



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

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Lieutenant Governor

AUDREY GASTEIER
Acting Executive Director

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

Thursday, February 9, 2023
9:04 AM to 11:00 AM

Live Stream

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

Attendees: Audrey Gasteier, Mary Beckman, Nancy Turnbull, Michael Chernenew, Eric Gulko, Matthew Veno, Rina Vertes, Keisha O'Marde-Jack, Filaine Deronnette, Martha Kwasnik, (who was sitting by designation on behalf of the Commissioner of the Division of Insurance, Gary Anderson), John Stephan (who was sitting by designation on behalf of Secretary of Administration and Finance Matthew Gorzkowicz).

Prior to beginning the official agenda of the Health Connector Board meeting, Secretary Beckman introduced herself as this was the first Board meeting she had chaired. The Secretary gave an overview of her career path over the years and announced that Kate Walsh will be the incoming Secretary and Board Chair effective March 1, 2023, but Secretary Beckman will remain at the Executive Office of Health and Human Services, serving as Senior Advisor.

Secretary Beckman also introduced the new Board member Eric Gulko, President of Innovo Benefits Group. Mr. Gulko described himself as a representative of the employer benefits brokers in the state and nationally and now as a member of the Board.

The meeting was called to order at 9:07 AM.

- I. Minutes:** The minutes of the November 10, 2022, meeting were approved by roll call vote. Mr. Gulko, Mr. Stephan, and Secretary Beckman abstained because they did not attend the November 10th meeting. All other members in attendance voted to approve the minutes.
- II. Acting Executive Director's Report:** Ms. Gasteier began the meeting by welcoming the Board to the first meeting of 2023 and gave a direct welcome to Secretary Beckman and Mr. Gulko to their first meeting ever. Ms. Gasteier shared her excitement for working with the new Board members and looked forward to the incoming secretary and new administration. Ms. Gasteier also gave a warm welcome to Patricia Grant, who recently joined the Health Connector (CCA) as Chief Operating Officer. Given Ms. Grant's previous experience at MassHealth and historical knowledge of CCA, Ms. Gasteier described Ms. Grant as a uniquely ideal leader for CCA's

operations. Ms. Gasteier then described the expectation to work closely with the Board in the coming months around strategic planning for CCA's work over the next several years. She expressed that the mission to provide health coverage to residents of the Commonwealth, to cover the uninsured, to foster a competitive and fair health insurance market and to deliver healthcare access and financial protections are very vital at this point in time. She looked forward to deep critical thinking with the Board to ensure the mission is fulfilled.

Ms. Gasteier gave an overview of the meeting agenda and a few updates including: the completion of successful open enrollment (OE), the retention of members being near 90 percent and the addition of more than 31,000 new members. She informed the Board that they would hear from staff on proposed annual policy updates to the Commonwealth's individual mandate, specifically on the components of the affordability schedule and Minimum Creditable Coverage (MCC) standards. She added that the most pressing item brought before the Board was an update on CCA's preparation for the upcoming redetermination of all 2.3 million people in Medicaid coverage in Massachusetts as a result of the recent federal law set to end Medicaid protections on March 31, 2023. Ms. Gasteier explained that the redeterminations will be led by MassHealth, but that this will be a health coverage transition event for the entire state and CCA will play a central role in capturing the individuals who will lose their eligibility for MassHealth coverage. She added that this will be one of the largest coverage transition endeavors CCA has undertaken, and the largest encountered since the opening of the new integrated eligibility system (HIX) during OE in 2015. Ms. Gasteier explained that at this point in time, it is difficult to predict how many people will enroll in CCA during the redetermination period, but CCA will use multi-channel communications for outreach and engagement to make sure every person who loses MassHealth eligibility is aware about the possibility for coverage at CCA. She added that CCA is anticipating that 100,000-200,000 new members could enter coverage through CCA during the redetermination process and CCA is preparing for more enrollments by working with MassHealth colleagues, Health Care For All (HCFA), as well as carriers and others through formal outreach partnerships. Ms. Gasteier emphasized that the goal for the Commonwealth is to remain as the state with the highest rate of health insurance coverage and therefore, preparation for this transition has intensified and accelerated in recent months. She mentioned that Massachusetts has tools that other states do not have to achieve this goal—the enrollment and eligibility (HIX) system shared with MassHealth is one example. She added that CCA has a visible and trusted health insurance marketplace, robust outreach and public engagement plans, an individual mandate to incentivize people to avoid coverage gaps and penalties, and engaged carriers, providers, and community leaders. Ms. Gasteier acknowledged to the Board that the preparation process is all consuming for the CCA staff, but that this year is a great opportunity to regain membership lost over the course of the Federal Public Health Emergency, an opportunity to likely increase membership beyond previous enrollment high-watermarks and an opportunity to make sure everyone in the state has access to health insurance, all while making the process of getting into coverage as smooth as possible. Ms. Gasteier thanked the Board for joining the meeting and for their partnership in advancing the mission of CCA.

Before continuing onto the next agenda item, Secretary Beckman thanked Ms. Gasteier and the Board and noted that they would hear more about the most important agenda item of preparing for the redetermination process or “Medicaid Unwind,” depending on an individual's perspective of terminology.

III. Recap of Open Enrollment 2023 and Health Connector Readiness for Upcoming Medicaid Unwind Process: The presentation “Recap of Open Enrollment 2023 and Health Connector Readiness for Upcoming Medicaid Unwind Process” was presented by Marissa Woltmann, Patricia Grant, and Jason Lefferts. Ms. Woltmann began by giving an update on OE for 2023, which ran from November 1, 2022, to January 23, 2023, and had over 30,000 new members

successfully enroll in CCA coverage. Ms. Woltmann explained that through early 2020, there had been consistent annual membership gains, but since 2021, there have been declines due to many individuals having protected MassHealth eligibility and coverage, rather than transitioning to a Qualified Health Plan (QHP). According to the data presented by Ms. Woltmann, she noted that while membership has declined, the population that only receives Federal Advance Premium Tax Credits (APTC-only) doubled because of extended subsidies in 2021 provided by the American Rescue Plan (ARPA), allowing for the middle-income residents to enroll and stay covered through CCA. Ms. Woltmann restated Ms. Gasteier's earlier note about 100,000 to 200,000 new members being expected to enroll in coverage through CCA by June 2024 due to the end of federal Medicaid protections, offsetting the coverage declines seen over the last several years.

Ms. Woltmann then stated that membership is expected to exceed prior enrollment levels in the next 18 months. This past OE period, there was an increase of 12 percent in individuals who enrolled in CCA plans compared to last year, but this is still lower than new enrollment levels during OE before the COVID-19 pandemic. She added that retention among renewing members remains high, at around 93 percent and that the Health Connector was able to verify more individuals' continuing subsidy eligibility electronically relative to prior years. She also mentioned that shopping activity was consistent with previous years.

Ms. Turnbull was interested in knowing more about carrier experiences with enrollment losses throughout the course of the pandemic. In response to Ms. Turnbull's question, Ms. Woltmann offered to pull together information on the losses throughout the pandemic and stated that there has been an even shift towards lower cost plans and lower cost tiers consistent with the affordability challenges but noted that there are some areas where some more than usual changes are seen. Ms. Turnbull also asked for insight on what CCA might expect in terms of member movement and wanted to ensure continuity of care were top of mind. In response, Ms. Woltmann said transitions and network overlaps would be addressed later in the presentation and turned it over to her colleague, Patricia Grant.

Ms. Grant began by giving an overview of the Contact Center service quality during the OE period. She stated that very good service was provided, but there were longer than usual wait times and a higher-than-normal abandonment rate during peak volume days and on the final day of OE. She noted that CCA has been actively working with the Contact Center vendor, Accenture, to find the cause of the challenges of the peak volume days and reaching out to individuals who called on the last day to make sure their needs were met. Ms. Grant added the last day of OE is being used as a "dress rehearsal" for what to expect when the Medicaid protections end in April and are working with the vendor to make sure staff are prepared for more or less of the usual call volumes. Ms. Grant stated that overall, the call volume during OE was lower this year and the average speeds to answer, and abandonment rates were far less than they were last year.

In response to a question from Ms. Turnbull regarding the root cause of analysis and predictability, Ms. Grant stated that the last day of OE this year was on a Monday, which normally tends to be a very high call volume day anyway, and the Contact Center did not have enough staff.

Mr. Gulko asked about the target number for the average speed to answer and for abandonment rate. In response, Ms. Grant mentioned that industry abandonment rate should be 3 percent or less and the target for average speed to answer is 60 seconds.

Mr. Lefferts then presented an update on outreach and education initiatives that happened during OE, including broad-based partnerships and in-person community-based activities. Mr. Lefferts explained that broad-based partnerships had not been done in a while, but the World Cup was a

unique opportunity for visibility. He added that there were high-frequented broadcasted spots during games, on Fox 25 and Telemundo and that he personally received feedback from viewers.

Mr. Lefferts then shared CCA's efforts in building community-based relationships over the last several years which have included business walks, for example participating in a large event in Lawrence where over 100 people attended to get enrolled in coverage, noting that sharing flyers and posting signs have proved to be very durable and long-lasting.

Ms. Turnbull was curious to know if CCA will also be doing advertisements during the women's World Cup tournament to which Mr. Lefferts confirmed that CCA will be doing this for large sports events regardless of the timing—if it's before, during or after the OE period. He emphasized the incredible opportunity that the World Cup games presented in reaching such a large and also critical audience.

Ms. Woltmann then presented the portion of the presentation on CCA's preparations for the end of Medicaid protections. She explained that a federal law passed in March 2020 provided enhanced Medicaid payments if states did not end or reduce member benefits for the duration of the Federal Public Health Emergency (PHE). She added that at the end of December Congress passed as part of a larger appropriations bill language that would separate the Medicaid protections from the federal PHE and so the Medicaid protections are set to end on March 31, 2023. She explained that beginning on April 1, MassHealth will begin a year-long process of conducting renewals for the 2.3 million members they serve, at which point CCA should expect to see individuals transition out of MassHealth. Ms. Woltmann explained that she has been working with MassHealth colleagues and external stakeholders to ensure capacity for volume and easy transitioning from one agency to the other. She then walked through the benefit of having the HIX system shared between MassHealth and CCA for streamlining the renewal process for members. Ms. Woltmann then gave specifications for the CCA eligibility determination process and the rules set by the Affordable Care Act. She added that the HIX system makes sure someone does not qualify for MassHealth before determining that they are eligible for ConnectorCare or Advance Premium Tax Credits (APTC). Ms. Woltmann stated that CCA can expect to have an increase in new members over the next 18 months as there will be movement in and out of coverage and that the projected net growth is roughly 135,000 individuals. Despite these estimates, Ms. Woltmann disclosed the uncertainty of the numbers because there is no comparable historical data, given the implementation of new subsidies in 2021 and increased member engagement to ensure every eligible person is enrolled in a Qualified Health Plan (QHP). CCA in collaboration with the Department of Insurance (DOI) and the Center for Health Information and Analysis will track member movement.

Ms. Turnbull asked a question about the phases of the MassHealth redeterminations, specifically whether those who are eligible for CCA plans will be redetermined in an earlier phase or over the 12-month period and about the dynamic of transition from one agency to the other. In response, Ms. Woltmann stated that the outcome of the process will depend on everyone's engagement online or via mail, but also emphasized the collaboration between CCA and MassHealth so that households experience one seamless renewal process. She also noted that MassHealth will be redetermining Mixed Household applications to align with CCA's OE preliminary eligibility process.

Mr. Lefferts then introduced CCA's partnership with MassHealth and HCFA, specifically on the campaigns done on outreach and education. He explained that prior engagement with focus groups showed that members were interested in receiving information from reliable state agencies and receiving instructions on what steps they needed to do to keep their coverage, so the first phase of the communications campaign encouraged MassHealth members to update their eligibility

information. Mr. Lefferts then explained that the first phase will also involve canvassing, working with community-based organizations, and raising awareness through various media outlets.

Mr. Lefferts then went on to the second phase of the outreach effort which will focus on encouraging people transferring out of MassHealth coverage to enroll in CCA coverage. This phase will be accomplished with the use of frequent direct communications, including mail, email, robocalls, text messages, and encouraging signups at community-based events. Mr. Lefferts stated that these outreach approaches will encourage people to enroll in coverage around the 23rd of each month and will improve visibility, all while ensuring that CCA is a trusted source. He added that there are a total of 20 planned afternoon enrollment events around the state, like the events previously done in 2014 and 2015 when the new HIX system rolled out. He mentioned that the goal is to have 200-300 people attend each event. Mr. Lefferts also gave the update that three new organizations have been added to the Navigator program (Upham's Corner, Codman Square Community Health Centers, and the Massachusetts Alliance for Portuguese Speakers), additional resources have been provided to the 14 Navigator organizations in areas where they expect to have large numbers of residents moving out of MassHealth. Mr. Lefferts showed examples of direct messaging and reemphasized the goal and importance of its use in this campaign to ensure that people recognize the campaign material, understand it, and hopefully act quickly.

Ms. Turnbull inquired about CCA's messaging coordination with carriers as well as coordination and expected action on "scam plans". In response to Ms. Turnbull's question, Mr. Lefferts explained that there has been communication with the carriers to understand the messaging they want and need and added that there will be a social media toolkit available to them. In response to the scam plans concern, Mr. Lefferts stated that this is taken very seriously, and it is one of the reasons for the broad-based messaging about CCA being a safe destination for health coverage and the only one where residents can get help paying for health insurance. He added that there is also an investment in paid search, so CCA appears at the top when people search the Internet. Ms. Gasteier reemphasized Mr. Lefferts's response about CCA being the official place for obtaining help to pay for health insurance coverage and added that CCA has worked with colleagues at the Attorney General's office and the DOI regarding this matter. Ms. Kwasnik added that the two issues are being discussed internally at DOI and they are going through past bulletins to be aware of which ones are subject for updating based on updated guidance from the Department of Public Health and federal regulations. She added that a lot of their focus has been on making sure that everyone knows what the rules are and when they're changing.

Mr. Gulko asked a question about the timing between the moment an individual receives a notice of ineligibility from MassHealth and the moment their coverage ends. Ms. Woltmann stated that normally someone would lose coverage 14 days from the notice of the termination, but MassHealth put a provision in its regulations to extend that. This means that individuals would typically have coverage until the end of the following month allowing for people to have enough time to enroll in a plan without a gap in insurance. Mr. Gulko followed up with clarifying questions about CCA's quick turnaround time once MassHealth sends an individual a redetermination notice, to which Ms. Woltmann stated that the integrated eligibility system allows for the end of MassHealth coverage and the opportunity to shop with CCA to happen at the same time. Ms. Woltmann added that there are some concerns for the population that does not have access to online resources, but that those individuals will receive the same messaging and opportunities to enroll via mail.

Ms. Grant then went on to explain the preparation measures being taken with the Contact Center vendor, Accenture, for the increased volume expected beginning in April. She said that the Contact Center retained the staff who were hired for OE but will also add an additional net 135-170 Tier 1 Full Time Employees to support incoming calls and chat requests and will increase the

number of part-time employees to have more staff available earlier in the week. Ms. Grant stated that there will also be an increase in escalation quality training and supervisory staff and the possibility of extended call center hours. Ms. Grant mentioned that they will closely monitor call volume, wait time, rates of abandonment to make staffing adjustments as needed.

In response to a question from Ms. Turnbull regarding MassHealth's staffing needs, Ms. Grant stated that MassHealth has also increased staffing at their Contact Center as well as their Enrollment Center staff. Secretary Beckman added that MassHealth is focused on the redetermination process and emphasized the importance of staying in collaboration with CCA to identify populations that may be eligible for coverage. Ms. Turnbull stated that Ms. Grant is a good addition to the team and is someone with deep expertise.

In response to a question from Ms. O'Marde-Jack regarding Accenture attrition rate and staffing preparedness, Ms. Grant stated that Accenture is bringing in a gross number of staff and based on their historical attrition, and there will be a net of 135-170 employees. Ms. O'Marde-Jack added that she was curious about this rate because of the loss of knowledge that happens with attrition and is not regained during the hiring process.

Ms. Grant then shared that staffing in the document processing department will be almost doubled to assist with administrative tasks such as inputting scanned paper applications and adding documentation to the HIX system. Ms. Grant also highlighted the engagement of a second vendor who will provide about 30-60 Full Time Employees to help process documents and mixed household applications as well as make outbound calls to CCA members to spread awareness about the upcoming redeterminations.

Ms. Woltmann then presented the portion of the presentation that focused on what CCA is doing to make sure this process is as easy as possible, especially since Massachusetts has always been a national leader in its insured rate and flagged that there was a decrease in the uninsured population from 2019-2020. Ms. Woltmann mentioned that to make this a seamless transition, CCA plans to facilitate a Special Enrollment Period from April 1st to November 23rd. She stated the following examples of support for transitioning members: an increase in the range of incomes that can be verified without the need for paper documentation, the launching of the automatic enrollment process, and tools and guidance to support populations with certain circumstances (e.g., self-employed). Ms. Woltmann then described the existing partnership with health plans and how some of them participate in both MassHealth and CCA, so they are able to support members in transition. She explained that CCA and carriers are working together through the areas of communications and outreach and continuity of care to support members. She also mentioned that an assessment completed by carriers showed an overall high rate of network overlap in their offerings of providers. CCA has also worked with carriers about prior authorizations so that individuals don't experience delays as transition coverage.

Mr. Veno shared that the Group Insurance Commission's (GIC) annual enrollment period for fiscal year 2024 begins on April 5th and ends on May 3rd, so the period slightly overlaps with the redetermination process and thought this information would be helpful to CCA's interactions with members.

To conclude her presentation, Ms. Woltmann shared the overall takeaway and CCA's top priority this year is to help individuals and families find the right coverage as Medicaid protections end. She thanked the Board and external partners for their collaboration in these efforts.

Ms. Turnbull thanked Ms. Woltmann for the wonderful overview and everyone's hard work in the thoughtful, detailed planning and anticipation of the redetermination process. Ms. Turnbull also

inquired about Accenture and their action steps to make sure the execution of this process is as perfect as it can be. Ms. Gasteier informed Ms. Turnbull of a recent meeting with Accenture focused on how central perfect execution is. Ms. Grant added that the request for extra staffing was escalated, CCA staff have met with Accenture leadership staff, and they are committed to the plan.

Mr. Veno commented that there is a lot happening in the coming months and put these changes in the category of disruption but did not classify them as good or bad. In response to a question from Mr. Veno regarding what would happen to someone losing MassHealth coverage through redetermination, their qualification, and the need for a special enrollment, Ms. Woltmann clarified that the loss of Minimum Essential Coverage would classify as a qualifying event allowing the individual to enroll in CCA coverage.

Mr. Gulko flagged that he is unsure if the employer and broker community knows that the redetermination process is upcoming and offered his help in spreading awareness. Ms. Gasteier thanked Mr. Gulko for his offer and emphasized the importance of employers knowing how to communicate and the importance of outreach to employees.

Ms. O'Marde-Jack acknowledged that she is very impressed with all that CCA has covered. Ms. Turnbull also echoed what other contributors had emphasized about being "loud" when it comes to raising awareness and paid media, and making sure that they are enough resources devoted to outreach and education. Secretary Beckman also highlighted the importance of reaching various communities, such as the employer community, carriers, and Human Resources Associations. She also asked to hear more about the outreach measures and suggested having a list for distribution of the member materials and notifications at a special meeting. Ms. Gasteier was pleased with Secretary Beckman's suggestion and shared that the ability to go out and spread awareness has deepened in the same way that the CCA relationship with MassHealth has deepened. She added that CCA will round out some of the planning around reaching the different entities Secretary Beckman referenced.

At this time, Ms. Vertes unexpectedly left the meeting.

Mr. Veno gave a quick follow-up about a Boston Business Journal event that is upcoming and suggested flagging this process for one of the panelists and using these events as opportunities for spreading awareness. Secretary Beckman suggested Board members follow up via email with Ms. Gasteier with ideas on outreach.

Ms. Deronnette echoed the Board's role in outreach as members of labor organizations and using the space to reach individuals through these organizations and labor partners. Ms. Turnbull referenced this transition as the 16th anniversary of all the work done since when the health care reform law first passed and mentioned that the depth of this should compare to the broad-based coalitions and collaborations. Ms. Gasteier agreed with Ms. Turnbull's comment and Secretary Beckman then introduced the next agenda item.

- IV. Individual Mandate Policy Items:** The presentation "Topics Related to the Individual Mandate for Calendar Year 2024" was presented by Marissa Woltmann and Kayla Scire. The presentation asked for the Board's consideration on annual updates for 2024 related to two components of the Commonwealth's individual mandate: an affordability schedule and Minimum Creditable Coverage (MCC) deductible limits.

Affordability Schedule Updates for 2024 (VOTE): Ms. Woltmann began the presentation by providing the Board with background information on the 2006 Health Care Reform law that

included a mandate requiring adults to maintain health insurance if it was affordable coverage or face a penalty. Ms. Woltmann explained that this was used as a model for a federal version of the individual mandate that was in place from 2014 to 2019 when it was effectively repealed. As a result, the Board of Directors was made responsible for aspects of the individual mandate implementation, including defining affordability and managing hardship exemptions. Ms. Woltmann added that the items of focus (affordability and coverage standards) at this meeting had a wide reach and was applicable to approximately five million Massachusetts residents.

Ms. Scire then went into the specifics of the affordability schedule, explaining that it was primarily helpful for taxpayers to determine if they owed a penalty or not. She also added that the affordability schedule did not impact employers or carriers, it did not penalize an employer if an employee who is eligible for affordable coverage decided not to enroll, and that the affordability schedule worked independently of federal subsidy calculations. Using an infographic chart, Ms. Scire showed examples of how the affordability standards for couples and families and enrollee contributions for ConnectorCare interact.

Ms. Scire shared a brief explanation of the affordability schedule in the past and how the Board has maintained consistent percentages of income considered affordable. She noted that increases in the income associated with each bracket of the schedule have been in line with the updates made by the United States Department of Health and Human Services.

Ms. Scire then introduced this year's proposed approach as one that addresses the larger than usual increase in federal poverty guidelines, as a result of inflation. The proposed schedule for 2024 included slight decreases in the affordability standards for individuals to mitigate increases in both affordability standards for low-income couples and families as well as in ConnectorCare and early contributions. At this moment, Ms. Scire requested approval from the Board on the presented affordability schedules for individuals, couples, and families for 2024.

Ms. Turnbull expressed that this was a very good and balanced approach to moderate the impact of the inflationary period and complimented the CCA staff. Secretary Beckman agreed with Ms. Turnbull's comment adding the importance of recognizing the impact and making sure that essentials in life are affordable.

With no additional discussion, the Board voted unanimously through roll call and approved the staff recommendation for the affordability schedules.

Minimum Creditable Coverage Updates for 2024 (VOTE): Ms. Scire then transitioned to the second component of the individual mandate focused on MCC standards, which determines what kind of coverage an individual can have and allows a taxpayer to "check the box" when they file taxes to indicate that they did not have a gap in coverage and avoid being penalized. Ms. Scire emphasized that the MCC deductible limit changes do not require deductible changes for consumers and MCC deductible limits are independent of federal rules on high deductible health plans defined by the IRS annually.

Ms. Scire then gave background information on MCC's deductible limits mentioning that original 2007 regulations set limits at \$2,000 for an individual and \$4,000 for a family. Ms. Scire added that in 2019, the Board voted to implement a regulatory provision that would allow MCC deductible limits to increase annually in accordance with the Federal Premium Adjustment Percentage. Ms. Scire explained that using the Premium Adjustment Percentage approach and under the Affordable Care Act, the proposed 2024 MC deductible for an individual would be \$2,950 and \$5,900 for a family representing an increase of 3.5 percent over 2023. She added the separate prescription drug deductibles a plan may offer of up to \$360 for an individual and \$720

for a family. She clarified that increasing the limit does not result in higher deductibles but reflects market standards and avoids unfair penalties. Ms. Scire then requested the Board's approval of the MCC deductible limits for Plan Year 2024.

With no additional discussion, the Board voted unanimously through roll call and approved the staff recommendation for the MCC deductible limits.

Ms. Turnbull thanked the CCA staff for the hard work that has been done and will do going forward. She also noted that she is always impressed during the Board meetings.

Secretary Beckman agreed with Ms. Turnbull's comment and added that she too is impressed by the operations and preparation that she has been briefed on. Secretary Beckman also added that she counts on the Board members to continue to come up with ideas and suggestions for how to be even better prepared, as this is going to be a momentous year with the endeavor of making sure everyone has health insurance coverage. Secretary Beckman expressed that CCA is well positioned with the current staff.

Dr. Chernew applauded Ms. Gasteier for her work in the Acting Executive Director role. In response, Ms. Gasteier stated that she has the best team. Secretary Beckman agreed with Ms. Gasteier's statement.

With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:34 AM.

Respectfully submitted,

Nuryelis Herrera