



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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Board Chair

KARYN POLITO
Lieutenant Governor

LOUIS GUTIERREZ
Executive Director

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

Thursday, December 9, 2021
9:05 AM to 11:00 AM

Live Stream

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

Attendees: Louis Gutierrez, Marylou Sudders, Nancy Turnbull, Michael Chernew, Mark Gaunya, Matthew Veno, Rina Vertes, Gary Anderson, Dimitry Petion, Cassandra Roeder (who was sitting by designation on behalf of Secretary of Administration and Finance Michael Heffernan)

The meeting was called to order at 9:05 AM.

- I. Minutes:** The minutes of the October 14, 2021, meeting were approved by roll call vote, Commissioner Anderson abstained because he was not in attendance at the October meeting.
- II. Executive Director's Opening Comments:** Mr. Gutierrez began the meeting by providing the Board with an update on the operations of the Health Connector contact center. He reminded the Board of the rocky start following the contact center transition to the new vendor, Accenture, citing the known technology issues and challenges with customer service representative attrition. He noted that after speaking with sister Exchanges the labor challenges are a widespread phenomenon being experienced in other states. He stated that despite the early challenges, the contact center is now posting service levels that are better than they have been in years. He outlined the work that remains ahead but noted that the contact center is on a sound path towards providing highly responsive customer services. In response to these comments, Secretary Sudders acknowledged the hard work of the Health Connector (CCA) team to right the ship. She added that she recently joined a meeting with CCA and the highest level of Accenture leadership, noting that the vendor accepted all responsibility for the early challenges. She stated that they made it clear that

they were putting the necessary resources into improving customer service despite any related costs.

Mr. Gutierrez then recognized that the first enrollment deadline of Open Enrollment (OE) is approaching on December 23rd, with payments required by this date for coverage effective January 1, 2022. In addition, he shared that after closing in March of 2020 at the onset of the pandemic, walk-in centers will be reopening in the coming weeks. He informed the Board that largely due to the public health emergency and related protections, CCA anticipates lower enrollments for the upcoming OE. He stated that it is expected that thousands of residents will become eligible for coverage through CCA when the public health emergency ends, and MassHealth and CCA are actively working together and planning for this event. He informed the Board of CCA's ongoing work with the Department of Revenue (DOR) to prepare to receive information and conduct outreach to uninsured tax filers, who request to receive more information about the health insurance coverage options available through CCA when they file their taxes.

Prior to moving on to the Strategic Plan agenda items scheduled for the meeting, Mr. Gutierrez shared with the Board that based on recently released data from the U.S. Census Bureau and the Center for Health Information and Analysis (CHIA), the uninsured rate in the Commonwealth remains the lowest in the country and more people are insured than previously. He noted that the coronavirus pandemic plays a role in these findings, including increases in enrollment in public coverage, and stated that this is an opportunity for CCA to maintain and expand upon these positive coverage gains.

III. Health Connector's Equity Agenda: Program and Policy Work Update: The Presentation "Health Connector's Equity Agenda: Program and Policy Work Update" was presented by Audrey Morse Gasteier, Marissa Woltmann, Nelson Teixeira, and Maria Joy Dawley. Ms. Gasteier began the presentation by providing the Board with an overview of the Health Connector's goals as it pertains to prioritizing health equity in its role as the state's health insurance marketplace. She stated that CCA will focus on evaluating policies and operational procedures to ensure that services are equitable and accessible by all populations, and will approach this work with humility and curiosity. She noted that this work will be iterative and reflective of on-going progress. She reviewed the focus areas of the presentation before the Board, noting that the presentation would touch upon equity-related dimensions of CCA's work where CCA has already taken steps or has steps planned. She noted that data collection continues to play a critical role in informing next steps in these focus areas.

She continued with the review of the racial coverage gaps in Massachusetts, noting that despite universal increases in health insurance coverage rates over the last 15 years, health insurance coverage disparities in communities of color remain. She stated that CCA has intensified its focus on new and additional steps it can take to bring people into coverage, including increasing its presence in communities through the Navigator program and / or through other community partnerships. She highlighted how CCA will continue to leverage and enhance the use of ethnic media and messaging in communities with the greatest need

and explore how the Health Connector for Business can also expand upon its work to make coverage for small employers in communities of color more equitable and accessible.

Ms. Gasteier then provided a review of action CCA has taken to date to work towards these goals, including initiating an off-cycle Navigator procurement in Lowell, a community that was not previously served by a Navigator but has a high concentration of residents of color and immigrant populations. She highlighted the next steps CCA has identified to make progress in these areas. In response to a question from Ms. Turnbull regarding how this progress will be evaluated, Ms. Gasteier welcomed thoughts from the Board before noting process metrics that could be utilized, including tracking new partnerships and how those relationships drive enrollments. Ms. Turnbull noted she supports the efforts identified by CCA and welcomes the opportunity to discuss these efforts further.

Secretary Sudders agreed with Ms. Turnbull's comment and noted that there are lessons that can be learned from the rollout of the vaccine canvassing campaign, including how work with faith-based organizations in communities can be critical in supporting CCA's efforts. Ms. Turnbull noted that it is important to keep in mind that even when examining countries with universal health care systems that do not require affirmative action, there is still a portion of their populations that remain uninsured, but an evaluation of CCA's work and what else can be done would be beneficial for Massachusetts and all states. Secretary Sudders agreed that this is a great opportunity to identify opportunities not yet realized.

Mr. Teixeira then informed the Board that as a result of preliminary internal reviews of policies and procedures, CCA has identified administrative burdens and points of abrasion for members when applying for, enrolling in, and maintaining coverage. He noted that while there are some procedures that are required by federal law, there are areas where CCA can focus on mitigating these burdens in order to avoid confusion and reduce the risk of losing prospective members. He noted that CCA identified policies, including the retroactive enrollment and reinstatement policies, that have been updated to reduce administrative burdens and mitigate unnecessary gaps in coverage for members. He noted that CCA recently reviewed demographic information associated with escalated cases and found a higher proportion of escalated cases were from White, English-speaking individuals. He continued to note that CCA will be taking a 'look within' to identify what steps can be taken to reduce the administrative burdens and make channels to address these obstacles more accessible to individuals who may be less likely to use available escalation channels, including those who are non-English speaking. In response to a question from Mr. Petion regarding the obstacles being faced by members in English speaking communities, Mr. Teixeira clarified that it is not that English speaking members are more likely to face barriers, rather are more likely to use escalation channels to seek help for these issues. He continued to note that the obstacles and barriers are not unique to English speaking members, but demonstrates the need to make sure non-English speaking members have a culturally competent means to escalate their cases.

Dr. Chernew asked whether the reference to community partners includes leveraging providers, especially those who treat chronic conditions, as ways to reach individuals who might have experienced some of the abrasion points. He noted that some of these

individuals may still be accessing services because of their chronic conditions, and it could be worthwhile to evaluate partnering with these providers as ways to connect with these individuals.

Mr. Teixeira continued with a review of on-going work being conducted by CCA to make sure that access is equitable and helpful to all groups and reviewed the next steps in this process. Secretary Sudders commended CCA for conducting an internal review of the escalations process to determine if there are disparities between who uses the services and why others are not, noting the importance of conducting this work.

Ms. Dawley then informed the Board of CCA's efforts to examine and reduce the inequities associated with cost-sharing, benefit, and formulary design for health care services. She reminded the Board that for plan year 2022 CCA has required that all of its health insurance products offer a pen injector insulin at Tier 1 cost sharing, aimed towards addressing the disproportionate impact of diabetes on the African- American and Black communities. She then explained that over the years there has been a diminishment of network breadth in the ConnectorCare program which, as a result of the composition of the ConnectorCare program, disproportionately impacts Black and Hispanic/Latino enrollees and reduces their choice of providers. She reviewed action CCA has taken to ensure that ConnectorCare members can more reasonably afford access to a wider population of providers. She continued, sharing that CCA has evaluated its health insurance products to check for discriminatory benefit and formulary design, while also asking carriers about their intended activities to address racial inequities and health disparities.

Dr. Chernew applauded CCA for their work in this area and in response to his question regarding the role of the actuarial value (AV) calculator in CCA's decision making relative to which services are made more affordable and how that impacts the costs of other services or products, Ms. Dawley noted that this is always top of mind for CCA whenever any policy idea is considered. She continued to explain that CCA plans are typically designed at the very top of the AV range, which is intentional to make sure that plans are as generous as possible, but also requires CCA to balance generous designs while saving room for value-based insurance design ideas so that plans continue to fall within the required AV ranges. She concluded that cost-sharing within the ConnectorCare program does not have the same challenges as plans outside of ConnectorCare, but CCA welcomes thoughts and feedback on plan designs.

In response to a question from Executive Director Veno regarding network breadth, Mr. Gutierrez explained that CCA has taken action to enhance premium stabilization activities so broader network plans are more affordable to ConnectorCare membership, and that CCA wants to take a look at other ways CCA may be able to make broader network plans available to its ConnectorCare membership.

Ms. Turnbull noted that it is exciting to look at some of these longstanding issues as equity issues, citing that people who have increasingly low incomes have access to separate but unequal marketplace experience and access to choices, and that certain carriers have had the ability to extract themselves from markets that historically serve lower income markets.

She offered to provide assistance as CCA continues to review and grapple with these longstanding equity issues that are not unique to Massachusetts.

Commissioner Anderson thanked CCA for their work on this and commented that the Division of Insurance shares this priority. He highlighted Nancy's comment that these issues are not unique to Massachusetts and informed the Board that the National Association of Insurance Commissioners (NAIC) created, for the first time, an executive level committee on race and insurance. He stated that there are a series of charges the committee is examining that relate to these longstanding equity concerns and explained how they directly pertain to health insurance. He informed the Board of the activity of the workstreams in progress, including efforts related to data collection, noting that he believes the findings may help to inform future work on this topic.

Ms. Woltmann then built upon Commissioner Anderson's comments related to the importance of improving data collection, informing the Board of CCA's recent activity in this space. She shared that CCA has been working with state partners to coordinate approaches to expand and improve data collection. She noted that federal rules require that race and ethnicity questions remain optional, but noted that CCA will be adding explanations to these questions to help individuals understand why this information is being asked. She added that there will be a new option to "choose not to answer" which will help CCA understand whether the data is unknown or if the choice was made to not provide this information. She informed the Board of additional activity that could lead to new questions and potential application language changes informed by this work.

Ms. Gasteier then reminded Board members of the key areas of focus for CCA and invited feedback on the proposed next steps as well as additional areas CCA should be considering. Secretary Sudders noted that all of the items identified by CCA will lead the agency's work in the correct direction, but recognized that it is a substantial undertaking in addition to the day-to-day business of CCA. In response to Mr. Veno's request for clarification on "monitoring and mitigating discriminatory plan designs" as part of CCA's future work, Ms. Gasteier explained that CCA would like to deepen the staff's ability to monitor plan designs, in accordance with ACA Section 1557 requirements, to ensure that a plan design does not inadvertently discriminate against a member that may have a certain health condition. Mr. Veno appreciated the explanation, confirming that this is a regulatory compliance tool that has fairness and justice at its core.

Ms. Turnbull elaborated that there is substantial analysis and evidence that suggest that there are deliberate plan designs that would discourage certain individuals from joining certain plans. She noted that there are more sophisticated tools now to assist in identifying these plan designs, whether it is intentional or not, but there are plans that are designed to avoid taking on certain risks.

Mr. Veno then contemplated network breadth and how it is woven into the equity agenda. He noted that narrow networks are not inferior on their own and serve a purpose in providing health insurance coverage for members seeking value, but recognized that the subsidy structure and the market share could contribute to the equity concerns. Mr.

Gutierrez agreed that CCA does not oppose narrow network products, but shared that the ConnectorCare population is very largely forced into narrow network designs as a result of carrier coverage and offerings, in contrast to the rest of the Connector and broader merged market. He continued that the focus on broader carrier participation and premium stabilization efforts to make broader network plans more accessible to lower income members is aimed at avoiding a two-tiered system. He reiterated that narrow networks serve a great purpose but should not be the only option for lower income and diverse ethnicity populations.

Ms. Vertes stated that she agrees that the phraseology used implies that narrow networks are inferior and reminded members that the cost of broader networks are a result of more choice and because expensive providers are included in those networks. She stated that the underlying issue is cost and that without addressing underlying costs larger carriers will submit more narrow plan designs if they are required to participate. Executive Director Veno agreed with Ms. Vertes and added that narrow network products are very important to CCA's competitive strategy and a tool to help drive down costs, but appreciated having a better understanding of how they can contribute to a two-tier system.

Ms. Turnbull commented that it is not so much that CCA runs the risk of having a two-tiered system rather, to an extent, already have a two-tiered system. She stated that there are a number of factors, including certain products and carrier participation, among reasons already mentioned that make it difficult or nearly impossible for certain individuals to access parts of the health care delivery system and health care market. She stated that it is an equity issue at its core and applauded CCA for beginning the conversation on this topic and welcomed additional conversation and collaboration in this space.

With no additional comments, Ms. Gasteier concluded that the robust conversation by members really touched upon the Connector's focus for the upcoming year and thanked members for their participation.

Dr. Chernew left the meeting at 10:01 AM

- IV. Covering the Uninsured: Approaches, Best Practices, and New Tools:** The Presentation "Covering the Uninsured: Approaches, Best Practices, and New Tools" was presented by Audrey Morse Gasteier, Marissa Woltmann, and Nikhita Thaper. Ms. Gasteier began the presentation by providing an overview of the topic before the Board. She noted that this item and related work builds upon the previous discussion on equity given that a disproportionate percentage of the uninsured are in communities of color or underserved communities. She stated that the presentation will provide a refreshed overview of what is known about the uninsured, what coverage they could be eligible for, and new tools to reach them and keep them in coverage. She shared that outreach alone may not be enough to bring the remaining uninsured into coverage and may need to be paired with new initiatives that ease onramps to coverage. She noted that CCA will stand up a new outreach initiative this spring that was made possible by passage of legislative language over the summer and that the presentation will detail this initiative along with identifying additional potential initiatives.

Ms. Thaper then provided a review of the remaining uninsured in the Commonwealth. She noted that while Massachusetts continues to lead the nation with the lowest rate of uninsured residents, the rate of uninsured has been largely maintained over the years, with approximately 200,000 residents remaining uninsured. She continued with review of the national and local data that sheds light on the uninsured in the state, and while the remaining uninsured continue to be largely non-elderly Hispanic or Black adults, data is showing that the gap in health insurance coverage is widening and disproportionately impacting more vulnerable state residents. She stated that among the uninsured the cost of coverage is the most commonly cited barrier to getting health insurance coverage, however data suggests that approximately 60 percent of the uninsured appear to be eligible for financial help either through MassHealth or CCA. In response to a question from Secretary Sudders regarding the number of uninsured residents who may be eligible for financial assistance, Ms. Thaper confirmed that while the estimate is an approximation, the data does omit residents of the state who may be uninsured and also ineligible for coverage due to lack of a lawfully present status. Ms. Turnbull commented that these figures seem to remain consistent with findings from DOR data that have held true over the last ten years.

Ms. Thaper then reviewed coverage trends over the first year of the coronavirus pandemic, noting that enrollment in employer sponsored health insurance has declined while overall health insurance coverage has increased. She noted that CCA has the opportunity to preserve the coverage gains resulting from pandemic protections. She continued with a review of coverage trends within the HIX system, noting that similarly to overall market growth, the HIX has seen an increase in enrollments though there is shift in the type of coverage that residents have, noting the most sizeable member shift is towards MassHealth coverage. Secretary Sudders noted that a large chunk of this shift is because states cannot participate in the renewal and redetermination process and there will not be a change in these trends until the end of the public health emergency when redeterminations can occur once again. Ms. Turnbull commented on her interest in learning more about what Health Safety Net data might say about enrollments.

Ms. Thaper then continued with a review of CCA outreach best practices, reminding the Board that outreach strategy is data driven, is focused on being linguistically and culturally appropriate and leverages community partnerships with Navigators in communities with the highest rates of insurance. She stated that while data plays a critical role in informing CCA's outreach approach, outreach alone may struggle to reach the remaining uninsured and bring them into health insurance coverage.

Ms. Gasteier then provided the Board with a review of CCA's new "Simple Sign-Up" program that, in partnership with DOR and as a result of successful legislative language, will enable CCA to conduct tailored outreach to uninsured residents who request to receive information about health insurance coverage options available to them when filing their taxes. This initiative will allow CCA to conduct direct communication to an individual who is uninsured rather than relying on broad messaging in communities where there are higher rates of uninsured. The program will also provide an opportunity for CCA to understand why an individual may now be uninsured despite having previously interacted with CCA,

and will give a line of sight into the uninsured in the state in general. She shared a draft of the language a tax filer may see when completing their tax return in 2021. She informed the Board of the communications CCA expects to send to individuals who request to receive more information, noting that communications will include estimated eligibility, and how to get support applying and enrolling in coverage. In response to a question from Mr. Petion regarding asking an individual to opt-in rather than opt-out, Mr. Gutierrez stated that because this is dealing with tax related information CCA wants to respect the ability for taxpayers to say that they do want to receive information so that they do not feel as though their information is being shared without their consent.

Ms. Woltmann informed the Board of CCA activities since passage of the language in July. CCA has been working towards implementation, including drafting agreements between CCA and DOR, designing the IT process, and developing the communications plan. Ms. Woltmann noted that research will inform CCA's outreach approach individuals. She shared examples of experiments within CCA and on the national level that show that customized notices have a higher success rate of nudging individuals to take the desired action and stated that CCA also intends to include information for members on how they can take advantage of local Navigator supports and stated that CCA is still exploring opportunities associated with outbound calling to these members. She then provided a review of measures CCA is taking to ensure privacy and security for these members. Ms. Turnbull expressed her excitement that CCA is moving in this direction. Secretary Sudders agreed and noted that MassHealth is also taking action to move in a similar direction.

Ms. Woltmann then reviewed CCA's interest in exploring additional opportunities to streamline enrollment for residents. She explained the process of applying can be a significant investment of time, especially for those who may have the greatest need for coverage, citing the "time-tax" associated with applying and the challenges that may often discourage a person from completing the application process. These burdens are often more likely to fall on a person of color, given the income and employment dynamics that often lead people to individual market coverage. She elaborated that CCA is exploring opportunities to automatically enroll applicants who are eligible to a \$0 plan. She noted that there are a few approaches that can be used to identify individuals who would be eligible to be auto-enrolled and noted that pre-ACA CCA conducted auto-enrollment of members. She provided additional details on auto-enrollment in Massachusetts pre-ACA and explained that when auto-enrollment ended, there was no increase in active enrollment, emphasizing that auto-enrollment is an important pathway to coverage for individuals unlikely to enroll on their own. Ms. Turnbull noted that there is more and more evidence supporting passive enrollment programs even outside of health insurance coverage.

Ms. Woltmann then noted that CCA would continue to review its own policies and procedures to identify where members face challenges and how CCA can introduce flexibilities, make changes, or implement new procedures to reduce member abrasion and uninsurance. She concluded noting that CCA will continue to work to increase rates of insurance in the Commonwealth and will apprise the Board and the public of progress that is made as CCA works towards these goals. In response to a question from Ms. Turnbull regarding other states use of waivers to enroll individuals who may otherwise not be

eligible due to legal status, Ms. Woltmann stated that she can look more into the details of these proposals.

Secretary Sudders commented on the heartiness of the content of the agenda items presented to the Board, noting that it is a lot, but that they are the right topics and important topics. Mr. Gutierrez agreed and noted that this will all take place alongside the expected unwinding of the public health emergency. Ms. Turnbull commented on how much she enjoyed the topics before the Board. Mr. Gutierrez thanked the Board for their continued support over the years to get CCA to a place of stability so that these topics can be discussed.

With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:40 AM.

Respectfully submitted,

Erin E. Ryan