



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

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Board Chair

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Lieutenant Governor

LOUIS GUTIERREZ
Executive Director

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

Thursday, March 10, 2022
9:00 AM to 11:00 AM

Live Stream

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

Attendees: Louis Gutierrez, Marylou Sudders, Nancy Turnbull, Michael Chernew, FayeRuth Fisher, Mark Gaunya, Rina Vertes, Dimitry Petion, Keisha O'Marde-Jack, John Stefan (who was sitting by designation on behalf of Secretary of Administration and Finance Michael Heffernan), and Martha Kwasnik (who was sitting by designation on behalf of Commissioner of the Division of Insurance, Gary Anderson)

The meeting was called to order at 9:02 AM.

Prior to beginning the official business of the Health Connector Board meeting, Secretary Sudders informed the Board that Ms. Fisher would be leaving her role with SEIU and therefore this would also be her last meeting as a member of the Board. Secretary Sudders shared what a privilege it was to sit on the Board with Ms. Fisher, noting her dedication to representing the needs of residents and keeping the member experience at the forefront of her advocacy.

Ms. Turnbull then shared what a wonderful Board member Ms. Fisher had been. She stated that she was calm and steady while being a fierce representative of workers and families. She continued to express how much she learned from Ms. Fisher and commented on the qualities that made her an effective advocate and commended her on her commitment to health justice and equity.

- I. Minutes:** The minutes of the December 2021 meeting were approved by roll call vote, Ms. Kwasnik, Ms. O'Marde-Jack, and Mr. Stefan abstained because they were not in attendance at the December meeting.
- II. Executive Director's Opening Comments:** Mr. Gutierrez began the meeting by noting the fullness of the days agenda, including a preview of the proposed 2023 Seal of Approval

(SOA) which, as planned, would expand benefits and coverage options for members in new ways over the next two years. He stated that Health Connector (CCA) staff conducted thorough analysis and worked closely with stakeholders to develop the proposed initiatives that closely align with CCA's strategic plan. He shared his excitement for this particular agenda item and the new ground that it will cover. He reminded the Board of the changes in the health insurance coverage landscape over the course of the last two years, citing that health insurance coverage in Massachusetts is at an all-time high. He continued to note that the last two years have seen a shift in where individuals receive coverage, noting that, though retention of members in CCA was high, enrollment through the Health Connector is lower than in years past with a shift in membership being attributed to the federal Medicaid protections. He informed the Board of the work that CCA has already started in coordination with MassHealth, the state's Medicaid agency, with respect to preparing for the end of the federal Public Health Emergency (PHE) to ensure that everyone who needs health insurance coverage receives it and has a smooth transition during this process. He provided a review of recent Open Enrollment statistics, noting that Massachusetts continues to lead the country in the rate of insurance and citing a high volume of plan selections made by members during the prior months.

Mr. Gutierrez then reviewed the remaining agenda items before the Board, including request for continued joint engagement with the District of Columbia Health Benefits Authority (DCHBX) to operate the small business platform. He informed the Board that CCA continues to monitor the national policy landscape and how it will impact plan year 2023 (PY2023), stating that there is potential that the expanded federal advance premium tax credits (APTCs) authorized through the American Rescue Plan could expire at the end of 2022, impacting tens-of-thousands of individuals at the same time that individuals may be transitioning from coverage as a result of the end of the PHE. He informed the Board that implementation planning to launch the Simple Sign-Up program is active, which will allow uninsured tax filers can check a box to have their information sent to CCA to begin working on gaining coverage.

Prior to proceeding into the formal agenda items, Mr. Gutierrez took a moment to mark Ms. Fisher's last day as a Health Connector Board member. He noted the tremendous contributions that Ms. Fisher has made to the Health Connector, recognizing her commitment to the member experience and profound engagement with staff to foster connections within the organized labor community.

Ms. Fisher thanked Board members and CCA for the tremendous learning experience that she has had as a member of the Board, appointed by the Attorney General. She thanked the Secretary for her leadership, noting she is a role model to so many in the world of social workers. She took a moment to thank Mr. Gutierrez, she noted that it has been astounding over the course of her time on the Board to watch his steady leadership, especially as CCA experienced incredible volatility that Mr. Gutierrez and staff aptly continued to handle to ensure that residents in the Commonwealth have the coverage that they need. She thanked the Board and CCA for the opportunity to learn alongside them and acknowledged that CCA will continue to be an incredible resource for members for many years to come as we work to achieve the goal of 100 percent coverage in the state.

III. 2023 Health and Dental Plan Proposed Seal of Approval (SOA): The Presentation “2023 Health and Dental Plan Proposed Seal of Approval” was presented by Audrey Morse Gasteier, Maria Joy Dawley, and Samuel Adams. Ms. Gasteier began the presentation by providing the Board with an overview of the Health Connector’s 2023 SOA priorities, noting that they are guided by the agency’s strategic plan and its equity framework. She reminded the Board of the SOA process and purpose, and walked through the key focus areas and the associated initiatives that would be reviewed. She then highlighted the initiatives within the 2023 SOA that advance CCA’s mission towards health and racial equity, including identifying select chronic conditions that disproportionately impact communities of color and zeroing out cost-sharing in ConnectorCare for high-value medications that treat these conditions, as well as eliminating copays for primary care physician visits within the ConnectorCare program to ensure ease of access to care in settings where many chronic conditions are managed. She informed the Board that CCA is taking steps in the 2023 SOA to require full carrier participation in the ConnectorCare program beginning for plan year 2024 to alleviate inequities among CCA enrollees and ensure access to a full range of carrier and provider choices, which are currently limited based on income and subsidy eligibility. She stated that CCA is also using the SOA process to continue to align with the EOHHS Behavioral Health Roadmap and minimize barriers to accessing gender-affirming care.

Mr. Adams then provided a description to the Board on the 2023 product shelf. He informed the Board of planned increases to maximum out-of-pocket amounts and increases in allowable deductibles for certain tiers, which has remained consistent with prior years’ strategies. He then provided a review of the proposed changes to the 2023 small group product shelf, which in response to survey feedback includes a change in allowable plan designs for PPO plans and expanding to include an offering in both employee choice models. He also reviewed the system preparations that are underway in advance of the Tufts Premier/Harvard Pilgrim Health Care merger.

In response to a question from Ms. Vertes regarding the new PPO requirements and carrier feedback, Mr. Adams stated that CCA has spoken to carriers and stakeholders about this requirement and received mostly positive feedback. He stated that this is not a requirement that is being imposed on carriers that do not currently offer a PPO and applies only to carriers currently offering PPOs.

In response to a question from Mr. Gaunya regarding the companion plans, Mr. Adams stated that if an HMO is offered, for example, as a high gold standard plan design, that carrier would also have to offer a high gold standard PPO plan. Ms. Dawley added that some of the carriers already do this and so it is bringing everyone into alignment, as CCA received feedback that some of the non-standard PPO plans are not particularly attractive plan offerings. In response to a question from Mr. Gaunya regarding availability of PPO plans in or out of state, Ms. Dawley stated that PPOs are offered to out of state employees and this is consistent with how the products are structured now, so this is more about plan design rather than any change in product structure or region.

Ms. Dawley then shared with the Board new member benefits in the 2023 SOA that are focused on promoting value, equity and increasing access to care, as noted by Ms. Gasteier earlier. She stated that in line with the EOHHS Behavioral Health Roadmap, the SOA encourages carriers to cover Recovery Coaches and Certified Peer specialists. She reviewed in greater detail the cost-sharing reductions for medications treating chronic conditions, and the zero-dollar copays for PCP sick visits. She stated that because these enhancements only apply to the ConnectorCare program, these benefits do not affect the actuarial value (AV) or premium amounts as they typically would if they were implemented in an unsubsidized plan. Ms. Dawley then provided greater detail regarding coverage for recovery coaches and certified peer specialists, noting that this initiative is an effort to increase access to quality behavioral health care, responding to national data and suggestions received as part of the public Request for Information (RFI) fielded by CCA earlier in the year. She also stated that when community behavioral health centers (CBHCs) become available, CCA staff recommend requiring carriers to contract with them.

In response to a question from Dr. Chernew regarding premium stability despite investments in these areas for ConnectorCare programs, Mr. Gutierrez confirmed that these are ConnectorCare program investments made through the Commonwealth Care Trust Fund (CCTF) and are not market wide mandates and do not have an impact on premiums. Dr. Chernew expressed his support for these initiatives, and confirmed that because this is in the ConnectorCare program, with some funds available to finance these initiatives, but not enough to reduce cost-sharing for all chronic conditions, CCA is focusing on high-value areas where there will be the most impact for the dollars spent.

Ms. Dawley then provided a deeper review of the chronic conditions that CCA selected to eliminate medication copays for because of their prevalence in the overall population and their disproportionate prevalence in communities of color. She provided details on the medication coverage requirements for each condition, sharing key data that supported CCA's decisions in this space. She elaborated on the additional coverage priorities in the SOA process targeted at aiming to advance coverage improvements in future years.

As Mr. Gaunya had been disconnected from the meeting after asking his question about PPOs previously, Ms. Dawley revisited his question and explained that the PPO changes are fundamentally with respect to shopping availability and a tightening of plan design.

In response to a question from Ms. O'Marde-Jack regarding behavioral health delivery and member accessibility, Ms. Dawley provided additional detail noting the goal is to ensure that carriers are covering these provider types wherever they are available, and that could be a treatment program in a community behavioral health treatment center, but essentially wherever these services may be provided. Secretary Sudders addressed telehealth availability noting that in Massachusetts telebehavioral health services are required, by law, to be covered by carriers at the same rate that in-person services would be covered to increase accessibility. She added that the Behavioral Health Road Map is a blueprint for change to increase accessibility. Ms. O'Marde-Jack thanked both for their responses noting the importance of being able to access to services that might typically be accompanied by longer wait times.

Ms. Turnbull expressed her support for all of these initiatives, and requested additional detail on changes with respect to gender-affirming care, and exploring ways to enhance oversight of parity, noting this has long been a challenge. Ms. Dawley noted that a number of these initiatives are in response to strong support CCA received in response to the SOA RFI. She informed the Board that with respect to gender affirming care, CCA is recommending that carriers enhance gender-affirming care case management expertise, whether this is a staff member or team with experience and skills to help members navigate this complex area of care. Ms. Dawley then responded to Ms. Turnbull's question on mental health parity, stating that CCA received recommendations that more information on the internal analysis that carriers are required to conduct on their own mental health parity process be collected. She continued that CCA will start with learning more about the carrier process and will then work with the Division of Insurance on next steps. Secretary Sudders applauded CCA's work to ensure that plans have respectful processes in place to help individuals seeking gender-affirming care, noting that this is not a linear path, and can be complicated. With respect to mental health parity, Secretary Sudders referenced longstanding work by the Commonwealth in this space, but emphasized the need for this work to continue, to be updated and to evolve over time to achieve true parity. Ms. Turnbull continued on the topic stating that progress has been made on the parity front and raised the notion that on both of these issues the expertise and capacity of carriers differs, and likely in different regions of the state expertise will differ.

Ms. Dawley then provided a review of the quality initiatives for 2023, noting that CCA will be adopting requirements of the Federally Facilitated Marketplace (FFM) aimed to reduce health and health care disparities in carriers' quality improvement strategies. She stated that there will also be system improvements that will allow for quality star ratings to be displayed within the HIX; currently these ratings are available on a standalone CCA webpage.

Ms. Gasteier then reminded the Board that currently ConnectorCare members do not have access to the full range of carriers that are otherwise available outside of ConnectorCare on the Exchange. She noted that this is concerning for a number of reasons, including equitable access for ConnectorCare members to carriers and providers of a member's choosing, and noted that this reduced range of options is an equity concern given that a greater proportion of ConnectorCare members are individuals of color. She emphasized that the recommendations related to expanded participation in ConnectorCare is not a commentary on the quality of offerings currently available, nor should it be perceived as a position in support of or against narrower or broader networks, rather a commitment to equitable choice. She reviewed the composition of the ConnectorCare program, noting that these members should have the right to select from the same range of carriers as their higher-income peers, even if it means that they will be required to pay more out of pocket. She commented on the spirit of the Exchange model, which is aimed at promoting choice, competition and providing a level playing field for all Exchange enrollees, irrespective of income. She then informed the Board of the regional fragility of the ConnectorCare program, noting that certain regions of the state may only have access to two or sometimes a single carrier, despite other carriers participating in those regions outside of

ConnectorCare. To address the potential vulnerability of the program and the issue of member choice, for plan year 2024 CCA will require that all carriers participating on the Exchange participate in the ConnectorCare program, and submit, as part of the 2023 SOA, the steps that they will take in preparation for joining the program. In response to a question from Ms. Turnbull regarding the expectation of carrier submissions and proposed networks, Ms. Gasteier stated that CCA would be articulating parameters to carriers, and acknowledged that the goal of this initiative is not to have the new joining carriers replicate the narrower networks that are already present in the program, aiming for there to then be a range of broad and narrow networks for members to choose from.

Ms. Gasteier then concluded the presentation with a final review of the SOA timeline, reminding members that this is the beginning of a nearly year-long process and that CCA welcomes comments and questions from the Board at every step along the way. Ms. Turnbull offered her praise for CCA and these initiatives, noting her support for them all. Ms. O'Marde-Jack shared Ms. Turnbull's praise, noting that the CCA initiatives are impressive.

IV. Topics Related to the Individual Mandate: The Presentation "Topics Related to the Individual Mandate" was presented by Marissa Woltmann. Ms. Woltmann began the presentation by providing an overview of the two individual mandate components that would be covered in the presentation, including the proposed 2023 Affordability Schedule and 2023 Minimum Creditable Coverage Deductible Limits, both of which the Board will vote to approve. She reminded members of the state individual mandate which remains effective despite repeal of the federal mandate in 2019. She informed the role the affordability schedule plays, sharing that the schedule primarily helps to determine if an uninsured individual may be required to pay a penalty for forgoing health insurance coverage during a plan year, but it also helps in setting premium amounts for the ConnectorCare program to ensure that affordable health insurance coverage is available for individuals. She emphasized that the affordability schedule does not require employers to offer coverage, nor does it penalize employers if an individual does not enroll in coverage. She then reviewed the affordability standards for individuals, providing a detailed overview of how the affordability schedule is designed for individuals and families based on percentages of income that certain cohorts of residents should be able to afford to pay. She walked the Board through the trajectory of the affordability schedule and how it is ultimately calculated for couples and families to ensure the affordability of ConnectorCare for two-adult households. In response to a question from Dr. Chernew regarding the affordability premium range for families, Ms. Woltmann confirmed that the premium contribution for individuals is used to then calculate the premium range for families and the percentage considered affordable is then based on that range.

Ms. Woltmann stated that CCA's affordability schedule changes slightly each year as annual adjustments to the federal poverty guidelines are made. These guidelines, she continued, respond to inflation from year to year, and high inflation in recent months influenced CCA's approach to the 2023 affordability schedule. She informed the Board that for 2023, CCA recommends a reduction in the percentage of income considered affordable for individuals and families to mitigate substantial increases in the enrollee

contribution for households in the ConnectorCare program. The proposed approach will result in a one to three dollar increase in monthly premiums for ConnectorCare enrollees.

Ms. Woltmann reviewed the proposed affordability schedules for individuals, couples, and families. Ms. Turnbull commented that the proposed approach is a very sound thing to do for this year as inflation continues, and with the expectation that next year will probably be similar to this year. With no additional comments or questions the Board voted unanimously through roll call vote to approve the affordability schedule for 2023 as proposed by CCA.

Ms. Woltmann then provided an overview of the role of Minimum Credible Coverage (MCC) deductible limits, reminding the Board that changes to deductible limits do not require a change in a deductible amount for consumers, rather they determine the type of coverage that a person can have and be in compliance with the individual mandate and not face a penalty. She reviewed the history of MCC deductibles and recent action by the Board to allow for deductible limits to be tied to annual indexing. She provided greater detail on the 2023 indexing, and CCA's determination that the proposed increases for 2023 are generally modest and if not pursued could lead to more Massachusetts residents being in non-compliant coverage and potentially face a premium. With no additional comments or questions the Board voted unanimously through roll call vote to approve the MCC deductible limits as presented by CCA.

- V. Open Enrollment 2022 Overview and Planning for the End of Continuous Medicaid Coverage:** The Presentation "Open Enrollment 2022 Overview and Planning for the End of Continuous Medicaid Coverage" was presented by Marissa Woltmann. Ms. Woltmann began the presentation by providing an overview of the presentation before the Board, noting that in addition to recapping Open Enrollment 2022, staff would provide an overview of planning, in collaboration with MassHealth, in preparation for the end of the federal PHE, which would end the Medicaid continuous coverage protections.

Ms. Woltmann reviewed the enrollment dynamics of the second Open Enrollment of the pandemic, noting that for the second consecutive year there was a decrease in overall enrollment, as enrollments with Medicaid protections in place were unable to outpace terminations. She highlighted that because of enhanced subsidy benefits made possible through the federal American Rescue Plan, there was a doubling of the number of members receiving federal-only tax credits. She continued to note that despite a decline in membership during the pandemic, Massachusetts remains a strong performer among Exchanges, with a strong retention rate contributing to its excess. While loss of subsidies was higher in OE 2022 than prior years, she reminded the Board of an IRS data issue CCA discovered prior to OE, that CCA worked to mitigate the impact of. She provided a review of the demographics of new members, noting that while in most cases new members look similar to members in prior years, new members are slightly older than in OE 2022 than they were in prior years. She noted that members shopped for new plans at a slightly lower rate than last year, but trends were generally consistent with prior OE periods. She stated that when members did shop for a new plan the activity was largely back and forth between Boston Medical Center Health Plan and Tufts Direct, or between silver and bronze plans.

Ms. Woltmann then provided an update on the population of members who, as a result of receiving unemployment benefits in 2021, were eligible for a zero-dollar premium plan through CCA in 2021. She noted that the vast majority of these 38,000 individuals renewed their coverage through CCA, and slightly less than 2,000 members moved into MassHealth coverage. In response to a question from Ms. Turnbull regarding current coverage rates, Ms. Woltmann stated that while official census data has been delayed and is expected in the near future, based on data available there have been increases in coverage in the Commonwealth.

Ms. Woltmann continued with an overview of contact center performance during OE followed by a review of outreach activities. She noted that OE 2022 featured a mix of in-person and virtual activities in response to rising Covid caseloads. She noted that despite the public health concerns, CCA was still able to engage with local businesses and place signage in shop windows in priority communities, utilize ethnic media channels to promote advertisements, and conducted over 100 Navigator interviews in a range of languages. New for 2022, CCA hosted virtual visits with all Navigator organization on January 19th, leading up to the end of the OE period. Secretary Sudders commented on the success of engaging with small stores, bodegas, barbershops, and the like during the vaccination campaign, noting that the Commonwealth surpassed 14 million vaccinations administered to date and applauding the hyper-local campaign.

Ms. Turnbull stressed the importance of high-touch availability as the end of the PHE approaches so that people maintain coverage as they transition out of MassHealth. Secretary Sudders noted that Health Care for All (HCFA) will be conducting a grassroots campaign centered on local efforts to ensure that individuals are aware of upcoming MassHealth changes and communications, and promoting general awareness beginning two months prior to the end of the PHE. She assured the Board that everything will be done to make sure people maintain their coverage and are provided with assistance in linguistically appropriate and culturally sensitive ways and treated with respect throughout the process. Ms. Turnbull questioned whether there are administrative requirements that can be relaxed during the end of the PHE or going forward to make it easier for individuals to retain coverage. Secretary Sudders commented on how appreciative she is of the strong relationship between CCA and MassHealth which makes the high rate of insurance in the Commonwealth possible, and agreed that there are many lessons that can be learned throughout this process.

Ms. Woltmann continued with an overview of the dynamics of the end of the PHE, noting CCA and MassHealth are working together to prepare in anticipation of a mid-July end date. She informed the Board of how a mid-July end date would align with other CCA activities, including OE 2023 preparations, assuring that CCA is looking closely at all of these interactions to make for smooth operations. She shared that CCA is engaging with focus groups to test messages end of PHE messages and use data to inform approaches. She highlighted the addition of a new checkbox that applicants can select to authorize CCA to enroll them in a plan if they qualify for a zero-dollar premium, an initiative aimed at reducing administrative burdens and helping to maintain individuals' coverage. In response to a question from Ms. O'Marde-Jack regarding agency bandwidth and eligibility

confirmations, Mr. Gutierrez stated that most of the hiccups and deficiencies that the Board discussed in the fall were related to the contact center and have, thankfully, been resolved. He noted the additional work that will be completed with the contact center vendor, including forecasting for call volume, but stated that he does not expect the contact center to be an issue. He continued to state that CCA is in a fortunate spot because of the existing shared eligibility system with MassHealth that allows for the sharing of data, something that many other states are currently working to resolve. Secretary Sudders added that MassHealth has also been working to build up staffing and call center capacity to address the work needed.

Ms. Woltmann concluded that, while there are still many unknowns, CCA continues to prepare for the likelihood of a large-scale member transition at some point over the course of 2022 and 2023. She welcomed continued thoughts and questions from Board members as the preparations continue.

Secretary Sudders commented that, unlike other states, the shared eligibility system between MassHealth and CCA and the strong working relationship will be of great value during this process and has come a long way over the years. She concluded that CCA and MassHealth continue to work with the assumption that the PHE will end in mid-July, though there is the possibility that the end date might be extended further, work will continue to be completed with focus on the July date.

VI. Update on Health Connector for Business and DC Health Benefit Exchange Authority

MOU: The Presentation “Update on Health Connector for Business and DC Health Benefit Exchange Authority MOU” was presented by Chaitra Sanders and Vicki Coates. Ms. Sanders began with an overview of the presentation before the Board, noting that she would be joined by Ms. Coates who will be requesting the Board’s approval for a new Memorandum of Understanding (MOU) with the D.C. Health Benefits Exchange Authority (DCHBX). She reminded the Board of the continued challenges that small businesses have faced throughout the pandemic and highlighted actions taken by HCB to support small employers and brokers during this challenging time. She noted that while small group market outside of HCB has experienced some enrollment declines, HCB has continued to grow, and reached an enrollment milestone in October 2021 with over 10,000 members enrolled. She reviewed HCB survey findings that demonstrate high satisfaction rates among small groups and brokers.

Ms. Sanders then provided a review of HCB enrollment throughout 2021 and into early 2022, noting new business growth has offset terminations and member retention remains high. Over the course of 2021, Ms. Sanders noted that there has been a 16 percent increase in group enrollments. In response to the pandemic original enrollment projections were adjusted and little to no growth was expected, however, she stated, enrollment figures fell just shy of the original estimates for 2021. She continued with a review of the HCB choice models, noting the benefits and flexibility that the choice models continue to provide to employers and detailing the selections of new groups. She provided a high-level overview of HCB membership by industry. In response to a question from Secretary Sudders regarding the size of employee groups enrolling, Ms. Sanders responded that on average

there are five to seven enrolled members of a business. Secretary Sudders continued to note that it would be great to see the size of the business and broken down further into the number of employees then enrolling in coverage from those groups. Mr. Gaunya commented that on average and based on the numbers on the page, the average group would have five members, or the microbusinesses that HCB would be expected to attract and serve. Ms. Vertes agreed with Mr. Gaunya and noted that it would be beneficial to understand the enrollment broken out even further into one employee, groups of two-to-five employees, five-to-ten employees and ten or more employees. Mr. Gutierrez stated that this update could also be provided during a future Board meeting, and it was agreed that this information would be beneficial to review further during the next HCB update. Mr. Gaunya commented that based on the high-level data before them, it is not surprising that HCB is attracting the smaller employers who do not have access to a defined contribution structure outside of HCB.

Mr. Petion noted that he was recently at a Chamber of Commerce event and was impressed with the number of businesses that are participating in HCB, and the size of the groups ranged from a two-person operation and up to about 25. He stated that it appears as though the HCB message is getting out and really beginning to resonate. He recalled the options that were available to small employers prior to HCB, noting that many ended up enrolling in plans that, unknowingly, did not end up meeting the needs of their employees. He applauded the work of HCB and took a moment to focus on the help that HCB is providing to several employers and their employees. Mr. Gaunya agreed with Mr. Petion's comments and added that HCB has done great work in building relationships among the broker community. He then expressed an interest in better understanding the satisfaction levels of the broker community and if there has been a deeper probe into the survey details to understand where exactly there may have been less satisfaction. Ms. Sanders noted the broker survey revealed that brokers really liked the customer service they received, expressed an interest in the employee choice model and were very satisfied with the plans offered, in addition to being very satisfied with the commission structure. She continued to note that there was an interest in updating the platform for ease of service and suggestions for more communication on the ConnectWell program.

Ms. Sanders proceeded to review the dental enrollment growth, noting that since January 2021 enrollment has increased 52 percent, with most of the membership enrolled in a Delta Dental plan. Mr. Petion expressed concerns that he heard regarding dental coverage noting that he has heard that the plans provide minimal coverage and many individuals he heard from had to seek care outside of the dental plan coverage. He advocated for a closer look at the dental plans that are being offered and the services that they cover. Dr. Chernew commented on the challenge of dental plans and the balance of providing enough coverage to give individuals what they need with the cost that it takes to get there. Ms. O'Marde-Jack agreed that it would be interesting to understand more about services as it relates to the challenges Mr. Petion spoke about, noting that even dental plans outside of HCB have deductibles and caps. Dr. Chernew commented that this has been a problem with dental coverage for some time, noting that dental insurance tends to provide coverage for low-cost services, but for individuals with significant dental needs it can be quite expensive and dental insurance typically does not provide coverage for these services that are less routine

and less in demand and therefore tend to only provide coverage for the lower cost services that more people use. Mr. Gaunya commented that with dental insurance, there is not a maximum out-of-pocket like there is with health insurance coverage, rather an annual cap, and therefore the dollars do not make it as far. Dr. Chernew added that dental insurance is not setup in the way that we typically think of insurance, it is not there to pay for the really expensive services. Mr. Gutierrez thanked Board members for their comments and drawing attention to the dental benefits and noted that CCA would focus on a review of dental benefits in the future.

Ms. Sanders then proceeded with a review of broker engagement with HCB, noting that brokers continue to be the leading partner in driving new membership to HCB. She provided a review of the new training program developed for brokers to better assist their clients, which was well received and detailed enrollment activity of brokers. She responded to earlier questions regarding the group sizes enrolled through HCB and noted that 89 percent of the groups enrolled through CCA have nine or fewer members. Mr. Gaunya again applauded HCB's work in the broker community and for the advocacy in restructuring and revisiting broker commissions. Mr. Petion agreed that HCB has made great progress with brokers, which are critical in promoting HCB within small employer communities. Mr. Gaunya commented on the opportunity to build a relationship between Navigators and brokers, noting that there is an opportunity there for brokers to direct clients who may be better served on the individual side to a Navigator in their areas. In response to a question from Ms. Turnbull regarding an equity agenda for HCB, Mr. Gutierrez stated that there is not a developed agenda like there is for the individual market. He noted with the focus of HCB on micro employers there is, in itself, a natural equity focus, but to the extent of having a developed plan, this is an area of opportunity for further staff exploration.

Ms. Coates then reviewed the proposed memorandum of understanding between HCB and the DCHBX before the Board for a vote. In response to a question from Mr. Petion regarding the cost of CCA conducting these operations and services, Mr. Gutierrez stated that this is a complex operation with a complex system and platform underneath. He stated that while personnel may not be significant, he would be reluctant to try and replicate the platform unless there was really a need. Dr. Chernew commented on the risk of making changes, recognizing that some of the best laid plans become complicated. He did emphasize not wanting to overlook the success that HCB has had while using the DCHBX platform. He continued to note that despite wanting to customize some things, he would want to have a good reason for attempting to build a new system independently. Mr. Petion clarified that his interest is more about the opportunity to acquire what is already in place and if there was an opportunity, would there be the resources in place to acquire. Secretary Sudders reminded members that when this topic was originally presented to the Board several years ago, there were benefits to partnering with DCHBX, and at the time the Board was likely more risk-adverse at that time given recent experiences, she continued to note that DC has been a strong partner, but that it is always beneficial to reexamine market offerings and opportunities for cost-effectiveness in the future. Mr. Petion agreed that he is not looking to undo any of the work, but if it is possible, as we move forward, to work with a platform and system that is cost effective, sustainable, and effective it would be

worth exploring. Mr. Gaunya acknowledged that it is always a good question to ask, and commented on the experience and expertise of DCHBX, noting that they are the only region in the country that requires businesses to go through the Exchange and therefore they have a lot of experience handling a large market compared to HCB's incremental success.

Mr. Gutierrez commented that Mr. Petion's comments are very well taken, and there is a need to examine the cost-benefit structure as we move forward and grow. In response to a question from Ms. Turnbull regarding whether this is a line of business for DCHBX, Ms. Coates noted that so far CCA is the only entity to enter into this type of MOU with DCHBX. In response to a question from Mr. Petion regarding how other states conduct this business, Ms. Coates stated that some states work with sub-contractors while others have left this space entirely. Mr. Gaunya confirmed that some states have completely left this space while others use different technology. Mr. Petion commented that if HCB were to take on this work in-house there could be the possibility of providing a service to other states that do not have successful platforms, but he emphasized that he is not interested in making dramatic changes abruptly, rather values the opportunity to keep options open and reevaluate as the business of HCB grows. Ms. Turnbull commented on the lack of recent and good data, but noted that states that have gone into the small group market, except for DCHBX that has statutory preference, and Vermont which has a similar structure, have not been successful. Mr. Gaunya also noted that Massachusetts is unique, but similar to DC and Vermont, in that we have a merged market, and therefore might be a wrinkle when comparing to other states. With no additional discussion or questions from Board members, the Board voted unanimously through roll call to approve the memorandum of understanding with DCHBX Authority as presented by CCA.

With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:52 AM.

Respectfully submitted,

Erin E. Ryan