



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
100 City Hall Plaza
Boston, MA 02108*

CHARLES BAKER
Governor

MARYLOU SUDDERS
Board Chair

KARYN POLITO
Lieutenant Governor

LOUIS GUTIERREZ
Executive Director

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

Thursday, June 9, 2022
9:00 AM to 11:00 AM

Live Stream

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

Attendees: Audrey Gasteier, Marylou Sudders, Nancy Turnbull, Michael Chernew, Matthew Veno, Rina Vertes, Cassandra Roeder (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 9:05 AM.

Secretary Sudders began the meeting noting that Executive Director Gutierrez was out on personal leave, and that the staff of the Health Connector (CCA) continue the work of the agency in his absence. She thanked Ms. Gasteier and staff, noting they would lead members through the Board agenda for the day. She stated that the first agenda item of the day was a joint presentation between MassHealth and the Health Connector who continue to work together to prepare for the end of the federal public health emergency.

- I. Readiness for the End of the Public Health Emergency:** The Presentation “Readiness for the end of the Public Health Emergency” was presented by the Health Connector’s Senior Director of Policy and Applied Research, Marissa Woltmann, and Chief of Staff for MassHealth, Monica Sawhney. Ms. Woltmann began the presentation noting that CCA is working in close collaboration with MassHealth, the state’s Medicaid agency, in preparation for the end of the federal public health emergency (PHE). She stated that the end of the PHE will trigger an end to federal Medicaid protections across the country.

Ms. Sawhney provided a review on the background of the PHE, noting that MassHealth paused redeterminations for its members when the PHE began which protected the enrollment status of members, though MassHealth has since resumed eligibility renewals

in the background of the system without disrupting coverage. She outlined the behind-the-scenes redetermination process and noted that this work will provide MassHealth with a good “head-start” when the end of the PHE does occur. She informed the Board that MassHealth will be required to conduct renewals on all 2.2 million members within a year of the end of the PHE. She emphasized the commitment of the Baker-Polito Administration to minimizing gaps in coverage as a result of this transition and highlighted the partnerships and work that is being completed to make sure members have the necessary supports. She continued with a more detailed review of eligibility renewal process of the 2.2 million members, noting that some of the members will need to actively participate in renewal while others will be automatically renewed. She shared that members will be automatically renewed based on data available in the system and recent system updates expanding the acceptable variance between income on file and data sources is intended to increase the number of people who will be eligible for auto-renewal. For members outside of the allowable variance, MassHealth will reach out to these members requesting that they provide updated information, and depending on member responses, households will then be informed of their updated eligibility, either for MassHealth, CCA or elsewhere.

Ms. Sawhney then reviewed the end of PHE redeterminations timeline, caveating that the timeline portrays the end of PHE to occur in mid-October, though both MassHealth and CCA are aware that the PHE could be extended further, at which point the timeline would be adjusted. She reiterated that to the extent that members can be auto renewed, MassHealth will take full advantage of that process, and for those who cannot, MassHealth will use special blue envelopes to draw attention to mail that needs to be opened by members as part of the renewal process. She informed the Board of the different ways in which MassHealth is preparing for the end of the PHE, including hiring additional staff and expanding vendor capacity to prepare for increases in member call volume and appeals processing. She provided a detailed review of system enhancements to support members during this transition, including the increase in income variance threshold to twenty percent, expanding member communication channels to include text messaging and email, and ensuring that member contact information is accurate. She then reviewed the member outreach strategy, highlighting the focus on equity and appropriate messaging, and noting close coordination with health plans, and partnerships with community organizations and advocates. She continued with greater detail on the partnership between Health Care for All, CCA and MassHealth, reviewing the timeline for future outreach, and the target communities where on-the-ground outreach and member messaging will be focused. She added that in addition to specific communities, there will also be a focus on specific populations that may need additional supports and attention. She shared a current MassHealth campaign focused on encouraging members to update their information, noting that this message is always relevant and could be considered phase one in preparing for the end of PHE.

Ms. Turnbull thanked Ms. Sawhney for sharing of all of the work underway and applauded the collaboration with Health Care for All, noting their successful work on the vaccination campaign. In response to a question from Ms. Turnbull regarding the number of members estimated to be auto-renewed, Ms. Sawhney stated that though it’s hard to estimate and she did not have a concrete figure at that time, given the system enhancements, it is expected

that more members than in prior years will be able to have their eligibility verified electronically. Ms. Turnbull also commented on the potential timing for the end of the PHE and asked about implications if the end of the PHE continues to be postponed. Secretary Sudders agreed that it would be difficult to imagine that the PHE would end in advance of the midterm elections, and noted that the redeterminations process would not begin until 30 days after the end of the PHE. She continued to note that the priority is to make sure as much member support is built-up prior to the end of the PHE as possible, noting that this will be achieved through collaboration with Health Care for All, staffing of the call center, utilizing self-service tools, and leveraging available databases to validate a person's eligibility without having to have the member take action. Ms. Turnbull commented on the vast size of the population, noting that one might expect CCA's population to grow as a result, to which Secretary Sudders agreed would be expected and noted that this would be where we are working to ensure a smooth transition.

Dr. Chernew thanked Ms. Sawhney and MassHealth for their work and preparation. Acknowledging that an undertaking of this size is bound to have challenges, Dr. Chernew asked about grace periods for members who may fall through the cracks, Ms. Sawhney noted that members who do not respond to their redetermination but are otherwise eligible will have two to three months to return to the system and receive retroactive coverage.

Ms. Woltmann then provided a review of CCA preparations to support members transitioning from MassHealth and noted that CCA is approaching with three broad areas of work in mind; distributing clear and consistent messaging widely, building operational capacity to handle an increase in volume, and making coverage easier to get and keep. She provided a more detailed review on each, beginning with messaging. She stated that national data suggests that there is a need to frequently refresh messaging about state Exchanges. While CCA may benefit from having stronger brand awareness than Exchanges in other states, CCA wants to make sure that individuals, especially those who may be more familiar with MassHealth, are aware of CCA's affordable coverage options, and different practices and policies. She stated that during the month of June focus groups in five languages will be assessing key messages and their findings will be incorporated into broad-based outreach and marketing material which will be translated into 24 languages other than English. She continued to inform the Board of CCA preparations to handle an increase in volume of applications and members in need of assistance. She highlighted enhancements to the system, including the addition of automated and live chat features that will be newly available and on-going exploration of text messaging options. She stated that, as always, CCA continues to review ways to reduce administrative barriers to coverage for individuals, recognizing that in the context of the PHE these endeavors are more important than ever. She reminded the Board of the new autoenrollment functionality, noting that over 400 members have been automatically enrolled into a zero-dollar premium plan since April. She spoke to the significance of the increase in the income variance threshold, noting that the change will reduce the need for verification documents. Alongside other initiatives, CCA is considering a recommendation to extend the length of the special enrollment period (SEP) from 60 days to 120 days to individuals who lose MassHealth coverage. She noted that other states are also considering the extended SEP to provide additional runway to individuals who are transitioning from other coverage.

Secretary Sudders commented, in response to concerns raised earlier by Dr. Chernew, that the possibility of an extended SEP would provide an additional tool for members to regain coverage if they experienced challenges during this process. She reminded Board members of the 2015 effort to redetermine over one million members through a largely paper focused redetermination campaign, noting that the state is in a much better spot with technology now. Dr. Chernew commented that it appears as though both CCA and MassHealth are both doing the most that can be done to prepare for this event, while also preparing to support individuals when something does not go according to plan. He expressed that while he worries about maintaining coverage, he worries more about access to care while individuals sort through this process. He stated that the extended SEP, simplification of the processes, and focused outreach are all the right things to do, noting that the circumstances these members will be dealing with will likely continue to change throughout a very complex process. Secretary Sudders agreed with Dr. Chernew, citing the importance of having great plans and preparation, and then processes in place to resolve issues that arise despite the best laid plans. Secretary Sudders commented on the uncertainty around the timing of the end of the PHE and Dr. Chernew noted that the fall might see another rise in COVID cases, which could also be a factor playing into the ultimate end date of the PHE. Secretary Sudders thanked CCA and MassHealth for the thorough work they continue to complete to ensure that residents in Massachusetts not only avoid gaps in health insurance coverage but also can continue to access the care that they need.

II. Non-compliant Health Plan Marketing Issues: The Presentation “Non-compliant Health Plan Marketing Issues” was presented by Audrey Gasteier and Andrew Egan. Ms. Gasteier began the presentation by providing an overview of the issue that has become of increasing concern to CCA, noting that staff have observed an uptick in the marketing of non-compliant health plans in Massachusetts, often leaving residents without coverage for benefits that they expect to have access to. She stated that the sale of these plans conflicts directly with the mission of CCA to provide access to affordable and high-quality health plans. She noted that the plans often appear to be marketed to intentionally mimic CCA offerings, and victims of these scam plans are often left in financial and medical hardship when they attempt to use their health insurance coverage. The presentation before the Board would review what these plans look like and the tools that CCA has available to try to curb to marketing of these plans to residents.

Ms. Gasteier continued with a review of what these plans may look like, noting that part of the challenge is that there are several types of plans being marketed to individuals with varying approaches. She stated that the common thread is that these plans are often appealing to individuals because they come with a lower price tag, and consumers are unaware that these plans may lack coverage for Essential Health Benefits (EHB) or other consumer protections. She continued that many individuals are searching online for ACA coverage when they are ultimately led to plans or arrangements that would not meet ACA standards. She informed the Board of the equity concerns related to non-compliant health plan marketing, noting that the consumer protections central to health equity and intended to protect against exposures that are more likely to harm individuals with disproportionate

disease burdens, women, older residents, and communities of color are typically omitted from these plans.

Mr. Egan then provided a review of a recent case brought by the Massachusetts Attorney General against three related companies who were found to be in violation of consumer protection laws based on deceptive insurance related sales schemes. He reviewed the numerous violations, including charging fees for the services of their sales agents, despite advertising free services, selling products without disclosing the limitations of the policies, making statements such as enrollees could see any doctor that they wanted, and using insurance related terms for products that were not health insurance.

In response to a question from Ms. Turnbull regarding actions against brokers or sales agents who sell these products, Ms. Kwasnik shared background on Division of Insurance (DOI) activity, given licensing is under the purview of the DOI. She stated that when agents are identified, DOI will investigate and take enforcement action against these actors, however, it is often challenging to find these agents and entities as they are often unlicensed by the state. She commented on the DOI's continuing work in this space and work with the Attorney General's Office (AGO) on the case reviewed by Mr. Egan. Ms. Turnbull thanked Ms. Kwasnik and noted that this has been an issue for a long time and often these actors just change their approach.

Ms. Gasteier then highlighted the tools available to residents to avoid purchasing these plans. She reviewed how minimum creditable coverage (MCC) plays a role in making sure that individuals are enrolled in a plan that provides coverage for core benefits but also commented on the limitations of MCC as it does not speak to the rating practices of these offerings, such as community rating and guaranteed issue, and other consumer protections. She informed the Board of consumer advisories that have been issued in recent years and partnerships between DOI and the AGO to increase awareness about how to avoid non-compliant health coverage, pointing to the signs of scams, and misleading advertisements.

Mr. Egan then reviewed enforcement tools available to CCA and their limitations. He noted that as a trademark owner of the Health Connector name and logo, CCA can work with search engines like Google and Bing to identify and remove unauthorized use of trademarks in paid advertising. He reported that nearly all paid ads using CCA trademarks led to illegitimate sites designed to solicit contact information for individuals who would then be targeted by companies selling insurance products that were not comprehensive and often not licensed in the Commonwealth. He stated that CCA was able to work with Google and Bing to have nearly all of these ads removed. However he noted that there are limitations in using this as a tool, as not all misleading ads use CCA trademarks, and not all trademarks that are used are in paid ads in search engines. He noted that "shady" websites often make it nearly impossible to identify site owners and that even if sites are taken down, they are easily replaced with new ones. He informed the Board that CCA is a leader in this space, noting that CCA regularly participates in meetings with other state-based marketplaces and shares the work of the agency in this space with those other marketplaces who are looking to address similar challenges. He provided a review of a second tool that is broader than trademark enforcement and aimed at companies who buy

ads advertising the sale of products or services that are directly available from the government. CCA regularly conducts searches for ads that would infringe on this policy in order to reduce the volume of marketing of sites that purport to offer Exchange coverage, but because this policy does not pertain to search results that are not ads, he noted that there are limitations to enforcement in this space as well.

Ms. Gasteier then reviewed additional steps that CCA is taking to better reach consumers before they enroll in coverage and how to assist individuals after they have found themselves in non-compliant plans. She stated that CCA is exploring opportunities and the steps related to search engine optimization, which would improve the placement of CCA's website in search results when an individual searches for an ACA marketplace. She then shared information about special enrollment periods that have been opened to assist individuals who were victims of non-compliant plan marketing make their way into comprehensive coverage, citing three examples in recent years of predatory non-compliant plans. She noted that most recently, CCA worked with the DOI to make sure residents previously enrolled in an arrangement through Salvasen knew where to turn for reliable coverage options outside of Open Enrollment.

In response to a question from Ms. Turnbull regarding the entities named in the most recent examples of non-compliant plans marketing in the state, Ms. Gasteier responded that these entities did have a presence in other states. Ms. Kwasnik confirmed that these were businesses that were operating out of other states, and Salvasen was unlicensed in Massachusetts with a headquarters in Texas. Ms. Kwasnik noted that other states, including Texas in this instance, were very helpful throughout the process.

In conclusion, Ms. Gasteier stated that CCA will continue to monitor and react to the presence of non-compliant plans in the state and will continue its work with DOI and AGO as new details on web marketing emerge and as new tactics being deployed in other states are shared, recognizing that this work will continue to be on-going and will require strong partnerships and information sharing. In response to a question from Ms. Turnbull regarding any federal enforcement, Ms. Kwasnik noted that the work with National Association of Insurance Commissioners (NAIC) is so important because insurance is state regulated and therefore NAIC can help states coordinate responses with one another. Ms. Gasteier added that Biden Administration is contemplating tightening regulations around short-term limited duration (STLD) plans, so while slightly different, a signal of broader support for consumer protections to address less comprehensive plans.

- III. Federal Policy Updates:** The Presentation "Federal Policy Updates" was presented by Audrey Gasteier and Marissa Woltmann. Ms. Woltmann began the presentation by providing an overview of the two areas where federal policy updates would be provided, Administrative and Congressional. She provided greater detail on the administrative updates, including the fix to the "Family Glitch" through a proposed rule from the US Treasury Department and IRS. She noted that currently, family members who have access to employer sponsored health insurance coverage were barred from accessing ACA premium tax credits if the single employee contribution was considered affordable, regardless of whether the family contribution amount would have been deemed affordable.

The fix would allow an estimated 5.1 million people nationally, many children of low-income workers, to access federal subsidies through Marketplace coverage. In Massachusetts, households that qualify for both ConnectorCare and APTC-only coverage may become newly eligible for financial help. She informed the Board of the work is underway with the HIX team preparing for when the final rule is issued and noted that households will be able to redetermine their eligibility for 2023 based on the fix. She noted that CCA is exploring education and outreach opportunities and shared that while the exact numbers are uncertain, it is estimated that roughly 44,000 Massachusetts residents could be newly eligible for ACA premium subsidies, per an Urban Institute analysis.

Ms. Woltmann then provided an overview of the 2023 Notice of Benefit and Payment Parameters. She informed the Board of two proposals that CCA had expressed concerns about in its comment letter, and how CMS did not ultimately adopt those proposals. She noted that one would have required Exchanges to prorate premiums and APTC for partial-month coverage, and while it was not adopted, this proposal would have been challenging for CCA to implement. She informed the Board of a finalized proposal that did impact the work of CCA. The adopted proposal required a narrowing of actuarial values of plans at each metal tier and CCA amended the 2023 SOA requirements to adjust the Low Gold parameters in response to its adoption. Secretary Sudders applauded the family glitch fix, and Ms. Turnbull agreed that this fix was long overdue.

Ms. Gasteier then provided a review of the status of the federal American Rescue Plan (ARPA) enhanced premium subsidies, noting that at this time no Congressional vehicle to extend the subsidies beyond 2022 has been identified. She informed the Board of very real concern that thousands of Massachusetts residents will lose enhanced and expanded premium subsidies and face a steep subsidy cliff if Congress does not act. She stated that enhanced subsidies reduced premiums for members previously eligible for financial help, at the same time as lifting income caps, expanding the number of people who are now eligible for subsidies. She provided a detailed review of how the enhanced ARPA subsidies impact Massachusetts residents, noting that in certain communities, and among certain populations, notably older, but non-retired individuals, premiums decreased dramatically, resulting in significant savings for individuals aged 55-64 years old. These material savings have had real impacts on members and their daily lives, in addition to data supporting the importance of continuing these subsidies, CCA also heard from members about the importance of the additional savings and how it enabled them to maintain health insurance coverage while not having to choose between other essentials. Ms. Gasteier emphasized the compounding impact that the potential ARPA expiration would have with increase in costs generally, and even more so should it align with the pending end of the federal public health emergency, acknowledging that monthly premium increases would also be felt at a time when hundreds of thousands of residents are transitioning from federally protected MassHealth coverage. She noted that CCA staff will keep the Board apprised of all federal activity as it relates to rule making and the uncertainty surrounding ARPA subsidy extension. In response to a question from Ms. Turnbull regarding increases in coverage among certain age groups as a result of the ARPA subsidies, Ms. Gasteier commented that there has been an increase in coverage among certain populations, and Ms. Woltmann added that during the most recent Open Enrollment new members were a little bit older

than they have been in years past. Mr. Veno commented that the concerns that come with the potential end of any subsidy programs emphasizes the urgency for impactful action in the Commonwealth to address the underlying costs of care. He spoke about the health care bill filed by Governor Baker in recent months which is aimed at addressing short-term and long-term trends in health care spending to make the system more sustainable, and referenced the great work of Health Policy Commission in this space, but concluded that there is an urgent need to address the underlying cost drivers of health care in the Commonwealth.

- IV. Smartronix AWS Cloud Services (VOTE):** The Presentation “Smartronix AWS Cloud Services (VOTE)” was presented by Eliot Gorman. Mr. Gorman began the presentation by providing background on the contract that is before the Board for their approval, noting that the request is for the renewal of a work order for Amazon Web Services (AWS) cloud services through Smartronix, Inc. a Commonwealth approved reseller. He informed the Board that CCA has been using Smartronix for these services since 2017 and for enterprise technology services and member facing services. He noted that the services offered through Smartronix are scalable and align well with CCA’s strategic business goals and operational needs. He stated that over the years the scope of utilization of AWS has expanded significantly resulting in increased costs year over year. He reviewed the different uses for the AWS cloud services, including member facing tax calculators and online submissions for the Ombudsperson cases. He reminded the Board of the benefits of using a vendor procured through the statewide process, noting all of the strong contractual protections that come with a state contract, and he informed the Board of the 12 percent discount that Massachusetts state agencies receive from Smartronix. After reviewing the breakdown of the costs for the renewal, including the overall cost not to exceed \$337,920 Mr. Gorman welcomed questions from the Board. Secretary Sudders commented on the Commonwealth’s efforts on a whole to move everything to the cloud and noted that CCA is benefiting from the state’s contract with Smartronix. With no additional questions or discussion from the Board, member voted unanimously through roll call vote to approve the renewal of the Smartronix contract for AWS services.

Secretary Sudders thanked CCA staff for their strong work as always, strong collaboration with MassHealth, and advocacy for consumer protections. With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:22 AM.

Respectfully submitted,

Erin E. Ryan