



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

KIMBERLY DRISCOLL
Lieutenant Governor

AUDREY MORSE GASTEIER
Executive Director

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

Thursday, March 9, 2023
9:14 AM to 11:00 AM

Live Stream

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

Attendees: Audrey Gasteier, Kate Walsh, Nancy Turnbull, Michael Chernew, Eric Gulko, Matthew Veno, Rina Vertes, Filaine Deronnette, Rebecca Butler (Division of Insurance), Martha Kwasnik (who was sitting by designation on behalf of Secretary of Administration and Finance Matthew Gorzkowicz), Dimitry Petion

The meeting was called to order at 9:14 AM.

Prior to beginning the official agenda of the Health Connector Board meeting, Secretary Walsh announced that Audrey Morse Gasteier had been named the Executive Director of the Massachusetts Health Connector (CCA), in time for a major redetermination effort. Ms. Turnbull posted congratulatory remarks for Ms. Gasteier in the webinar chat.

- I. Minutes:** The minutes of the February 9, 2023, meeting were approved by roll call vote. Ms. Butler, and Secretary Walsh abstained because they did not attend the February 9th meeting. Ms. Kwasnik abstained because she did not attend the February 9th meeting in her current official capacity as designee of Administration and Finance. All other members in attendance voted to approve the minutes.
- II. Executive Director's Report:** Ms. Gasteier began the meeting by welcoming Secretary Walsh as the new Board Chair and expressed her thrill to have Secretary Walsh serving on the Board and at the Executive Office of Health and Human Services and looked forward to working closely with her and the Healey-Driscoll Administration to advance the mission of CCA. Ms. Gasteier also thanked Secretary Walsh for appointing her as the Executive Director of CCA and said she is grateful for Secretary Walsh's support, as well as the support of the Board. She also expressed her excitement and privilege to work arm in arm with each Board member and the CCA team to continue to work on building, strengthening, and improving the health coverage provided to the Massachusetts public.

Ms. Gasteier then turned to the Board meeting agenda and reiterated that CCA's top priority continues to be the careful preparation for the MassHealth redetermination process set to begin on April 1st. She added that CCA is focused on ensuring that the possibly hundreds of thousands of residents who will need health coverage through the course of the following year, are able to smoothly and successfully enroll in coverage through CCA. Ms. Gasteier made the Board aware that they would receive in this meeting a number of updates and initiatives on the preparations for the redetermination process and that staff would also be asking for a vote on an outreach and visibility campaign to engage and educate the residents who will be transitioning from MassHealth to CCA coverage. Ms. Gasteier described this campaign as the most ambitious public messaging effort since the launch of the HIX system in the fall of 2014. She stated that the campaign will ensure that CCA is visible to everyone in the Commonwealth and that the public understands that CCA is the only place to receive state and federal financial assistance to pay for coverage with benefits in line with state and the Patient Protection and Affordable Care Act (ACA) standards. Ms. Gasteier noted that CCA continues to be on high alert about scam plans and non-ACA compliant coverage marketed online, so the volume of outreach will be critical to avoid traps and help residents land in legitimate coverage. As part of drowning out pitches from non-ACA compliant entities, Ms. Gasteier mentioned that there will be community-based activities, including a new mobile Community Specialist program with four regional teams across the Commonwealth that will be rotating to different locations on a regular schedule to provide in-person redetermination and enrollment assistance. She added that CCA continues to hire and train representatives for the customer service center, so residents have the support they need to get into the right health coverage plan when they call in. She also mentioned that CCA continues to work closely with MassHealth and others on outreach and education by participating in joint briefings with stakeholders, advocates, community leaders, and others to prepare to enroll a significant share of the individuals losing MassHealth coverage. Ms. Gasteier stated that some individuals may enroll in health coverage through their employer after being redetermined, so CCA is preparing materials for employers and brokers such as Frequently Asked Questions (FAQs), templates, newsletters, flyers, and other resources to support the transitions. She added that CCA remains committed to envisioning and preparing for every aspect of this transition and leveraging every tool in hand to make sure Massachusetts retains its high rate of health insurance coverage among residents as well as continuing to empower members to use the benefits and services enabled by their coverage to live healthier lives.

Ms. Gasteier then mentioned that Mr. Adams would be giving a preview of the 2024 Seal of Approval (SOA) which would include updates to product designs based on adjustments to the federal actuarial value calculator. She added that the process will allow the opportunity for leveraging CCA's partnerships with carriers through the SOA's Request for Responses (RFR) and contracts. Ms. Gasteier gave the example of the 2023 SOA, which presented various equity-focused goals, such as requiring all carriers in the Marketplace to participate in the ConnectorCare program, introducing equity-focused elimination of cost sharing for drugs and services to manage key chronic conditions, requiring policies that promote behavioral health, and ensuring carriers were engaging with the transgender community. She stated that this year, CCA has identified another key focus to advance health equity based on the evidence that many Massachusetts residents, including insured residents and CCA members, underutilize key preventative health care services available to them at no cost. Through the ACA and state data, Ms. Gasteier mentioned that it is often people of color and people with lower incomes and lower education levels that underutilize preventive services such as cancer screenings. Specifically, Ms. Gasteier said that data from the Department of Public Health shows that Black non-Hispanic men have higher cancer rates than the rest of the state's population but have lower screening rates for many cancers and are diagnosed later than other groups. Ms. Gasteier described this as a life-or-death inequity in the health coverage landscape and stated a Marketplace like CCA should find ways to reverse this.

She mentioned that the 2024 SOA RFR will require carriers to partner with CCA on a joint multilingual and multimodal outreach campaign with a focus on the promotion of preventive services to CCA members including primary care physician (PCP) office visits, preventive screenings for colon, breast, and cervical cancer and will require carriers to adopt home-based testing for colon cancer screening. Ms. Gasteier added that she looks forward to working with carriers and others to use the SOA as a tool to further close the health equity gap in the Commonwealth. In conclusion, Ms. Gasteier thanked the Board for their continued support and insight.

Mr. Veno acknowledged the work that Ms. Gasteier and the CCA team are leading on health equity and thanked her for the thoughtfulness and creativity brought to this issue. He mentioned that the Group Insurance Commission (GIC) has raised this issue with some of their colleagues in other states and he had shared some thoughts with them based on Ms. Gasteier's thinking and Mr. Veno believes this is leading the way here but also elsewhere and described it as very impressive. Ms. Gasteier was very thankful for Mr. Veno's comment.

Following Mr. Veno's remarks, Ms. Turnbull added that one of the most successful health equity interventions that the state has ever done was expanding coverage and the expansions from Chapter 58 and subsequent laws did more to reduce racial and ethnic disparities in this particular area. She stated that the work that CCA will be doing over the next year during the redetermination process and the effort to keep everyone in coverage is a health equity initiative of its own. Ms. Gasteier agreed with Ms. Turnbull's statement.

Secretary Walsh then stated that it is very important for equity to be part of the SOA process, emphasizing that it is necessary but not sufficient. She added that the next phase of the work will involve a deeper dive and seeing how outcomes are performed and not just said. While Secretary Walsh described the journey as a bit painful, one that will take time and creativity to stretch the definition of equity and provide insurance for the lives meant to be lived, she believes CCA is well positioned to go on with the journey. Secretary Walsh noted that CCA will be enrolling people who have been in very different coverage systems and will need to learn how to work within a new set of rules and constructs. Secretary Walsh then stated that she and Ms. Gasteier briefed Governor Healey and Lieutenant Governor Driscoll on the redetermination process and acknowledged that the process will not be perfect.

Then, as a representative of the brokers and employers in the state, Mr. Gulko stated that whatever is done here can be a springboard to the rest of the market. He explained that as CCA develops standards and best practices as a precedent, the private industry can look at that and apply it to the rest of the market.

Secretary Walsh thanked Mr. Gulko and introduced the first presentation of the Board meeting agenda.

III. 2024 Preliminary Health and Dental Plan Seal of Approval: The presentation "2024 Health and Dental Plan Proposed Seal of Approval (SOA)" was presented by Samuel Adams. Mr. Adams began by giving an overview of the 2024 SOA which seeks to obtain proposals from health and dental issuers to offer plans for sale through CCA for coverage effective January 1, 2024. Mr. Adams explained that the SOA process required close collaboration between CCA and the Division of Insurance (DOI) to ensure that all plans, certified qualified health plan and qualified dental plans, meet state and federal requirements. Mr. Adams then explained that this presentation was the first of three SOA presentations in the calendar year; this presentation allowed staff to present a strategic proposal in advance of the issuance of a request for responses. In the following

presentation in July, staffers are expected to present the proposals received from the health and dental issuers and ask the Board to vote on the conditional SOA, and, finally, in September, the final proposals inclusive of final rate filings will be proposed for the Board's consideration and vote.

Mr. Adams stated that CCA staff recommend a stable product shelf for 2024 focused on advancing existing health equity initiatives, strengthening the marketplace, the ConnectorCare program, and addressing population health objectives. He then explained that the Plan Year 2023 SOA included significant changes with a focus on setting cost sharing at zero dollars in the ConnectorCare program for certain services and drugs for key chronic conditions, such as treatment of diabetes, hypertension asthma and coronary artery disease. Mr. Adams added that other changes included expanded PPO availability in the small group platform, the addition of federal Quality Rating System display, two carrier rebrandings, and transition of membership from plan closures. He stated that the 2024 SOA was informed by responses to the CCA Request for Information (RFI) issued in December 2022 which included: feedback on coverage priorities focused on access to behavioral health services, preventive care, and pediatric mental health services, feedback on value-based insurance design initiatives and availability of plan information through online resources, feedback on policy development and programmatic tools to help moderate overall health care cost growth, and feedback on risk of inequities in clinical and population health data analysis. Mr. Adams stated that 12 organizations including health and dental issuers, state agencies, and community partners submitted responses to the 2024 RFI.

Mr. Adams then outlined the five major themes of the SOA which were the following: 1. product shelf, 2. value, equity, and coverage, 3. addressing forgone preventative and primary care among low-income populations, 4. strengthening ConnectorCare, and 5. program stability. He stated that the first focus area, product shelf, proposed updates to standard plan designs to account for technical changes in the 2024 federal actuarial value calculator (AVC) and improving first-dollar affordability in some standard plans. The second area of focus proposed incorporating areas of coverage in support of state-based equity initiatives to provide greater value in health plans including alignment with partner agency recommendations on maternal health, behavioral health, and pediatric mental health efforts. Staff also proposed to require all carriers to participate in a joint multi-lingual and multi-modal outreach campaign to encourage primary care visits and preventative screenings while also proposing to incorporate and itemize into the RFR procurement the ACA preventive service requirements. Mr. Adams added that staff also proposed to provide clear and impartial guidance for ConnectorCare program expansion and lastly, program stability which will allow for CCA to carry forward existing value-based insurance design (VBID) initiatives.

Dr. Chernew asked a question about the challenges of the AVC and shared a comment about a colleague of his that is working on cancer screenings and a concern that they are having is that a lot of people who have received no-cost screenings with potentially uncertain or concerning results then need to pay a lot of money for a follow-up. He noted the importance of having a patient-centric focus because having very high cost sharing for follow-up treatment makes the free screening frustrating and prevents people from getting the care that they need. In response to Dr. Chernew, Secretary Walsh emphasized the point about deepening the understanding of what equity means behind the SOA and what steps with plans consumers must take.

Mr. Adams then continued to the next section of the presentation that provided details about the proposed changes to the standard plan designs, each containing 22 standard benefits with prescribed cost sharing within the bounds of guidance in the federal AVC. He noted a key change to this year's AVC is an updated logic so that copays not subject to deductible no longer accrue to

the deductible, allowing for lower co-pays on cost sharing for PCP visits and tier one medications. He also mentioned a proposal to increase the maximum out-of-pocket amount on this plan as well as the standard high gold and high bronze designs.

In response to a question from Ms. Turnbull regarding Dr. Chernew's recommendation on the pressure seen on gold and bronze designs to stay within the existing design parameters of cost-sharing, Dr. Chernew suggested coverage for follow-up care as a simple answer given that this a lot more challenging. Dr. Chernew also shared his experience at the Department of Community Health in Michigan where it worked to get underinsured women access to breast and cervical cancer screening with CDC funding for the prevention but no funding for the follow-up care. Ms. Gasteier mentioned that CCA has more flexibility than other state-based Marketplaces, specifically related to the ConnectorCare program, because CCA is not confined by the bounds of the AV ranges and uses state funding to fill in what's important from a policy perspective. She also suggested continuing a policy discussion about the follow-up care and cost. Secretary Walsh commented that while it is an enormous hit to the individual consumer, it may be relatively short dollars in the total CCA budget and emphasized the importance of asking carriers to do things that advance the goals. Dr. Chernew then shared that the VBID Center at the University of Michigan had recently had an equity-focused conference on how to promote equity and included a speaker from the DC health exchange. He acknowledged that Colorado, California, and other subsets of people are also trying to come up with a broader approach.

Mr. Adams then shared that staff do not recommend changes to the structure of the small group shelf and look forward to continuing to extend the existing VBID initiatives related to zero-dollar insulin medication and delivery and zero-dollar medically assisted treatment cost share in the ConnectorCare program. Mr. Adams described areas of health equity and value separate from product designs that CCA seeks to prioritize in the 2024 SOA. These focus areas included protecting access to preventative care services by leveraging an existing process in collaboration with federal reporting templates and requests for carriers to submit a new Quality Improvement Strategy (QIS). He stated that staff proposed to add requirements into the RFR to guarantee continuance of protected preventive care services in Qualified Health Plans, encourage parity and reimbursement for telehealth services that are audio-visual and audio-only, and lastly, work with MassHealth to promote access to doula services.

In response to an inquiry from Ms. Turnbull about the workforce capacity in the doula area, Secretary Walsh stated that there is a higher demand for doulas than there are doulas and described it as an incredible program for equity boost. She also suggested working with MassHealth to create programs with basic training for people such as what is being done on an ad hoc basis at hospitals and community health centers. Ms. Gasteier agreed to Secretary Walsh's suggestion and reiterated the importance of the doula field.

Mr. Adams continued to share details of other initiatives including proposing to collect information from carriers and in-network availability of essential community providers. He stated that staff also recommended using the RFR to provide alignment with regulatory guidance about pediatric mental health coverage support. To recap, Mr. Adams shared that the 2024 SOA looked to focus on the opportunity to close the gap on preventative service utilization and reduce incidences of forgone care by ensuring that the free life-saving protections of cancer screenings and preventive care are equitably utilized. As noted in the Executive Director's report, Mr. Adams stated that there is extensive evidence suggesting that even among insured residents, lower income and people of color are utilizing fewer health care services and are more likely to forego cancer screenings that are guaranteed at zero-dollar cost sharing. Following specific examples of

screening disparities among racial and ethnic groups, Mr. Adams shared examples of health care service utilization and screening disparities by income and education level.

Mr. Adams then gave an overview of the staff recommendations for closing the gap on preventive service utilization which were the following: launching a joint, multi-lingual and multi-modal outreach campaign with health and dental carriers, requiring coverage adoption of home-based testing for colon screenings by all health plans, implementing new reporting requirements to capture and measure utilization of services with both programmatic data and demographic data. Secretary Walsh noted that MassHealth will be collecting data as part of the 1115 waiver and questioned strengthening processes to enable data transfers if there are no privacy concerns. In response to a question from Mr. Petion about leveraging data certification in the area of equity as it relates to payers, Mr. Adams shared initiatives that are in progress for improving data collection, but also acknowledged that there are some areas of response in the application process that do not get the best kind of quality of data. Mr. Petion followed up with a question about stratification of the data to which Mr. Adams responded to with the example of linking enrollment data and claims data that CCA is pursuing. Ms. Woltmann added that CCA is working closely with MassHealth to benefit from the same sexual orientation and gender identity enhancements that they are planning and that CCA is also working with the carriers to make sure that they also use them. She also stated that the race and ethnicity data are optional questions in the application, but CCA is working on ways to inform people why the data is being collected and stated that additional enhancements to the non-group application are expected to roll out in July.

In reference to the forgone services portion presented earlier in the meeting, Ms. Deronnette expressed that part of the frustration is due to staffing and the longer wait times to see a primary care physician. Ms. Gasteier agreed and thanked Ms. Deronnette for her statement.

Ms. Turnbull flagged that she would ask an offline question about dental. Mr. Veno mentioned that the GIC is also interested in doing the same kind of stratification of data elements but that it is a challenge. He shared that the GIC has worked with carriers to impute that data and GIC has participated in working groups with EHS to establish consistent data standards but have struggled to figure out what to do while the data standards are developed. Mr. Veno also shared that through a recent procurement, GIC pushed their carriers to get National Committee for Quality Assurance (NCQA) Health Equity Accreditation which included a variety of data gathering requirements and he suggested that Ms. Gasteier considers this as CCA continues to work with carriers.

In the final section of the presentation, Mr. Adams stated that CCA is continuing to work with carriers on the requirement for all health carriers participating on-exchange to also participate in the ConnectorCare program effective in 2024. He explained that allowing partial carrier participation in ConnectorCare from an equity perspective does not serve the best interests of the marketplace, so mandating participation of all carriers will allow for a focus on equity, geographic coverage, and network access and continuity of care. He shared that staff are engaged with three new ConnectorCare participants (Blue Cross Blue Shield, Point32-HPHC, and UnitedHealthcare), is working with the Division of Insurance to ensure a competitive and fair environment for ConnectorCare carrier participants while improving member options and access to providers and intend to continue the stepwise approach to premium stabilization to preserve member choice and protect against annual premium volatility. In conclusion, Mr. Adams shared the proposed 2024 SOA timeline with the Board. At this time, Secretary Walsh introduced the next presentation.

IV. Update on the Health Connector's Ongoing Preparation for MassHealth Redeterminations: The presentation "Update on the Health Connector's Ongoing Preparation for Upcoming

Medicaid Redetermination Process” was presented by Patricia Grant, Jason Lefferts, and Marissa Woltmann. Ms. Woltmann began by sharing an overview and an agenda which included an update on ongoing contact center preparations, development of mobile outreach teams and business community outreach, and a request for a vote to authorize spending on enhanced outreach and public education activities. Ms. Woltmann reminded the Board that MassHealth is preparing to begin redeterminations of their members beginning April 1st and continuing for 12 months. She also added that members have not lost MassHealth coverage since March 2020, as a result of the COVID pandemic related protections passed on a federal level. She shared that the CCA is deeply committed to making sure the redetermination process does not result in net coverage losses for Massachusetts, given that it has been a national leader in insurance coverage and wants to maintain the gains in coverage seen in the last three years. Although it is difficult to get an exact estimate, Ms. Woltmann stated that CCA is expecting to have about 100,000 – 200,000 individuals move from MassHealth to CCA coverage. Ms. Woltmann described the framework being used to support transitioning members which includes a focus on communication and outreach, building operational capacity for volume, and lastly simplifying enrollment to make the transition process as easy as possible.

Ms. Grant then described the contact center preparedness process involving several waves of onboarding and training between now and July. She stated that the first wave of about 80 full-time employees was onboarded at the end of February and started their training classes. Ms. Grant stated that CCA is actively recruiting for the next wave of approximately 160 full-time employees that are expected to start towards the end of March and that there is an overall estimate of about 400 full-time employees expected to be hired and trained through July. She then shared that training classes for Tier 2, escalation, document processing, and quality assurance staff are underway and expect them to be completely by June 2023. She also mentioned that this year, walk-in center staff and current paper processing staff are being cross trained. Lastly, Ms. Grant shared that there is a final contract pending for the second vendor that will have about 30-60 individuals for assistance with paper processing as well as making outbound calls to raise awareness about the redetermination process.

In response to a question from Ms. Turnbull regarding the location of staffers, Ms. Grant stated that staff are currently remote, but are available across the country and wherever Accenture has staff available. Mr. Petion inquired about the efforts to hire individuals from Massachusetts first and Ms. Grant offered to find out the percentage of staff that are based in Massachusetts. Mr. Petion also asked about the total number of full-time employees and the percentage being hired for this run. While Ms. Grant stated that was difficult to explain, she shared that the number of full-time employees needed is determined based on previous call volumes, contact rate, and the mailing schedule. She gave the example of the month of August in which mixed household applications are mailed, so the contact center will likely need about 200-400 staffers in September, October, and November. In response, Mr. Petion emphasized that the focus on the quality of service to consumers is not lost to which Ms. Grant provided reassurance that CCA is providing adequate training and working with MassHealth to setup an escalation process to help individuals correctly and consistently.

Ms. Deronnette expressed curiosity in knowing if the contact center employees receive health insurance. Ms. Grant explained that while she does not know the number of Accenture-based employees versus temp-agency based employees, she knows that there is a mix of full-time and part-time because the call center is much busier on Mondays and Tuesdays than Fridays. In other words, Ms. Grant explained that part-time employees are “front loaded” at the beginning of the week and she offered to follow-up with Ms. Deronnette on how many employees are benefitted versus non-benefitted.

Ms. Grant also explained that they are reviewing existing processes and developing new training documentation specifically tailored for this redetermination process, while also building out escalation processes for both the MassHealth and CCA call centers to make sure calls are directed to appropriate staff. She stated that they are developing standard operating procedures for robocalls and text message campaigns while keeping in mind the affect of these campaigns on staffing levels. In conclusion, Ms. Grant reiterated CCA's collaboration with MassHealth to provide support where needed.

Mr. Lefferts then presented the section on outreach and education and introduced one of the new initiatives recently created that will be financially supported by MassHealth and will include a 9-person Mobile Community Specialist Team to assist those who need help with redeterminations. Mr. Lefferts shared that four regional teams in Western and Central Massachusetts, north of Boston, and south of Boston will be available in public buildings, libraries, food pantries, shelters, and other locations where there may be a gap in assistor availability. He added that the schedules of the mobile team will be promoted mostly through paid targeted social media and that the goal is to have the teams out in the field by July.

Mr. Lefferts then shared that CCA is engaging with the Commonwealth's business community to make them aware of the redetermination process and so that they understand that some of their current employees may need to be added to their employer-sponsored plans. To educate employers and encourage them to enroll newly qualified employees into their plan or direct them to CCA, Mr. Lefferts mentioned that a package of materials, including a webpage, letter from state officials, FAQs, template newsletter copy for business associations, and employer flyers have been created. Mr. Lefferts reinforced the importance of the 60-day window to get added to employer-sponsored coverage after losing MassHealth and stated he expects meetings with the business community to begin in the upcoming weeks.

Mr. Lefferts reminded the Board that at the last meeting, he presented the direct communication plans and stated that this meeting would be focused on public visibility and outreach. He mentioned that this is the largest visibility and outreach campaign being planned in nearly a decade. He added that CCA staff are seeking a vote for a \$3.6 million contract with ASG, who has been a longtime outreach and communications vendor. He explained that ASG has been working on creative development and production with MassHealth and Health Care for All in the first phase of the project. In terms of budgeting, Mr. Lefferts stated that \$500,000 was budgeted for this fiscal year and \$1.5 million has been budgeted for communication and outreach in fiscal year 24 and through approvals by the Executive Office of Administration and Finance and the Executive Office of Health and Human Services, a \$2 million investment from the Commonwealth Care Trust Fund is being included in this project. He reiterated that the focus of this project is raising public awareness so people coming off MassHealth coverage know that CCA is the official and secure marketplace and avoid falling into Scam Plans. Mr. Lefferts shared that a big part of this campaign will be conducted through paid media, including broadcast television, partnerships with Women's World Cup broadcasters, regional transportation vehicle placements, billboards, and it will also include an ethnic media campaign.

Mr. Lefferts then shared that community activities have been an important part of in-person visibility and outreach and will continue to be during the redetermination and enrollment process. He mentioned that the distribution of signs and flyers, participation in local community activities, and visiting Navigators will play a significant role in the community-based activities. He added that there will be a focus on a series of 18 enrollment events—the kickoff event tentatively

scheduled for June 11 at Fenway Park—that will be held across the Commonwealth and will include Navigators of other Community Specialists who will provide redetermination support.

At this time, Mr. Lefferts introduced the vote item to the Board.

i. ASG Special Outreach for Post-Redetermination Coverage Contract (VOTE):

Secretary Walsh motioned for a vote to enter a contract with ASG for redetermination and enrollment outreach and visibility services through June 30, 2024, for an amount not to exceed \$3,642,050, while also noting that the contract language needed to be amended to reflect Ms. Gasteier's newly appointed role as Executive Director.

Before the roll call vote, Ms. Turnbull mentioned that this is the right strategy for going big on outreach and enrollment and applauded the CCA staff for pursuing this strategy. She also shared challenges with vendors in the past, being the longest member on the Board, and emphasized the need to be reliant on Accenture to deliver and their ability to manage. While Ms. Turnbull expressed being nervous, she was hopeful that at some point everyone can look back at the overall reliance on vendors. She also asked everyone to be mindful that this will be the first time for doing masses of redetermining eligibility for many individuals who will have a plan other than MassHealth and asked staff to pay particular attention to the Contact Center staff in training.

Secretary Walsh also commented that the Contact Center will be highly incented to do the outreach and preserve the marketplace and expressed the benefit of the redetermination process rolling into open enrollment and suggested the Board reaches out to Ms. Gasteier and the team if any thoughts regarding redetermination come up along the way. Ms. Turnbull was comforted and inspired by Secretary's Walsh optimism.

Mr. Gulko shared that as people are introduced to carriers, CCA should continue to educate and make individuals aware that the name of the carrier does not necessarily mean the network is the same that they may be used to, for example a ConnectorCare plan from Blue Cross Blue Shield in the future may not be the same as the Blue Cross Network someone is accustomed to.

With no additional discussion, the Board voted unanimously through roll call and approved the staff recommendation for the ASG redetermination and enrollment outreach and visibility contract.

Secretary Walsh was appreciative of her first meeting as Board Chair and with no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:29 AM.

Respectfully submitted,

Nuryelis Herrera