hague answered that while CCA knows these individuals exist, the data is not available. She stated that she would follow up with the Department of Revenue (DOR) as to whether they had that level of data.

Ms. McGowan then continued by explaining the changes in ConnectorCare as they relate to enrollment. She stated that members are now able to determine how much of their APTC they would like to take and that this would directly affect their premium. Further, she explained that hardship waivers will be available to ConnectorCare members, but that payment plans will not be available, because they are operationally complex and could increase financial exposure to members. Ms. Wcislo asked what happens when an individual cannot pay their premiums and wants to get back into ConnectorCare. Ms. Hague explained that the first month of a delinquency will be a grace period but that if a member is disenrolled for non-payment after that point, the member must pay arrearages before being restored to coverage. She explained that members have 30 days from disenrollment to do this; otherwise they would need to meet a triggering event to get back into coverage. Ms. McGowan then described triggering events that will be available under ConnectorCare. She explained that triggering events are life events that allow members to enroll in a new plan or change plans. Federal regulations allowed CCA to establish additional, more consumer friendly triggering events in addition to the federally established triggering events. Ms. McGowan stated that because CCA wants to maintain

the member experience of Commonwealth Care, CCA is proposing additional triggering events to allow for more flexible enrollment for the subsidized population.

Ms. McGowan then reviewed the timeline and regulatory process. Ms. Mitchell recommended a larger venue for the hearings, which Ms. McGowan took under advisement. The Board then unanimously approved the issuance of 956 CMR 12.00 in draft form for public hearing and comment

- V. Draft Student Health Insurance Program Regulations (VOTE):** The PowerPoint presentation, “Draft Student Health Insurance Program Regulations (VOTE)” was presented by Andrew Egan and Ashley Hague. Mr. Egan began the presentation by providing background on the Student Health Insurance Program (SHIP) in Massachusetts. He explained that Massachusetts requires all schools to offer a SHIP plan and that students must enroll in this plan unless they have comparable coverage. He stated that this applied to full and part-time students who take up to 75 percent of the full time course load. Further, he stated that CCA now has authority for these regulations under Chapter 224 of the Acts of 2012.

Ms. Hague continued by explaining that student health insurance has not historically provided the best coverage for Massachusetts students. She explained that there was low take up, non-comprehensive benefits and very low medical loss ratios. Ms. Hague explained that a student health insurance steering committee was started in 2009 to rectify these issues. Mr. Gruber asked whether many of these students stay in their parents’ health insurance plans. Ms. Hague stated that there are student who stay on dependent coverage or who remain in Medicaid. Ms. Turnbull stated that she believes the vast majority of students stay on their parents’ plans.

Ms. Hague explained that the Affordable Care Act (ACA) contains key provisions that change student health insurance. She described the Medicaid expansion under which some students will continue to be eligible for Medicaid coverage after age 19, the extension of tax credits to the student population and allowing students nation-wide to stay on their parents’ coverage. She also discussed the regulation of fully insured health plans, which sets requirements for benefits and other consumer protections. Ms. Hague explained that Massachusetts has four self-funded schools, which are not regulated by the ACA; however, CCA’s regulations extend to the self-funded schools.

Mr. Egan then explained that CCA submitted a request for public feedback to various stakeholders to guide redrafting of the SHIP regulations. CCA received about 20 responses. Ms. Wcislo asked whether CCA sent the questionnaire to students. Ms. Hague explained that administrators at these schools work very closely with students in picking plan designs and are very much informed by student leadership when making decisions. Mr. Gonser requested a copy of the questions sent. Mr. Egan then explained that the draft regulations extend the requirements of the ACA to self-funded insurance plans offered by schools, in order to ensure that all students in the Commonwealth receive the same protections. Mr. Egan explained that all SHIPs will be required to cover the 10 Essential Health Benefits including lab services, prescription drug coverage and

maternity care. In addition, he stated, there is no cost sharing for preventive services and no yearly or lifetime benefit limits. Ms. Wcislo asked whether plans are required to cover behavioral health services. Ms. Hague explained that CCA's draft regulations tied the benefits to the state's benchmark plan elected by DOI so all of those benefits and services are covered. Ms. Hague emphasized that Massachusetts is raising the floor and that this will significantly improve student health insurance plans in the Commonwealth.

Ms. Hague then reviewed the plan design refinements. Mr. Gruber asked whether students can stay on their parents' coverage or purchase coverage through CCA instead of purchasing their school's health plan. Ms. Hague answered that this was the case because students can waive SHIP coverage for "comparable coverage" as defined in the regulations. She clarified that this would not include Health Safety Net as primary coverage, MassHealth Limited or Children's Medical Security Plan under the draft regulations. Mr. Gruber then asked what the effect of Marketplace eligibility will be on SHIP. Ms. Hague stated that schools will have to work hard to keep premiums low to be competitive. Ms. Hague then reviewed the SHIP waiver rules and stated that the proposed amendments to the regulations add certain coverage types a school must waive for. She also stated that the regulations propose that schools may establish additional criteria for plans to be considered comparable so long as the minimum SHIP requirements were satisfied and schools allow what is per se comparable and not per se not comparable as outlined in the regulations. Ms. Hague then provided an overview of the more streamlined reporting requirements and the regulatory timeline for notice and comment on the draft SHIP regulations. The Board then unanimously voted to approve the issuance of amendments to 956 CMR 8.00 in draft form for public hearing and comment.

The meeting was adjourned at 11:20 AM.

Respectfully submitted,  
Rebekah D. Diamond