



2024 Health and Dental Plan Proposed Seal of Approval (SOA)

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SOA 2024: Overview

Health Connector staff have prepared for the Board's consideration a recommended Plan Year (PY) 2024 Seal of Approval, which builds from prior years' health equity initiatives and takes further strides to strengthen the marketplace, the ConnectorCare program, and address population health objectives.

- The PY2023 SOA included the most significant set of SOA changes in years with a strong focus on Value Based Insurance Design (VBID), quality and plan improvements, and addressing member facing carrier branding changes
 - Set cost-sharing for certain services and drugs for key chronic condition(s) in ConnectorCare to \$0, as part of health equity objectives and required carriers to cover additional mental health provider types
 - Expanded PPO availability in the Small Group shopping experience
 - Added Quality Rating System star ratings to the HIX shopping experience and introduced a new Quality Improvement Strategy (QIS)
 - Completed a mid-year carrier rebranding (WellSense) and OE rebrand (MGBHP) and supported transition for Tufts Premier plan closures
- The PY2024 SOA emphasizes a stable product shelf with:
 - Targeted improvements to coverage to support smooth transitions after the upcoming redetermination of MassHealth membership
 - Population health and equity-centric enhancements to the ConnectorCare program, and
 - Maintenance of existing programs to alleviate member cost sharing
- This approach will provide:
 - Time to gauge impact to last year's product shelf changes, especially in consideration of major coverage transitions into the Health Connector via the upcoming MassHealth redetermination effort
 - Continued organizational focus on operationalizing aspects of the 2023 SOA

SOA 2024: Request for Information

The 2024 Seal of Approval was informed through insightful responses to the Health Connector's Request for Information (RFI) issued in December 2022.

- The Health Connector's 2024 RFI requested feedback from stakeholders and members of the healthcare community to inform policy development and strategy for the upcoming plan year

- Key areas of focus included feedback on:
 - ✓ Coverage priorities with focus towards access to behavioral health services, preventive care, and pediatric mental health services
 - ✓ Evaluation of existing value-based Insurance initiatives
 - ✓ Inquiry into improvement of product shelf display and organization
 - ✓ Soliciting responses about how the Health Connector's role, policy, and program tools to help moderate overall health care cost growth; and
 - ✓ Collecting information about the risks of inequities in clinical and population health data analysis

- Responses and Respondents
 - Twelve organizations, inclusive of health and dental insurers, state agencies, and community partners submitted responses to the 2024 RFI. A full list of respondents is available in Appendix 3
 - Staff can provide copies of organizations' RFI responses, or a summary roll-up of all feedback, as interested

SOA 2024 Priorities and Recommendations

The proposed Plan Year 2024 Seal of Approval priorities aim to provide Massachusetts residents with access to comprehensive and protective coverage through targeted program stability and enhancements.

Area of Focus	Proposed 2024 SOA Initiative
Product Shelf	<ul style="list-style-type: none"> Update 2024 standard designs according to the 2024 federal Actuarial Value Calculator (AVC) Improve first-dollar affordability in some standard plans where allowed by AVC
Value, Equity, and Coverage	<ul style="list-style-type: none"> Align with partner agency (e.g., MassHealth) recommendations to promote access to doula services for members to address racial inequities in maternal health outcomes Improve collection of provider and facility information from carriers on Community Behavioral Health Centers to bolster provider search and information available to members Encourage coverage aligned with MassHealth recommendations for preventive behavioral health services for members under 21 in where practicable, with an emphasis on reducing administrative barriers to care by removing unnecessary prior authorization requirements and by expanding the types of providers who can offer care
Equity Opportunity in Focus: Addressing Forgone Preventive and Primary Care among Low-Income Populations	<ul style="list-style-type: none"> Require all health and dental issuers to conduct a multi-lingual and multi-modal outreach campaign to all Health Connector members – with particular emphasis on ConnectorCare enrollees – to reverse trends of forgone preventive services, especially among lower income residents Specifically encourage members to receive physicals with primary care physicians and screenings for colon, breast, and cervical cancer (health plans), and routine cleanings (dental plans) Incorporate the ACA preventive service requirements (currently being challenged in federal court) to safeguard these \$0 protections for enrollees going forward
Strengthening ConnectorCare	<ul style="list-style-type: none"> Provide clear and impartial guidance for ConnectorCare program expansion through written guidance and dialogue with carrier partners Introduce updated guidance on networks and service area participation
Program Stability	<ul style="list-style-type: none"> Carry forward existing VBID initiatives Maintain a stable suite of product offerings to members with unsubsidized/APTC-only, small group, and dental coverage Preserve low point-of-service cost sharing for ConnectorCare membership



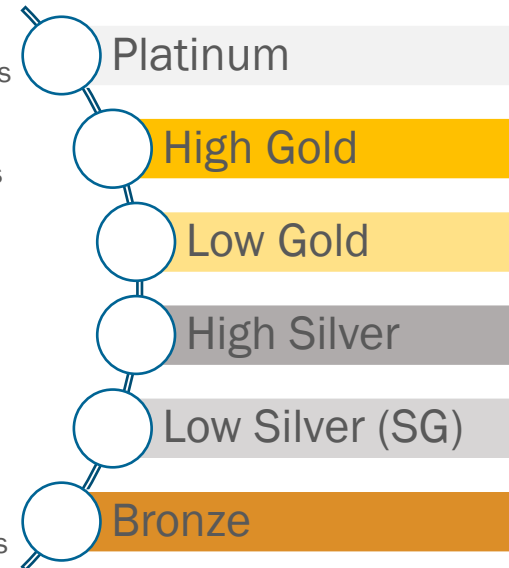
Product Shelf and Plan Design

Product Shelf and Plan Design

Staff recommend updates to the 2024 standard plan designs according to the draft federal Actuarial Value (AV) calculator proposed by CMS for 2024, with continued focus on first dollar affordability.

▪ Standard Plan Design

- A change to the PY2024 AV calculator updated the calculator's logic so that copays not subject to deductible no longer accrue to the deductible
- Changes to the 2024 actuarial value calculator necessitate cost-sharing increases on the standard gold and high bronze designs
- Staff propose to increase the maximum out-of-pocket amounts (MOOPs) of standard silver and bronze plans to the allowed 2024 maximum \$9,450
- The adjustments made by CMS in the 2024 AV calculator also allow for additional cost sharing decreases to the standard silver design compared to 2023 while remaining within the allowable silver AV range. Staff propose reducing standard silver plans' cost-sharing on PCP/MH/BH Outpatient visits and Tier 1 Prescription drugs. Staff also recommend reducing lab and Tier 2 Prescription drug copayments to be pre-deductible compared to 2023



▪ Health Connector for Business Offerings

- In Plan Year 2023, staff implemented standard plan designs for PPO products and expanded PPO availability from the Vertical Choice (One Carrier) model to both Vertical Choice and Horizontal Choice (One Level) models
- Staff do not recommend changes to the small group shelf at present time in order to fully evaluate a full enrollment cycle experience for employees and employers

▪ Value Based Insurance Design (VBID) and Provider Access

- The PY2024 SOA looks to extend VBID programs in ConnectorCare aimed at reducing cost sharing for medications associated with diabetes, hypertension, coronary artery disease, and asthma. Additionally, members benefit from zero-dollar insulin medication and delivery and access to life saving treatment through zero-dollar MAT cost share initiatives. For more detail, please see slides 27-30

in the appendix

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Equity Initiatives via the Seal of Approval

Seal of Approval Contracts that Prioritize Value, Equity, and Coverage

Separate from product design, the PY2024 SOA also aims to utilize Health Connector contracts with carriers to prioritize health equity and value. These proposals build upon feedback from the 2024 RFI and previous work to improve information and access to services for all members.

Area of Focus	Population Impacted	Recommended Policy
Quality Improvement Strategy (QIS)	All QHP members	<ul style="list-style-type: none"> To improve the utilization of both primary care and preventive care services for both new and existing enrollees, the Health Connector recommends requiring carriers to submit a new Quality Improvement Strategy (QIS) reporting on methods to incentivize primary and preventive care utilization
Preventive Care Protections	All QHP members	<ul style="list-style-type: none"> Staff recommend adding requirements to the RFR procurement document and contracts to guarantee continuance of protected preventive care services in Health Connector QHPs in response to the pending legal challenge to the ACA's preventive services mandate
Telehealth	All QHP members	<ul style="list-style-type: none"> Staff recommend encouraging payment parity in reimbursement for telehealth services that are audio-visual and audio-only and consistent with existing regulatory requirements
Maternal Health – Doula Coverage	All QHP members	<ul style="list-style-type: none"> The Health Connector intends to align with MassHealth on promoting access to doula services for members to address racial inequities in maternal health outcomes The Health Connector expects issuers to follow any developments related to doula licensing or accreditation by state agencies or the legislature and to prepare for improving coverage for maternal health services through doula coverage in upcoming Plan Years

Value, Equity, and Coverage (continued)

Area of Focus	Population Impacted	Recommended Policy
Essential Community Providers (ECPs)	All QHP and QDP Members	<ul style="list-style-type: none"> Per the 2024 Draft Notice of Benefit and Payment Parameters (NBPP), issuers are newly required to meet a specified threshold for Federally Qualified Health Centers (FQHCs) and Family Planning Providers (FPPs) in provider networks. Staff propose to collect in-network contract status for these providers
Behavioral Health	All QHP members	<ul style="list-style-type: none"> Staff propose to require collection of provider and facility information from carriers pertinent to Community Behavioral Health Centers in effort to bolster provider search and general information available to Health Connector members
Pediatric Mental Health Care	Pediatric QHP members and families	<ul style="list-style-type: none"> Staff recommend encouraging carrier alignment with MA Health Managed Care Entity Bulletin 65 addressing Preventive Behavioral Health Services for Members Younger than 21 where possible Staff recommend exploring areas of the CCA website such as carrier landing pages, to provide information about carrier resources for Behavioral Health Services for Children and Adolescents (BHCA) coverage
Addressing Forgone and Deferred Preventive Care in Low Income Populations	All QHP members, with focus on ConnectorCare membership	<ul style="list-style-type: none"> Please see following section for “in focus” detail

Equity Opportunity in Focus: Closing the Gap on Preventive Service Utilization

The Health Connector views forgone preventive care among enrollees as a key health equity and population health challenge in the Massachusetts health coverage landscape that Seal of Approval contracts can be leveraged to address.

- Massachusetts has the highest rate of health coverage in the nation, at 97.5 percent
- However, even among insured residents, extensive evidence suggests that lower income residents and people of color are utilize fewer health care services generally – and are more likely to not receive preventive services (like cancer screenings) that can keep them healthy, save lives, and are guaranteed at \$0 cost sharing under the ACA
- The Health Connector seeks to use the 2024 Seal of Approval to reverse this trend for its enrollees, and ensure that the free, life-saving protections of cancer screenings and preventive care are equitably utilized by the full range of the public it serves
- This will require specialized efforts to (1) understand the barriers that have prevented insured individuals from fully benefitting from the protections their coverage guarantees, and (2) mounting efforts – along with carriers and others – to address these barriers and facilitate utilization of these services among enrollees. Carrier requirements to partner on this effort will be required in CCA/carrier contracts for plan year 2024

Equity Opportunity in Focus: Closing the Gap on Preventive Service Utilization (Continued)

State-level data shines a light onto the racial and income disparities in cancer screenings as well as cancer incidence.

▪ Incidence and Screening Disparities by Racial and Ethnic Groups

- Black non-Hispanic men in Massachusetts have the highest mortality rates for prostate cancer and all cancers combined compared to other racial and ethnic groups
- Black non-Hispanic males with colorectal cancer are more likely to be diagnosed at a late stage than other groups
- Black non-Hispanic and Hispanic females with colorectal cancer were more likely to be diagnosed at a late stage than other groups
- Colorectal cancer screening rates are higher among White non-Hispanics (83.2 percent) than Black non-Hispanics (71.3 percent), Hispanics (77.1 percent), and Asian non-Hispanics (63.2 percent)

▪ Health Care Service Utilization and Screening Disparities by Income and Education

- Massachusetts women with incomes greater than \$75,000 have higher breast cancer screening rates compared women with less than \$25,000 in household income
- Adults with less than higher school education and those with less than \$25,000 in household income were less likely to be screened for colorectal cancer compared to adults with college or more education and with household income greater than \$50,000
- The Attorney General's Office's 2022 Cost Trends Report and research by the Massachusetts Health Policy Commission have found that 15.7 percent of insured individuals in the lowest income communities in Massachusetts had no medical spending in 2018, compared to 8.8 percent of insured individuals in the highest income communities

Sources: Massachusetts Cancer Registry ([Cancer Incidence Statewide Reports | Mass.gov](#)) and Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), Massachusetts Department of Public Health.

Source: The Office of Attorney General Maura Healey (2022). Examination of Health Care Cost Trends and Cost Drivers. Retrieved from: https://www.mass.gov/files/documents/2022/11/02/2022-11-2%20COST-TRENDS-REPORT_PUB_DRAFT4_HQ.pdf

Equity Opportunity in Focus: Closing the Gap on Preventive Service Utilization—Recommendations

Health Connector staff recommend taking steps to encourage members to seek care and educate members about services available in efforts to reduce instances of forgone care.

- Staff recommend leveraging the 2024 SOA to require and launch a joint, multi-lingual and multi-modal outreach campaign with health and dental carriers with focus on the following coverage priorities:
 - Primary Care office visits;
 - Preventive screenings for colon, breast, and cervical cancer; and
 - Routine dental cleanings*
- Staff also recommend requiring coverage adoption of home-based testing for colon screenings by all health plans due to increased evidence of forgone care in this area, particularly for people of color
- To measure this initiative, staff recommend implementing new reporting requirements on utilization of the services outlined by using both programmatic data (program type, plan type, metallic tier, etc.) and demographic data (race, ethnicity, language, etc.) data where possible
- Staff also recommend exploring current and prospective coverage of flexible benefit offerings, such as transportation, childcare, and non-medical supports through inquiry in the SOA Attachment B Transmittal Letter, to ease member access to preventive services and other essential care

Spource: NATIONAL CENTER FOR HEALTH STATISTICS: (2022). Early Release of Selected Estimates Based on Data From the 2020 National Health Interview Survey. Retried from: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/EarlyRelease202108-508.pdf>

* Data from the Health Connector's member survey responses have indicated routine or other dental care as forgone or deferred more commonly than other services. Data from the National Center for Health Statistics also provided evidence that approximately 35% of respondents reported forgone dental exams or cleanings over the previous 12 months.

Equity Efforts in the Seal of Approval: Strategies for Evaluation

As the Health Connector endeavors to use its Seal of Approval RFR and contracts to advance health equity, it will establish strategies for evaluating impact and measuring outcomes.

- The Health Connector seeks to work with its Board and other partners to evaluate the impact of the various health equity efforts it has undertaken in recent and upcoming Seal of Approval processes
- CCA is working to improve the race and ethnicity data available to carriers from the Health Connector via the application process, which will deepen evaluation capabilities
- CCA is also working to link enrollment data to claims data (*i.e.*, the state's All Payer Claims Database) to measure member impact of equity-focused initiatives
- CCA is also seeking to learn from equity-focused peer state-based marketplaces and MassHealth re: their usage of performance metrics that can help inform CCA efforts to evaluate impact of equity-driven initiatives
- CCA welcomes Board and stakeholder feedback on how to best evaluate and refine these efforts



Strengthening ConnectorCare

ConnectorCare: All Carrier Participation

The Health Connector continues to work with carriers on the requirement for all health carriers participating on-exchange to also participate in the ConnectorCare program effective in 2024.

- Over the course of several years, staff assessed the impact of continuing to allow partial carrier participation in ConnectorCare from an equity perspective and a market function/stability perspective
- Staff concluded that this approach – which was a holdover in the Massachusetts market from pre-ACA market constructs – no longer serves in the best interests of the marketplace and Health Connector members
- By mandating participation of all marketplace carriers in the ConnectorCare program starting in 2024 (announced as part of the 2023 Seal of Approval), the Health Connector will address challenges in three key areas:

Equity

- Expanded participation will make the program more equitable and reflect CCA's commitment to connecting the public it serves to the full market, and avoid operating a “two tier system” which limits choice for over half of the state's individual insurance market based on income

Geographic coverage

- All carrier ConnectorCare participation will increase statewide access to the program by protecting against “bare counties” especially in those areas where presently there are only two or fewer carriers participating

Network access and continuity of care

- Members in need of subsidized coverage in the ConnectorCare program will have an easier transition from off exchange to on-exchange coverage

ConnectorCare: All Carrier Participation (continued)

Preparation for all carrier participation in the ConnectorCare program is in progress.

- Staff are engaged with the three new ConnectorCare participants (BCBS, Point32-HPHC, and United). Each carrier has submitted implementation planning and actively participated in ongoing program informational sessions
- The Health Connector has established a formal project plan and appointed a Project Manager to coordinate cross-functional onboarding efforts
- The Health Connector is developing new network and service area rules for ConnectorCare program participants in tandem with the Division of Insurance. The intent of this guidance is to ensure a competitive and fair environment for ConnectorCare carrier participants while improving member options and access to providers
- The Health Connector intends to continue with its stepwise approach to premium stabilization, to preserve both member choice and competition between carriers, and may include some adjustments considering continued challenges experienced by ConnectorCare carriers loading their silver tier non-group plans with an additional percentage of premium to offset the loss of federal cost-sharing reductions



Proposed SOA 2024 Timeline

Proposed SOA Timeline

Mar 2023	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec 2023
★ 3/9: SOA Launch – Board Meeting									
	★ 3/17: Expected Release Medical and Dental RFRs								
		★ 5/15: RFR Responses Due							
		● 5/15: Rates Filed with DOI (TBD)*							
		Review and Analysis of Responses							
				★ 7/13: Conditional SOA – Board Meeting					
				Review and Analysis of Rates					
				Analysis and Selection of ConnectorCare Plans					
						★ QIS Responses Due (Tentative)			
						★ 9/7: Final SOA Awarded – Board Meeting			
								★ 11/1: Open Enrollment Begins	

*Rate filing deadlines will be communicated to carriers by the Division of Insurance.
 All dates subject to change. Changes to dates published on CommBUYS will be amended and re-posted to CommBUYS.



Appendix 1: Summary of Draft PY24 AVC Changes and Plan Designs

2023-2024: Platinum Proposed Design

- We do not recommend changes to Platinum in 2024

- The changes in the actuarial calculator's copay accrual methodology allow for the 2023 design to stay within the Platinum QHP actuarial range

Plan Feature/ Service	2023 Platinum	DRAFT 2024 Platinum
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>		
Annual Deductible – Combined	\$0	\$0
Annual Deductible – Medical	N/A	N/A
Annual Deductible – Prescription Drugs	N/A	N/A
Annual Out-of-Pocket Maximum	\$3,000	\$3,000
	\$6,000	\$6,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services	\$20	\$20
Specialist Office Visits	\$40	\$40
Urgent Care	\$40	\$40
Emergency Room	\$150	\$150
Emergency Transportation	\$0	\$0
Inpatient Hospitalization	\$500	\$500
Skilled Nursing Facility	\$500	\$500
Durable Medical Equipment	20 percent	20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$40
Laboratory Outpatient and Professional Services	\$0	\$0
X-rays and Diagnostic Imaging	\$0	\$0
High-Cost Imaging	\$150	\$150
Outpatient Surgery: Ambulatory Surgery Center	\$250	\$250
Outpatient Surgery: Physician/Surgical Services	\$0	\$0
Prescription Drug	Retail Tier 1	\$10
	Retail Tier 2	\$25
	Retail Tier 3	\$50
	Mail Tier 1	\$20
	Mail Tier 2	\$50
	Mail Tier 3	\$150
Federal Actuarial Value Calculator	89.88 percent	90.35 percent

Bold indicates changes from PY23. Modeled using PY24 Draft AV calculator. Amounts subject to change

2023-2024: Gold Plan Proposed Design

- Staff recommends keeping a similar plan design to PY23. Staff are concurrently reviewing proposals by carriers that are favorable to the addition of a \$500 deductible and assessing pricing estimates of this design

Plan Feature/ Service		2023 High Gold	DRAFT 2024 High Gold
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$0	\$0
		\$0	\$0
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$5,000	\$6,000
		\$10,000	\$12,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$30	\$30
Specialist Office Visits		\$55	\$55
Urgent Care		\$55	\$55
Emergency Room		\$350	\$350
Emergency Transportation		\$0	\$0
Inpatient Hospitalization		\$750	\$750
Skilled Nursing Facility		\$750	\$750
Durable Medical Equipment		20 percent	20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$55	\$55
Laboratory Outpatient and Professional Services		\$25	\$25
X-rays and Diagnostic Imaging		\$75	\$75
High-Cost Imaging		\$250	\$250
Outpatient Surgery: Ambulatory Surgery Center		\$500	\$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0
Prescription Drug	Retail Tier 1	\$30	\$30
	Retail Tier 2	\$60	\$60
	Retail Tier 3	\$90	\$90
	Mail Tier 1	\$60	\$60
	Mail Tier 2	\$120	\$120
	Mail Tier 3	\$270	\$270
Federal Actuarial Value Calculator		81.97 percent	81.62%

2023-2024: High Silver Proposed Design

- Moderate reductions in cost sharing for key benefits (PCP/MH/BH office visits), Lab, and Tier 1 & 2

- Premium Increase is likely but offset by increased receipt of APTC. Pricing for unsub and small group will likely increase

- We can leave room for VBID – both specified by CCA and the carrier’s own optional initiatives

Plan Feature/ Service		2023 High Silver	DRAFT 2024 High Silver
<i>Note: “Deductible then...” means the member must first meet the plan’s deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$2,000	\$2,000
		\$4,000	\$4,000
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$9,100	\$9,450
		\$18,200	\$18,900
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$30	\$25
	Specialist Office Visits	\$60	\$60
Urgent Care		\$60	\$60
Emergency Room		Deductible then \$350	Deductible then \$350
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,000	Deductible then \$1,000
Skilled Nursing Facility		Deductible then \$1,000	Deductible then \$1,000
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$60	\$60
Laboratory Outpatient and Professional Services		Deductible then \$50	\$40
X-rays and Diagnostic Imaging		Deductible then \$75	Deductible then \$50
High-Cost Imaging		Deductible then \$350	Deductible then \$350
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$30	\$25
	Retail Tier 2	Deductible then \$60	\$55
	Retail Tier 3	Deductible then \$90	Deductible then \$75
	Mail Tier 1	\$60	\$50
	Mail Tier 2	Deductible then \$120	\$110
	Mail Tier 3	Deductible then \$270	Deductible then \$225
Federal Actuarial Value Calculator		71.94 percent	71.81%

2023-2024: Low Silver (HCB Only) Proposed Design

- We do not recommend any changes for Low Silver in 2024

Plan Feature/ Service		2023 Low Silver (HSA compatible, Small Group Only)	DRAFT 2024 Low Silver (HSA compatible, Small Group Only)
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$2,000	\$2,000
		\$4,000	\$4,000
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$7,050	\$7,050
		\$14,100	\$14,100
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$30	Deductible then \$30
Specialist Office Visits		Deductible then \$60	Deductible then \$60
Urgent Care		Deductible then \$60	Deductible then \$60
Emergency Room		Deductible then \$300	Deductible then \$300
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$750	Deductible then \$750
Skilled Nursing Facility		Deductible then \$750	Deductible then \$750
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$60	Deductible then \$60
Laboratory Outpatient and Professional Services		Deductible then \$60	Deductible then \$60
X-rays and Diagnostic Imaging		Deductible then \$75	Deductible then \$75
High-Cost Imaging		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	Deductible then \$30	Deductible then \$30
	Retail Tier 2	Deductible then \$60	Deductible then \$60
	Retail Tier 3	Deductible then \$105	Deductible then \$105
	Mail Tier 1	Deductible then \$60	Deductible then \$60
	Mail Tier 2	Deductible then \$120	Deductible then \$120
	Mail Tier 3	Deductible then \$315	Deductible then \$315
Federal Actuarial Value Calculator		70.62 percent	70.62 percent

2023-2024: High Bronze #1 Proposed Design

- Bronze #1 Option increases the MOOP and allows for room in the AV for carrier's VBID initiatives

Plan Feature/ Service		2023 Bronze #1	DRAFT 2024 Bronze #1
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$2,850	\$2,850
		\$5,700	\$5,700
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$9,100	\$9,450
		\$18,200	\$18,900
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$30	Deductible then \$30
Specialist Office Visits		Deductible then \$65	Deductible then \$65
Urgent Care		Deductible then \$65	Deductible then \$65
Emergency Room		Deductible then \$400	Deductible then \$400
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,000	Deductible then \$1,000
Skilled Nursing Facility		Deductible then \$1,000	Deductible then \$1,000
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$65	Deductible then \$65
Laboratory Outpatient and Professional Services		Deductible then \$50	Deductible then \$50
X-rays and Diagnostic Imaging		Deductible then \$100	Deductible then \$100
High-Cost Imaging		Deductible then \$350	Deductible then \$350
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$30	\$30
	Retail Tier 2	Deductible then \$65	Deductible then \$65
	Retail Tier 3	Deductible then \$100	Deductible then \$100
	Mail Tier 1	\$60	\$60
	Mail Tier 2	Deductible then \$130	Deductible then \$130
	Mail Tier 3	Deductible then \$300	Deductible then \$300
Federal Actuarial Value Calculator		64.97 percent	64.74 percent

Bold indicates changes from PY23. Modeled using PY24 Draft AV calculator. Amounts subject to change

2023-2024: High Bronze #2 Proposed Design

- Option # 1 - Although changes to AVC copay accrual created room in other plan designs., the Bronze #2 design is closer to the 65% limit even when increasing the MOOP. We believe this is the best option in order to shield members seeking this plan from further cost sharing increases

Plan Feature/ Service		2023 Bronze #2 (HSA compatible)	DRAFT 2024 Bronze #2 (HSA compatible) Option 1
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$3,300	\$3,600
		\$6,600	\$7,200
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$7,450	\$8,000
		\$14,900	\$16,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$60	Deductible then \$60
Specialist Office Visits		Deductible then \$90	Deductible then \$90
Urgent Care		Deductible then \$90	Deductible then \$90
Emergency Room		Deductible then \$875	Deductible then \$875
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,500	Deductible then \$1,500
Skilled Nursing Facility		Deductible then \$1,500	Deductible then \$1,500
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$90	Deductible then \$90
Laboratory Outpatient and Professional Services		Deductible then \$55	Deductible then \$55
X-rays and Diagnostic Imaging		Deductible then \$135	Deductible then \$135
High-Cost Imaging		Deductible then \$750	Deductible then \$750
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	Deductible then \$30	Deductible then \$30
	Retail Tier 2	Deductible then \$120	Deductible then \$120
	Retail Tier 3	Deductible then \$200	Deductible then \$200
	Mail Tier 1	Deductible then \$60	Deductible then \$60
	Mail Tier 2	Deductible then \$240	Deductible then \$240
	Mail Tier 3	Deductible then \$600	Deductible then \$600
Federal Actuarial Value Calculator		64.94 percent	64.98 percent

Proposed Draft 2024 QHP Standardized Designs

Plan Feature/ Service <i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>	DRAFT Platinum	DRAFT High Gold	DRAFT High Silver	DRAFT Low Silver (HSA compatible, Small Group Only)	DRAFT Bronze #1	DRAFT Bronze #2 (HSA compatible)
Annual Deductible – Combined	\$0	\$0	\$2,000	\$2,000	\$2,850	\$3,600
	\$0	\$0	\$4,000	\$4,000	\$5,700	\$7,200
Annual Deductible – Medical	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Prescription Drugs	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$3,000	\$6,000	\$9,450	\$7,050	\$9,450	\$8,000
	\$6,000	\$12,000	\$18,900	\$14,100	\$18,900	\$16,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services	\$20	\$30	\$25	Deductible then \$30	Deductible then \$30	Deductible then \$60
Specialist Office Visits	\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Urgent Care	\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Emergency Room	\$150	\$350	Deductible then \$350	Deductible then \$300	Deductible then \$400	Deductible then \$875
Emergency Transportation	\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization	\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Skilled Nursing Facility	\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Durable Medical Equipment	20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Laboratory Outpatient and Professional Services	\$0	\$25	\$40	Deductible then \$60	Deductible then \$50	Deductible then \$55
X-rays and Diagnostic Imaging	\$0	\$75	Deductible then \$50	Deductible then \$75	Deductible then \$100	Deductible then \$135
High-Cost Imaging	\$150	\$250	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750
Outpatient Surgery: Ambulatory Surgery Center	\$250	\$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services	\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$10	\$30	\$25	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$60	\$55	Deductible then \$65	Deductible then \$120
	Retail Tier 3	\$50	\$90	Deductible then \$75	Deductible then \$100	Deductible then \$200
	Mail Tier 1	\$20	\$60	\$50	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$120	\$110	Deductible then \$130	Deductible then \$240
	Mail Tier 3	\$150	\$270	Deductible then \$225	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator	90.35 percent	81.62%	71.81%	70.62 percent	64.74 percent	64.98 percent

2024: Standard Qualified Dental Plan Options

Plan Feature/ Service	Family High	Family Low	Pediatric-only
Plan Year Deductible	\$50/\$150	\$50/\$150	\$50
Deductible Applies to	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative
Plan Year Max (>=19 only)	\$1,250	\$750	N/A
Plan Year MOOP <19 Only	\$350 (1 child) \$700 (2+ children)	\$350 (1 child) \$700 (2+ children)	\$350 (1 child)
Preventive & Diagnostic Co-Insurance (In/out-of-Network)	0 percent/20 percent	0 percent/20 percent	0 percent/20 percent
Minor Restorative Co-Insurance (In/out-of-Network)	25 percent/45 percent	25 percent/45 percent	25 percent/45 percent
Major Restorative Co-Insurance (In/out-of-Network)	50 percent/70 percent	50 percent/70 percent No Major Restorative >=19	50 percent/70 percent
Medically Necessary Orthodontia, <19 only (In/out-of-Network)	50 percent/70 percent	50 percent/70 percent	50 percent/70 percent
Non-Medically Necessary Orthodontia, <19 only (In/out-of-Network)	N/A	N/A	N/A

Note: Standard QDP designs are unchanged from 2023.



Appendix 2: Recent SOA VBID Initiatives

Recent SOA VBID Initiatives: MAT and Insulin

The Health Connector aims to provide program stability in PY204 by maintaining existing requirements for cost-sharing reduction programs

- Beginning in PY2017, in response to the rising opioid epidemic, the Health Connector implemented Medication Assisted Treatment (MAT) cost-sharing requirements within the ConnectorCare program.

VBID Area of Focus	Population Impacted	Description
Reduced Cost Sharing	ConnectorCare members	\$0 cost-sharing for the full range of FDA-approved medications for opioid use disorder
Reduced Cost Sharing	ConnectorCare members	\$0 cost-sharing for services directly related to an MAT office visit
Reduced Cost Sharing	ConnectorCare members	\$0 cost-sharing for opioid antagonist medications (i.e. naloxone, naltrexone) to take home

- In PY2021, in response to a dramatic rise in insulin costs, the Health Connector implemented a cost-sharing requirement for insulin across all standard plans, including ConnectorCare, unsubsidized/APTC non-group, and small group plans. In PY202, this program expanded to include additional insulin delivery methods. In PY2023, further reduction of cost-sharing was further reduced for members in ConnectorCare.

VBID Area of Focus	Population Impacted	Description
Reduced Cost Sharing	All QHP Members enrolled in standard plan designs	No more than Tier 1 Copayments per standard plan design for one or more of each of the following insulin types: rapid acting insulin, short acting insulin, intermediate acting insulin, long-acting insulin, & pre-mixed insulin
Reduced Cost Sharing	All QHP Members enrolled in standard plan designs	Pen injectors at Tier 1 cost-sharing from all carrier's standard plan designs, in addition to insulin vials, for at least one of each major insulin type.
Reduced Cost Sharing *Existing Requirements	ConnectorCare members	\$0 cost sharing for Tier 1 insulin and delivery methods in ConnectorCare

Recent SOA VBID Initiatives: Medications to address chronic conditions disproportionately experienced by communities of color

The Health Connector aims to provide program stability in PY204 by maintaining existing requirements for cost-sharing reduction programs

- In 2023, the Massachusetts Health Connector implemented a program to reduce copayments for a wide range of medications for eligible members. These medications aid in the treatment of diabetes, hypertension, coronary artery disease, and asthma – chronic conditions disproportionately experienced by communities of color.

VBID Area of Focus	Population Impacted	Description
Reduced Cost Sharing	ConnectorCare members	\$0 cost sharing for commonly used medications for diabetes (non-insulin), coronary artery disease, hypertension, and/or asthma
Reduced Cost Sharing	ConnectorCare members	Reduce PCP sick visit copays to \$0, which helps reduce care management access barriers for members with chronic conditions; mirror \$0 for mental health outpatient visits for parity

Recent SOA Coverage and Provider Access Initiatives:

The PY2024 SOA aims to build upon feedback from the 2024 RFI and previous work to continue to provide access to a variety of provider types of member’s health needs

Area of Focus	Population Impacted	Description
Recovery Coaches and Certified Peer Specialists	All CCA members	Require all carriers to provide coverage for these EHS BH Roadmap services, with \$0 cost sharing
PCP Sick Visits	ConnectorCare members	Reduce PCP sick visit copays to \$0, which helps reduce care management access barriers for members with chronic conditions; mirror \$0 for mental health outpatient visits for parity
Clinical Stabilization Service Providers (CSS)	ConnectorCare members	Continue requirement for ConnectorCare Issuers to seek contract in good faith with licensed and geographically available CSS providers
Acute Care Inpatient Hospitals and Community Health Centers	All CCA members	CCA has continued to improve monitoring of hospitals and CHCs in provider networks in order to satisfy network requirements and provide reliable provider search information
Community Behavioral Health Centers	All CCA Members	Building upon alignment with the EOHHS Roadmap for Behavioral Health Reform, issuers are required to contract with CBHCs, including behavioral health urgent care, crisis response and crisis stabilization where not covered otherwise
Transgender Health Services	All QHP members	Building upon initiatives set forth in PY2023, SOA workgroup recommends standing up a process for monitoring development of a transgender health advisory group or council and assessment of gender affirming care coverage



Appendix 3: SOA RFI Respondents

SOA RFI Respondents

Staff can provide copies of organizations' RFI responses, or a summary roll-up of all feedback, as interested.

Association of Behavioral Health	Mass Medical Society
Blue Cross Blue Shield of MA	Massachusetts League of Community Health Centers
Delta Dental	Point 32 Health (THPD and HPHC)
Fallon Health Plan	WellSense
Health Care For All	
Health New England	
Health Policy Commission	
Mass General Brigham Health Plan	