



*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, July 14, 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, Dimitry Petion, Keisha O'Marde-Jack, Filaine Deronnette, 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 9:02 AM.

- I. Minutes:** The minutes of the March 2022 meeting were approved by roll call vote, Ms. Roeder abstained because she was not in attendance at the March meeting. The minutes of the June 2022 meeting were approved unanimously by roll call vote.
- II. Plan Year 2023 Health and Dental Plan Conditional Seal of Approval (SOA):** The Presentation "2023 Health and Dental Plan Conditional Seal of Approval" was presented by Maria Joy Dawley and Samuel Adams.

Ms. Dawley began the presentation by reminding Board members of the SOA process and the purpose of the Conditional Seal of Approval, noting that Board approval will permit the Health Connector (CCA) to move forward with the SOA process before returning to the Board in September with a final proposal for plan year 2023. She highlighted the key focus areas of the 2023 SOA, noting that CCA's priorities are guided by the agency's strategic plan and its equity framework. Ms. Dawley shared 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 primary care physician visit copays within the ConnectorCare program to ensure ease of access to care in settings where many chronic conditions are managed. She also noted that the 2023 SOA requires that all carriers work with CCA to prepare for participation in ConnectorCare for plan year 2024. She stated that CCA is also using the SOA process to continue to align with the Behavioral Health Roadmap and minimize barriers to accessing gender-affirming care.

Mr. Adams then provided a description to the Board of the 2023 product shelf. He informed the Board of the number of carriers participating in 2023 and the number of plans that will be offered in the upcoming plan year. He then reviewed member facing changes for 2023, including the Tufts/Harvard Pilgrim Health Care (HPHC) merger creating Point32Health, and the rebranding of AllWays Health Partners to Mass General Brigham Health Plan and the renaming of BMC HealthNet Plan to WellSense Health Plan.

Mr. Adams then provided a high-level overview of the distribution of plans among metallic tiers for non-group and small-group, noting a decrease in the number of plans offered from 2022 on account of the merger of two health plans into one entity. He then provided a more detailed review of how consumers will experience the merging of Tufts Premier and HPHC. He stated that as of January 1, 2023, enrolled Tufts Premier members would be renewed into the analogous HPHC plan within the same metallic tier. He emphasized that the merger does not impact Tufts Direct, which will continue to offer its current unsubsidized, APTC-only, ConnectorCare, and small group offerings.

In response to a question from Ms. Vertes regarding the Point32Health merger and how the two brands will be offering plans on Exchange versus off-Exchange, Mr. Adams provided a review of how CCA is managing the offerings available through the Connector. Ms. Kwasnik noted that at this time Point32Health is serving as the brand while there are multiple licenses under the two existing issuers. Mr. Adams shared that for 2023 both Tufts and HPHC will be maintaining their legacy brands on the surface, despite being a part of the larger Point32 company.

In response to a question from Ms. Turnbull regarding the new requirements for all carrier participation in ConnectorCare in 2024 and how this new entity will be treated, Mr. Adams responded that depending on how the entity exists at the time, it is the intention of CCA to have either Point32 or HPHC participate in the program.

In response to a second question from Ms. Turnbull regarding the Tufts Premier and HPHC networks and how analogous they are, Mr. Adams noted that at this time CCA has conducted a high-level overview. He stated that, for example, when reviewing acute care hospitals, the HPHC network is slightly more extensive than the Tufts Premier network. He noted that while CCA is still waiting for some additional information, the initial reviews show very similar networks in both medical and behavioral health offerings. He added that in instances where providers who were contracted with Tufts Premier may not be contracted with HPHC, they are working with those providers to bring them into the HPHC network. Ms. Turnbull then confirmed that despite mapping existing Tufts Premier

members to HPHC, these individuals will still have the opportunity to shop for plans offered by other carriers, which is correct.

Ms. Dawley then provided a more detailed review of the health equity initiatives prioritized in CCA's 2023 SOA. She reminded the Board of the ConnectorCare-specific zero-dollar cost-sharing requirements for certain medications for chronic conditions that disproportionately impact communities of color. She shared CCA's effort to continue advancing equity in maternal health and stated that CCA remains interested in how doula coverage is handled by each carrier. She reaffirmed CCA's commitment to gender-affirming care, and shared responses from carriers detailing their approaches to improving transgender health and gender affirming care. While more detail on the ConnectorCare program will be shared at the September Board meeting, following rate review, Ms. Dawley shared an overview of initial expectations for the plan year 2023 (PY23) ConnectorCare program. She stated that all current ConnectorCare carriers are planning to continue participation in the program, and highlighted two changes in geographic participation. She stated that Fallon Health Plan will expand fully into Middlesex County for 2023, and Health New England will leave Worcester County fully. She stated that members currently enrolled in Health New England in Worcester will be automatically mapped into the lowest cost plan in the region for 2023, but they will have the opportunity to shop and change plans if they wish.

In response to a question from Mr. Veno regarding the SOA work on doula coverage, given the Group Insurance Commission's (GIC) interest in expanding coverage in this space as well, Secretary Sudders offered to share survey data MassHealth gathered on this topic. Ms. Dawley added that CCA is also speaking with MassHealth on this topic to learn more about their work in this space. She offered to share the responses that CCA received from carriers, noting that CCA posed questions to learn how carriers currently handle doula coverage and to learn more broadly where carriers are in the process to improve prenatal and postnatal care. She noted the importance of understanding where the carriers currently stand in order to move the effort forward in the future.

In response to a question from Ms. Turnbull regarding the general sense of where the carriers stand in this area, Ms. Dawley noted that there were a number of questions sent to carriers, but generally speaking their responses were encouraging. She stated that some approaches reflected out-of-the-box thinking and also shared that many had a focus on postnatal care and bridging the gap to care for postpartum depression. The responses, she stated, were overall robust and provided good information for CCA to work with going forward.

Ms. O'Marde-Jack commented on the positive progress towards bridging the postnatal and postpartum depression care gap, noting its importance. In response to a question regarding the level of options for behavioral and mental health care more broadly, Ms. Dawley stated that CCA continues to work to align with the Executive Office of Health and Human Services (EHS) Behavioral Health Road map, including requiring coverage for recovery coaches in any setting they provide services. She added that as soon as the Community Behavioral Health Centers are stood up, carriers will be required to contract with them.

Secretary Sudders clarified that in the last week 25 organizations were designated as Community Behavioral Health Centers which will go live in January, providing 24/7 immediate care and mobile crisis capacity.

In response to a question from Mr. Veno regarding CCA plans for member communications given the greater number of carriers rebranding in the coming year, Ms. Dawley agreed that carrier rebranding can be an area for potential confusion and CCA is working closely with the three carriers on their communications plans, noting that CCA recognizes that each message will vary slightly depending on the carrier.

In response to a comment from Ms. Turnbull that all carriers are required to continue to provide access to the full range of reproductive health services, Ms. Dawley agreed. Secretary Sudders commented that there is a high degree of focus on access to the full range of coverage for women's reproductive health care and services and ensuring there is capacity to provide access to later term abortions given the dynamics in other parts of the country. Ms. Turnbull thanked Secretary Sudders for her leadership in this area.

In response to a comment from Ms. O'Marde-Jack regarding barriers to access contraception in a 12-month supply, despite policies to ensure access, Secretary Sudders stated that whenever there are barriers, whether they are perceived or real, that EHS be notified so that these circumstances can be addressed. Mr. Veno expressed his interest in learning more about the value-based insurance design (VBID) approach CCA employed and any details, given GIC's interest in employing a VBID approach.

In response to Secretary Sudders' request for clarification on an earlier question regarding the plan offerings from Tufts Premier and HPHC as they merge into the Point32Health brand, CCA staff confirmed that the Tufts Premier license was not going to exist and plans would not be offered on- or off-Exchange from Tufts Premier, and therefore the only entities obligated to participate as part of CCA's offerings would be Tufts Direct and HPHC.

Ms. Dawley then reviewed the dental offerings for PY2023, noting that there have been no changes in the last year. She stated that Altus Dental and Delta Dental will continue to offer dental plans through CCA as they did in PY2022.

In response to a question from Mr. Petion regarding the difference in value between the low-silver and low-gold plans, and how a consumer can differentiate their respective values, Ms. Dawley stated that low-gold has been a plan level that has been offered in recent years and explained the value of the low-gold plan. She then elaborated on the different actuarial values of the high and low gold, and high and low silver plans. In response to a follow up question from Mr. Petion regarding how a consumer might be able to understand the practical differences and value between the two, Ms. Dawley shared that all high and low tier plans do require a description and supplemental material is available for reference through the website to help consumers better understand the meaning and values of the plans available. Secretary Sudders agreed that for individuals shopping for plans who are not familiar with the health insurance space, the practical differences of the

tiers may not be fully appreciated. Ms. Dawley shared that there are tooltips on the website to assist, but Mr. Petion's comment on the need for consumer clarification and clarity was appreciated and understood as a need to mitigate member confusion. With no additional questions or discussion from the Board, members voted unanimously through roll call vote to approve the PY 2023 Conditional Seal of Approval to enable consideration of all recommended standardized and non-standardized QHPs and QDPs as proposed by carriers.

III. Health Connector Administrative Finance Update: The Presentation "Health Connector Administrative Finance Update" was presented by Kari Miller, and Nupur Gupta. Ms. Miller began the presentation by providing an overview and explaining the relationship between the administrative budget and the federal public health emergency (PHE). She noted that with each extension of the assumed end date of the PHE there is a negative impact on the administrative budget. The ConnectorCare budget, however, is favorably impacted with each PHE extension, she noted. She stated that the updated budget does include a favorable \$3 million variance compared to the budget that was approved by the Board in July 2021, but the favorable position is a result of offsets of other savings. Ms. Miller reminded the Board that it is of course possible that the PHE is extended yet again beyond the current mid-October end date, to mid-January 2023, which would again require adjustments to the administrative and ConnectorCare budget.

Ms. Gupta then provided greater detail on the FY 2022 budget that was approved by the Board in July 2021, noting decreased enrollment compared to estimations as a result of the further extended PHE. She reviewed a summary of the administrative budget that detailed the drivers of changes in the FY 22 projected budget from July of 2021 compared to the current budget figures. She noted that with the favorable variance of \$3.3 million the projected loss is now \$11.4 million which will be funded with reserves.

In response to a question from Ms. Turnbull regarding savings gained from the call center and enrollments, Ms. Gupta noted that some savings are recognized through pass through expenses, which would include savings on items that are not volume based, like software expenses. Ms. Miller added that in addition, there are savings from notices that are generated out of Softheon, explaining that noticing estimates are improving. In response to a follow-up question from Ms. Turnbull regarding savings generated from consulting, Ms. Gupta noted that a large driver of those savings would be timing as some of those expenses will move to FY23 and another factor will be that some of the actuals on budgeted projects were not realized.

In response to a question from Mr. Veno regarding the net position on reserves, Ms. Gupta confirmed that there is an increase in the net reserves despite the expectation to cover losses from the reserves. Ms. Gupta stated that at the time of the July 2021 Board presentation when the initial projections were shared that the FY21 budget had not been finalized so the final reserve figure has been updated since that time. Ms. Miller added additional context and confirmed that the net reserves when all is said and done would be just above \$36 million.

In response to a question from Ms. Turnbull regarding the interaction of the Commonwealth Care Trust Fund (CCTF) and the budget, Ms. Miller confirmed that the CCTF provides support through a transfer that changes depending on the year, but that CCA does not manage the CCTF or those assessments.

Ms. Gupta then moved on to FY23 enrollment projections, noting that the projections are based on a mid-October PHE end date, which CCA then estimates could result in a seven percent increase in enrollments. She reviewed the FY23 budget details and assumptions, noting that the FY23 budget does reflect a request for a transfer of \$45 million from the CCTF which is consistent with FY18-FY21 transfer supports. In response to a question from Ms. Turnbull regarding the impact if the PHE does not end, Ms. Miller noted that it would result in a \$3 million negative position resulting in a breakeven administrative budget and the ConnectorCare budget would be in a favorable position of about \$27 million, net of federally financed participation (FFP) funds.

Dr. Chernew commented on the earlier conversations regarding dynamics of the PHE and its impact on the administrative budget, suggesting that the spirit of the earlier conversation could be framed as, how does one view a negative position of \$3 million of the administrative budget while a pool of funds accrues in the CCTF.

Secretary Sudders commented that it would be helpful at a future meeting to understand the ins and outs of the CCTF. Ms. Turnbull agreed that it would be beneficial to understand how the PHE continues to impact the budgets and CCTF. With no additional questions or discussion from the Board, members voted through roll call vote to approve the Fiscal Year 2023 administrative budget recommendation, except for Ms. O'Marde-Jack, for whom no vote was recorded during the roll call.

IV. Outreach and Marketing (VOTE): The Presentation “Outreach and Marketing (VOTE)” was presented by Jason Lefferts. Mr. Lefferts provided an overview of the presentation before the Board, noting that the CCA is evaluating its approach to outreach and marketing for the non-group market and is proposing a continuation of its relationship with the current vendor for the next year while this review is underway. He stated that for the Health Connector for Business (HCB), there has never been a separate procurement for outreach and marketing until this year, and CCA will be requesting the Boards approval to move forward with a selected bidder from a recent procurement.

He reviewed the current approach for HCB outreach and marketing, highlighting the enrollment growth in HCB and growth in broker participation. He shared that paid marketing has been largely radio based and noted the importance of “paid search” for employers who are using search engines to learn about health insurance coverage options for their small businesses. He provided a review of the procurement process, noting that in the spring of 2022 CCA received proposals for outreach and marketing. He stated that areas of focus for the procurement team included that the successful bidder showed a strong understanding of HCB and small businesses and brokers in Massachusetts, and demonstrating an ability to develop strong partnerships and relationships with small businesses and broker organizations. He noted that the terms of the contract would be

similar to prior years, including the budget of \$1.2 million. He informed the Board that the successful bidder demonstrated a strong understanding of the market and was able to share information about their plans for developing partnerships, and ultimately Weber Shandwick, the incumbent, was selected.

In response to a question from Mr. Petion regarding the impact of Weber Shandwick to date, Mr. Lefferts noted the doubling in enrollment and shared that Weber Shandwick reports on activity such as media buys, and impressions. He added that CCA and Weber Shandwick meet regularly to review the impact that messages and pivot the messages in different platforms if they are not having the desired effect. Mr. Petion recommended the inclusion of a scorecard in the future for vendors to fully understand the metrics being used to measure their success. Secretary Sudders agreed and noted that in addition to tracking their outputs, it would be beneficial to tie a report to expectations of outcomes to certain activities to make sure that the action of the vendor does result in what CCA is expecting.

Ms. Turnbull agreed with the prior comments and acknowledged that one metric that is reported out is enrollments, which has doubled since going to the new platform. She continued to note that despite it having double the market share is still very, very small and it would be beneficial to understand, in addition to the vendor's success, how CCA rates success of HCB on a whole and if it makes sense to be in this market in general.

Mr. Petion clarified that he strongly believes that CCA should be in this market, noting that that there are a lot of small organizations that don't have a space to go to provide insurance to their employees. With this in mind it is important to him that the message is getting to the employers that need to hear it and wants to ensure that the correct avenues and being as effective as possible to raise awareness for HCB.

Ms. Turnbull clarified that it is not so much that she is unsupportive, rather agnostic, but emphasized that when looking at the national picture in this market one can't help but notice that the only two states that have a sizeable footprint in this market are ones that have other tools to increase enrollments and direct business to them. She noted that it may be worthwhile in the future to examine other tools to increase effectiveness outside of outreach and marketing.

With no additional questions or discussion from the Board, members voted unanimously through roll call vote to authorize CCA to enter a memorandum of understanding with Weber Shandwick to support HCB outreach and marketing.

Mr. Lefferts provided a review of non-group marketing and outreach, highlighting the groups that continue to be of greatest focus to CCA, including new residents, and the eligible but unenrolled populations. He informed the Board of on-going activities, noting that Open Enrollment continues to be the primary time when CCA engages with the general public. He informed the Board of CCA's current internal review of non-group outreach and marketing and strategy, noting that CCA has decided to postpone a major procurement in this space until the internal evaluation is completed so that CCA can select the bidder that best aligns with CCA's new approach. In the interim, CCA recommends engaging with

ASG, a vendor known to CCA and on the statewide blanket, for the one-year contract prior to going out for a full procurement. He reviewed that the budget for the one-year contract noting that the \$1.1 million contract is consistent with prior year budgets.

In response to a question from Secretary Sudders regarding the procurement timeline, Mr. Lefferts stated that the intention is to begin with the release of the procurement in early 2023 to ensure that by May the process is completed so that a vendor can be selected by July 1, 2023. Secretary Sudders noted that completing the internal review so the procurement can reflect updated policies and goals is the prudent thing to do, and emphasized the importance of the procurement process in finding the most suitable vendor for the role.

Ms. Deronnette left the meeting at 10:18 AM.

With no additional questions or discussion from the Board, members voted unanimously through roll call vote to authorize CCA to enter into a work order with ASG for marketing and communication services.

With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:21 AM.

Respectfully submitted,

Erin E. Ryan